

SPRING 2019

# THE message

*A Newsmagazine of Spokane County Medical Society*

## Laura Hotchkiss, MD

**Walking – An Easy Activity to Fit Into Any Day**

The Spokane  
“On Being a Physician”  
Essay Contest  
and Medical  
Humanities Update

Organic Foods  
Healthier or Not

Opioid Use Disorder:  
The Call for  
Willing Prescribers





## THE INLAND ADVANTAGE:

ADVANCED TECHNOLOGY. CONVENIENT LOCATIONS.  
UNMATCHED CAPABILITIES. LOWER COSTS.

Inland Imaging is committed to providing patients and their physicians access to the **most advanced imaging technology in the region**. Our **seven Spokane area outpatient imaging centers** and more than 500 technical and professional staff make it possible for us to provide **studies that other imaging centers simply can't**. And we **charge less for many exams than local hospitals and multi-specialty clinics**.

Our team of **more than 95 subspecialized radiologists** delivers important and potentially life saving answers quickly, accurately, and reliably, every day.



**Inland Imaging**®

Answers you can trust and care you can count on.



**2019 Officers and  
Board of Trustees:**

Deb Wiser, MD  
*President*

Stephen Pakkianathan, MD  
*President-Elect*

Dean Cranney, MD  
*Vice President*

Barry Linehan, PA-C  
*Secretary-Treasurer*

Brenda Houmard, MD, PhD  
*Immediate Past President*

**Trustees:**

Rory Allar, MD  
Judy Benson, MD  
Ayumi Corn, MD  
Dawn DeWitt, MD  
Laura Fralich, MD  
Elizabeth Grosen, MD  
Alfonso Oliva, MD  
Gordon Teel, MD  
Daniel Yang, MD

**News magazine Editor:**

Dean Cranney, MD  
Spokane County Medical  
Society The Message.  
A newsmagazine published  
by the Spokane County  
Medical Society.

Advertising Correspondence:  
SCMS Publications  
Attn: Shelly Bonforti  
318 E Rowan Ave, Ste 209  
Spokane, WA 99207  
509-325-5010  
Fax 509-325-5409  
shelly@spcms.org

All rights reserved.  
This publication, or any  
part thereof, may not be  
reproduced without the  
express written permission of  
the Spokane County Medical  
Society. Authors' opinions do  
not necessarily reflect the  
official policies of SCMS nor  
the Editor or publisher. The  
Editor reserves the right to  
edit all contributions for clarity  
and length, as well as the  
right not to publish submitted  
articles and advertisements,  
for any reason. Acceptance of  
advertising for this publication  
in no way constitutes Society  
approval or endorsement  
of products or services  
advertised herein.

# Table of Contents



<b>President's Message</b> .....	2
<b>In The News</b>	
Dr. Carter Receives the 2019 MEDEX Outstanding Preceptor Award .....	2
<b>SCMS 2019 Calendar of Events</b> .....	3
<b>In-Depth Interview</b>	
Laura Hotchkiss, MD: Walking – An Easy Activity to Fit Into Any Day.....	4
<b>SCMS Foundation</b> .....	6
<b>The Spokane “On Being a Physician” Essay Contest and Medical Humanities Update</b> .....	7
Resident Winner: Michael Stewart, DO.....	7
Student Winner: Nicholas Randall.....	8
<b>Medical Education Happenings</b>	
UW Spokane Medical Students Help Offset Physician Shortage.....	10
Apps for Medical Students .....	11
<b>Membership Recognition</b> .....	12
<b>SCMS Happenings</b> .....	12
SCMS 2019 Annual Reception .....	12
2019 SCMS Senior Physician Golf Tournament.....	13
SCMS Members and their Families Volunteer Time to Blessings Under the Bridge .....	13
<b>Policy-Making at the WSMA Starts with a Resolution</b> .....	14
<b>WSMA is Hitting the Road!</b> .....	2
<b>In Memoriam</b> .....	15
Dr. Craig Arthur Olson	
Dr. Lyle Edmund Crecelius	
Dr. Rex Clayton Porter	
<b>Homecoming for Health Care: UW School of Medicine Graduate Mara Hazeltine Finds Her Way Back to Sacred Heart for Residency</b> .....	16
<b>Organic Foods Healthier or Not</b> .....	18
<b>The controversial topic of diet: A comparison of vegan, vegetarian, and ketogenic diets</b> .....	19
<b>Opioid Use Disorder: The Call for Willing Prescribers</b> .....	20
<b>The Art of Clinical Observation</b> .....	20
<b>An Immunizations Commentary</b> .....	22
<b>Outreach Team Helps Homeless Access Services and Hope</b> .....	23
<b>So, you've graduated ... now what?</b> .....	24
<b>Classifieds</b> .....	24



“I got so lucky with my rock star team of preceptors! Drs. Ratti and Safran are amazing providers and instructors who push me to think critically, be evidence-based in my diagnoses, and be non-compromisingly patient centric. Wednesdays with them are the highlight of my week!”  
– ELIZABETH RASMUSSEN, MS1, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, CANDIDATE FOR DOCTOR OF MEDICINE, 2022



## President's Message



### “HERE COMES THE SUN”

Welcome to summer, society members! Our The Message issue this season will include an update on SCMS happenings, past and future. I had to pull from an old favorite band for the inspiration of this president's message – see if the titles ring a bell!

### “HELLO GOODBYE”

A warm welcome onto the SCMS Board of Trustees for Laura Fralich, MD, Sports Medicine and Family Medicine Physician and Dawn DeWitt, MD, Internal Medicine Physician! Fond farewell to John McCarthy, MD, Family Medicine, Darryl Potyk, MD, Internal Medicine, and Matthew Rawlins, MD, General Surgery. They put incredible energy into the Board and continue to make a difference in our medical community.

### “WE CAN WORK IT OUT”

The board has adjusted our pillars to include emphasis on community building and an increase in advocacy efforts. Our new Focus Areas for the coming year will be a mix of the old and new:

- Community Building, including an emphasis on volunteerism and partnering. This will still include our opiate focus as well.
- Medical Education, including our Annual Event focus, Medical Education Committee, Annual 1-day CME “Medicine 2019” every fall, and Medical Education articles in the message.
- Advocacy, In addition to the prior years' participation at the WSMA House of Delegates Annual Meeting, we would like to make sure our members understand how they can make a difference. Please see the article in this issue for more information.
- Provider collegiality. We continue to hold our annual cruise and our mixers. We will also continue to reassess how this meets the needs of our membership and adjust it as we progress.

### “YESTERDAY”

Happenings since our last Message

Our annual meeting was a panel discussion of the “Conversation Around Opioid Prescribing”. It was great to have our local providers attend with an open forum to discuss issues we all face. Additionally we held a mixer at Rockwood South Hill and by time this gets to you, we will have had our first volunteer event supporting Blessings Under The Bridge.

### “ALL I’VE GOT TO DO”

Please keep an eye out for future volunteer events. These will be a mix of opportunities to give back to the community without the medical side, to rejuvenate, and to do so with your family at your side if you wish.

### “COME TOGETHER”

Medicine 2019 will additionally be held on October 25th at the Rockwood South Hill Event Center. This is a beautiful space with ample parking, a great way to earn CME on primary care topics, and see the familiar faces of colleagues and friends.

### “ALL TOGETHER NOW”

The SCMS is your organization for local connections and friends, a break from the day-to-day stressors. If you haven't renewed your SCMS Membership or know someone who hasn't joined, encourage them to do so. Otherwise, consider joining us for events, reaching out to us with suggestions, or letting us know if you'd like to get involved with the board or advocacy topics.

### “THE END”

P.S. If you didn't get through this article without one of those Beatles songs in your head, you might have to dust off the old vinyl (or music account). ■

Deborah Wiser, MD  
2019 SCMS President



## In The News

### DR. CARTER RECEIVES THE 2019 MEDEX OUTSTANDING PRECEPTOR AWARD



Gregory Carter, MD, MS, Chief Medical Officer at St. Luke's Rehabilitation Institute, the largest free-standing rehabilitation hospital in the region, has been recognized by MEDEX Northwest for his exceptional teaching, mentoring and leadership.

Dr. Carter received the 2019 MEDEX Outstanding Preceptor Award, designed to honor those who demonstrate outstanding achievements in support of physician assistant education, at the MEDEX Alumni Reception & Awards Ceremony on Saturday, April 27. Dr. Carter has precepted an astonishing 121 MEDEX students since he joined St. Luke's as Chief Medical Officer in 2014 and has hired several graduates.

“Dr. Carter's passion for mentoring and teaching our future caregivers is to be commended,” said Nancy Webster, Hospital Administrator and Chief Operating Officer at St. Luke's. “Rehabilitation is a team approach and Dr. Carter exemplifies the skills and dedication of working collaboratively.”

MEDEX Northwest is the second oldest physician assistant education program in the U.S, and the largest civilian program. MEDEX has 250 students across four campuses in Washington State and Alaska, including clinical year students. ■



## SEPTEMBER

### SCMS Medical Education Celebration Cruise

September 05, Thursday  
6:00 p.m.—9:00 pm  
The Serendipity, Templin's Marina

### SCMS Board of Trustees Meeting

September 25, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane  
(HOD Caucus Tentative)

## OCTOBER

### SCMS Sr. Physicians Dinner

October 03, Friday, 5:00 p.m.  
Manito Golf & Country Club

### WSMA House of Delegates

October 12-13, Saturday-Sunday  
Seattle Airport Hilton & Conf. Ctr.

### SCMS Executive Committee Meeting

October 23, Wednesday, 5:45 p.m.  
SCMS Office

### **SAVE THE DATE!**

#### Medicine 2019

October 25, 2019  
Rockwood South Hill Event Center  
2903 E 25th Avenue, Spokane  
7:00 a.m.—5:00 p.m.

## NOVEMBER

### SCMS Board of Trustees Meeting

November 13, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane

## DECEMBER

### SCMS Member Mixer

December 04, Wednesday  
5:30 p.m.—8:00 p.m.  
Bridge Press Cellars  
39 W. Pacific Ave.  
Sponsored by Inland Imaging

### SCMS Executive Committee Meeting

December 11, Wednesday, 5:45 p.m.  
SCMS Office

*If you have any questions regarding an event,  
please email [shelly@spcms.org](mailto:shelly@spcms.org).*

## Every Step of the Way

When cancer puts your patients at their worst, they need the best. Cancer Care Northwest will be there to guide them, every step of the way.

*Make your referral today.  
Visit [CancerCareNorthwest.com/referring-doctors](http://CancerCareNorthwest.com/referring-doctors)  
or call 509.228.1000*



**Stephanie R. Moline, MD, FACS**  
Surgical Oncologist  
Breast Surgery Specialist





# Laura Hotchkiss, MD:

## WALKING – AN EASY ACTIVITY TO FIT INTO ANY DAY

**By Shelly Bonforti**  
**SCMS Executive Director**

Once upon a time, Dr. Laura Hotchkiss would not have looked at walking as an activity. She was deeply involved in competition sports as a swimmer in college and later a competing triathlete. In time, however, she found that walking is relaxing. “It keeps me moving but unwinds my day,” she explained. It unwinds me even after a hard workout at the gym. I found I don’t have go all out in everything I do,” she resolved.

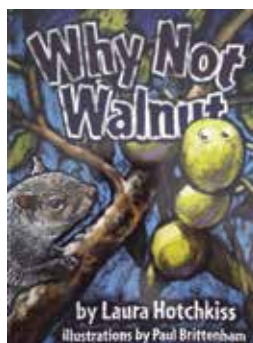
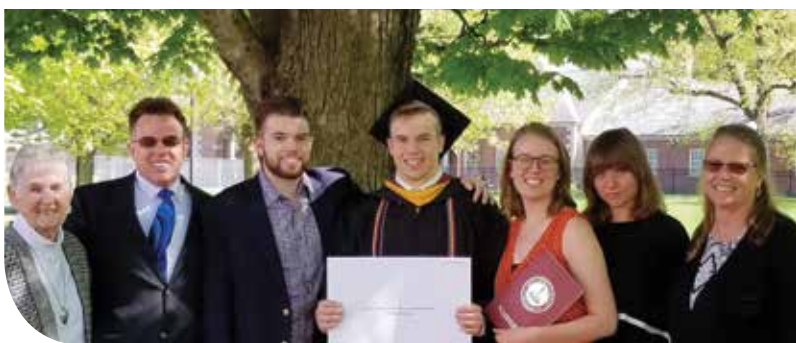
Although she’s always been drawn to the great outdoors to hike, bike, ski, camp and swim, Hotchkiss has found that walking is an easy activity to fit into any day. “It can be social with others or contemplative by oneself,” she expounded. “I first started when my children were little and I would take them outside to the parks in a stroller. This activity continued when we brought dogs into our home and in the course of taking care of them, I found myself so glad to have them by my side in walking. I am lucky I have a schedule that allows such a nice routine,” Hotchkiss proclaimed.

Dr. Hotchkiss’ usual workday starts at 1 PM and finishes at 9 PM so her day usually begins with activities. “Generally, after a morning coffee, I tend to my two dogs,” she stated. “They are Coton de Tulears with the names of Pepsi and Cola. As weather permits, we walk about two miles most mornings. After they are fed, it is off to the health club most days. I generally do an exercise class such as CIZE, Zumba or PIYO a couple of times per week and the other days I enjoy the equipment which is often the elliptical trainer or the Peloton bike. Occasionally I swim laps. After a quick shower and breakfast, if I can, I will do a few chores,” she listed.

“Work is rather intense and nonstop,” Hotchkiss expressed. “I interpret films from across the country and thus the work is varied and interesting. Conversations with providers are certainly a part of my day, and of course done by phone. I do work with a wonderful support staff that is responsive to my needs in calling providers with findings and helping obtain any missing history, prior exams and reports,” she acknowledged.







A variety of activities keeps her feeling refreshed and able to take on the day ahead. Between biking, hiking, and swimming, Hotchkiss finds walking as the best relaxing activity. It also serves as a time for Hotchkiss to tap into her creative and spiritual side.

"As a physician that constantly works on a computer, I am acutely aware of the need for ergonomic workstations and the need to attend to oneself in order to stay alert and healthy," Hotchkiss asserted. "I have a sit to stand desk, a mat that allows me to shift my weight and massage my feet, as well as a reclining bike that I can use under my desk and ride while working," she described.

Hotchkiss usually ends her day with an hour or two of relaxation before calling it a night, which might include another walk with her husband and the dogs in the summer, curling up on the couch watching a movie or show, reading a book for book club, "or perhaps taking a nice soak in a hot tub," she divulged.

"I love to walk," Hotchkiss continued. "Sometimes I think the dogs are just an excuse although I am so glad they like it too. I love the fresh air, the change of the seasons and the time I have to just contemplate, chat with a companion and just enjoy the world around me that I have been so blessed with to enjoy," she declared.

"As I have grown I have realized the importance of balance in my life and that includes spirituality," Hotchkiss professed. "Being spiritual is not only for Sunday at church, but it is a part of every day, and walking has helped bring that balance into my life," she emphasized. "I didn't walk to walk growing up. I learned to walk so to speak as I grew older, became more spiritual and found the value of this everyday activity," she stressed.

Aside from the relaxation and fresh air, another nice aspect of the time spent walking is the opportunity to be creative. "You may wonder how one can be creative while walking," Hotchkiss stated. "Well, I have another hobby which is writing children's stories. I have enjoyed writing children's stories and was thrilled to publish my first book 'Why Not Walnut.' In order to create a story of interest, it requires thought, and a lot of it. Additionally, when I am relaxed, I find it easier to be inspired by the world around me which then in turn helps me write," she explained.

Although Hotchkiss grew up in New Jersey until she was 15, she considers San Diego her hometown. "I was lucky to live in such a nice climate where I could spend endless days in the sun and enjoy the ocean as it was at my fingertips," she revealed. "I loved biking the coast while training for triathlons. I learned to horseback ride, waterski and sail while living there. I would like to say I learned to surf but alas, not my best sport, yet I enjoyed trying! Now I consider Spokane my home and wouldn't trade it in for any other place. I love it here," she maintained.

Hotchkiss has lived all over the country - New Jersey, Southern California, Northern California, New Hampshire, Rhode Island, Maine, Illinois, Texas and Georgia. "I have lived in big cities and small towns," she explained. "I looked at Spokane as a place to live and work because it offered mountains and lakes, the ability to be in a city or out in the wilderness and it had four seasons. It is a pretty nice mix of everything I like."

"My career is all about taking care of people so they may have quality of life," Hotchkiss summarized. "This is it. To live, to love, to be who you are and enjoy those around you. Walking brings connection to myself and others. I can say hello to people I see whether or not they are partaking in this activity. A friendly smile is a gift whether given or received." ■

*Dr. Hotchkiss completed her undergraduate study at the University of San Diego and attended medical school through the Brown-Dartmouth Program in Medicine. She completed her residency in Diagnostic Radiology at Maine Medical Center and a fellowship in Magnetic Resonance Imaging at David Grant USAF Medical Center. Before Direct Radiology, Dr. Hotchkiss served in the United States Air Force as an academic instructor in the Diagnostic Radiology Residency Program at Wilford Hall on Lackland AFB and has worked in private practices and well as other teleradiology settings. Dr. Hotchkiss is a Board Certified Radiologist by the American Board of Radiology and has been a member of SCMS since 2005.*



## SCMS Foundation



How can we as physicians and physician's assistants help our community? This was the spirit in which the Foundation was established in 1997. Our community and the Spokane County Medical Society has undergone significant changes since that time. One thing has not wavered – our membership is still dedicated to giving back to our local community.

As John McCarthy noted in his address to you last summer, the ability of the SCMS Foundation to support efforts such as Project Access was not financially feasible

and efforts like Project Access have been turned over to our local partners. Your Foundation has changed its function to continue to support its mission: "Promote and support the development of future physician and physician assistant leaders within our community, and identify and fund important and innovative projects that advance the health of our community." We are currently financially supporting such efforts and projects with the funds that you so graciously give each year with your membership renewal.

I am pleased to relay to you that the Foundation recently supported a small grant to the SCMS Opioid Task Force, led by Dr. Brad Pope, to support a hand-held device application that will allow providers in Spokane County to access lists of the community resources that are available for our membership to provide improved care for chronic pain issues and opioid-use disorders. This app will also contain current national and local guidelines and links to help providers in their care of patients with these and any related issues (including acute pain management strategies).

We are working this year to formalize the grant process: application, review and prioritization. I will certainly let you know as that process is established. ■

Respectfully submitted,

Brenda S. Houmard, MD PhD  
2019 SCMS Foundation President

# Make a Positive Impact in our Community

CHAS Health is based locally, with multiple locations throughout the Inland Northwest, and serves a critical need in the community by providing healthcare to patients of all ages, regardless of insurance status.

**We offer:** excellent pay and benefits; loan repayment programs; generous paid time off; and best of all, rewarding work and the chance to make a difference



Looking for a new opportunity?

Apply today!

[work@chas.org](mailto:work@chas.org) • 509.444.8888

[chas.org/careers](http://chas.org/careers)



Family Practice • Internal Medicine • Obstetrics and Pregnancy • Pediatrics • Urgent Care • Women's Health



# The Spokane “On Being a Physician” Essay Contest and Medical Humanities Update



Once again, our judges wrestled with the decision regarding the best Spokane resident and Spokane medical student essay, but we are pleased to announce the 2019 winners of this year's contest and have included their essays for your enjoyment. Thank you to our judges for their continued willingness to serve. And

once again, a big thank you to the Shikany Endowment for their continued support of our annual essay contest with a \$500 prize to the resident and \$500 prize to the medical student. The purpose of the essay is to encourage Spokane's medical students and residents to reflect on personal growth through caring for their patients. We are pleased to announce that this year's resident winner is Michael Stewart, DO. Michael is a soon to be second year resident in the Internal Medicine Residency Spokane. Our Medical Student Winner is Nicholas Randall, an E-17 at ESFCOM. They were honored at the 2019 Primary Care Update at Spokane's Centennial Hotel in May.

Remember, in January 2020, we will again be accepting submissions for the Spokane Essay Contest. Watch for details.

The Medical Humanities Committee was started nine years ago to remind medical students, residents and physicians of the patient we see before us. Chaired by Judy Swanson, MD, we hope that if you are interested in the humanities that you will contact us. Please email Judy Swanson at [Judy.Swanson@providence.org](mailto:Judy.Swanson@providence.org) and

let us know of your own ongoing activities regarding the medical humanities so we can help spread the word or if you are interested in helping with various activities.

## SOME ONGOING ACTIVITIES INCLUDE:

Students, residents and Spokane physicians still work to keep the essence of the art of being a physician alive in our community. There are other pursuits besides the essay contest:

Osler Rounds have become a tradition at the Internal Medicine Residency. This year, senior resident Dr. Greg Heinicke has been taking medical students on rounds of previously consented patients, where students learn physical exam pearls, and listen to a patient's medical history. Heinicke stresses to the students that each patient has a story to hear. Dr. Heinicke received the Osler Award at the 2019 Spokane Society of Internal Medicine banquet for best exemplifying the qualities of the humane physician.

The Spokane Internal Medicine Residency has continued to focus on having a monthly noon conference regarding the humanities. Whether it is visual diagnosis lectures, essays on medical writings or discussion of ethical situations, there have been thoughtful discussions with the residents and medical students.

Premedical students at Gonzaga enjoyed an evening lecture entitled “The Clinical Art of Observation” to show the importance of a liberal arts education in developing well-balanced physicians. Artists have captured medical diseases throughout the ages with paintings and sculpture. Students were shown how careful observation can lead diagnoses. They can take the skills they learn in the arts to improve their clinical skills.

## *Resident Winner: Michael Stewart, DO*



### By Michael Stewart, DO

Think about a patient you have had who makes you feel like the physician you have always wanted to be. Someone who you are happy to see on your schedule or someone you connected with on the wards. Maybe they give you hugs or reach out to hold your hand. At some point, you have likely thought or worried about them when you were home. Think about the rapport and interactions

you have had with that patient—the social bond you have together, the connection beyond the medicine. Take those thoughts with you through this essay.

In fourth year of medical school, dermatology was scheduled as one of my last rotations. The attending was not just a doctor—he was a physician. While he had a tight 15-minute increment schedule, his visits were straightforward and the medicine portion generally took less than the required time. In one case, a patient in her nineties came in for her corticosteroid injections for scalp psoriasis which were completed in less than five minutes. During the injections, he noticed an old ring of hers and asked her about it.

“Oh yes,” she exclaimed, “I’ve had this since the fifties. My husband gave it to me and I don’t know if I’ve ever had it off since. Not even once.” It was a silver ring with jade, but faded from time and being worn every moment for sixty years. He asked if she had ever polished it. Never. When he learned this, he rushed out of the room and came back with a cloth and some coffee pot cleaner—a safe yet effective jewelry cleaner. He spent the remaining ten minutes of her appointment holding her hand and polishing her ring while hearing the story of her husband proposing with the ring. Tears of gratefulness and joy were in her eyes by the end of the appointment. In that moment, it wasn’t about her psoriasis, any

pharmacology, or pathophysiology. He was treating her on a deeper level. While it was the knowledge of psoriasis that made him a doctor, it was the humility he expressed and the wisdom of treating her humanity that made him a physician.

Intern year began several months later and everything was fresh and exciting. An older lady with a bright smile and fiery personality was the first person to make me truly feel like a physician. In her older age, her daughter had become her live-in caretaker and best friend. When we first met, she was wary of me being a resident now taking over her care. But by the visit's end, we were laughing and she asked for a hug. She thanked me for paying attention to her problems on her way out the door.

Shortly after that first visit she had a heart attack that left her in the cardiac intensive care unit for a week. Her daughter frantically called me to get my opinion, even though I was only six weeks into being a doctor. I went to see her while she was there, not as her doctor but to express my support. On discharge, her daughter scheduled follow-up appointments more frequently to ensure she was doing ok. However, my patient insisted on only seeing me—which in a resident clinic is easier said than done. But somehow they made it work.

The patient did well over the course of the next three months, and through our visits many of her chronic conditions became more well controlled. At the same time, we grew to know each other better.

One day my patient's daughter called the clinic worried. She was going out of town for several weeks and she was afraid to leave her mother for that time. To quell her distress, I reassured her that her mom was clinically doing well, but that I would call and check in with her mom a few times over the coming weeks. On the third week, my patient said she was missing her daughter but was otherwise doing

well and feeling the best she had in years. At the end of the phone call, she thanked me for checking in on her.

Two days later the daughter called. Her mother had another heart attack but this one had left her intubated. She was flying back immediately to see her mother. On the fifth day of life support, she passed away with her daughter by her side. I took the death personally. I reviewed her chart multiple times to see if there was something I missed. I searched for any signs or symptoms foreboding the coming event leading to her death. With the loss of the patient, I felt the pressure to reevaluate my investment in patients and its effect on the objective nature of medicine.

Now take a moment and remember the patient who makes you feel like your best self as a Physician. Likely, you are invested in them as a person. That investment is part of what makes you a great physician in their minds. The personal care you offer is part of the healing you give. Your humanism allows you to give the psychosocial medicine, while your medical education allows you to treat the biomedical portion. While it can be uncomfortable for us at times, this is part of what separates physicians from doctors.

A medical degree can make someone a doctor. However, to be a physician is much more complicated. The physician is a doctor who also reflects on the entire person—their fears, beliefs, personality—and treats beyond their pathophysiology. Physicians care about patients as people, flaws and all. My attending during dermatology was being a physician when seeing the lady for psoriasis, yet spent more time polishing her ring. And although I had been a doctor for a few months at the time, my care and investment beyond physiology in my patient who passed was my first experience being a physician.

## *Student Winner: Nicholas Randall*



### **WHAT KIND OF DOCTOR**

**By Nicholas Randall**

“What kind of doctor are you going to be?” The million-dollar question. Patients, nurses, attendings – they all ask this of the new medical student. The answer usually consists of a nervous laugh and an “I have no idea, yet.” Like college freshmen constantly switching majors or children trying to choose a favorite toy,

we avoid any answer that feels like a premature commitment. The discussion is normally one of which medical specialties are most interesting or which have the most attractive lifestyle. However, two cold November days forced me to consider the simpler and more straightforward meaning of this question: What kind of doctor am I going to be?

My classmates and I see many examples of physicians, those worth emulation and those we are reluctant to be around. Dr. Moreno (all names changed) was a perfect example of the kind of doctor that I aspire to be. He started the day by greeting everyone in

the operating room by name and asking for personal updates on their lives – the nurse's track star son, the anesthesiologist's sick dog, or the PA's '69 Corvette. Following the operation, he rolled the patient's bed in from the hall because he believed there was nothing beneath him when caring for his patient. To Dr. Moreno, his support staff were colleagues and even friends, his operating room an atmosphere of mutual respect focused on patient care. As if intentionally arranged to train by contrast, the next day I precepted with Dr. Ryan. In this OR there were no greetings, no discussion of track meets or canine health, and as soon as her job was done, Dr. Ryan walked out without a word. Both Dr. Moreno and Dr. Ryan were skilled technicians; they probably had similar salaries, lifestyles, and training experiences. On paper, they were the same kind of doctor. Yet, after only a few hours with Dr. Moreno and Dr. Ryan, it was clear that they were not the same kind of doctor – clear that I wanted to be just like one, and nothing like the other.

The challenge before me and my classmates is to navigate how to become the kind of doctor we decide to be. Medical students are all too familiar with the rigorous process required to prepare for a desired future. To achieve our professional goals, we become strategic career engineers: building blueprints and mapping routes to compete for the required specialist training of our ideal future life. A CV with relevant research experience is arduously built, an away rotation or sub-internship is carefully scheduled, and professional networks within the field are curated over time. We dedicate years of our lives so we can practice a particular specialty



and live a hoped-for life. Yet, what level of strategic planning and careful preparation do we devote to becoming the kind of doctor we emulate?

Many medical schools, mine included, are making great strides in how much emphasis is placed on training students in communication and leadership skills – critical competencies required to be the good kind of doctor. Unfortunately, although you can lead a horse to water, you can't make them drink – even if lecture attendance is required. Too many students neglect the development of interpersonal and professional skills, such as active listening and self-awareness, because they are not tested on Step 1. Whispers of “Why do we have to be here?” and “Waste of time...” are on the lips and faces of too many students filing out of presentations focused on leadership development or the maintenance of empathy. I, too, am guilty at times of underappreciating the importance of professionalism trainings because the benefit seems more abstract and less immediate than my next exam. However, when reminded outside the classroom of the harmful effects of physicians who belittle patients or mistreat colleagues, I am reminded of the relevance of the early enculturation of these attitudes and skills.

I would like to believe that no medical student aspires to be the calloused attending that is condescending, cynical, or emotionally violent, to patients, students, and nurses; but I fear that many of us may fall into that state nonetheless. Long hours, stressful situations, and a quarter million in student loan debt weigh heavily, threatening to crush the empathy and patience out of us. Neglect

and procrastination of the targeted effort required to improve our professionalism, foster self-care habits, and connect with those around us lead many to follow the path of least

resistance. We may achieve our goal of becoming a certain kind of doctor – we may also unintentionally transform into rude and imbalanced people that leave our patients, families, and selves wanting more.

“So, have you thought about what kind of doctor you want to be?” Four months ago, Dr. Moreno and Dr. Ryan both asked me the million-dollar question. Fortunately, the striking contrast these surgeons provided, along with myriad experiences with other physicians, helped me form a clearer vision and more honest answer to that question. Although I don't yet know if I will be a surgeon, an oncologist, or a family physician, I do know that I want to lift up those around me and foster a spirit of empathy. I want to encourage curiosity and excellence, but not at the expense of kindness and compassion. I want to love my patients and build meaningful relationships with my colleagues. When I am asked “What kind of doctor are you going to be?” I can at least answer the more important meaning of the question – I don't know what specialty I will practice, but that will not change what kind of doctor I'm going to be. ■



## LOCAL RELATIONSHIPS CENTRAL SUPPORT



Jeffrey T. Bunning, MD



Yuxin X. Lu, MD



David B. Meredith, MD



Lisa M. Van Gemert, MD

**CellNetix-Spokane pathologists** are committed to providing your practice with accurate and timely pathology diagnostics. Our independent pathology laboratory utilizes the most current molecular pathology technologies to assist you with today's healthcare decisions.

[www.cellnetix.com](http://www.cellnetix.com)

[twitter.com/cellnetix](https://twitter.com/cellnetix)

509-252-6652



# UW Spokane Medical Students Help Offset Physician Shortage

### Record Number of Students Matched with Residencies in Washington State

By Judy Benson, MD

#### Director Internal Medicine Residency Spokane

On March 15, 2019, graduating medical students—from Spokane in Eastern Washington to Massachusetts on the Eastern Seaboard—participated in the 2019 National Resident Match Program's (NRMP's) "Match Day," an annual rite of passage when graduating medical students learn where they will spend the next three to seven years training in U.S. residency programs. For the 36 fourth-year medical students who spent their first 18 months of medical school in Spokane training through the University of Washington School of Medicine—Gonzaga University Regional Health Partnership, the Match was a great success.

After graduation in May, Spokane will welcome five new residents from the Spokane class, and two residents from Idaho, all working in the areas of family, internal and rural medicine—specialties in



demand throughout Eastern Washington. Another four will train in residencies across Washington State, totaling about one third of this year's class.

"This is a significant milestone for both our students and our community, as these students become physicians," said Darryl Potyk, M.D., Chief of Medical Education for the UW-GU Regional Health Partnership and Associate Dean for Eastern Washington for the UW School of Medicine (UWSOM). "New physicians who have been trained in Spokane will now serve patients here and that's what we're all working to accomplish."

Over the nearly 50 years of training medical students in Eastern Washington, the UW School of Medicine's Spokane medical school has grown significantly since it partnered with Gonzaga University; in 2016 it relocated its medical school to the GU campus.

The 2018-19 entering class of medical students is the third class that started taking classes on the GU campus. 60 first-year and 60 second-year students attend classes at Gonzaga's Schoenberg Center, while another 60 Spokane-based third-year students and 40 fourth-year students rotate throughout Eastern Washington and the surrounding region in clinical clerkships.

The UW's Spokane medical school has become a highly desired location for students and was the top choice among five states for this year's incoming class of 60 students.

"Our shared vision is making an impact through the next generation of physicians," Dr. Potyk added. "The UW-GU partnership is strong, our students are thriving and it's only happening because of the tremendous support of our faculty, healthcare partners and community."

The 2019 Match is the largest in history with a record-high 38,376 applicants vying for 35,185 positions. ■



#### Priest Lake, Idaho

North Idaho Forested Paradise on the Water.

This Luxurious 5 Bedroom, 5 Bath Estate property wraps around 1/3rd mile of rushing creek.

Built for your protection and privacy, this gated, secure, year-round home on 25 acres has 120 windows to drink in the views of forest, creek and abundant wildlife. It's west of Pristine Priest Lake, nestled at the foot of the Selkirk mountains.

This 16-room masterpiece boasts 5,000 sqft. of living space with a spacious second floor Master Suite, 2 car attached garage plus a 60x60 shop for all your toys.

\$2,300,000.00 **Contact Steve Mumm at 509-939-1479 or SteveMumm@21GoldChoice.com**

Century 21 Beutler & Associates





## Apps for Medical Students

**By Joshuel Pahang,**  
**MS2 WSU Elson S. Floyd College of Medicine**  
**Philip Bohlmann,**  
**MS1 WSU Elson S. Floyd College of Medicine**  
**Mara Hazeltine,**  
**MS4 UW School of Medicine**

In 2009, Apple advertised their iPhone 3G with the iconic phrase “there’s an app for that.” At the time, there were around 100,000 apps available in the App Store. Ten years later, there are more than 2 million apps available and counting. Among these are a large number of apps designed to help medical students enhance their learning and prepare them for clinical practice. Students from both the WSU Elson S. Floyd College of Medicine and the University of Washington School of Medicine were asked to share some of their favorites:

### NOTE TAKING APPS - ONENOTE, NOTABILITY, EVERNOTE

For many folks nothing beats old pen and paper, however, note-taking apps can provide very useful features that can augment students’ note-taking abilities. With the latest generation of Apple iPads and similar tablets, the writing experience has improved incredibly making a digital note-taking experience feel more organic. Documents and slide decks can be imported into most programs allowing you to write directly on them, and then safely stored away in the cloud for easy access across all of your devices. Some programs, such as Notability, learn to recognize your handwritten notes and allow you to search.

### FLASHCARDS - ANKI, QUIZLET

Many students find digital flashcards a necessity during their didactic years, particularly in relation to their board prep and retaining mountains of information. From memorizing anatomy for pin tests to keeping the adverse effects of drugs in line, thousands upon thousands of flashcards are kept together on a single app. Programs like Anki have algorithms that invoke the concept of spaced repetition prompting you to review the topics that you have difficulty with earlier and more often.

### ANATOMY - VISIBLEBODY, 3D4 COMPLETE ANATOMY

While it can be argued that nothing can replace being in the anatomy lab, anatomy apps can provide good review or a great exploration opportunity for students to use before working with cadavers. Common downsides among these types of apps is that they often take up a lot of storage and battery life, and the controls can have a steep learning curve to be able to use them efficiently.

### CLINICAL RESOURCES - UPTODATE, DYNAMED, PUBMED

So far, we have covered applications geared mainly toward classroom-related learning, but there are many app-based resources available to assist students in their clinical years too. UpToDate has a dedicated smartphone application that provides

evidence-based clinical decision support in the palm of your hand. DynaMed is another similar platform with concise recommendations, risk calculators as well as ICD coding suggestions. PubMed also provides an app platform for easy access to journal articles on your mobile device.

### DRUGS - IBM MICROMEDEX, EPOCRATES, LEXICOMP, GOODRX, LACTMED

We wrap up our short list with various apps that provide information on drugs. IBM Micromedex, Epocrates, and Lexicomp all offer mobile apps that provide you with drug prescribing guides, safety information and even access to various insurance formularies. GoodRx has information on drug prices for patients. Finally, LactMed describes the impact of various medications on breastfeeding.

While the world continues to try and find balance between time spent on our phones and working face to face with people, we hope that some of the aforementioned apps can help you and your students be more efficient at both. ■

App Name	App Type	Availability	Price
Notability	Note Taking	iOS	\$9.99
Anki	Flashcards	iOS, Android	\$25.00 (Free on Android)
VisibleBody	Virtual Anatomy	iOS, Android	\$24.99
3D4 Complete Anatomy	Virtual Anatomy	iOS, Android	Skeletal and Connective Tissue free, \$34.99/yr for premium
UpToDate	Decision Support	iOS, Android	Free with any general UpToDate subscription
DynaMed	Decision Support	iOS, Android	Free with any general DynaMed subscription
PubMed	Articles/Research	iOS, Android	Free
Micromedex	Drug Information	iOS, Android	Free with Micromedex subscription, or \$2.99 on its own
GoodRx	Drug Pricing	iOS, Android	Free (premium version is \$5.99/month claiming to provide additional drug discounts)
LactMed	Drug Information	iOS, Android	Free

## SAVE THE DATE!

*Spokane County Medical Society presents*

## MEDICINE 2019

**Friday, October 25, 2019**

**at Rockwood South Hill Event Center**

*Stay tuned for more details!*



## SCMS Happenings

### SCMS 2019 ANNUAL RECEPTION

In collaboration with the Spokane Regional Health District, the Spokane District Dental Society and the WWAMI Area Health Education Center Program, SCMS hosted "Difficult Conversations in Opioid Prescribing" featuring a local provider panel with primary care, dental and urgent care approaches on April 24, 2019, at the Providence Auditorium.

The evening featured an address by the 2019 SCMS President, Deborah Wiser, MD, a panel discussion on real-life approaches to opiate prescribing and pain management, and an update on SCMS and regional collaboration on the crisis. Appetizers and drinks were provided, and collegiality was enjoyed by all. ■

*A special thanks to our evening sponsors!*



### SCMS MEMBER MIXER

Spokane County Medical Society's Member Mixer was held on May 5, 2019, at Rockwood South Hill's Event Center. Guests enjoyed appetizers and drinks, as well as great conversation with colleagues in a relaxed atmosphere. A great time was had by all! ■

*A special thanks to our sponsor for the evening!*



## Membership Recognition

# thank you

to the members listed here. Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

#### MAY

##### 40 YEARS

**J. Paul Shields, Jr., MD**

05/22/1979

##### 30 YEARS

**Gary V. Bell, MD**

05/17/1989

**Timothy M. Chestnut, MD**

05/17/1989

#### JUNE

##### 20 YEARS

**Randall K. Jacobson, MD**

06/23/1999

**Kristi A. Rice, MD**

06/23/1999

**Bruce E. Becker, MD**

06/23/1999





## 2019 SCMS SENIOR PHYSICIANS GOLF TOURNAMENT

It was an excellent day for golf as the annual Senior Physicians Golf Tournament kicked off with a shotgun start at 8:00 a.m. at the Manito Golf and Country Club held on Friday, May 17th. Lunch and the presentation of prizes followed golfing, accompanied by fellowship and the renewing of old friendships among colleagues.

Dr. Bill Schulte won first place this year with a 77 in the Under 17 Division, with Dr. Andre LaSalle winning the 17 & Over Division with an 84, and Dr. Larry Schrock winning the Super Senior award with a 77. The overall winner of the tournament was Dr. Bill Schulte with an 84 gross score.

Thanks to Browne Family Vineyards for donating a bottle of wine for each golfer, along with a Magnum raffle prize, won by Dr. Bill Schulte. Thank you to Wide World of Golf for donating a sand wedge raffle prize won by Dr. David Maccini, and a \$50 gift card won by Dr. Robert Weigand. Additionally, Dr. Maccini won a \$30 gift card for KP. Each golfer also walked away with a goody bag, with items sponsored by Cancer Care Northwest, Northwest Center for Regenerative Medicine, Rockwood Retirement Communities and Spokane Federal Credit Union. ■



*Thank you to our raffle prize sponsors!*

**BROWNE**  
FAMILY VINEYARDS

**WIDE WORLD**  
OF GOLF



## SCMS MEMBERS AND THEIR FAMILIES VOLUNTEER TIME TO BLESSINGS UNDER THE BRIDGE

SCMS members and family volunteers participated in serving dinner to the less fortunate in our local community on May 29, 2019 with Blessings Under the Bridge.

The evening began as the trucks rolled in and volunteers worked hard unloading tables, chairs and totes full of clothing and supplies. Food tables, drinks and snacks were set up, the hot food pans were lit and servers were coached while our friends began lining up outside the gate for the Feed. Once the gate opened, the line moved in to sit down and share a meal.

Blessings Under the Bridge (BUTB) is a faith-based organization founded in 2007. It has grown from 40 brown bag meals and a case of water into a full time non-profit. Weekly, they are serving close to 400 men, women, and sometimes small children. ■



## Policy-Making at the WSMA Starts with a Resolution

Participating in the policy-making process is a powerful benefit of membership in the Washington State Medical Association. If you are a Spokane County Medical Society member who is also member of the WSMA, you can help guide WSMA's policy decisions and raise awareness of issues of importance to the practice of medicine in Washington by authoring a "resolution," a key policy driver for the association.

A resolution is a proposal asking the WSMA to take a position or act on an important issue. Any member can write a resolution—but the resolution must be sponsored by a WSMA delegate, alternate delegate or member of the board of trustees in order to be considered for adoption by the WSMA House of Delegates. Resolutions often **start at the local level** and are refined in concert with an author's county medical society (like SCMS) or their specialty society before being submitted to the WSMA. (If you are interested in asking the SCMS board to support a proposed resolution, please email [shelly@spcms.org](mailto:shelly@spcms.org).)

WSMA members can review, discuss and debate resolutions and other issues online throughout the year using WSMA's "virtual" reference committees, password-protected to ensure your privacy ([wsma.org/virtual-reference-committees](http://wsma.org/virtual-reference-committees)). In-person reference committees will continue to meet during the WSMA Annual Meeting in the fall to allow members an additional opportunity to offer input on policies being considered for action by the House.

The WSMA has made their private, online reference committees available year-round to give their members more time to discuss and develop proposed policy. Please note that to be considered for action at this year's annual meeting on Oct. 12-13, **you must submit your resolution** via email to [hod@wsma.org](mailto:hod@wsma.org) by **September 12** for review by the WSMA staff. If received after the deadline, it will be distributed to the House of Delegates at the opening session of the meeting as a late resolution. Late resolutions require a two-thirds affirmative vote by the House to be accepted as official business.

Before writing your resolution, take a moment and research existing policy by reviewing the WSMA Policy Compendium at [wsma.org/the-organization](http://wsma.org/the-organization). The issue you wish to raise may already be addressed in current WSMA policy. Alternately, you may seek to modify existing WSMA policy.

The WSMA requires a resolution to fit an established format. For a look at the five basic elements that make up a resolution, and for guidance on how to write a resolution, go to [wsma.org/resolutions](http://wsma.org/resolutions).

At any time during the year, if you would like to upload your policy idea to the WSMA Virtual Reference Committees for review and discussion by your colleagues, please submit your idea in the resolution format.

While the online reference committees are available year-round, remember that to be considered at the WSMA Annual Meeting, you must submit the resolution by the September deadline via email to [hod@wsma.org](mailto:hod@wsma.org). WSMA staff will review your resolution for any legal or legislative concern and will work with you to establish a fiscal note (the cost, if any, to implement the resolution if adopted). Staff will then post your resolution online to the reference committees for discussion prior to the annual meeting.

The 2019 Annual Meeting of the WSMA House of Delegates will take place Saturday, Oct. 12 and Sunday, Oct. 13 in Seattle at the Hilton Seattle Airport and Conference Center. Free for WSMA members and members of MGMA-Washington, the meeting is not only your chance to help set the agenda of your state medical association, but it is also a wonderful opportunity to spend quality time with your colleagues and peers from throughout the state.

If you have never attended a WSMA annual meeting, visit [wsma.org/annual-meeting](http://wsma.org/annual-meeting) and learn about the how, when, where and why of this premiere policy-making event. Be sure to save the dates and be on the lookout for registration information and a meeting agenda in the coming months. ■



2019 WSMA Road Trip: Spokane, Thursday, Aug. 22, 6-8 p.m.  
RSVP for this free event today at [www.eventbrite.com/e/wsma-road-trip-to-spokane-registration-64261748620](http://www.eventbrite.com/e/wsma-road-trip-to-spokane-registration-64261748620)

## WSMA is Hitting the Road!

WSMA leaders are hitting the road this summer to connect with you in person and hear from you directly about what's impacting you in the practice of medicine. Don't miss this meet-up with the WSMA. The WSMA Road Trip will visit Spokane on Thursday, Aug. 22!

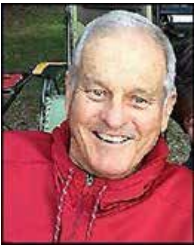
You're invited! Join WSMA leaders and members of the Spokane physician community when the WSMA Road Trip arrives in Spokane at the Barrel Room at Nectar Catering on Thursday, Aug. 22. The event is free for all WSMA members and non-members.

- Food!
- Fun!
- Networking with peers!
- News you need to know from the 2019 legislative session!
- Frosty beverages!
- Q&A with WSMA leadership!

**Questions? Call Tom at: (206) 441-9762.**

We look forward to seeing you! ■





## DR. CRAIG ARTHUR OLSON (FEBRUARY 1945 – NOVEMBER 2018)

Dr. Craig Arthur Olson died peacefully on November 27, 2018, at Hospice House South of Spokane. Born February 2, 1945 in Dayton Ohio to Dr. O.C. Olson and Evelyn Sanger Olson, Craig spent most of his life in his beloved Spokane attending Wilson grade school and Lewis and Clark High School with

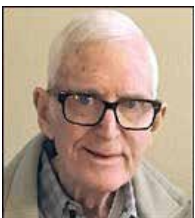
his two brothers. He loved his growing up years of swimming and baseball at Comstock, ice skating at Cannon Hill and neighborhood friends and fun on 25th and 26th streets. He was a proud LC Tiger enjoying ASB and football notably and graduating from there to attend WSU where he continued playing football for two years. Leadership opportunities continued for him as a member of Beta Theta Pi fraternity where he formed deep and lasting friendships. There he also met his favorite Cougar, Barbie Vaughan on a "blind date", as he loved to tell the story. They were amazed to find out that they both grew up with Golden Retrievers in their families, a tradition they continued throughout their marriage.

Accepted to the U of W Medical School, Craig and Barb married in 1968 and spent time in Seattle, San Francisco, Toppenish (Indian Health Service), and Yakima, completing Craig's degrees in Medicine and Board Certification in Family Practice before returning to Spokane in 1976. There Craig became the head physician of Deaconess Hospital's first Emergency Department solidifying his love for emergency medicine. It was difficult to leave this exciting new field of medicine, but soon another new opportunity presented itself. Craig became the managing partner in pioneering the development of three Urgent Care Clinics in Spokane, a natural outcome of his interest in providing expedient primary care to families in Spokane. Given this background, as a semi-retired physician he was able to serve the communities of Dayton and Odessa, Washington doing locum tenens, a perfect finish to his long career and a job he relished for the opportunities to connect with people in a small town, rural setting.

Craig often said that he wanted to be most remembered for being a good husband and father. To that end he fully devoted his heart and mind. Craig and Barbie were married for 50 years and delighted in doing marriage ministry together. His favorite saying was, "Be willing to work as hard at your marriage as anything else you do in life." ■

## DR. LYLE EDMUND CRECELIUS

(JULY 1935 – DECEMBER 2018)



Dr. Lyle Edmund Crecelius passed away on December 7, 2018. He was born on July 1, 1935 in Minneola, Kansas, the son of late Lolan Elbert Crecelius and Faye Laverne Ryan and survived by brother Douglas Crecelius. He was married to Shirley LaVonne (Bonnie) Crandall, in Madras Oregon and recently celebrated 62 years of

marriage. He graduated from Willamette University in Salem, Oregon in 1957, then went on to receive his medical degree at Oregon Health and Science University in Portland, Oregon, graduating with honors in 1962.

After graduation, he accepted an internship for one year at Gorgas Hospital in the Panama Canal Zone. He was then employed by Fort Belknap Hospital in Harlem, Montana for two years. In 1965

he pursued a Degree in Radiology at the University of Oregon in Portland, Oregon. After graduation, in 1969, he was employed by Radiology Associates at Holy Family Hospital in Spokane, Washington, retiring in 1998 after 29 years.

He believed in serving people in the community and worked as a volunteer for Daybreak, Cup of Cool Water and Trinity Carts (formally P.E.T.) He also served on many missions' trips over the years. ■



## DR. REX CLAYTON PORTER (SEPTEMBER 1957 – APRIL 2019)

On September 14, 1957, Geraldine Rose Porter and Rex Clayton Porter Sr. welcomed their second child, Rex Clayton Porter Jr., into the world in Denver, Colorado. Rex excelled in academics throughout childhood, attended Whittier College on scholarship and ultimately

went on to study medicine at UCLA.

While completing his residency in anesthesiology at the University of Florida, he met the love of his life, Connie, who was an OR nurse at the same hospital. They married in Florida before moving to Spokane where they had three children.

Rex was a devoted and loving family man, as well as a beloved member of the community. Rex loved spending time with his family, distance running, gardening and Gonzaga basketball. He practiced medicine for three decades, primarily at Sacred Heart Medical Center with the Physician's Anesthesia Group. Rex is survived by his three children, mom and sister. His family and friends will dearly miss his kindness and gentle spirit. ■

## MEDICAL SPACE AVAILABLE

Pioneer Plaza Professional Center

626 N Mullan Rd #16

Spokane, WA. 99206

<https://pioneerplaza.wixsite.com/lease>

7,000 sq ft office space available, \$17.50 per sq ft



For information contact Keith McCathren

(509) 979-7449

[kbmccathren@mccathrenmgmt.com](mailto:kbmccathren@mccathrenmgmt.com)

# *Homecoming for Health Care:* UW School of Medicine Graduate Mara Hazeltine Finds Her Way Back to Sacred Heart for Residency

**By Arielle Dreher**  
**The Spokesman-Review**

Mara Hazeltine is no stranger to the halls of Providence Sacred Heart Medical Center.

She grew up coming to Sacred Heart with her mother, a nurse for more than 30 years who recently retired.

Now she returns on her own to begin her residency in family medicine after graduating from the University of Washington School of Medicine.

"This place feels like home to me," she said, noting she still runs into some of her mother's nursing friends, her "aunties," in the hallways today.

Hazeltine grew up in the Green Bluff area and graduated from Mt. Spokane High School in 2007. Four years later, she had earned a degree in psychology.

For Hazeltine, the road to becoming a doctor started in the classroom. The daughter of a teacher and a nurse, she decided to teach after graduation through Teach for America. She taught middle school math in Colorado Springs, an experience she believes was one of the most important things she has ever done.

"I think you really start to understand the underpinnings of poverty when you are immersed in that community," she said. "... The thing I learned though through that process is that health, really, is a foundation to be able to learn, and so they kind of go hand in hand."

Hazeltine recalled one of her students who kept his head down on his desk for most of class. She kept coming back to him, trying to figure out what was wrong. When he finally showed her his mouth, full of holes and blackened teeth, she understood: He was in a lot of pain.

"Understanding that family dynamic is huge, like where are they living, what does that house look like, are there environmental exposures going on? Do they have access to food? And how far away is it from the grocery store?" she said. "Are they going to school on a regular basis? Do they have clothes to wear to school? Do they have somewhere to wash them? Those are all things that impact your health in immense ways, so I think family docs tend to have that higher perspective, and they put it into context."

Her experience in Colorado became the catalyst for her to apply to medical school. She applied to the UW medical school, and when she was accepted, chose to attend classes in Spokane.

This meant that Hazeltine got to come home for medical school, as well as getting experience out-side of Spokane County.

She delivered her first baby during her first year of medical school in Tonasket, Washington, during her time in the Rural Underserved Opportunities Program. Hazeltine met the patient earlier that day, and in the middle of the night, she woke up with the doctor she was working and staying with to go deliver the baby.

"I don't know anywhere else where you can deliver a baby as a first year student, and you only do that somewhere rural, too," she said.

While in medical school, Hazeltine served as president of her student medical association, advocating for students' needs in the



midst of a transition to a new curriculum. UW's medical school in Spokane began its regional health partnership with Gonzaga in 2016. She established a program for students to express concerns and offer suggestions without fear of retribution in closed-to-faculty meetings lovingly dubbed fireside chats. That tradition outlived Hazeltine's class and it be-came a best practice, faculty members said.

Hazeltine also started the UW Medical Students for Educational Equity program, a service-learning program that provides medical students at the Spokane campus opportunities to get involved with local schools through tutoring, the walking school bus program or helping with robotics programs and overnight camps. Getting involved with the local community parallels how Hazeltine views her work as a doctor.

"I think getting to know people is the real basis of being a good doctor, getting that narrative is so important, and then you learn things through that that really help you to practice good medicine," she said.

Hazeltine, now 30, graduated in May in Seattle with other UW medical students, including 34 who were based in Spokane.

All medical school students go through a match process that pairs students with residency programs, usually in the specialty or area of medicine they choose, from pulmonary disease to dermatology to family medicine. Students participate in several two-way interviews during which the residency program and students interview each other to gauge if the arrangement would be a good fit. After interviews, students rank the programs, with their favorites at the top. Residency program directors do the same. Then on a Friday in March, all medical students in the country open their envelopes at the same time.

Hazeltine had an intimate match day, with five other medical students in Spokane along with faculty and family members around her as she opened her envelope at exactly 9 a.m.

With her husband, Chris Jordan, and both their families there, Hazeltine opened her envelope, scanning the letter, which doesn't make the placement obvious.

Her family could hardly contain their excitement. "What does it say?" they asked. When she finally saw the words "Providence Sacred Heart Medical Center," Hazeltine was not surprised at her placement.

"I had a good feeling about it. I had a good vibe at my interview," she said.

John McCarthy, assistant dean for rural programs at the UW medical school, worked with Hazeltine and said she will make the Spokane family medicine residency much more competitive.

"If you have good residents, you become more competitive, and if you have poor residents, you become less competitive," McCarthy said.

While Hazeltine was confident about match day, her husband was nervous. Sacred Heart is the only family medicine residency in Spokane, so if Mara had matched into another program, they would have had to leave Spokane.

Residencies, the key to a doctor's future certification and matriculation into the workforce, are available in four specialties in the Spokane area: family medicine, internal medicine, psychiatry and radiology. Students from Spokane who are going into other specialties, such as pediatrics or obstetrics and gynecology, must serve their residency elsewhere.

Residencies are just one piece of the physician-shortage puzzle that Washington state and the nation as a whole is working to solve. For researchers and medical school experts, residencies are usually a good indicator of where a physician will end up working. A 2013 study found that more than half of family medicine doctors are likely to practice medicine within 100 miles of where they completed their residency.

"Oftentimes, people settle in the communities where they do residency training. She (Mara) will probably stay in Spokane or stay in Eastern Washington because she's training here," said Bill Sayres, assistant dean of foundations at the UW medical school.

The latest data from the Association of American Medical Colleges show about 33 percent of active physicians in Washington completed their graduate medical education in the state.

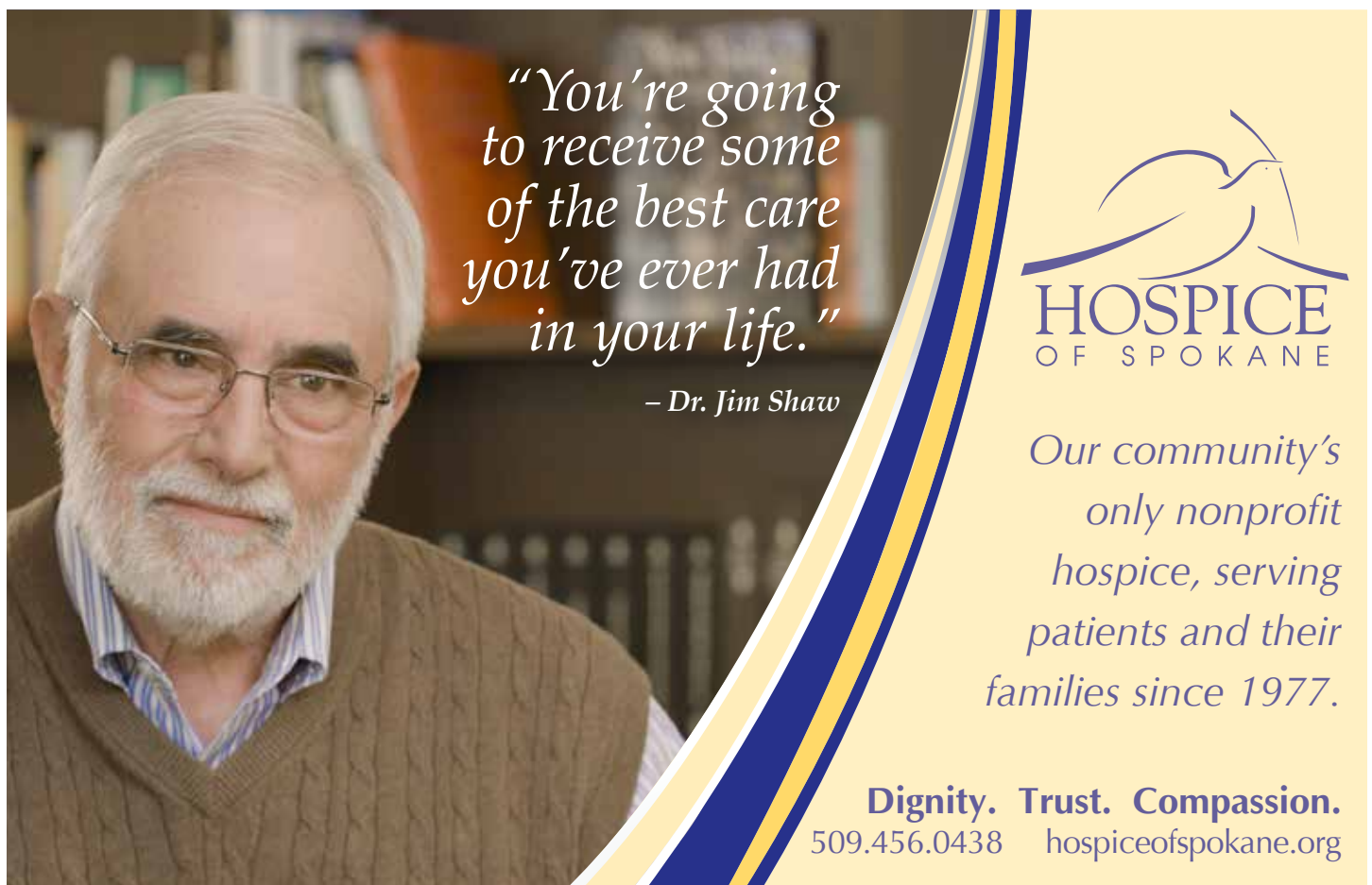
Last year, no UW medical school graduates entered family medicine residencies in Spokane. There are four this year. The family medicine residency at Providence Sacred Heart Medical Center currently has 27 residents overall, and Hazeltine's class has a total of 10 residents. Mentors and UW faculty speak highly of Hazeltine and agree she could have gone anywhere for her residency.

"She could have gone anywhere she wanted, but she's made of the kind of stuff that would allow her to take on the world," McCarthy said. "And I'm convinced that she will, and that she will make this a better medical community just because she's here."

Returning home was a choice, however, and Hazeltine believes that not only is Spokane home for her, but that the need for doctors, particularly in the rural areas parts of Eastern Washington, is great.

When she returned home, Hazeltine called her own primary care doctor for an appointment.

"They were booked out for five months, and that's just not right," she said. "We need more people in this area, and it's a fun place to live." ■



*"You're going to receive some of the best care you've ever had in your life."*

— Dr. Jim Shaw

**HOSPICE OF SPOKANE**

*Our community's only nonprofit hospice, serving patients and their families since 1977.*

**Dignity. Trust. Compassion.**  
509.456.0438 [hospiceofspokane.org](http://hospiceofspokane.org)



# Organic Foods Healthier or Not

By Stephanie C. Clark, D.O., M.S.

The demand for and sale of organic foods has increased at an explosive rate over the last 20 years. Sales of organic food increased from \$3.6 to \$26.7 billion from 1997 to 2010 respectively, were estimated at \$80 billion in 2014, and there is no indication that this trend will be slowing anytime soon (1, 2). Individuals are motivated to buy and eat organic foods for various reasons, but the perception that organic foods are healthier, is among the top motivating factor driving the increased demand for organic products (2). However, it remains a debated topic as to whether consuming organically grown foods truly provides salient health benefits over conventionally grown foods.

Organic agriculture first rose to prominence in the 1940's at the farming philosophy of Sir Albert Howard (3). The term organic was later coined by Walter Northbourne to describe Howard's method of agricultural practices that were rooted in promoting soil fertility and efficiently recycling waste materials so as to produce healthy crops (3). Today, organic farming differs from conventional farming in that it does not allow the use of genetically modified organisms or agrochemicals, and the use of veterinary medicine and pesticides are restricted (4). Several studies have been done to evaluate whether or not organic farming practices actually translate to improved health for the consumer. The results of such studies however are often confounded by the fact that individuals who report purchasing and eating organic foods are also more likely to engage in other healthy lifestyle habits such as more frequent physical activity, increased consumption of fruits and vegetables, decreased smoking and a healthier body mass index (BMI) (5). Therefore, it is difficult to attribute improved overall health strictly to the consumption of organic foods.

What has been repeatedly shown and supported in the literature is the health benefits associated with increased consumption of fruits and vegetables (6). In regards to organic foods and produce, the research has shown that they do vary somewhat in their composition compared to conventional foods; specifically in the amount of pesticide residues (1, 2, 7). Pesticides have been linked to carcinogenic, endocrine-disrupting and neurotoxic effects (7) and studies evaluating the excretion of pesticide metabolites in the urine showed that individuals consuming organic food had lower concentrations of these metabolites in their urine (1, 8). Other compositional differences that have been observed in several studies is that organic fruits and vegetables have a higher concentration of phenols and flavonoids (1, 7), which are secondary

plant metabolites thought to have antioxidant, anticancer and antibacterial effects among other health benefits (9). Additionally, studies have shown that conventional animal products (e.g. chicken and pork) have an increased association with antibiotic resistant bacteria compared to organic animal products (1, 7). However, it remains unclear as to whether or not these compositional differences have any clinical significance, or put another way, decreases one's disease risk.

In conclusion, there is some evidence in the literature to support increased health benefits of organic over conventional food, but the extent of this benefit might be falsely or over emphasized to the modern day consumer. The most plentiful evidence to support consuming organic foods comes from the studies that show a decreased exposure to pesticides. One beneficial resource that can help guide consumers while grocery shopping so as to decrease their exposure to pesticides is the "dirty dozen list", which lists the produce that has been tested and found to have the highest concentration of pesticide residues (10). Overall, there remains a need for additional research to determine the specific health benefits from consuming organic food, but in the meantime, the health of society would benefit from a move towards a plant based, whole food diet with increased consumption of fruits and vegetables regardless if the produce is organic or not. ■

## References

- [1] Smith-Spangler, Crystal, et al. "Are Organic Foods Safer or Healthier Than Conventional Alternatives?" *Annals of Internal Medicine*, vol. 157, no. 5, 2012, p. 348., doi:10.7326/0003-4819-157-5-201209040-00007.
- [2] Brantsæter, Anne Lise, et al. "Organic Food in the Diet: Exposure and Health Implications." *Annual Review of Public Health*, vol. 38, no. 1, 2017, pp. 295–313., doi:10.1146/annurev-pubhealth-031816-044437.
- [3] Heckman, J. "A History of Organic Farming: Transitions from Sir Albert Howard's War in the Soil to USDA National Organic Program." *Renewable Agriculture and Food Systems*, vol. 21, no. 03, 2006, pp. 143–150., doi:10.1079/raf2005126.
- [4] Comm. Eur. Communities. 2008. Commission Regulation (EC) No 889/2008 of 5 September 2008 laying down detailed rules for the implementation of Council Regulation (EC) no 834/2007 on organic production and labelling of organic products with regard to organic production, labelling and control. *Off. J. Eur. Union* 889/2008:1–84. <http://data.europa.eu/eli/reg/2008/889/oj>
- [5] Eisinger-Watzl, Marianne, et al. "Customers Purchasing Organic Food - Do They Live Healthier? Results of the German National Nutrition Survey II." *European Journal of Nutrition & Food Safety*, vol. 5, no. 1, 2015, pp. 59–71., doi:10.9734/ejns/2015/12734.
- [6] Wang Xia, Ouyang Yingying, Liu Jun, Zhu Minmin, Zhao Gang, Bao Wei et al. Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies *BMJ* 2014; 349 :g4490
- [7] Mie, Axel, et al. "Human Health Implications of Organic Food and Organic Agriculture: a Comprehensive Review." *Environmental Health*, vol. 16, no. 1, 2017, doi:10.1186/s12940-017-0315-4.
- [8] Bradman, Asa, et al. "Effect of Organic Diet Intervention on Pesticide Exposures in Young Children Living in Low-Income Urban and Agricultural Communities." *Environmental Health Perspectives*, vol. 123, no. 10, 2015, pp. 1086–1093., doi:10.1289/ehp.1408660.
- [9] Tungmunthum, Duangjai, et al. "Flavonoids and Other Phenolic Compounds from Medicinal Plants for Pharmaceutical and Medical Aspects: An Overview." *Medicines*, vol. 5, no. 3, 2018, p. 93., doi:10.3390/medicines5030093.
- [10] Environmental Working Group. "EWG's 2019 Shopper's Guide to Pesticides in Produce". EWG's 2019 Shopper's Guide to Pesticides in Produce I Summary, 20 Mar. 2019, [www.ewg.org/foodnews/summary.php](http://www.ewg.org/foodnews/summary.php).

## Medical Volunteers for Disaster Response and Community Events –



Contact: Dave Byrnes  
509-496-0496  
dbyrnes@srhd.org

# The controversial topic of diet: A comparison of vegan, vegetarian, and ketogenic diets

By Brittany Urso, M.D., M.S.

Nutrition is a topic that medical education falls short on. Despite this, as providers, we are expected to provide dietary advice to our patients to help them improve their health. Diet is a great alternative to medications when offering patients safe methods of improving their health. With diets being a hot topic in the news, the goal of this article is to evaluate ketogenic, vegetarian, and vegan diets more thoroughly to provide guidance in our dietary recommendations.

- 1. Diet description** A vegetarian diet is a diet which does not include any animal meat or poultry. Pesco-vegetarians allow fish in their diet.[1] A vegan diet does not include any animal-derived product; therefore, eggs, meat, poultry, dairy, and seafood are eliminated.[1] A ketogenic diet is a diet where individuals eat high-fat, low-carbohydrate foods in order to force their body in ketogenesis.[1] Ketogenic diets were originally developed to treat refractory epilepsy as carbohydrates can provoke seizures in certain populations.[2] On average, ketogenic diets restrict carbohydrate intake to under 50 grams per day.[2]
- 2. All-cause mortality** The Lancet completed a 25-year study which found mortality to be increased when carbohydrates were exchanged for animal-derived fat or protein in the diet.[3] Mortality was decreased when carbohydrates were substituted for plant-based options.[3] Similarly, the AHS-2 study found vegans and vegetarians to have lower all-cause mortality compared to non-vegetarians.[4] It was also found that vegetarians and vegans are more likely to exercise and are less likely to be smokers, so it is possible that these characteristics are confounders.[5,6]
- 3. Morbidity** Cancer risk in vegetarians, vegetarians who eat fish, and vegans is about 11-19 percent lower than the cancer risk in the general meat-eating population.[4] There are theories suggesting that ketogenic diets may starve tumor cells, decreasing the likelihood of developing cancer; however, this has not been proven.[2] Vegetarians and vegans were also found to have lower rates of obesity and hypertension compared to non-vegetarians and non-vegans.[4] Additionally, one study found that eating a vegetarian and vegan diet decreases a person's risk of developing Type 2 Diabetes Mellitus by about 40-50% and a 60%, respectively.[4]

**4. Weight loss** Those who adopt vegan and vegetarian diets are generally found to have greater lean body mass as compared to those following an omnivorous diet.[1] A ketogenic diet is not the "typical" omnivorous diet and it is associated with the greatest weight loss over a 6-month period; However, after the 1-year study participants had regained their lost weight.[7]

**5. Dietary deficiencies** Ketogenic diets are omnivorous diets; therefore, individuals who follow this type of diet are unlikely to have nutrient deficiencies. Vegetarians and vegans do eat restrictive diets, so they are more at risk of dietary deficiencies, especially B12 deficiency.[8,9] Dietary deficiencies can be avoided with efficient meal planning and supplementation.

In conclusion, deciding on the best diet is controversial. This paper examined diets on opposite spectrums – plant-based diets, such as vegan and vegetarian diets, versus heavily animal product-based diets, such as the ketogenic diet. Ketogenic diets showed benefits related to rapid weight loss; however, this wasn't found to be sustainable. Plant-based diets were associated with decreased all-cause mortality, as well as decreased rates of type 2 diabetes, hypertension, cancer, and obesity. Encouraging patients to take steps towards a plant-based diet will likely benefit their health and may even prevent them from needing a medication prescription. ■

## References

- [1] Turner-McGrievy GM, Davidson CR, Wingard EE, Wilcox S, Frongillo EA. Comparative effectiveness of plant-based diets for weight loss: A randomized controlled trial of five different diets. *Nutrition*. 2015. doi:10.1016/j.nut.2014.09.002
- [2] Paoli A, Rubini A, Volek JS, Grimaldi KA. Beyond weight loss: A review of the therapeutic uses of very-low-carbohydrate (ketogenic) diets. *Eur J Clin Nutr*. 2013. doi:10.1038/ejcn.2013.116
- [3] Seidelmann SB, Claggett B, Cheng S, et al. Dietary carbohydrate intake and mortality: a prospective cohort study and meta-analysis. *Lancet Public Heal*. 2018;3(9):e419-e428. doi:10.1016/S2468-2667(18)30135-X
- [4] Segovia-Siapco G, Sabaté J. Health and sustainability outcomes of vegetarian dietary patterns: a revisit of the EPIC-Oxford and the Adventist Health Study-2 cohorts. *Eur J Clin Nutr*. 2018. doi:10.1038/s41430-018-0310-z
- [5] Cramer H, Kessler CS, Sundberg T, et al. Characteristics of Americans Choosing Vegetarian and Vegan Diets for Health Reasons. *J Nutr Educ Behav*. 2017. doi:10.1016/j.jneb.2017.04.011
- [6] Lassale C, Gunter MJ, Romaguera D, et al. Diet quality scores and prediction of all-cause, cardiovascular and cancer mortality in a pan-european cohort study. *PLoS One*. 2016. doi:10.1371/journal.pone.0159025

## Spokane's #1 Hospice Care Provider

**CMS Quality Data** consistently ranks Horizon Hospice #1 for daily time spent with patients.

And Horizon was the #1 hospice in the State for time spent the last seven days of life.

Our goal is not to be the biggest.  
Our goal is to provide the best quality care.



**Don't just say hospice, Say Horizon Hospice.**

HorizonHospice.com 509-489-4581

**Spokane's #1 Hospice Care Provider**

**6 Years of Deficiency Free Medicare Quality Surveys**

# Opioid Use Disorder: The Call for Willing Prescribers

By Lora Jasman, MD, FACP, FASAM  
Internal Medicine, Addiction Medicine,  
MultiCare Health System

There are three FDA approved medications for persons with opioid use disorders that have been shown to reduce mortality, morbidity, legal consequences, and costs associated with this disorder. Yet, to date, it has been estimated that less than 30% of those who need medication are getting it. Some patients do not seek care. But even when they do seek care, as medical providers we often do not know how to help.

Opioid use disorder knows no socioeconomic boundaries. Persons with this disorder are our friends, neighbors, colleagues, children, aunts, uncles. And they are dying at alarming rates. They deserve our **willingness** to treat them in the same way as others who have a chronic medical disease.

Here are some facts about Opioid Use Disorder:

1. It has a high mortality rate. We lost more Americans in 2017 from drug overdoses than we lost in the entire Vietnam War. The majority of drug overdoses in the past decade have been from opioids. Medication can reduce the mortality rates by over 50%.
2. Brain imaging studies show that opioid use disorder affects the brain profoundly. The pleasure center of the brain gets hijacked making the patient want the drugs more and more. The brain then adapts in such a way that it becomes intolerant—even avoidant—of withdrawal symptoms, which compounds the problem.
3. The disorder is highly stigmatized. Persons with this disorder are often marginalized and we speak harshly to and about them. We use words like “addict” or “junkie” rather than “person with an opioid use disorder.” We criticize them for their behaviors, though such behaviors are the result of a well documented brain disorder. These attitudes and behaviors have real life consequences for patients and push patients away from getting the care they so desperately need.



4. Medication is often incorrectly believed to be “substituting one addiction for another.” This is not accurate because medication such as methadone and buprenorphine can stabilize the patient such that s/he no longer exhibits addiction behaviors. Medications are life saving. They can change the patient from someone who uses a drug despite harm, to someone who takes a medication daily in the same way a patient might take a blood pressure medication daily. There is some evidence that with time it helps to heal the brain.

The widespread knowledge of and **willingness** to prescribe buprenorphine products, a life-saving medication that can be easily prescribed from a doctor’s office, is the single best solution to the epidemic. While prescribing of buprenorphine for opioid use disorder requires special training and a separate DEA license, it is actually a safe medication and fairly easy to learn. I urge providers in nearly every specialty to consider getting the training to prescribe buprenorphine sublingual medications. Training is free and can be done in person or online at <https://pcssnow.org/medication-assisted-treatment/>.

If we work together, we can change the trajectory of this disease and help to get patient’s lives and families back! ■

---

## The Art of Clinical Observation

*Dr. Judy Swanson’s recent lecture “Medical Observations in Art” for Gonzaga University’s Health Sciences Club, underscores the value of a liberal arts education for pre-med students.*

What can a 16th century oil painting, a quote from Sherlock Holmes, and a da Vinci sketch of an eye teach students about the practice of medicine?

Quite a lot if you’re a student attending the “Medical Observations in Art,” lecture taught by Judy Swanson, Assistant Clinical Dean, for UWSOM Spokane, University of Washington Clinical Professor, and Faculty Attending with the Internal Medicine Residency Spokane.

The genesis of the lecture series occurred when Swanson worried that the focus on electronic record keeping might make physicians lose sight of the patients they were treating. “For me, medicine isn’t just about data and electronic medical records; it’s about the humanity and art involved,” said Swanson. “Sometimes the patient can get lost in all the documentation.”

While she often presents this lecture to residents, Swanson was delighted to offer it to members of Gonzaga University’s Health Sciences Club. Club faculty advisor, Kevin Measor said, “We saw it as an opportunity to help undergrads interested in careers in healthcare see a little piece of what they can look forward to – that it’s not strictly about the sciences.”

Indeed, Swanson begins the lecture with this quote from fictional detective Sherlock Holmes, “You see, but you do not observe. The distinction is clear.”

“Patient observation is critical in forming an accurate diagnosis,” she said. “The art of observation is the first step.” Swanson then shows a series of paintings and other artwork and asks students to describe what they see. Da Vinci’s simple sketch of an eye prompts students to stretch their powers of observation from simple to more complex.

And “The Money Changer and His Wife,” a 1514 oil painting by Flemish Renaissance artist Quentin Matsys, further challenges



students to glean more from the brushstrokes. The vibrant painting actually offers clues about the wife's health.

Students usually begin by describing the clothing or the setting, and gradually observe more details – the book, the candle, the coins on the table. But there's still more to be seen. "The wife has a bump along the side of her nose," Swanson said. "She probably has a lymphoma."

Mimi Schaefer-Sharp, incoming student president of the Health Sciences Club said the lecture was eye-opening. "It's amazing to see a disease that exists today in a Renaissance painting," she said. "I found looking at these paintings with a critical eye really engaging. It causes you to search for the story and find understanding in your observation." And that is Swanson's goal.

"I want students to actually 'see' the patient in front of them." She cites University of Washington professor of medicine, Steven McGee, author of Evidence-Based Physical Diagnoses, who wrote "...the diagnosis of many clinical problems, despite modern testing, still depends primarily on what the clinician sees, hears and feels."

It's a message that hit home with Schaefer-Sharp who hopes to pursue a career in medicine. "As we looked at the paintings, we moved from what we saw into what we thought," she said. "There's so much more there than what meets the eye."

In fact, Schaefer-Sharp said the lecture has prompted her to observe the world around her with a profound appreciation for the lessons learned from looking a little deeper. "Residents and students are very receptive to this new way of seeing. It's amazing to witness their 'a-ha' moments," said Swanson. "They are learning that art has a place in medicine."



Measor pointed out Gonzaga University emphasizes the value of a liberal arts education. "Our students are required to take a liberal arts core," he said. "Classes in art, philosophy, ethics and religion teach them about people and how they behave. That's not lost when they go to med school. Our students fare very well."

Swanson agreed. "A liberal arts education is important in the development of a well-rounded physician," she said. "A more humanistic approach considers not just the data, but the person that data involves." ■

# Peace of Mind, Support & Care

5-Star Skilled Nursing and Memory Care  
at Rockwood South Hill



HEALTH  
INSPECTIONS



STAFFING



QUALITY  
MEASURES



Families can feel confident turning to Rockwood South Hill to provide high quality supportive care for loved ones. We recently received a full 15-Star rating on [www.Medicare.gov/NursingHomeCompare](http://www.Medicare.gov/NursingHomeCompare). Come see for yourself! Call for a personal tour at (509)655-1673.

[www.rockwoodretirement.org](http://www.rockwoodretirement.org)



Openings Available!

# An Immunizations Commentary

## *The pediatrician perspective on HPV Vaccine, Measles, and the New Legislation Regarding Immunization Exemptions*

**By Daniel Moorman, MD, FAAP**

**Lead Pediatrician**

**Vaccine Advisory Counsel for the DOH of WA**

Hi, I am Dan Moorman. I have been a Pediatrician with one of our local Community Health Centers (CHAS Health) for just over a decade now. I moved to the Spokane area because of the beautiful outdoors and the growing community and the deep need for more Pediatric care in this region.

I am always excited to see how this community has grown and how medicine is working to improve all of our lives. However, it's scary when we see things moving backwards. I was hopeful when I started this career that I would be one of the first generations of Physicians who only got to know most of the vaccine preventable diseases through pictures and history texts rather than personal experience. Unfortunately that hasn't happened. Believe me, I am happy for the education I receive with every patient contact when it comes to considering these illnesses but I never wanted to have that true personal experience with these diseases, knowing that there is something out there we can do for prevention. I want the experiences I have received in last five years because they help me to be better diagnoses and treatment plans but I never wanted my patients to have to suffer through something that should have never happened.

To that point, I am worried for where we are heading in medicine and I'd like to propose a call to action. Today I was listening to a lecture by one of our amazing local ENT/Oncology Surgeons. HPV associated oral cancers are now starting to overtake rates of cervical cancer.

**In general, HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and more than 60% of penile cancers. Oropharyngeal cancers traditionally have been caused by tobacco and alcohol, but recent studies show that about 70% of cancers of the oropharynx may be linked to HPV. Many cancers of the oropharynx may be caused by a combination of tobacco, alcohol, and HPV.**

The FDA recently approved the HPV vaccine up to age 45 even though the ACIP still recommends only routine immunization up to 26 years old. This is something to start thinking about, as new recommendations may come depending on where our cancer rates go.

My main reason for writing this letter is the measles outbreak not just in the US but specifically in Washington State. As of this writing there are 880 national cases of measles that have been officially diagnosed. In Washington, we are now just starting to get our second wave of measles. An individual transited through Sea-Tac airport and we now have 7 new cases of measles in Tacoma-Pierce, King, and Snohomish counties.

I was supposed to be part of the generation where measles was eradicated from this country. Yet I am now one of the voices in our local community health clinics trying to find a way to diagnose and treat kids with a rash without contaminating an entire clinic and putting other patients and families at risk.

Measles has two hours in the air to infect anyone that transits by. According to the CDC it has a 90% attack rate to susceptible individuals. One dose of vaccine is 93% protective and 2 doses is 97% effective in preventing illness that can cause permanent damage to our patients and families.

**As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children. About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain) that can lead to convulsions and can leave the child deaf or with intellectual disability.**

Why are we even talking about this? Wasn't this illness eliminated in the US in 2000? Governor Jay Inslee enacted a new law on that will go into effect on July 28, 2019. No more personal exemptions. Does this mean we have come up with a full-fledged way to prevent these illnesses and protect families? NO! Medicine is an evolving field, in terms of love, in terms of passion, and in terms of recurrence of ideas and going back to the basics when necessary. I know more about measles now, with the last six months of experience, than I do from the last 10 years of practice. I am happy to help my families understand this disease better, understand what the vaccine can do, what it won't do (cause Autism), and provide understanding of why what should be a historical disease is so scary.

Being a Pediatrician I see the world through the eyes of prevention and when I see people who suffer unnecessarily it hurts. We all have personal choice, we all love our personal freedoms, but our freedoms are limited by how much harm we can do to others. Please be kind to your ENT and Oncology colleagues and talk about HPV vaccination. Be kind to your Pediatricians, there are not enough of them around here and they have to fight so hard every day to keep FAMILIES healthy. Be passionate about your patients and prevention of vaccine preventable diseases that should be gone from our region by now.

No matter where you fall on the personal freedoms or political spectrum, be passionate about your patient care and advocate the health of your patients and families. ■

### FULL SERVICE LEASE MEDICAL/DENTAL BUILDING

**CONTACT:  
JESSICA  
509-924-4411**



**2638 SF  
Medical Space  
for Lease**

**12409 E. MISSION STE 102**

Located on Mission ~ Just East of Pines  
Across from Spokane Valley Hospital

Easy I-90 Freeway Access • Wheelchair Accessible  
Free on-site Parking • Signage Available on Street

**jessica@spokanevalleydds.com • 509-924-4411**

# Outreach Team Helps Homeless Access Services and Hope

By Carla T. Savalli  
Public Information Officer  
Frontier Behavioral Health

As the largest provider of mental health services in Spokane County, Frontier Behavioral Health's primary mission is to serve individuals and families with intensive mental health disorders. But the agency also works with community partners to provide a wide range of support services including healthcare coordination, housing and employment assistance, and a telephone resource line.

The longest serving of these support programs is the Homeless Outreach Team, which has been in existence at FBH since 1999.

"This job is a lot of networking with partner agencies," says supervisor Chrystal Alderman. "I'm doing outreach, engagement and case management; whatever it takes to provide transitional stabilization services to homeless adults who are not currently receiving ongoing mental health or substance use treatment."

Alderman's team works with healthcare providers, local shelters, businesses and community organizations that have a stake in either ending homelessness or providing affordable housing, healthcare, employment and other social services.

On any given day outreach can include locating shelter or suitable housing, coordinating mental health or substance abuse treatment, providing basic hygiene supplies, or assisting with service applications and forms.

"We meet people wherever they are. What I love more than anything about this program is that we're working off their agenda and not ours and they feel that," Alderman says. "It's about asking, 'What do you need right now that I can help you with?' and that really feels good."

The city's annual Point in Time Count conducted in January found 1,309 homeless people throughout the county, 64 more than last year, according to The Spokesman-Review. While there was an 8 percent drop in homeless families over last year and a 21 percent decrease in chronic homelessness over the past two years, the number of single homeless adults has increased 46 percent in the past decade.

The majority live on the streets or sleep in shelters because they do not know how to access services or even where to start. Most are not homeless by choice.

"I can count on one hand the number of people I've encountered who truly want to be on the street," Alderman says. "The process is extremely complicated. There's a lot of hand-holding to getting people connected to housing and employment because there are so many requirements and barriers."

At the end of the day, however, it is less about navigating complex system-of-care issues than it is about helping people get what they need. Because every individual's level of need is different, Alderman's caseload varies at any given time. Typically, she stays with a case for up to a year until an individual is stable. Some clients, however, need years of ongoing support.

Research shows that up to 25 percent of the homeless population in the U.S. suffers from some form of serious mental illness. For this reason, homeless intervention teams are increasingly part of community mental health centers. Serious mental illness or substance use severely disrupts the ability of an individual to perform tasks of daily living including self-care and household management.

Additionally, mental illness shortens the life span of individuals by 25 years (on average) due to co-occurring chronic health conditions and the inability to obtain medical treatment.

Whatever circumstances precipitate homelessness – losing a job, catastrophic medical bills, mental illness, substance abuse, poverty, trauma, domestic violence – the inability to access support services is the one constant in the population Alderman serves.

"You can make sure everyone has housing but the inability to manage life is a big piece. I'm a huge advocate of the assistance piece because it is so difficult to navigate the system. You have to recognize what the problem is and then work through the problem."

For more information about the Homeless Outreach Team call 509.838.4651 or visit [www.fbhwa.org](http://www.fbhwa.org). ■

*Frontier Behavioral Health is the region's lead provider of crisis services which are administered through the Spokane County Behavioral Health Administrative Service Organization. FBH is contracted to provide crisis response services, Mobile Community Assertive Treatment (MCAT), court evaluations under the Involuntary Treatment Act, and a 24/7 regional crisis line.*

*In addition, FBH provides medication management for adults and youth, psychological assessment services, outpatient services, case management, and operates two 16-bed inpatient Evaluation and Treatment facilities and a 16-bed Stabilization unit.*

## SCMS COMMUNITY OF PROFESSIONALS

### Helping physician families reach their goals

#### The Northwest Wealth Consulting Group

**Travis Prewitt**  
Wealth Advisor

**Brad Desormeau**  
Financial Advisor

**Matt Sheffield**  
Vice President–  
Wealth Management

#### UBS Financial Services Inc.

601 West Riverside Avenue, Suite 1200  
Spokane, WA 99201  
509-622-0609 [nwcfg@ubs.com](mailto:nwcfg@ubs.com)

[ubs.com/team/nwcfg](http://ubs.com/team/nwcfg)



© UBS 2018. All rights reserved. UBS Financial Services Inc. is a subsidiary of UBS AG. Member FINRA/SIPC. C-JUBS-12169103 Exp.: 02282019



# So, you've graduated ... now what?

By Greer Gibson Bacon, CFP®

## SCMS Community of Professionals

Congratulations to the Class of 2019! You've just graduated from medical school or a physicians' assistant program, or finished up your residency. It's been a long haul but you're about to reap the rewards and you have a major case of "pent-up demand". You want a new car ... a new house ... maybe a lake place ... private school for the kids ... maybe a live-in nanny. You want to enjoy your new status and you want everyone to know it.

Good idea? That depends on how you "value" current lifestyle vs. wealth accumulation from a personal perspective. Along those lines, I offer a few observations from my 40 years as a professional wealth manager.

1) There's only way to accumulate wealth.

Unless your last name is Gates, there's only one way to accumulate wealth. Very simply, you must spend less than you earn, then invest your savings wisely.

2) You can't borrow your way to prosperity.

There's an army of private bankers lining up to tell you how much you can borrow. Whatever the amount, it's too much. In my experience, people who borrow to "the max" have little room for life's comforts and long-term savings. If you have student loans, determine the "best" way to pay them.

3) Appearances are deceiving.

There's a big difference between "looking" wealthy and "being" wealthy. Very often, people leading high status lifestyles (think designer clothes, luxury cars, expensive homes, and so on) have

low net worth relative to their income. In other words, if you're tempted to keep up with the Joneses, you might find that their true story reads a lot like The Emperor's New Clothes. If you want to maintain a secure, comfortable lifestyle in retirement, you need to establish a "sustainable" lifestyle now and accumulate wealth.

4) Don't fall for "Sutton's Law".

When asked why he robbed banks, Willie Sutton famously responded because "that's where the money is". Along those lines, you'll be pitched "special deals" that are available "only to a select group of doctors and physicians assistants". While this is certainly flattering (and it is intended to be), look carefully before you leap. These deals are often better deals for the issuers than the investors. If you have any questions or concerns, ask a trusted advisor to help you review it.

5) Choose a team of trusted advisors.

At a minimum, your team should include four key advisors. A certified public accountant (CPA) will help you manage the income tax liability that comes from earning a high income. A life insurance agent, chartered life underwriter (CLU) or chartered financial consultant (ChFC) will help you manage the risk associated with your premature death or disability. An estate planning attorney will help you manage the personal and financial consequences of your death or disability. Finally, a certified financial planner (CFP®) will help you and your other advisors pull it all together.

Finally, my best wishes for a long and prosperous career. ■

*Bacon is a Certified Financial Planner™ and President of Asset Planning & Management, Inc., a fee-only firm providing wealth management services to individuals and their families since 1997.*



## Classifieds

### MEETINGS/CONFERENCES/EVENTS

**SAVE THE DATE! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2019:** Friday, October 25, 2019, at Rockwood South Hill. More details to follow!

#### SCMS COMMUNITY OF PROFESSIONALS

Wealth management tailored to individuals and families.

Fee-only.

For a complimentary consultation or brochure, call:  
**509-838-4175**  
or visit [assetplanning.com](http://assetplanning.com)



Greer Gibson Bacon, CFP®

**ASSET PLANNING & MANAGEMENT, INC.**

**AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS** Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact [District2AlAnonOutreach@yahoo.com](mailto:District2AlAnonOutreach@yahoo.com) or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

### Interested in placing a classified ad?

Contact Shelly Bonforti, SCMS Publications  
Phone: (509) 325-5010, Fax: (509) 325-5409  
or Email: [shelly@spcems.org](mailto:shelly@spcems.org)



*I am impressed with the claims department, and their ability to find the best experts. If I have to go to trial and defend my care I'm happy to have renowned experts standing with me.*

Angela Chien, MD  
Obstetrics & Gynecology  
Kirkland, WA



*Real People.  
A Real Foundation.*



**Physicians  
Insurance**  
A MUTUAL COMPANY

[www.phyins.com](http://www.phyins.com) (800) 962-1399



SPOKANE COUNTY MEDICAL SOCIETY

318 E ROWAN AVE, STE 209  
SPOKANE, WA 99207

ADDRESS SERVICE REQUESTED



Please Recycle

«cont\_id»\*\*«gpb\_id»\*\*\*\*«endorse»  
«first»  
«company»  
«address»  
«city» «st» «zip»

PRSR STD  
U.S. POSTAGE

**PAID**

Spokane, WA  
Permit No. 307

«sequence»

# TOGETHER, for a healthier community

Cancer Care Northwest and the WSU Elson S. Floyd College of Medicine are partnering to teach students in the classroom and in the clinic. We're connecting the region's top cancer experts with the community's newest minds in medicine, leading the way toward better health for Spokane and beyond.



Elson S. Floyd  
College of Medicine

WASHINGTON STATE UNIVERSITY

CancerCare  
NORTHWEST

