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The HIPPOCRATIST

The Official Journal of the Ouachita Medical Society

WHAT'S KILLING

Ouachita Parish

part 2

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Ouachita Medical Society Mission Statement

The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

The Society commits itself to these goals:

1. To pursue and maintain access to quality medical care
2. To promote public education on health issues
3. To provide value to members by the representation and assistance of member physicians in the practice of Medicine

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What's Killing the Practice of Medicine.

By David Barnes, MD

As we conclude our look at What's Killing Ouachita Parish, I am picking up where Jason Read left off. We have seen the Governments recents attempts to reshape health care from new initiatives requiring EHR and the "Meaningful Use" there of, to the remaking of the entire Health Care system with the passage of the Affordable Care Act. We hear all the time about how health care in the U. S. ranks below so and so countries. We see editorial after editorial, political debate after political debate, and on occasion doctors giving their opinions on the problems with our health care system: the plight of the uninsured, health care being a right vs a privilege, the over crowded ER's, access to care, and so on.

So while we are looking at What's Killing Ouachita Parish lets look at What's Killing the Practice of Medicine. The number one issue is cost. So **why is** it?

WHY | Why is it that the government continues to expand its health care programs while refusing to address the programs costs and unintended consequences?

WHY | Why is it that the government (Congress) spent so much time railing about the evils of the HMO and then turned around and created a much over regulated and overcomplicated version, the Accountable Care Organization?

WHY | Why do government "related" individuals seem to be involved with ownership in many of these expanded government service entities?

WHY | Why is it when you call Medicare about a billing or coding question they treat you like a common criminal and/or tell you on the rare occasion when they do have an answer that they can't tell you?

WHY | Why is it that every time you look up at the TV you see a commercial for a free consultation with your 1-800-Lawyer if you have developed a certain medical condition or took a certain prescription drug?

Why is it that every other time you look up at the TV you see a commercial that says... "if you have these symptoms of fatigue and malaise etc", (which the majority of all people have at one time or another during their life) go see your doctor and be tested, you may need our new drug?

WHY | Why is it that Congress passed the largest over haul of medical care in the history of our country and there was not one word about medical malpractice reform?

WHY | Why is it that Nurse Practitioners are allowed to practice medicine without further post-graduate training and there is talk about fast tracking medical education for M. D.'s when studies show that the most critical factor in managing difficult patients is clinical experience?

WHY | Why is it that everybody thinks low cost health care is a great idea until they get sick?

WHY | Why is it that anywhere in the market place when you get new technology, competition drives down costs except in medicine?

That is "them" what about "us"?

WHY | Why is it that only 43% of physicians practice primary care while 57 % practice specialty medicine?

WHY | Why is it that many of us are ordering many types of treatments and procedures that have little medical evidence of benefit?

WHY | Why is it that we are prescribing antibiotics for the common cold?

WHY | Why is it that we are letting everybody shape the structure of our health care system except for the physicians who are delivering the most medical care?!

Am I so bold to suggest that we members of the OMS know the answer to many of these questions and how to correct them?

Please join me at the next meeting of the Ouachita Medical Society. Let's get to work before it's too late.

What Was Killing Ouachita Parish...

One Hundred Years Ago

By : Robert Hendrick, MD

This issue we are looking at the leading causes of death in Ouachita Parish. We thought it would be interesting to look back at what the leading causes were a century ago.

Below is a chart comparing the leading causes of death in 1900 and 2000

	1900	2000
1	Pneumonia	Heart disease
2	Tuberculosis	Cancer
3	Diarrhea and enteritis	Stroke
4	Heart disease	Emphysema and chronic bronchitis
5	Liver disease	Unintentional injuries
6	Injuries	Diabetes
7	Stroke	Pneumonia and influenza
8	Cancer	Alzheimer's disease
9	Senility	Kidney failure
10	Diphtheria	Septicemia

National Center for Health Statistics data

	1900	2000
Age at Death	47	75
Usual Place of Death	Home	Hospital
Coverage Medical Expenses	Family	Medicare
Disability Before Death	Usually Not Much	Average of 2 yrs.

Looking at the charts above you can see several seminal changes the miracle of antibiotics has dropped infectious diseases from the top three in 1900 to almost off the list today. The changes wrought by all our great advances in medicine have wrought societal changes too. One hundred years ago serious illness arrived with little warning and people either recovered quickly or died one hundred years ago people thought that death had a single cause and preventing it represented successful health care. Saving a mother or child represented a great success and grandpa dieing of pneumonia was only nature taking its course. Also, very little thought was given to prevention of chronic illness. Between the lack of scientific knowledge and health care advances, who would give in much thought with a life expectancy of forty-seven years.

Another thing that has changed is end of life care. One hundred years ago most people died quickly and relatively young. The time of onset of serious disability to death was measured in hours or weeks, not years. Most understood that "doing everything you can" meant keeping your loved ones comfortable during their last hours or days. Today we are living much longer and require much greater resources for care during our last years. Part of the problem with medical economics is the vast amount of resources spent on end of life care.

Some relatively simple advances in medicine have lead to a situation where people are living longer and requiring more resources for their care.

It has lead to a situation where many families have greater needs than they can handle on their own. It has also lead to a situation where more care is required outside the home. The economics of this is one of the great challenges of modern health care and our society.

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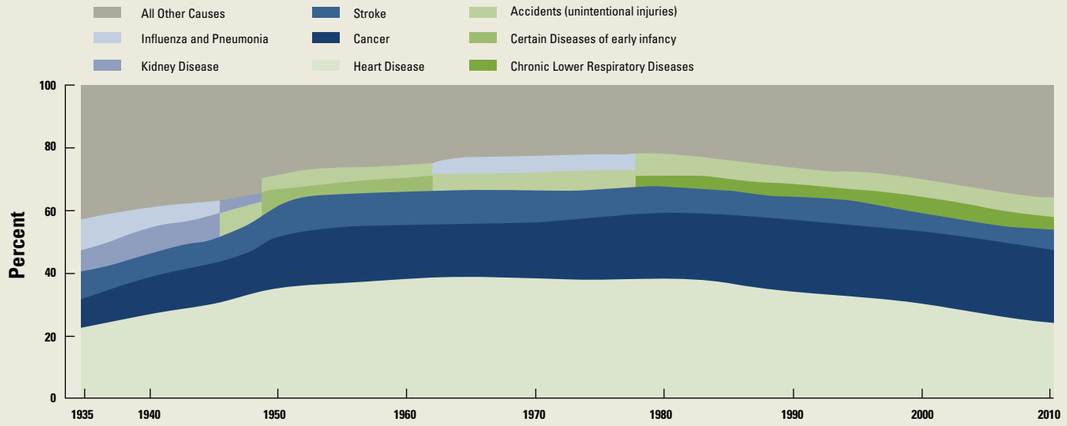
Heart disease and cancer remained the 1st and 2nd leading causes of death, respectively, over the 75-year period.



Now I would like to look back at some of the situations common folk faced one hundred years ago. I am fortunate enough to have knowledge of some of the health care challenges faced by my ancestors. My great grandfather, William C, Smith, died of osteomyelitis of the hip at the age of fifty-two. As early as seven years before his death he was visiting "soda" (warm) springs in Idaho for the "rheumatism" in his hip. He said he returned home little better than he left. Two years before his death he visited am institute in Atlanta for treatment. Here is an interesting vignette from a letter he wrote home:

> "My health is better than it has been for some time. I hope that I will not have any more chills & fever. In my last letter to your Ma (the 23rd) I stated that I had been walking on my crutches. I have walked some every day since except yesterday I had no one to assist me. I have made some improvement but I am afraid to under take it by myself yet. I put on my back brace when I go to walk, which helps me very much. I am fearful that I will not have much strength for walking until the abscess in my hip gets well if it ever does. I don't know whether it is improving or not. Has been discharging quite freely again the last week. Dr. Wilson has been gone from the Institute all this week. He carried one of his sons that was having the fever up about Chattanooga or Lookout Mountain, Tenn."

When he died in 1880, this is what was said in his obituary about his illness:

> "About 1872 he became infected with Caries of the hip and after treatment and operations that afforded but little relief, he visited the mountains and other institutes but derived no benefits.
>
> The slow and steady progress of his malady forced him to take to the bed on the 23rd day of December 1876, exactly four years before his death. And who could tell the pains, the agonies, the fluctuations of hope and despair, during the long days and nights of those four years?"

Other tragedies befell the Smith family during those years. One year before his death Mr. Smith's wife died of "malarial fever", then ten days later his newlywed daughter died of the same fever that she had contracted while caring for her mother. This left my twenty three year old great grandfather to care for his fourteen and ten year old siblings. Fortunately, he had a grandmother and several aunts and uncles to help him out.

Four years later my great grandfather's brother died of a "fever". In 1885 he married and had four children over the next eight years. Unfortunately, two of his sons died before reaching the age of two and his wife died of tuberculosis at the age of thirty four after ten years of marriage. Again, family was there to help. An aunt moved in to help raise his two children. Tragically, however, she was available because she was a Civil War widow and all of her children had died of natural causes.

So you can see how much our society has changed in just one hundred years with the advances we have made in heath care.

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West Monroe, LA 71291

Respiratory Disease

By: Antti G Maran, MD FCCP

Respiratory disease is a common medical problem nationwide, Louisiana, and in **Ouachita Parish**. It also appears that there is an increasing rate of respiratory disease including: COPD, asthma, bronchitis, and malignancy across the nation.

Common scenarios in my office are the patients approximately 65 years old; who are sent for pulmonary evaluation. Often the patients have noted some increasing shortness of breath, particularly with exertion, over the last 5-10 years. They have noted some struggle in maintaining a prior activity level; be that golf, tennis, hunting, or physical activity with the grandchildren. They have had a gradual onset of coughing which has not resolved despite over-the-counter therapy. They have noticed increasing shortness of breath at levels of activity that now interfere with life style at work or play. Those two flights of stairs are becoming a problem. They perhaps have noted that the cough is becoming more constant, and producing sputum. Often these symptoms are more obvious to the family than the patient. They usually had a history of tobacco use that began somewhere in late teenage years or early 20s. Because of these symptoms a chest image was performed, and changes of emphysema and bronchitis are present. Unfortunately, too often, a "spot" is found on the chest x-ray; and now there is a distinct possibility of lung cancer. So we have the typical presentation of the patient with COPD (Chronic Obstructive Pulmonary Disease) and perhaps a lung cancer; and their world has changed.

Does that remind you of **anyone you know?**

Respiratory disease is a major contributor to morbidity and mortality. To place this all in some perspective it is useful to review data available for United States mortalities in 2009. Causes of death and statistics are reviewed to the right. I find it interesting to note that the media seems to focus on MVA, Firearms, and Assault; yet little attention is paid to the leading causes of mortality.

Perhaps respiratory disease and death are just not sensational enough?

780,000	Major cardiovascular
780,000	Major cardiovascular
386,000	Ischemic heart disease
160,000	Respiratory neoplasm
137,000	Chronic lower respiratory disease
54,000	Infections, influenza and pneumonia
36,000	Motor vehicle accident
11,000	Assault, Firearm
5000	Assault, Other

So many questions can be raised; not all of the answers are politically correct. What are the common respiratory illnesses, and potential causes for all the pulmonary disease seen in Louisiana and Ouachita Parish? They are multiple and wide.

Tobacco

Tobacco is a major contributor to the statistics just noted. If we hypothesize that tobacco has a significant role in Ischemic Heart Disease and other Cardiovascular Disease; then we can develop the theory that tobacco may be a major cause of medical death. Currently it is estimated that tobacco is a contributing factor in one of every 5 deaths in the USA. There are further estimates that second-hand tobacco smoke is responsible for 49,000 deaths annually. It is also worrisome to me that there is data indicating about 10% of children in grades 6-12 have smoked recently or regularly. Furthermore, data indicates that 25.7% of Ouachita Parish adults currently smoke, which is above the national average.

Tobacco is certainly a contributor to Heart Disease, Stroke, Vascular Disease; as well as COPD, lung cancer, chronic bronchitis, and asthma. In general, Ouachita Parish has more than its share of tobacco related respiratory disease including cancer.

COPD

COPD and emphysema, and resultant variations with chronic bronchitis and asthmatic bronchitis are very common in the USA; estimated 16,000,000 persons affected currently. These patients are seen every day in my office; with untold effects financially and physically. The disease process is physically and emotionally draining on the patient and the family with the common exacerbations, hospitalizations, and multiple medications and their side effects. Although with tobacco cessation and medication the disease process can be controlled, the sooner the intervention and tobacco cessation the better the prognosis.

Asthma

Asthma, of course is another very common respiratory disease in the USA; there were an estimated 15,000,000 persons affected in 1995 with a steady unexplained increase in incidence. In the years available for study, from the 80's to 90's, the prevalence increased 75%; and seems to still be on the increase. This disease often affects a younger population and has allergies commonly as at root cause. Tobacco also plays a significant role. Another concern is inhalation exposure to agents in the work and recreation environment. Gastro-Esophageal Reflux Disease is an often under-diagnosed etiology. Again this is a disease that has frequent flares and acute critical events requiring emergency evaluation and therapy. Therapy can certainly mitigate illnesses with proper evaluation and management.

Immune Diseases

Diseases of the immune system including Collagen Vascular Diseases such as Systemic Lupus and Rheumatoid disease can cause an inflammatory process in the lung as well. Sarcoidosis is another common problem in the pulmonary clinic. Sarcoidosis appears to be more common in our region as well. These diseases produce an inflammatory scarring process in lung tissue that often is progressive and difficult to treat. The general term is Interstitial Lung Disease; and I am certain that this is a problem that is increasing in numbers and severity in my 32 years of Pulmonary Disease practice in Ouachita Parish.

Lung Cancer

Lung cancer, unfortunately, is a routine problem in a Pulmonary Office. Ouachita Parish has an incidence of disease that appears to be above the national average. Is it simply tobacco, or are other variables to be considered? Those questions are unanswered. I am sure that I am seeing more lung cancer than 30 years ago. Statistically, in my opinion, medical science has not really made any "leaps and bounds" progress in treating this disease during my 40 years as a physician.

Mesothelioma

We all hear about Mesothelioma; and asbestos exposure. This too is not uncommon in Louisiana and Ouachita Parish due to the asbestos using industries that have been present in our region (and nationwide). It often presents rather silently and is only diagnosed early by screening x-rays. However, in my opinion, there are "xray-mills" turning out diagnoses of mesothelioma that are not well validated.

Tuberculosis

Tuberculosis remains a problem, although better controlled in the USA. There are essentially two forms. One is Mycobacterium Tuberculosis; the typical disease we all think of as "Tuberculosis". Fortunately we do not have a major problem with drug resistance in Ouachita Parish. However, the other form known as Atypical Mycobacteriosis, is actually more common in my office. It is caused by strains of mycobacteria that are not native to humans; and not transmissible or contagious among humans. Humans can become infected especially if there is other underlying lung disease. It is often an insidious disease that may be hard to diagnose, and not easy to treat.

Certainly there are many others; including silicosis, pneumoconiosis, hypersensitivity pneumonitis, asbestosis, occupational asthma that are seen. We cannot leave out influenza and pneumonia as perhaps the most common of the acute illnesses treated in all physician offices.

In summary, respiratory disease in the USA and Ouachita Parish is quite common and takes a significant toll on the patient and family in multiple ways. So my final thought is my very simple smoking cessation lecture: you can smoke or you can breathe.

References: for those who wish to explore the data sources and a great deal more.

http://www.dhh.louisiana.gov
http://www.cdc.gov National Vital Statistic Reports (2009)
http://www.cdc.gov/asthma

September 2012 General Meeting

We covered....

ICD-10 Transition Tips

LSMS: State of Medicine: Legislative Update

The 2012-2014 OMS Executive Committee was officially elected and introduced.

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OMS Membership Service / Value

Advocacy for physicians in political, regulatory and economic arenas.

Legal Advice providing guidance and assistance to members on a number of Medical-Legal issues affecting physician practices and organized medicine.

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Connectivity through special membership activities such as the Oyster Party, the Christmas Party, Doctors Day Reception, Valentine's Social, General Meetings and Executive Committee Meetings.

Business-Over-Breakfast allows office managers / business managers from each member's practice to attend a quarterly breakfast where key speakers will cover topics that address areas of concern when managing a medical practice. Everything from medical billing to personnel issues, from fiscal responsibility to safety. We'll cover it all.

If your business is interested in applying for the "Friends of the OMS" program please contact the OMS office at:

director@ouachitams.org
318.512.6932

Upcoming Events

December 6 2012 | 7pm
OMS Christmas Party at Cotton

January 25-26, 2013
LSMS House of Delegates Meeting

New Orleans Hilton

February 21, 2013
Oyster Party

For more information on these events, contact:
Krystle Medford, Director
318.512.6932 | director@ouachitaMS.org

OMS

CHRISTMAS PARTY

Christmas comes just once a year,
let's get together for some holiday cheer!

December 6th at 7pm
Upstairs at Restaurant Cotton

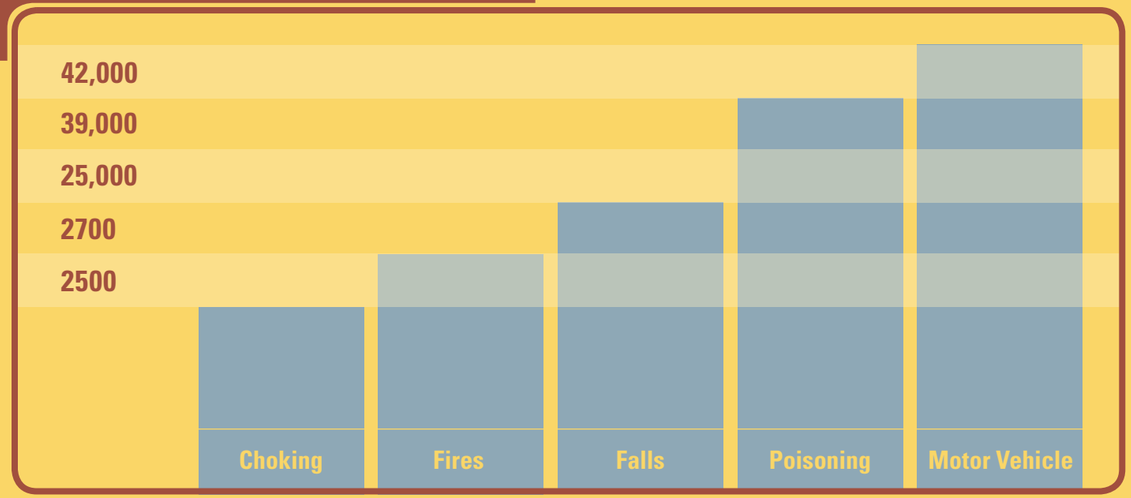
RSVP: director@ouachitams.org

Accidents Data:

Life expectancy in the US is 78.5 years unless you are one of the 118,021 people every year who die from unintentional injuries or accidents. -CDC

According to the National Safety Council, accidents are the leading cause of death for ages 1 to 42 and fifth leading across all age groups.

DEATHS PER YEAR: [national safety council]



Physician / Hospital Related Deaths:

In 1999, the landmark Institute of Medicine study, "To Err is Human," estimated that as many as 98,000 Americans die every year from preventable medical errors.

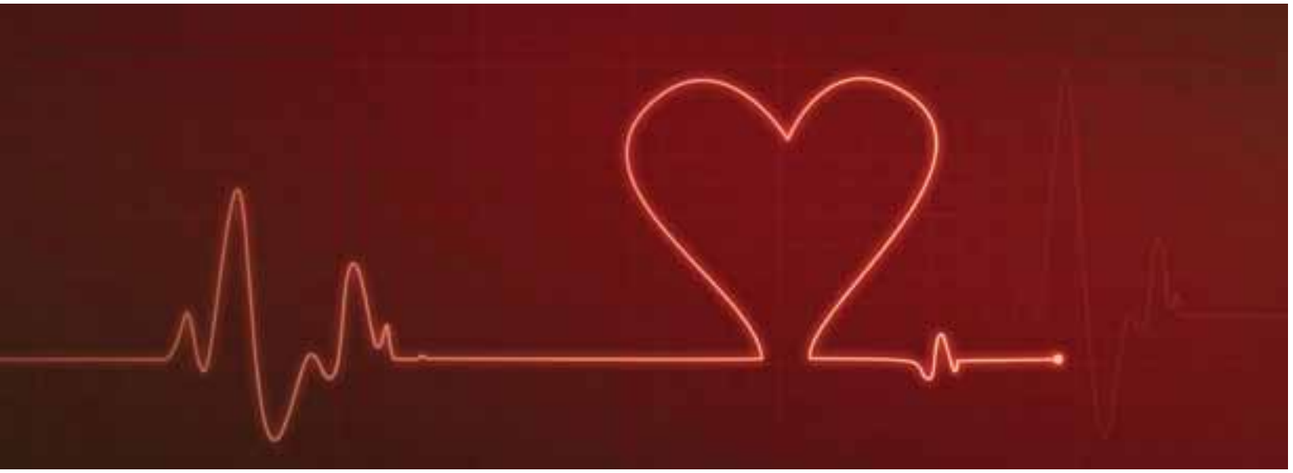
While that figure today has dropped improvements in patient outcomes remains a hot topic.

Infection: At any given time, about one in every 20 patients has an infection related to their hospital care.

Harmed: On average, 1 in 7 Medicare beneficiaries is harmed in the course of their care, costing the government an estimated $4.4 billion every year.

Readmitted: Nearly 1 in 5 Medicare patients discharged from the hospital is readmitted within 30 days – that's approximately 2.6 million seniors at a cost of over $26 billion every year.

Coronary Artery Disease



By Gregory C. Sampognaro, M.D., F.A.C.C.

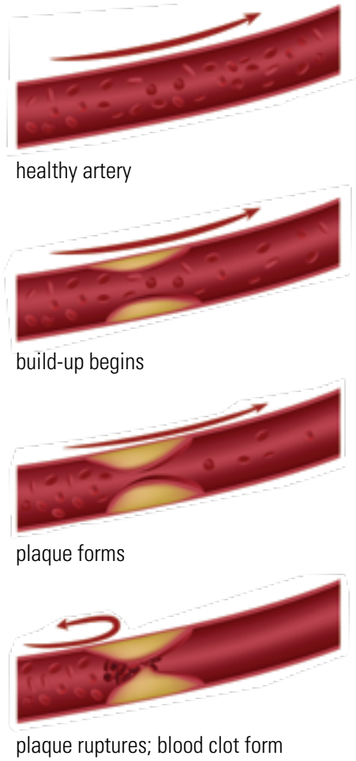
What is Coronary Artery Disease (CAD):

Coronary artery disease occurs when a a substance called plaque builds up in the arteries that supply blood to the heart muscle.

Plaque is made up of cholesterol deposits, which can accumulate in the walls of your arteries. Cholesterol is a substance produced by the liver or consumed by eating certain foods. It is needed by the body, and the liver makes enough for the body's use. When cholesterol is elevated, it is deposited in the arteries including those of the heart. These deposits can lead to narrowing of the artery and other complications.

Plaque buildup can cause angina, the most common symptom of coronary artery disease. This condition causes chest pain and discomfort because the heart muscle doesn't get enough blood. Over time, CAD can weaken the heart muscle. This may lead to heart failure, a serious condition that takes place when the heart cannot pump blood appropriately. One can also develop an irregular heartbeat, or arrhythmia, due to plaque buildup.

For some people, the first sign of CAD is heart attack (myocardial infarction). A heart attack occurs when plaque totally blocks an artery from carrying blood to the heart muscle. When this occurs, the muscle that the artery was supplying is at risk of irreversible tissue death.



healthy artery

build-up begins

plaque forms

plaque ruptures; blood clot form

In 2008, over 616,000 people died of heart disease. It caused almost 25% of deaths-almost 1 in every 4- in the United States.

33.7% of adults reported having high cholesterol in Louisiana in 2005

Risk Factors: There are a number of both controllable and uncontrollable risk factors for heart disease.

Uncontrollable risk factors include:
male sex, older age, family history of heart disease, women who are post-menopausal, and race (African Americans, American Indians, and Mexican Americans are more likely to have heart disease than Caucasians).

Controllable risk factors include:
smoking, High LDL (bad cholesterol), and low HDL (good cholesterol), uncontrolled hypertension (high blood pressure), physical inactivity, obesity, uncontrolled diabetes, excessive use of alcohol, and uncontrolled stress and anger.

In 2010 coronary heart disease alone was projected to cost $109 billion in the U.S.

This includes cost of medications, health care services, and lost productivity.

Testing: There are many tests doctors can perform to determine risks for CAD

ECHO

An ECHO (echocardiogram) is an ultrasound of the heart which gives the doctor a picture of the valves and the ability of the heart as it pumps the blood.

STRESS TESTS

Stress tests can also be used to see how the heart works during activity. A treadmill is used in most cases, however, a medication can be utilized if one is unable to walk on a treadmill.

CT

CT calcium score is a procedure where a CAT scan is used to determine the amount of calcium buildup in the coronary arteries. A high calcium score is a marker for coronary artherosclerosis and this information is useful to help decide how aggressive one should be with risk factor modification.

EKG

EKG (electrocardiogram) measures the electrical activity, heart rate and whether the rate is regular or irregular.

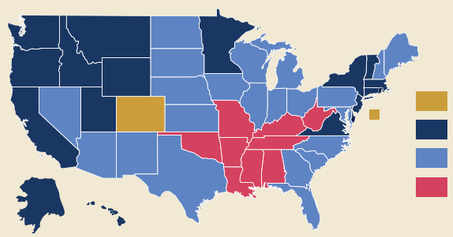
CATHETERIZATION

Cardiac catheterization/coronary angiogram is when dye is injected into the coronary arteries under x-ray to determine blockages. The "heart cath" can also determine the flow of blood in the chambers of the heart. If a blockage is detected during the procedure, a balloon (angioplasty) can be used to open the artery and allow blood flow to return and usually a coronary stent is placed inside the artery to maintain the blood flow. It is very important to continue medications after a stent is placed to help keep maximum blood flow through the artery. If blockages are too severe for angioplasty/stents, patients may be referred to a surgeon for CABG (coronary artery bypass grafting).

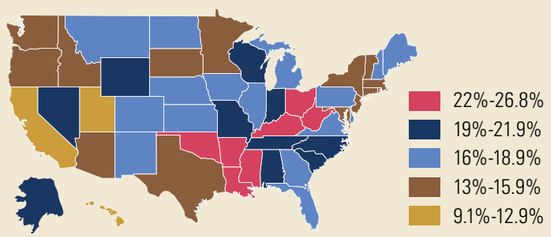
X-RAYS

Chest X-rays are done to give a picture of the heart and lungs. This can indicate if the heart is enlarged or if there are any other abnormalities with these organs.

"Northeast Louisiana has some of the highest rates of obesity and smoking, and the lowest rates of insurance coverage. Changing the lifestyles of adults is usually unsuccessful. We must begin early educating our children to lead healthier lives." – Ronald P. Koepke, MD



prevalence of obesity among U.S. Adults, 2009



Percentage of persons aged ≥ 18 years who were current cigarette smokers by state - Behavioral Risk Factor Surveillance System, United States, 2010

Only 27% were aware of all the major symptoms of a heart attack and knew to call 9-1-1 as soon as possible as documented by a study in 2005.

Coronary artery disease causes about 1.2 million heart attacks per year, and more than 40% of those suffering from a heart attack will die.

Symptoms of a Heart Attack:

Pain in the jaw, neck, or back

Chest pain, heaviness or discomfort

Pain or discomfort in the arms or shoulder

Shortness of breath

Sweating

Nausea

Vomiting

If you or someone you know ever exhibits these symptoms, please contact 9-1-1. A person's chances of surviving a heart attack are greatly improved if emergency care is given as soon as possible. Also early aspirin use is beneficial.

When a heart attack (myocardial infarction) occurs, the blood supply is cut off to the heart muscle. The muscle contains cells which must have oxygen (which is carried by the blood) or those cells will die. The longer oxygen is cut off, the greater the damage to the heart muscle. This is why it is extremely important to know the signs of a heart attack so that one can act quickly if need be.

92% of people recognize chest pain as a symptom of a heart attack.

In Louisiana alone, CAD accounted for 11,008 deaths in 2005.

Conclusion:

There is a substantial amount of information available for ways to reduce the risk for coronary artery disease. Most importantly, patients should discuss with their physician their own risk factors and what proactive approach they can take to reduce their risks. Again, never stop any medication prescribed to you without speaking to your doctor. Your physician can provide you with the necessary information or tools to improve your diet and exercise routines, maintain a healthy weight, quit smoking and information about any medications you currently take for other conditions which can lead to heart disease. If you have any of the risk factors discussed in this article, please schedule an appointment with your primary physician soon to begin a treatment plan to minimize your risk for coronary artery disease.

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By : Amy M. Givler, MD

SURVIVING CHILDHOOD

The day the nest empties – that is, that day when the last child leaves home – is customarily reserved for wistful sorrow and a touch of melancholy. And a week ago, when I drove our youngest to college, I carried on this time-honored custom.

But, on that day in August, when the black hole of Mother Guilt (consisting of second-guessing 22 years of parenting decisions) threatened to suck me in, one cheery thought kept me out of its clutches.

One thought kept me from falling deep into the doldrums.

My children are alive.

Yes, all three children survived their childhood.

This may seem like an odd aspect of motherhood to celebrate. A low goal, perhaps. True, it's not all I've wanted for my children. A love for God and their fellow man (who, I repeatedly reminded them, included their fellow siblings) and a fulfillment of their potential have always been things I have striven to instill in them. **But my most foundational goal has definitely been to keep breath in their nostrils and blood coursing through their veins.**

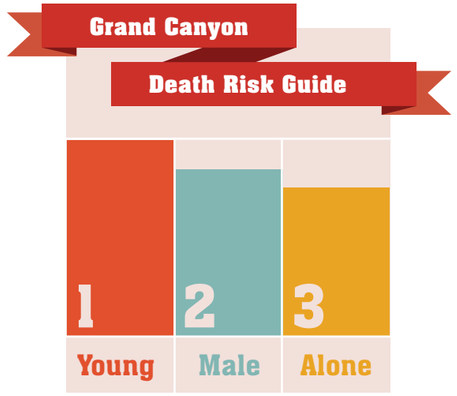
And believe me, sometimes that was a challenge.

Being a doctor didn't help much. Oh, sure, it helped that I knew how to staunch just about any flow of blood, and could make an educated guess whether a febrile illness needed antibiotics. Those skills came in handy, but there are some circumstances when medical wisdom is not the kind of wisdom that is needed.

I'm not thinking of when they were very young and wandered innocently into the path of danger. I was on the hot seat then. No, I'm thinking of their teenage years, when I wasn't quite as responsible for monitoring their every move. The details of most of their near-brushes with death I only heard about later – sometimes much later – with a laugh and a casual, "Wasn't that a close call?"

Our two sons used to "play" swords, using big sticks to hit each other – aiming at each other's heads. Whenever we bought fireworks, they thought shooting Roman Candles at each other was "fun". They

have jumped off a 20-foot rock into the ocean that required a running start to avoid an overhang on the way down. They have been knocked unconscious after one head hit the other head while riding in a tube behind a ski boat on the Ouachita River. They have stood in the foreground of a golfer teeing off, only to have the ensuing golf ball whoosh audibly past their nearby ear. They have jumped into a whirlpool at a Rhode Island beach during high surf, when waves knocked them against the rocks and it took all their strength to keep their noses above water as they swirled round and round.



They have driven cars into intersections, thinking of something far less mundane than operating a two-ton machine, narrowly avoiding other two-ton machines, amidst screeching brakes and blaring horns.

And these are just the things they will tell me about.

Friends of ours recently hiked to the base of the Grand Canyon, and spent the night before hiking out the next day. The National Park Service maintains a little library there, where Phil and Eileen found the following volume: Over the Edge: Death in Grand Canyon. It strikes me that having this particular book available in that particular library is akin to opening an airline's in-flight magazine at 14,000 feet and finding an article entitled, Memorable Fiery Plane Crashes.

But I digress.

Anyway, the book's first chapter describes the three highest risk factors for death in the Grand Canyon. They are, being:

1. Young 2. Male 3. Alone

Possessing all three of these risk factors has proved fatal for many a Grand Canyon hiker. The book also indicated that, judging from the number of corpses found in gullies with unzipped pants, another deadly risk factor is the male urge to empty his bladder while standing at the edge of a cliff.

I remember many times thinking, after some escapade which narrowly avoided one of our children's early demise, **"I just wish they would grow up."** But by that I did not mean I yearned for their emotional maturity, though that was certainly one of my wishes for them, but I meant, "I hope my children will continue to exist, aging year by year until they reach adulthood."

And now I stand here on the rim of the empty nest, waving at my flying fledglings and celebrating their accomplishment. Namely, they have avoided becoming a mortality statistic.

But from here on out, for the task of keeping themselves alive, they're on their own.

Amy Givler and her fellow family-physician husband, Don, are enjoying their empty nest in Monroe, Louisiana.

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