



# WESTCHESTER PHYSICIAN

June 2023

Volume 39, Issue 6



## PRESIDENT'S MESSAGE

### IT'S NOT YOU OR ME

(USED TO BE "I")

### IT'S US

(USED TO BE "WE")

### AND IT'S CHANGED

### BRUCE MOLINELLI, MD PRESIDENT

*The following is the departing speech of the outgoing President of the WCMS, Bruce Molinelli MD FACS, delivered at the Annual Meeting on June 8, 2023.*

In reflection:

I could stand here and review the past year's achievements of the WCMS, our future goals and obstacles and the importance of our society.

I could stand here and thank those like the irreplaceable Janine Miller our Executive Director, and the dedicated staff, Kalli Voulgaris and Rhonda Nathan, and my venerable colleague directors, specifically recognizing Drs Acker, Ali, Gold, Lee, and Carniciu for all their time committed and tireless effort to advocating for us physicians.

I could stand here and remind all of you of the importance of such a grass roots society to try to ameliorate our profession's problems and challenges we continue to face in the current political and financial environment so that we can protect our doctor-patient bond in our daily practices.

I could ramble on about each and every one of these noble topics I just listed....

And most likely, you would graciously listen, or half listen, perhaps with a head nod of agreement modified with your own variation of opinion ...and then we can clap, pat ones' shoulders in self praise and move on to the rest of the evening's social niceties that we all cherish, or used to cherish...

But I stand here, from my perspective, wondering ..... has it really mattered... are we really making a difference, at least recently, or are we just spinning our wheels? Is it all for naught? Sure, we have achieved much, but will it make the practice of our profession better? Are we deluding ourselves from the inevitable? Will we ever gain control of our destiny again?

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**BRUCE MOLINELLI, MD**  
*President, WCMS*

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We would like to wish all of our members a

Happy 4th of July!

Enjoy your summer and stay tuned for legislative updates and future meetings and events.

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40 Sunshine Cottage Road  
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914.967.9100 / FAX 914.967.9232

**PETER J. ACKER, MD**  
*Editor*

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*FROM THE EDITOR...*  
**PRESIDENTIAL ADDRESS**

**PETER ACKER, MD, PRESIDENT-ELECT**



I want to begin by providing the following reassurance because I detect a murmuring tension among the society membership: I will not seek or will I accept a third term as your president! Just had to get that out of the way!

Welcome all of you and all I can say is that I am so grateful to be in person in front of all you today. My presidential address was delivered virtually and most of our meetings were conducted via zoom. People would spot me on street and I could hear them talking – isn't that the president of the medical society? No, no his just virtual. So here I am in public before you freed from the bounds of virtualdom!

I want to thank our executive Janine Miller and our CME director Kalli Voulgaris, as well as our board members for all the work they have done to guide our society through the pandemic of the century. I want to thank Dr. Bruce Molinelli for his outstanding service this year. It goes without saying that this was an extremely hard and challenging time for our county, state, country and the world at large and I think it helps to remember our history of dealing with past crises like small pox in the late 1700's, the 1918 influenza pandemic, the polio epidemic of the late 1940's and the Aids epidemic of the 1980's, in which we as physicians have worked shoulder-to-shoulder to practice and heal to the best of our ability and promoting science and fact. We need more than ever to keep our medical society strong in order to be able in an organized fashion to be a force of influence in government and society to ensure best practices. Today's world is fraught with misinformation and perilous practices and we need to energetically combat this. Unfortunately, our membership is declining and I think it is important to face this problem head on. I think it is incumbent on our leadership to make the case on an individual basis to non-member docs about the value of the medical society. I plan to pursue this aggressively and will target in particular the younger doctors in our county and to make the case that our society is vigilant about looking at legislative agendas that affect us and exerting our influence. As our numbers increase, so will our influence.

Our society is also concerned with the well being of its physicians. Just as we are instructed on an airplane, that if an oxygen mask drops down a parent needs to put on his own mask before attending to his kids, physicians have to take care of themselves so they remain strong and able to handle the myriad medical problems we face. To the end I propose that we as a society, sponsor more social events. There is no question that the last years have been quite stressful and I think social interaction will help alleviate this.

To state the obvious, this was a strange time to be a physician. I have been at this for more than 30 years. I began my career at Bellevue Hospital in New York City just at the start of the AIDS epidemic. Unlike today, this new ailment slowly unfolded over several years which gave us time to adjust to its horror. At Bellevue, we began in the fall of 1982 to

*(Continued on page 10)*



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**PRESIDENT'S MESSAGE****IT'S NOT YOU OR ME***(USED TO BE "I")***IT'S US***(USED TO BE "WE")***AND IT'S CHANGED****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 1)*

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Forgive my dark tones for a moment, but it is as if we are standing with umbrellas and rain boots as the tidal wave towers over us.... or more timely, as the ominous northern smoke cloud slowly descends upon our psyche, darkening the skies of our future.

Humor me for a moment more... as a medical profession, for as long as I can remember, we have been defending our terrain from the overwhelming forces of regulation, insurance, and liability, fortifying our storm walls with metaphorical sandbags of irrefutable physician-led subject experts, which may have had marginal success previously, but now seem more futile. The new crashing wave of the business of medicine in the form of institutional conglomeration and private equity has breached the physician-fortified dams of expertise and flooded the once honorable, autonomous medical valleys, despite the historical buttress of advocacy sandbags stacked upon one another...

er....what once was present and feasible, self governance and control of our own destiny as a medical profession, is now lost. We may have been ill equipped and short sighted in our ultimate success to remain autonomous. But even if unsuccessful, perhaps our defensive postural response against these changes has afforded more gain than we are feeling. We just need to see things differently.

So standing in front of all of you and saying

***“Better brace yourself,  
for doom and destruction,  
since the sky is falling and you must  
repent now for it’s the end of the world.”***

will make me sound like one of those crazy pundits at whom I always used to laugh, writing them off as more worthy of a psych admission, or multimodal medications than a heed to their claims.

But I’ve turned into one of those crazies... and why, I have asked, myself, having always landed on the more optimistic side of any challenge?

Then it hit me.....resisting change.... I was resisting change or changing too slowly or reluctantly, if truly changing at all. Trying to remain autonomous, in control of our destiny has always been a tenet of our professions’ success.

But this has changed.

What will that new world hold for all of us physicians, new and old, if we cannot control our destiny?

Perhaps people still aren’t happy with non-physician-driven care...

Perhaps people don’t want to be seen by a NP or PA only...

Perhaps the cost of care continues to skyrocket...

Perhaps the wait times remain long...

Perhaps access to physicians is further restricted by a diminishing workforce ...

Perhaps the outcomes are poorer...

Perhaps physician input is unable or worse, unwilling to protect the patient from outside entities dictating care ,since such an effort becomes a relentlessly hopeless battle...

Will the new driver of medicine -the business of medicine -change any of these potentialities for the better?

*(Continued on page 9)*

## STOP THE TRAIN Elliot Barsh, MD

***“The way to find freedom from difficult emotions is to find it right with the feelings themselves.” -Andy Karr***

Hi everyone.

I hope you are well and looking forward to our summer.

What do we do with our difficult feelings?

Do we allow ourselves to feel them directly and welcome them as a trusted companion, or do we just get to know them intellectually and push them away?

Children have always had the deep-dark forests, wolves, and witches of fairy tales to help them work through their feelings of abandonment, loss, and death.

Now that we are adults, how do we help ourselves work through our dark and scary feelings?

As Andy Karr writes, our healing begins when we allow ourselves to *“just be, and let our feelings be.”*

We don't have to understand them.

We don't have to know them or judge them.

We don't have to dismiss them or run away from them.

We can turn and face them.

Rest instead of run.

Acknowledge them instead of being bullied by them.

See ourselves more clearly than ever before.

As always, thanks for reading.

Be safe.

*“The Bear, on HULU, is filled with real characters trying to live with their pasts, accept themselves, and trust each other.”*

### **I Thought No One Had Felt Grief Like Mine. Then I Saw ‘The Bear.’**

A lot of television shows portray the experience of grieving. But after my own tragic experience, only “The Bear” felt authentic to me.

*“Curiosity, hope, and passion know no age”*

### **How My Father and I Drew a New Life**

After my mother died, my father had a choice: Give up or reinvent himself.

*“Sometimes we are asked to give more than we ever thought we could”*

### **What if I Hadn't Been There to Catch Them?**

I never thought I'd be experiencing the heartache and joys of raising three small children, alone, at 62.

*“I no longer crave the comforts of normalcy because so much joy and insight has come on the other side of fear and being an outlier, even and outcast.”*

### **As a Gay Man, I'll Never Be Normal**

As a closeted teen, I prayed fervently to be normal. What I was really praying for is comfort.

### **Start Close In** by David Whyte

Start close in,  
don't take the second step  
or the third,  
start with the first thing  
close in,  
the step you don't want to take.

Start with the ground you know,  
the pale ground beneath your feet,  
your own way to begin the conversation.

Start with your own question,  
give up on other people's questions,  
don't let them smother something simple.


To hear another's voice,  
follow your own voice,  
wait until that voice becomes a private ear  
that can really listen to another.

Start right now  
take a small step you can call your own  
don't follow someone else's heroics,  
be humble and focused,  
start close in  
don't mistake that other for your own.


Start close in,  
don't take the second step  
or the third,  
start with the first thing  
close in,  
the step you don't want to take.



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The Medical Society of  
the State of New York




MSSNY's Peer to Peer Support

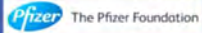
# Feeling Stress? Let's Talk

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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!★★**



**PRESIDENT'S MESSAGE****IT'S NOT YOU OR ME***(USED TO BE "I")***IT'S US***(USED TO BE "WE")***AND IT'S CHANGED****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 5)*

Whatever the outcome may be (and one can only hope it's somehow better), the times demand change, the profession needs to change, our very human existence propagates on change.

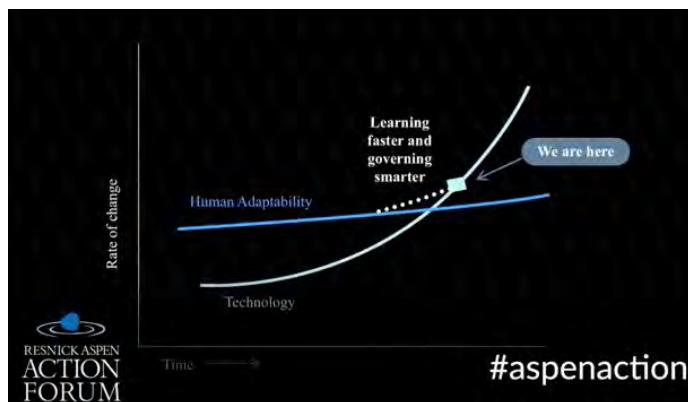
The human mind and body will adapt; it's incredibly adaptable.

Our brains actually physically change depending on experienced neuronal circuits which are created and fortified. As one repeats a behavior, the neuronal network sets more pathways and connections creating a stronger signal with each repetitive action- thus is formed a habit. Not only do neurons change, but the expression of genes are turned on or off based on experiences, a physical event.

Neuroplasticity is the term meaning the physical change of the brain with experience, with external changes.

Resilience, is a physical process of rewriting of the neuronal circuit. Adaptability, emotional support, resilience, grit, are all a physical ramification to the surrounding environment.

Well , it is theorized that our accelerating environmental change is now overwhelming our human capacity for change.



In this graphic from 2017, the American political commentator and author, Thomas L. Friedman, describes the explosion of technology as compared to human adaptability. As you can see, the rate of change of technology has surpassed the rate of human adaptability. We may be able

to catch up with better learning and governing, he suggests, which has already started in some industries. Perhaps this is the light bulb that is going off in medicine that we are slow to identify. Change is here .....and changing quickly! We cannot revert back in any sensible way to the previous, in fact we need to sprint to keep up , and are still falling short. What does this mean in practical terms for the practice of medicine?

The changes we need to address are:

Group employment practices vs individual independent....

Physician as disposable employee vs irreplaceable partner...

Treatment algorithms vs experienced thought processes....

Artificial intelligence vs human learning and application...

Digitalization of motion with robotic surgery vs human developed skill sets ...

Exponentially large big data dumping with interpretation vs arduous human sifting for pertinent information...

I recently watched a web cast that essentially discussed AI replacing the gold standard of randomized, double blind placebo controlled studies. The traditional study describes exclusion criteria, where perhaps the drug or treatment being investigated is ineffective, but the real, practical world-usage often overrides this warning and applies the drug or treatment across all demographics ignoring the exclusion criteria. So tapping into the real world usage, via big data, will assess the effects of the drug or treatment in the actual world, not the proposed world of the study. This feedback of information is the true information on how well a form of therapy or treatment worked. It was then surmised in this podcast, that the double blind randomized placebo controlled study could be a thing of the past, as big data retrieval and AI interpretation will be the new norm of medical investigation.

This is astounding! It means we will need to rethink how we research future therapies, teach and train our future physicians and most strikingly change how we deliver care . Change! Significant change! And already here and now!

The physicians need to navigate these changes and embrace them and use them where it makes sense, but

*(Continued on page 13)*

*FROM THE EDITOR...*

**PRESIDENTAIL ADDRESS**

**PETER ACKER, MD, PRESIDENT-ELECT**

*(Continued from page 2)*

see young children with unusual infections. I remember one infant in particular who I took care of. Despite all our efforts, she got sicker and sicker. Drawing blood or replacing an IV in her became a dreaded task for all involved and I remember struggling sometimes up to an hour, ungloved -- as was typical during that halcyon era -- and afterwards scrubbing off all the blood from my bare hands. Only in retrospect did we recognize that she represented one of the first cases of pediatric AIDS, usually contracted at birth. COVID-19 has descended upon us at warp speed, left us practitioners dizzy and scrambling to adjust and deal with the new normal. In my large multispecialty group practice in Westchester, we had to close some facilities, introduce intense screening, scramble to round up personal protective equipment and adjust to the almost daily updates. Our days were punctuated by frequent zoom meetings and sudden schedule changes. We had to furlough many employees, since our patient volume perforce had gone down considerably as we counseled patients to stay home and not come in for nonessential visits.

We were trying to chart a fine line between the Scylla of putting ourselves and our employees in harm's way and the Charybdis not properly caring for our patients. One issue that kept coming up in our zoom pediatric meetings is how to avoid missing that child who has a fever not from corona, but from a disease that needs prompt treatment like pyelonephritis or appendicitis.

Ok, now I'd like to pivot and consider some of joys of medicine. Change is exciting and one of the pleasures of medicine is the process of keeping up. Yet, I think it is also exciting to think of the ways in which medicine has not changed. The taking of a careful history, the thrill of coming up with an unusual diagnosis, the fact that we learn something new about a disease each time we encounter it, the human connection we feel when we are helping someone unravel a medical or even a personal problem. This daily feeling of connection to patients and to the community at large is a constant restorative for me.

Also there can be humor in the practice in medicine. I am talking of the rare events that occasionally occur that are of no great diagnostic moment, but instead liven our days in entirely different ways. For example, I was once counseling a teenage girl who appeared quite depressed. I was talking to her alone while her mother waited outside. She entered the room with a mournful expression and sat down on the examining table. I was standing and talking with her and in an attempt to show empathy I maintained eye contact while backing up a few steps which caused me to misjudge where my stool was positioned behind me and I fell flat on my rear end. This elicited peals of laughter from my patient. Her mother hearing the commotion, burst in and when she saw me also started to laugh. Even my staff got into the gaiety. I have discovered the cure for adolescent depression, I thought, an accomplishment akin to Alexander Fleming's aha moment over a petri dish. A bit hard on my backside, but worth it nevertheless.

Then there was the time I chased a preschooler who had bolted from my office in order to escape a shot. I caught him outside dashing towards the peril of the parking lot. I heaved a sigh of relief as I carried my wiggling charge back into my office. "Child hit by car while being chased by pediatrician" was the headline I was imagining -- wouldn't be good for business!

And one more: after examining a child who had a common cold, the father asked me, "Doc to you mind looking at this rash on my leg?" Not an uncommon query in my experience. It so happened that this particular father was not any father, but was employed as an editorial writer for the New York Times. He pulled up his trouser leg and I leaned forward to peer at what was really a non-descript eczematoid eruption of no real consequence. I gave it a careful look and wondered, should I? - I may never have this opportunity again. Finally I lifted my head and intoned, "Sir, I believe this is creeping liberalism." He looked at me for a few seconds and then got the joke and burst into laughter. Indeed, in all the 25 years that have passed since then, I have yet to see another rash on the leg of an employee of that august institution.

*(Continued on page 13)*

## 2023 Annual Meeting

### Westchester County Medical Society Westchester Academy of Medicine

June 8, 2023



On Thursday, June 8<sup>th</sup>, the Westchester County Medical Society and the Westchester Academy of Medicine held their Annual Meeting at the Westchester Country Club in Rye, New York. About 120 members and guests enjoyed an evening of fellowship with colleagues

and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Outgoing WCMS President Bruce Molinelli, MD, was thanked for his outstanding leadership and gave remarks on his time as President of the medical society (page 1). He also thanked his colleagues for all of their support throughout his year as President. Newly installed President Peter Acker, MD, a pediatrician in Rye Brook, gave his inaugural remarks which can be found on page two of this publication. Please join us in welcoming Dr. Acker as our next President who began July 1, 2023. This will be Dr. Acker's second time serving our organization as President. His first term was during 2020-2021 when our main focus was COVID and its effects on our community and physicians. We are happy to welcome Dr. Acker back and wish him a very successful second term.

A special presentation was made to honor Lindsay Farrell, MBA, FACMPE, CEO Open Door Family Medical as our annual "Friend of Medicine" awardee. Ms. Farrell has worked at Open Door Family Medical Center beginning in 1986, serving as its second President and CEO since 1998. Under her leadership, Open Door has significantly expanded, adding new locations, programs and technologies to more than triple the number of low-income people served each year to more than 60,000 people served in 2022. Home-grown at Open Door where she volunteered initially, Ms. Farrell has served in both operational and fund raising roles. Her north star is Open Door's mission of health equity--serving vulnerable people in

the community with an array of efficient, high quality health care and supportive services.

Another special presentation was made to Charles J. Sellers, President of Charles J. Sellers & Co., Inc. as our annual "Friend of the Society" awardee. This award is given each year to an individual or group who has helped the Society carry out its mission. Mr. Sellers and his entire staff have been continuous, strong supporters of the medical society and have provided great resources to our members over our long relationship. We thank Mr. Sellers and the staff of Charles J. Sellers & Co., Inc. for all they have done, and will continue to do for our society. It is an honor and a privilege to work with them.

We would like to thank all of the event sponsors and attendees for making it such a great evening. Without all of you, the work we do would not be possible.

In addition to electing our newest officers, WCMS members also unanimously voted to implement our new bylaws. We want to thank the Bylaws Committee and our legal counsel at Garfunkel Wild for all their help. The new bylaws will be published on our website in July and a copy can be provided by request.



# URGENT CALL TO ACTION! CONTACT YOUR LEGISLATORS TODAY TO OPPOSE THE WRONGFUL DEATH BILL

Your voice makes a difference, and together,  
physicians are a **force for change!**

**Pending Alert:** [Oppose Harmful Liability Expansion Bills That Impede Patient Access To Care!](#)

Earlier this year, due in large part to your overwhelming grassroots response, Governor Hochul rightfully vetoed a bill passed by the legislature that would have greatly expanded damages awardable in wrongful death actions and dramatically increased liability insurance premiums. As anticipated, a similar version of this bill (A.6698/S.6636) has been re-introduced in the Senate and Assembly. Unfortunately, this legislation once again fails to address the significant concerns raised by physicians, hospitals, businesses and municipalities, as it would significantly increase the type of awardable damages in New York, potentially increasing liability premiums by 40%. This would have a devastating effect on our health care safety net, and reduce patient access to care. Please urge your local legislators and legislative leaders to reject this proposal and develop balanced legislation to address New York's already exorbitant liability costs.

**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

Bruce Molinelli, MD, President

Peter Acker, MD, President-elect

Kham Ali, MD, Vice President

Thomas Lee, MD, Treasurer, Chair MSSNY PAC

Anaïs Carniciu, MD, Secretary

Daniel Gold, MD, 9th District Councilor MSSNY

**PRESIDENT'S MESSAGE**  
**IT'S NOT YOU OR ME**

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**BRUCE MOLINELLI, MD PRESIDENT**

*(Continued from page 9)*

protect the hallowed physician— patient bond and ultimately the patient themselves, as they have always been our charge.

So let's see what's left after the wave crashes down— since the inevitable splash is upon us. Let us see what corporate medicine, and AI transformations look like on the other side. We are essentially already on the proverbial ark and will survive the flood, but we can no longer cling on to what was, or how it had been. It has changed.

Maybe my neuroplasticity will adapt appropriately reformulating my brain to accept and promote change for the better. Maybe I need reprogramming to accept the next iteration of our medical world.

Perhaps it is my time to step aside and trust there are others better equipped, with more at stake, who will step up.

So although I stand here, with darkened tones, stating the sky is falling, I am still optimistic picturing the other side of the crash. And why? Because of the promise of the next breed of physicians. They are smart, motivated and energetic. They are resilient and pliable. They are nimble, free of the baggage of the past, and they are vested. They speak the new language.

So I suggest our strategy is to support our young physicians and give them a chance to formulate their (and our) medical future for the better, keeping in mind that change is necessary, but to not lose the underlying tenet of being a physician, i.e. caring for and protecting our patients.

The next generation physicians have the skillset to adapt, to be neuroplastic, and maybe.... Just maybe... regain autonomy and control of our medical profession in this (brave) new world.

I know they will  
do so with gusto and passion,

do so with poise and respect,  
do so with smarts and honor,  
embracing change  
and do so , to help us all....

Thank you. It has been an honor and privilege to serve as your President and I look forward to Dr Acker's leadership in continuing to promote the ideals of the WCMS on behalf of all us physicians.

♦

*FROM THE EDITOR...*

**PRESIDENTAIL ADDRESS**

**PETER ACKER, MD, PRESIDENT-ELECT**

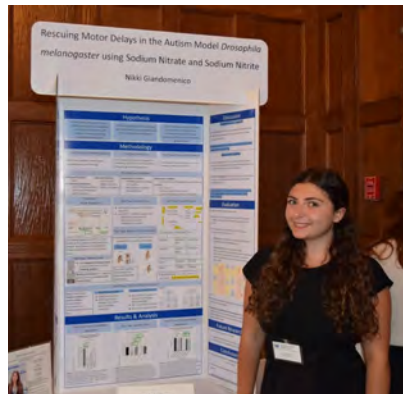
*(Continued from page 2)*

I want to close with a quote from one of my favorite writers, Charles Dickens. There is a wonderful passage near the beginning which recounts Oliver's birth which reminds me of those days of old in the delivery room. His birth was not an easy one and afterwards "there was considerable difficulty in inducing Oliver to take upon itself the office of respiration." This transported me back to experiences, often in the middle of the night, when a baby would lay apneic seconds after birth and I'd watch anxiously for that first breath and the collective sigh of relief with the first cry. Then with typical Dickensian humor: "for some time he was gasping on the little flock mattress, rather unequally poised between this world and the next: the balance being decidedly in favor of the latter. Now if, during this brief period, Oliver had been surrounded by careful grandmothers, anxious aunts, experienced nurses and doctors of profound wisdom, he would have most inevitably and indubitably been killed in no time."

♦

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# 2023 Annual Meeting Photos





Sponsored by the Medical Society of the State of New York  
**Available Programs for 2022-2023**

**COVID-19 and its Impact on Veterans**

**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](mailto:nhospodar@mssny.org) or call (518) 465-8085

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The Medical Society of the State of New York designates each live activity for a maximum of 1.0 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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