



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

MY TRIP TO RAMAPO

PETER ACKER, MD PRESIDENT

I am at that stage of my career that I often reflect back on its course. All and all, I have few regrets. It has been a very satisfying journey and I am still jolted from time to time with a new fact or a disorder I am finally seeing for the first time. I feel a bit like a bird watcher slowly checking off new observations. Of course, there are a myriad of conditions that it is highly unlikely I will ever see. You never know though, maybe that case of Chaga's disease will walk into office next week! Another source of deep satisfaction is the close relationships I have developed over the years with my patients and their parents. I currently have a number of patients whose parents were my patients years ago! It is wonderful to have these cross generational contacts. Often a memory of a former patient will pop into my head and I wonder what happened to them. A slight melancholy will slip in at those moments but you never know when you will out of the blue hear from one of them.

It was in this reflective mood that I thought of the origins of my desire to go into pediatrics. It was at a camp for autistic children in Rhinebeck, New York called Camp Ramapo. I worked during the summers of 1971,72 and 73 when I was in college. I wrote a piece a number of years ago about how I became a doctor which was in these pages (and I have reprinted in this issue). I thought, wouldn't it be nice to visit the camp after all these years? The opportunity came sooner than I thought. I received notice of a fund raiser for the camp and there I met the new director of the camp, Dr. Daniel Stephens a pediatrician! We had a long chat and he invited me to come and take a tour.

As we walked around on a recent Sunday afternoon, my brain was awash with memories. We walked by the waterfront on the lake where I spent my first summer there as swimming instructor. I vividly recalled one of the campers that I was assigned to me. She was an 8 year old, black nonverbal autistic child. I was informed that she hated whites and men! I spent some time contemplating how to approach this situation, since she would not let me within six feet of her before becoming intensely agitated. I adopted the following strategy with little

(Continued on page 5)



*PETER ACKER, MD
President, WCMS*

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UPCOMING EVENTS

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FROM THE GUEST EDITOR...

PLEASE TELL ME YOU'RE NOT *POCOCURANTE*,
YOU'RE JUSE BUSY!

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT



(If too busy to read this, then skip down to paragraph 11 if you're curious about the definition and then you can move on with your day...)

Are you invigorated with your chosen field or just going through the motions? Are you energized by your daily work or spent? Is it still interesting or just a necessary chore? Most physicians, I suspect, would defiantly defend their passion for their work. How could we not be honored and enthralled to partake in the care and cure of our patients? We dedicated a major portion of our lives for this honor, we are not going to stop now, are we?

But is autonomous medical practice, once a stalwart of our professional stability now mutable?

An unofficial, non scientific, micro population poll of physicians not randomly based, (essentially people I know) elucidates some issues currently facing the medical profession. Simplifying a complex topic, I submit that there are two current perspectives.

A. For those still very much engaged **"I love being a doctor"**

"I still like to take care of patients."

The interactions across our wide population of cultures and socioeconomic status help us remain grounded and engaged, stimulated by developing understanding and acceptance of different perspectives.

"I think the science of the human body is incredible."

Another positive attraction is the sheer complexity of human physiology and the science developed understanding its intricacies, diseases, diagnoses and treatments.

"I learn so much from my patients"

The stimulation along cerebral, social and spiritual planes is self enhancing. We get this everyday by the human interactions of our patients.... If we have time to notice...

B. For those with the waning thrill.... **"I used to love being a doctor"**.

"I can't stand all the other nonessential chores"

There are limitless repetitive non thinking tasks and burdening chores piling up daily. I am flooded with imposed governmental and institutional regulations such as arbitrary coding requirements or learning modules impertinent to my field of practice. .

"I simply can no longer afford to stay in business"

(Continued on page 5)



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PRESIDENT'S MESSAGE**MY TRIP TO RAMAPO****PETER ACKER, MD PRESIDENT***(Continued from page 1)*

hope that I would be successful: I totally ignored her and instead played in the shallow water. I began to do various pre swimming exercises like putting my mouth to the water and blowing bubbles, or putting my head down and gliding forward or lying on my back and paddling. For several sessions, not much happened, but then slowly I began to see out of the corner of my eye that she was observing me. Then slowly over time, she began to imitate me. By the end of the summer, she was able to do a crude dog paddle in the deep water. It was like performing robotic surgery. Alas though, she still hated me!

*FROM THE GUEST EDITOR...*

PLEASE TELL ME YOU'RE NOT *POCOCURANTE*,
YOU'RE JUSE BUSY!

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT*(Continued from page 2)*

Insurance company business strategies and governmental impediments are incompatible to our financial viability as physicians. Costs rise. Income lowers. Employment follows.

"I am under a microscope all the time, practicing defensively" Sharking med mal lawyers are circling the waters to strike despite our best efforts and intentions with no mention of tort reform on any horizons.

"Am I still capable in this changing paradigm of algorithmic medicine?"

Self judgement, introspection and learning - the ever running loud voice within us that can support our performance to remain peak and perfect , may be overwhelmingly self critical at times.

So the cumulative drain on our collective professional passion is real which potentially clouds our perspective causing insouciance.

OVER HERE. PARAGRAPH 11.

(I see some of you skipped right to the definition- I guess you're busy. I would have done the same :). There may be some nice tidbits above to review later however..)

So what is the medical profession facing?

Is it **pococurantism**- apathy, indifference, non chalance, non caring- doesn't matter which way things go-thereby unreliable in determining outcome

Or

Is it **beleaguerment**- under attack, besieged, in a very difficult situation, but still with fight—thereby worthy of doubling down for independence and control.

There is a significant difference since between these two definitions—one remains full of hope.

I have to believe we really are still very much caring but just don't know the best way out... yet.

Well how about a little advice? One place to direct our attention is to our attention itself. Combat distractions. We are constantly dispensing out our attentive resources demanded by the constellation of data input and ping stimulations associated with practicing medicine- but also integral to everyday modern life— emails, texts, ad pop-ups, all in real time. A recent book I read about T. E Lawrence, "Lawrence In Arabia" by Scott Anderson, discusses Lawrence's debatably heroic actions in the Middle East during World War I. In those days of the war, 1914-1918, travel and communication were measured in weeks and months. Today our communication is instant and our travel is measured in hours (*unless you have a flight and there is a thunderstorm within 100 miles- then you may be stuck in the airport a week...*)

Nonetheless, immediate data input with an expected

just-as-immediate response is our daily existence. How many times do you experience the angst of not having called your patients back in a timely fashion. You feel the ticking clock of dissatisfaction accumulate towards.....

(Dear God , No! Don't say it!)

"A poor review!" or "2 .5 stars"

or just as devastating the explanatory cause of dissatisfaction,

"That doctor never got back to me..."

(Continued on page 11)

STOP THE TRAIN Elliot Barsh, MD

"He did not want to leave the world, and yet he knew now that he was leaving it, or it was leaving him." - Jeff Vandermeer (Acceptance)

Hi everyone.

I hope you have been enjoying our summer and staying safe in the heat.

Our column is meant to help us stop being busy, let go of our expectations, and free ourselves to find joy, delight, and the surprise of the day.

Sometimes the surprise is the love we find, sometimes it is how we learn to hold it.

And sometimes, as *Mary Oliver* wrote in her poem *In Blackwater Woods*, **"the time comes to let it go."**

Letting go of someone we love stops everything.

I lost my good friend Ben.

Just before he died we talked about his anger and his fear.

"He knew that whatever was about to happen was beyond his control, beyond anyone's control."

He didn't want it to happen at all, but he knew that the choice was not up to him." -Jeff Vandermeer (Acceptance)

All he wanted to do was fight.

All he wanted was to be seen, to be heard, to exist.

Our 35 year of friendship transcends Ben's disappearance.

Our friendship will continue, as *David Whyte* writes, **"in a silent internal conversational way."**

As *David Whyte* continues,

"the ultimate touchstone of friendship is witness, the privilege of having been seen by someone and the

equal privilege of being granted the sight of the essence of another, to have walked with them and to have believed in them, and sometimes just to have accompanied them for however brief a span, on a journey impossible to accomplish alone.

Thank you Ben. I love you.

Thank you all for reading.

Be safe.

"Everyone has a story they need to tell."

Reading Kafka in the Hospital Cafeteria

"Don't be afraid, it's my turn to chase the monsters away."

Monsters by James Blunt

WINTER GRIEF by David Whyte

Let the rest
in this rested place
rest for you.

Let the birds sing
and the geese call
and the sky race
from west to east
when you cannot raise
a wing to fly.

Let evening
trace your loss
in the stonework
against a fading sky.

So that
you can give up
and give in
and be given back to,
so that you can let
winter
come and live
fully inside you,
so that
you can
retrace
the loving path

of heartbreak
that brought you here.

So you can cry alone
and be alone
so you can let
yourself alone
to be lost,
so you can
let the one
you have lost
alone, so that
you can let
the one
you have lost
have their
own life
and even
their own
death
without you.

So the world
and everyone
who has ever lived
and ever died
can come and go
as they please.


So you can
let yourself
not know, what
not knowing
means.

So that
you can be
even more generous
in your letting go
than they
were
in their leaving.


So that you can
let winter
be winter.

So that you can let
the world alone
to think of spring.





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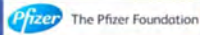
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Westchester Academy of Medicine hosts The First Annual Bertrand-Pilkington Golf Outing & Fundraiser

**Date—Tuesday, October 24, 2023
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**Registration, Driving Range & Halfway House Lunch—12:00pm
Tee times will begin at 1:00pm Golf Format: Scramble
6:00 PM—Cocktails
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MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.

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MSSNY Announces two NEW Podcasts on COVID-19

★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★

FROM THE GUEST EDITOR...

PLEASE TELL ME YOU'RE NOT *POCOCURANTE*,
YOU'RE JUSE BUSY!

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT
(Continued from page 5)

(Oh the shame of another ball dropping from us overwhelmed jugglers!!!)

So if we are distracted with immediacy, we are potentially disrupting our focus on the patient which can lead to inefficiency, inadequacy and ultimately unhappiness all around.

We need to counter with a strategy that includes physician friendlies who cover the immediate but extraneous issues, so we can focus on the best part of medicine- our patients.

Such the rise of, MA's, scribes, PA's, and the growing need for physician advocacy groups (*another plug for the WCMC*) Perhaps even AI is the next iteration of assistance we physicians will encounter. Take note that when we were independent practitioners, we determined the amount of support hired for such chores, most likely based on affordability. Did freeing us of these additional tasks allow us to see more patients efficiently and with appropriate attention thereby making more money to cover the costs? Well now that that the cumulative answer is "No", more patients did not equal increased compensation, we have scurried towards employment. But will our employers understand this and still spend the money to provide these physicians allies or is their spending limited for such "luxuries"? Why hire additional scribes when the physicians can type/enter the note? Why hire additional nurses or PA's when the physician can answer the patient's questions by phone or through a portal? And most worrisome, why hire the physician at all if less educated, a.k.a., less costly, staff will suffice? The modern employed physician's curse— *do everything but see more*-includes maximizing your RVU to show your worth and justify your paycheck. It's in your job description either in writing, or by design innate to being a physician to do whatever it takes. Essentially employment promulgates that additional chores are to be placed on the physicians, not relinquished. And yes, you are certainly replaceable.

So you're not pococurante, you're just busy AND tired fighting a trend which needs to be reversed. Help will come as the smoldering ashes of the recent

transformative fires of the economics of being a physician pass, the dust cloud of doubt passes and the rekindled flames of passion burn. It will metamorphize and evolve. It is up to us to remain energized to direct it, control it and determine the course and goals. We must stay focused, minimize distractions, offload necessary but burdensome chores to supportive allies so that we can recharge and remain focused.

Please protect your energy cells, and refill your tanks if needed, so the looming apathy is averted by the rekindled professional passion and not digressed towards a cold lifeless kinetic mutism.



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This bill will likely be up for a vote in the next couple weeks. Please take action by clicking on the link below and contact your legislators and Governor to prevent the passage of this devastating legislation for New Yorkers.

[Take Action to Prevent Untenable Increases in
Malpractice Premiums in New York](#)

Don't forget, please do it today.

Thank you.

Westchester County Medical Society

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Available Programs for 2022-2023

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Educational Objectives:

- ★ Identify the wide ranging medical and mental health impacts of COVID on veterans
- ★ Discuss post-traumatic growth of veterans who have experienced COVID-related post-traumatic stress
- ★ Recognize the role of physicians in assessing the impact of the pandemic on veteran patients

Military Culture: Everything Physicians Need to Know about Veterans as Patients

Educational Objectives:

- ★ Describe the unique aspects of military culture and how they impact patients who are veterans
- ★ Explain the Dwyer Peer-to-Peer program as a resource to assist veteran patients re-acclimating from a group to an individual mentality
- ★ Review and identify resources to improve physician's ability to fully treat veterans who are transitioning back into civilian life

PTSD in Returning Veterans

Educational Objectives:

- ★ Identify diagnostic criteria for PTSD
- ★ Discuss medical and psychiatric comorbidities of military related PTSD
- ★ Discuss evidence-based treatment modalities for PTSD including medications and psychotherapy
- ★ Discuss strategies to help veterans overcome stigma to seek and accept treatment for military related trauma

The Special Mental Health Needs of Women Veterans

Educational Objectives:

- ★ Review how the increased role of women in the military has impacted their mental health
- ★ Describe mental health concerns unique to women veterans and how to identify and treat them
- ★ Identify the barriers that women veterans face in getting the specific care they need

Substance Use Disorders in Veterans

Educational Objectives:

- ★ Identify Substance Use Disorders (SUDs) in V=veterans
- ★ Discuss evidence-based psychosocial strategies to treat veterans with SUDs
- ★ Discuss Medication Assisted Treatment (MAT) for veterans with alcohol or opioid use disorders
- ★ Identify barriers to diagnosis and treatment of SUDs in veterans and methods to overcome them

Suicide in Veterans

Educational Objectives:

- ★ Address the causes and warning signs of suicide and suicidal behavior among veterans
- ★ Explore evidence-based diagnostic, intervention and treatment options
- ★ Identify barriers to identification and treatment in military culture and methods to overcome them

TBI in Returning Veterans

Educational Objectives:

- ★ Identify signs and symptoms indicative of the spectrum from concussion/mild TBI to severe TBI
- ★ Examine evidence based treatment modalities for TBI and when to refer to a specialist
- ★ Identify red flags that indicate alternate or more severe pathology
- ★ Outline an appropriate management plan for a patient presenting with concussion/TBI including a return to "normal life" protocol

The Impact of Military Sexual Trauma (MST) on Veterans ★ New Program—NOW AVAILABLE ★

Educational Objectives:

- ★ Define military sexual trauma (MST)
- ★ Identify some of the residual effects MST can have on patients
- ★ Prepare providers to treat patients with MST

For more information, contact:
 Nicholas Hospodar at nhospodar@mssny.org or call
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