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PRESIDENT'S PAGE

ON DEATH, CHICKENS, AND COVID-19

By F. Thomas Siskron, IV, M.D.

I was a teenager at the time, maybe fourteen or slightly older. I don't remember exactly when it was really, but I do know it is one of my favorite stories from that time of my life and I still can't help but laugh when telling it. We had been in our new home "in the country" for several years and Dad had already done all the things that folk who live in the country do, including building a barn, and then an attached chicken coop to provide a safe haven for his egg-laying hens. Our house on Ellerbe Road, which at that time was just far enough out to be remote yet still close to the city, was a great place to grow up. I spent most of my free time from the age of eight onward outdoors climbing trees and building forts in the woods, shooting BB guns, fishing in Bayou Pierre, and exploring the untamed wilderness around Long Lake with my best friend, Jeff, years before it was replaced with wall-to-wall homes and a gated entrance. It was also the place where I gained an understanding of the natural cycle of life and death, an acceptance of which I think allows me do what I do now with a healthy respect for death, but without being paralyzed by the fear of it with every medical decision I make on behalf of my patients. I do fear lawyers with every medical decision, but that is an entirely separate topic of discussion for another time.

I grew up around all manner of animals, some as pets, some as sources of food, and some left wild and free to roam the ten-acre property as nature intended. It afforded me a court-side seat from which I was able to observe the circle of life play out many times over, and though I can't point to any specific scientific evidence to support my suspicion, I am almost certain that growing up around animals like this allows children to see death as a natural and necessary part of life, rather than something rarely encountered and feared when it comes unexpectedly with a crushing blow. Now, don't get me wrong, I remember being distraught for days on end once when I was really young, after my pet garter snake escaped from its cage on the screened porch and was unfortunate enough to cross paths that day with the two Sears delivery men and my Dad's shovel they conveniently found nearby. It did not end well for my cute little pet, and I cried a lot, before finally giving it an honorable burial.

That death, being one of the first I remember, was a particularly hard one for me to get past, but it would not be the last I had to process over the years. We had countless pets die. I have jokingly said that the woods around our house on Ellerbe Road probably have enough remains of small animals, of nearly all species imaginable, to rival the collection of bones at the FBI "Body Farm" in

Knoxville, TN. I also watched the brutality of nature at work, seeing things such as baby ducks fall victim to snapping turtles, and similar battles for survival play out between stealthy cats and unsuspecting rodents, determined dogs and inattentive squirrels, and even an encounter between an unyielding car and our family dog, Hoover. I was unfortunately the one who found him on the street at the end of our driveway one morning on my way to high school. Even my favorite dog from my childhood, a Weimaraner named Spinner who died of cancer, taught me to accept death as an inescapable conclusion of life.

All of these, I am convinced, helped me prepare for the harsh realities over the years that were the deaths of several friends, cordial colleagues, patients who passed on from my practice, my grandparents, and my dear friend and mentor, Dr. Moreland, whose still painful story of chronic disease and frailty I wrote about last year. All of these, whether the human deaths, or the deaths of the animals that fostered my ability to accept them with a softer blow, affected me in some fashion, and I would say none were taken lightly or viewed as particularly funny; except for the fact that there was this one story of death on Ellerbe Road that was funny...which takes me back to those chickens.

I like to think that I have a keen attention to detail, though some would label that personality trait of mine a disorder and abbreviate it with three letters and the negative connotation typically associated with them. I probably got this trait a little bit from both of my parents, but my Dad has always been attentive to details when building and remodeling around his house and property over the forty-five years he has now owed it. The same attention to detail went into the chicken coop. It was a veritable palace that any less pampered chicken, forced to scratch and peck at the dry dirt in a lessor chicken coop, would have certainly envied. Furthermore, these were happy, lucky chickens who never missed a meal of corn and chow, always had water to drink, and were even protected from the elements with a roost inside the barn. Surely it was a much better life than having to chase down bugs to eat, keep one eye always open in order to avoid the foxes, and hide under bushes when the hard rains came.

The open yard extended ten or twelve feet out from the back side of the barn, and was nearly as wide as it was long, offering plenty of room to get in and out to enjoy the free air when they wanted through a small, chicken-sized hole in the barn wall. There were convenient little doors behind the nesting boxes, which were elevated to chest level and accessible from inside the barn. I used to enjoy checking for eggs each day. It was like playing the lottery without having to lose money. I mention all this to impart to the reader that this was not a shoddy piece of work, this chicken coop. It was well built, and my Dad had thought of nearly every detail to help make them happy in their home, as much as being locked up and unable to roam freely your entire life can be considered a home.

So, you can see that it was very confusing one day when we found that one of the hens had been murdered in cold blood! There was nothing left but a few feathers strewn about the dirt floor to suggest there had been "fowl" play, but there was evidence enough. We started with nineteen total, seventeen hens and two roosters. There was no forced entry. All the chicken wire was intact. The door was closed and latched. There were no holes dug under the cage where a neighborhood dog or other animal could have entered. It was a mystery. Then, the crime was repeated one night shortly thereafter. Another hen went missing, again almost without a trace, and then another, and another. Some nights we would lose one, some nights we would lose two, and this went on for two weeks.

Each morning, after the preceding night of unmitigated chicken terror in the mysterious darkness, we would go out and try to find clues to solve the murders, but we were consistently baffled. I am not claiming that Sherlock Holmes couldn't have solved it on the first night, but there was never significant evidence to be found, except some of the feathers, a few pieces of organs, and the heads of the deceased birds. We would go out there at random times during the night and early morning, but we were ALWAYS either too early or too late to catch the carnage and the perpetrator. I vowed once or twice to stay up through the entire night inside the roost, in an attempt to solve the case, but either I couldn't muster the energy to keep my eyes open or I just wasn't committed enough to maintain the supply of eggs they provided us to sit in the dark and dirty barn all night. Maybe I was scared of the same fate befalling me. I can't remember which was the case.

It went on like this until we were finally down to one solitary bird. One traumatized and surely frightened to death rooster went into the last night alone. I am fairly sure I told him goodbye that evening and gave him his last rights before his journey into the unknown. When telling the story now, I always portray my vision of that poor little cock-of-the-roost sitting on the wood dowel, shivering, watching, waiting for what only he knew was coming. And come, it did. That night, as he tells the story now, my Dad was up at 2am and decided to check in on the sole survivor. Flashlight and .22 pistol in hand, he slowly opened the door to the coop, and unfortunately, though not totally unexpectedly, found the rooster dead on the dirt floor, head severed, but otherwise mostly intact. Then, out of the corner of his eye, he saw a large Raccoon scurrying out through the top of the enclosed space inside the barn. It lifted the corner of the chicken wire roof covering the roost in an attempt to make its escape.

It was one of the largest Raccoons you would ever want to see, as you would expect of any Raccoon who had been as well-fed as he had been over the preceding two weeks, and this might have been his downfall, since he was just a little too slow to escape that night. He had been sneaking in through the dog door on the other side of the barn that used to be my dog Spinner's point of entry when he would climb into his bed inside. The bandit had been entering there, traveling up the stairs, jaunting through the attic to the other side of the barn,

and then climbing down onto the top of the enclosure, where he had figured out how to lift the corner of the wire and sneak in and out without leaving any trace, because the wire attached to its supports appeared to fall right back into position when viewed from below. The mystery was finally solved, even if two weeks and twenty deaths too late.

So why am I writing about the slow, macabre yet humorous deaths of our poor chickens rather than something about Covid-19 while we are still in the midst of the pandemic? The astute reader may have already recognized that I believe the moral of this story applies equally: "No matter how surely and carefully you think you can defy natural selection, you can't hide defenseless prey from predators forever." They were as plump, happy, carefree, and "safe" as corn-fattened and caged chickens can be, but they were sitting ducks...or sitting chickens, as the case may be. Sure, there are cases of their leaner, more agile free-range cousins and nearly all other types of wild prey being taken by predators, but they at least have the fighting chance Nature intended.

The parallel I am pointing out here is that our population is sicker than we have ever been, in my opinion because of our consumption of processed sugars/carbohydrates and processed oils and our sedentary lifestyles devoid of functional fitness. Yet, all our leaders are talking about is mask wearing, lockdowns, and social distancing. I want to rip what is left of my hair from my scalp in frustration with the ignorant denial of the obvious. The answer should not be to wait for a vaccine or miracle drug. It is for us to become healthy! Until then, we are just as vulnerable as those chickens and hiding ourselves away will not save us, only postpone the inevitable. Too many of us are like those chickens sitting on the perch, waiting to see if tonight will be the night they will be selected as the next "unlucky" one, yet they refuse to admit that their degree of luck is of their own making. As I have shouted before from atop this tiny soapbox, *you are responsible for the majority of your own health misfortunes*. The good news, however, is that everyone can make better lifestyle choices through exercise and better nutrition to heal their wounds, repair their metabolic sickness, and avoid their untimely death, whether it be from Covid-19 or otherwise. I refuse to be the next unlucky chicken. I do not fear Covid-19, because I am not leaving my health up to luck; but, I understand why so many in our society are afraid. I just hope and pray, whether from my urging or not, more people will get off their comfortable perch and go start behaving like nature intended.

I will end with the words of Dr. Ben Tapper, a Chiropractor from Omaha, NE, which I came across in an impassioned video in which he presented the following eloquent, compelling, and pertinent statement: "We must eat well, move well, think well, and we can be well. In other words, your level of health is the genetic expression of your lifestyle choices. Your body's ability to heal itself, to overcome disease and circumstances like Corona, is far greater than anyone has ever permitted you to believe."



EDITOR'S PAGE

DEATH, DYING, AND COVID-19

By Richard J. Michael, M.D.

"Death never takes the wise man by surprise, he is always ready to go."
 – Jean de La Fontaine

"Do not seek death. Death will find you. But seek the road which makes death a fulfillment."

–Dag Hammarskjold

Did you ever think this time last year that you would turn on your computer every day and head to some previously unvisited or rarely visited website to see how many of your fellow Americans and fellow humans had died in the previous 48 hours? None of us could have ever had that morbid vision 365 days ago. But it is our sad reality now.

I lost one of my beloved patients to COVID-19 in early August. She was wise, she was stoic, she was a determined fighter in her later years against a variety of ailments...and she was 88 years old. When I got the call that she had several days of GI symptoms and a fever, my heart sank. She presented to the ER, and she was sick. Her COVID-19 swab was positive. She was given treatments that met and exceeded the standard of care. During the "viral" phase of her illness, she seemed to get better. The "inflammatory" phase of the illness hit, and multi-organ dysfunction and chaos ensued. She died early one morning with her DNR honored but ravaged by dehydration and malnutrition, delirium, possible encephalitis, and severe lung and heart involvement from COVID-19.

My patient reminded me that death is an oxymoron or paradox of sorts in the emotions and reactions it elicits. Death brings grief to others. Death brings the need for others to celebrate. Death complicates the lives of many. Death simplifies things. Death is preceded by suffering and succeeded by an end to all suffering. Death is an end. Death is a beginning. Death is feared...until it is ultimately welcomed.

None of us likes to think about or talk about death. If we do address it, it is often an awkward and brief acknowledgment. I remember suddenly sitting up in bed one night as I was trying to fall off to sleep when I was 10 or 11 years old. For some reason, I suddenly and dramatically came to the realization that death was final and would take me away from my earthly life in a sudden and final way. I was panicked, and I remember my heart beating out of my chest. It was one of the few panic attacks I have experienced in my life. I have never forgotten that night and consider it one of the tangible moments when I "became more of an adult" or "grew up" in a rather sudden way. I lost some naivety that day. I would not change a thing in my life, but I would take back a week of innocence and simplicity that comes with being a 10-year-old boy.

I hate it when one of my patients dies. I feel like I failed them. I hate that many of my patients, despite my best efforts, are suffering as they approach the end of their life. I aggressively advocate for palliative care and hospice care when it is warranted, but I still have guilt that I could not do more to help my patients in their time of need. I know death is inevitable. I know death is natural. I have trouble accepting it and often perseverate on what I could have done to extend the life of my patient in a way that they would have wanted. I have always been this way. I also hate that, when my patient dies, I have the thought that their life is simpler now and my life is simpler now. I thought that I wanted to specialize and become a Medical Oncologist during my residency, but I ultimately determined that there would be too much death for me. In the past 5 years, I have started to keep a list of my patients who have died. I have lost 33 patients in the past 5 years. This list reminds me of these wonderful people. I remember anecdotal things that they told me or taught me or that they made me laugh when they came in. I often remember how frail and tired they were at the end of their life and that death was welcomed by them, by their family, and, truth be told, by me.

This leads me to the most impactful aphorism I have learned in my medical career. I first heard it in a medical ethics class at Texas A&M University, before I was ever accepted to medical school. I always think of it when I learn that one of my patients has died. I am certain all who read this essay have heard and been impacted by it too. We should think of it EVERY day and strive to achieve it. If we do, we will never fail our patients. These words are as true now with COVID-19 as they have ever been. Let us attempt.... *"To cure sometimes, to relieve often, and to comfort always."*

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ECONOMICALLY SPEAKING

UNPRECEDENTED GOVERNMENT MALFEASANCE

By Alan B. Grosbach, M.D.

If you want to read a thorough review of what has happened to America during the months of the COVID 19 epidemic and the riots that followed George Floyd's death, I recommend Heather Mac Donald's article in the May/June issue of *Imprimis*, the bimonthly publication from Hillsdale College.

Mac Donald sports hefty credentials, Thomas W. Smith Fellow at the Manhattan Institute, contributing editor of *City Journal*, degrees from Yale and Cambridge, and J.D. from Stanford. Her columns appear regularly in *The Wall Street Journal* and *The New York Times*.

In, "Four Months of Unprecedented Government Malfeasance," Mac Donald describes the enormous tragedy perpetrated on America by public officials who first overreacted to the COVID 19 threat then followed up by refusing to execute their most fundamental duty, protecting life and property from rioters who have rampaged through cities while law enforcement was applying what New York Mayor de Blasio called a "light touch" that the lawless mobs ignored. She describes urban existence as being on life support from COVID 19 lockdowns. She could not have been more correct. The economy contracted by an unprecedented 30% during the second quarter. How soon and how much we will recover from that self-inflicted wound is anyone's guess.

The entire premise of lockdowns was based on a computer model that predicted 2.2 million U.S. deaths from COVID 19, a wildly improbable figure that even its authors can't defend. The actual number is likely to be less than one-tenth of that projection. But government officials grabbed that prediction and ran, clamping a lid on our economy according to their own unscientific and arbitrary whims. Businesses that were deemed "essential" by statist governors and mayors, like wine shops and marijuana dispensaries, were allowed to remain open while countless small retailers were not. Thumbs up to the big chain stores, thumbs down to the mom-and-pop's. Michigan Governor Gretchen Whitmer went so far as to ban the sale of seeds, gardening supplies, and paint within megastores.

What has been sorely lacking from the decision-making has been science. Take for example the six-foot distancing rule a totally arbitrary invention. The World Health Organization recommends three feet. The WHO, by the way, also recommends masks only for those who are sick or those attending the sick. And yet masks have become the symbol of compliance and cooperation. A small study done in Korea months ago showed that not only did masking not reduce the projection of viral particles, more were recovered on the outside of the masks than on the inside.

Those are facts you won't find in the media which has pointedly downplayed the fact that 50% of COVID 19 deaths in many countries (80% in some U.S. states) have been in nursing home residents with multiple comorbidities. That's a population that the computer modelers who issued the 2.2 million fatality prediction admit have a life expectancy of less than a year regardless of COVID 19.

The take-home lesson from our experience this year is that this is what socialism looks like. Politicians whose main objective is control and securing their positions make bad decisions that can devastate the lives of millions. They have neither understanding of nor regard for the economy which is vital to sustain us.

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RANDOM MUSINGS

By Thomas G. Latiolais, M.D.
Director of the NLMS Physician Revitalization Program

I had the privilege of visiting the incoming freshman class at the medical school in late July. Every year the NLMS hosts a pizza party for the students welcoming them and inviting them to be part of the society. This year, Drs. Siskron, Noles, Notarianni, D’Agostino and I as well as our NLMS staff, Brandi and Sandy, welcomed them with boxed lunches and a few tips about how to thrive this year and beyond. Many of the students are in unfamiliar territory. No, I am not speaking about being in medical school. I am speaking about moving to Shreveport, finding a place to live, meeting new classmates and getting oriented to a new life after college. Many are far from home for the first time or even living away from home for the very first time. Most are single and may be living alone, without roommates, close friends or significant others nearby. Some are married and a few may have even already started a family.

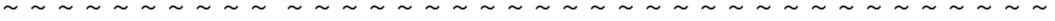
By now they are up to their arms in their cadavers and overloaded with lectures, tests and labs. These students and future colleagues need the support of the society members. If you are interested in meeting with a small group of students and sharing your wisdom as they adjust to their new life, contact the Director for Student Affairs, Peggy Murphy, PhD at 318-675-6570.

~ ~ ~ ~ ~

After months of staying home, not traveling anywhere out of town, I decided to fly to Denver in early August. I felt comfortable traveling as United Airlines had direct flights and I booked one in June. I received a notice from United a few weeks before the flight that my itinerary had changed, and I would have to fly through Houston and then on to Denver. Due to a dearth of travelers, I suppose, there were not enough people flying direct from the SHV. The Houston airport (IAH) was practically empty when I walked through on a Thursday morning. The flight to Denver was about 60% full on a 777. Everyone cooperated with guidelines and the flight was otherwise uneventful.

My brother, Joe and his wife, Theresa live in Arvada, a suburb of Denver. I visit my brother almost every summer to get out of the August heat and see some baseball games. No games this year, but the subdivision backs up to acres of green space where we walk for miles, breathe the fresh mountain air and view the Rockies. My sister-in-law has a wonderful flower and vegetable garden in the backyard through which I enjoy strolling and seeing the beauty of nature. The trip

was especially good for my mental health and I even considered it a retreat as I got a few days of rest, different scenery, lots of laughs and enjoyed some exercise and quiet times with people I love. If you are considering a trip to visit family or just get away for a few days, I believe it is worth the risk.



I was an investigator in many clinical trials for pediatric vaccines over two decades and I believe a safe and effective vaccine will be coming soon. I also see that there are effective therapeutics for Covid-19 that have been developed through the unique ingenuity of American physicians and health care teams. If you have had the misfortune of being infected with Covid-19, you can donate plasma to be used for convalescent plasma therapy. You can donate at Lifeshare Blood Centers in Shreveport and Bossier City, KED Plasma USA, CSL Plasma or Talecris Plasma Resources.

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Hosted by the Shreveport Medical Society Alliance

For inquiries contact Anita White

(318) 294-2919

anitamoonwhite@gmail.com



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TELEHEALTH: REMOTE PATIENT MONITORING AND TELEMEDICINE REIMBURSEMENT

By Yvonne Mounkhoun, RN, BSN, MA
*Quality Practice Management Consultant
Texas Medical Association*

Plato once said that necessity is the mother of invention; in the case of telemedicine, necessity has become the mother of adoption. Telemedicine adoption and utilization has skyrocketed as a result of COVID-19. According to researchers at Harvard University and Phreesia, a health care technology company, the number of weekly ambulatory visits declined almost 60 percent by early April, while telehealth visits increased 14 percent by mid-April. This is especially significant considering many practices had no telemedicine program in place when the public health emergency was initially declared by Health and Human Secretary Alex Azar II on January 31, 2020 (retroactive to January 27, 2020). Utilization of telehealth soared to 29% in May 2020, up from 8% in December 2019, and it continues to increase.

The laying on of hands has traditionally defined the physician and patient relationship. Telemedicine challenges this long held belief. Physicians and patients alike are becoming more comfortable with visiting virtually and using technology to connect and share information. Remote patient monitoring is another aspect of telehealth that can enhance the effectiveness and satisfaction in the telemedicine experience. It allows physicians to monitor disease and symptom progression providing the ability for real time engagement and intervention based on changes in the patient's condition.

Although remote patient monitoring capabilities have existed for some time, it is the next phase of technological and program development in the telemedicine space. There are a plethora of tech companies vying for a piece of the remote patient monitoring pie, including Dexcom, Philips Healthcare, Medtronic, Honeywell Life Sciences, ResMed, Senseonics, and others. Remote patient monitoring ranges from something as simple as a digital blood pressure cuff to voice apps that remind diabetic patients to take their insulin. The technology is being used in both in-patient and out-patient settings.

This delivery method does not rely on audio/video communication, rather it utilizes technology that automatically collects, interprets, and transmits physiological data. Some more rudimentary remote monitoring, like traditional glucose monitoring devices or home blood pressure cuffs might require patient reported information; however, much of the monitoring equipment is now more advanced with Wi-Fi or 4G connection, resulting in automatic information transmission capabilities. Some of these devices are wearable, requiring little effort from the patient to obtain and transmit information directly to their physician for continual tracking.

There are several considerations in the addition and implementation of remote patient monitoring within your telemedicine program:

- Integration with current EHR technology and/or telemedicine platform
- Purchase of new or additional software

- Access to high speed internet, for both the practice and the patient
- Equipment cost, for both the practice and the patient
- Reimbursement for remote patient monitoring equipment and services
- Equipment delivery, set up, and patient education
- Staff roles and responsibilities
- Equipment maintenance and calibration
- Written policies and procedures

COVID-19 has changed the world as we have known it. Perhaps it isn't all bad though. Consider how helpful remote patient monitoring can be in caring for the elderly diabetic patient with congestive heart failure. This patient has difficulty ambulating due to edema in the lower extremities and reduced activity tolerance, lives in a rural area, and has transportation issues. Remote patient monitoring can provide the physician with critical biometrics, such as blood pressure, heart rate, oxygen level, glucose level, and weight in real time, allowing for a rapid response to changes, which results in improved patient condition and avoidance of a hospital admission. Everybody wins!

Currently, the question on everyone's mind is whether reimbursement for telehealth will continue to demonstrate payment parity with in-person health care. Certainly, insurance payments for telehealth at full visit rates greatly influenced telehealth adoption, in conjunction with the logistics of the public health emergency. For more information about CMS changes made as a result of the public health emergency go to: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> .

In order to make these changes permanent, Congress will have to pass new legislation. Fortunately, Seema Verma, Administrator of CMS, is supportive of telehealth progress and has been quoted as saying, "Reversing course would be a mistake". Some members of Congress have verbalized support for taking steps to maintain and even increase access to telehealth. For instance, Sen. Lamar Alexander of Tennessee, a Republican and chair of the Senate health committee, introduced the Telehealth Modernization Act in addition to the 20 telemedicine bills brought to the House floor for consideration.

The commercial carriers vary on their telehealth reimbursement position; some intend to keep paying for telehealth but are unsure of what those rates will look like. Others haven't decided if they will extend telehealth policies beyond the COVID-19 crisis. For information about which plans are currently paying for telemedicine go to: <https://www.texmed.org/TexasMedicineDetail.aspx?id=53646> .

Physician and patient input will be vital in demonstrating to insurers that telehealth supports cost management, improves quality of care, enhances patient satisfaction and safety, and expands patient access to care. According to Dr. Ateev Mehrotra, professor of health care policy at Harvard Medical School, saving money on patient visits should not be the primary goal of telehealth. Only time and evidence will show the value of telehealth beyond fee-for-service reimbursement.

<https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits>

<https://www.usatoday.com/story/news/health/2020/07/02/telehealth-soars-covid-19-shutdown-limits-doctor-visits/5355739002/>

<https://www.nytimes.com/2020/08/03/health/covid-telemedicine-congress.html>

NLMS NOMINATING COMMITTEE REPORT – 2020

In accordance with the NLMS Bylaws, the Nominating Committee has reported the following nominations for NLMS Officers and Directors to serve during 2021. Additional nominations may be made from the floor and the election held at a Quarterly Membership meeting. Installation will be at the reception to be held on December 4, 2020.

OFFICERS FOR 2021

| | |
|---|-------------------------------|
| PRESIDENT..... | Thomas G. Latiolais, M.D. |
| PRESIDENT ELECT/1ST VICE PRESIDENT..... | Stephen C. White, M.D. |
| 2ND VICE PRESIDENT..... | Edward L. Morgan, M.D. |
| SECRETARY..... | Jake M. Majors., M.D. |
| TREASURER..... | John G. Noles, M.D. |
| HISTORIAN..... | Frederick J. White, III, M.D. |

2021 BOARD MEMBERS

| | |
|------------------------|-------------------------------|
| Stephen D. Baker, M.D. | D. Gene Mack, Jr., M.D. |
| J. Eric Bicknell, M.D. | James D. Morris, M.D. |
| John N. Bienvenu, M.D. | Christina M. Notarianni, M.D. |
| Kamel Brakta, M.D. | Todd G. Thoma, M.D. |
| Mark F. Brown, M.D. | Eric D. Thomas, M.D. |
| Marjorie Chelly, M.D. | John H Wagner, III, M.D. |
| Ellie O. Hudnall, M.D. | Forrest P. Wall, M.D. |
| N. Paul Khater, M.D. | Randall G. White, Jr., M.D. |

NOMINATING COMMITTEE

| | |
|---|-------------------------------|
| Christina M. Notarianni, M.D., Chairman | Richard J. Michael, M.D. |
| John B. Carmody, M.D. | Donald I. Posner, M.D. |
| Margaret M. Crittall, M.D. | Frederick J. White, III, M.D. |

Join us...NLMS BOOK CLUB

Thursday, September 24, 6PM

We Olive & Wine Bar

6535 Youree Dr., #501



GOD'S HOTEL

A DOCTOR, A HOSPITAL,
AND A PILGRIMAGE
TO THE HEART OF MEDICINE

VICTORIA SWEET



NLMS NOTES

- The SMS Book Club will meet at 6:00 PM on September 24, 2020 at We Olive & Wine Bar, 6535 Youree Drive, #501. *"God's Hotel: A Doctor, A Hospital and a Pilgrimage to the Heart of Medicine"* by Victoria Sweet will be discussed.
- Watch your mailbox for an invitation to our next Quarterly Membership Meeting to be held in October.
- On Friday, October 16, 2020 from 5:30 – 9:00 PM, the NLMS will host a Tennis Mixer/Social at Pierremont Oaks Tennis Club. If you do not play tennis, join us for the Social. Please see page 31 for more information.
- A request for nominations for the recipient of the 2020 NLMS Distinguished Service Award will be issued in September and the selection made in October by the NLMS Board of Directors. This annual award will be presented at the Officer Installation Reception scheduled to be held on December 4 at Superior's Steakhouse. This award recognizes an individual who has made an outstanding contribution to the advancement of medicine in the Shreveport area. Watch for your nomination form in the mail.
- 50 Year Doctors' Day Celebration has been tentatively rescheduled for Sunday, November 22, 2020 at the East Ridge Country Club.

WELCOME NEW MEMBER



Jennifer T. Prime, M.D. (Active)

OFFICE: WK Pierremont Hospitalist Group

SPECIALTY: Internal Medicine

GRADUATION: LSUHSC-Shreveport, 2009

TRAINING: LSUHSC-Shreveport, 2012

Welcome Aboard!

First Year Medical Student Orientation Luncheon

On Friday, July 31, 2020, the Northwest Louisiana Medical Society hosted the lunch portion of the first year medical students' orientation. There were 150 students in attendance and each enjoyed a boxed lunch catered by Biscotti's. Drs. F. Thomas Siskron, IV, John Noles, Christina Notarianni, Thomas Latiolais, Horacio D'Agostino and NLMS staff were present to welcome the students. Each physician who spoke discussed the importance of membership into the medical society in order to develop networking relationships, acquire CME and political advocacy. The physicians also reminded the students to maintain both their physical and mental health while in med school and beyond. The students were encouraged to reach out the NLMS members for guidance and support. If you would like to volunteer for next year's MS1 Luncheon, please call the office (318) 675-7656.



Drs. John Noles, F. Thomas Siskron, IV & Thomas Latiolais



Future NLMS members



Looking forward to lunch & conversation with NLMS physicians



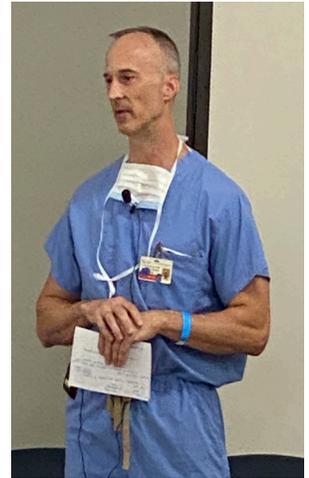
Dr. Christina Notarianni



Lunch is safely served!



Dr. F. Thomas Siskron, IV engaging the students about medical society member benefits.



Dr. F. Thomas Siskron, IV



Future NLMS Board Members



MS1 photo op before enjoying lunch



Thank you NLMS!



Drs. Thomas Latiolais & Horacio D'Agostino





WE'RE WORKING FOR *you*

Louisiana Physicians,

During these volatile times we are all working and living through as physicians, it should be **crystal clear**, to each of us, that we need **professional advocacy** through the LSMS now more than ever.

Who would have thought just a few months ago that our offices, clinics, surgery centers, and even hospitals would have been all but shut down and patient care replaced by stay-at-home orders? It is through our unity, leadership, and advocacy that **LSMS was instrumental** in the early reopening of healthcare services and the delivery of support for the new challenges we face due to COVID-19. In a career fraught with burnout, advocating for **our chosen profession** is one of the most fulfilling and essential activities a physician can do during their career. In fact, we should **engage in advocacy** during medical school prior to ever seeing a patient, and well after we retire as we have so much to offer as citizens of this great state. That's why being an **active member** of the Louisiana State Medical Society (LSMS) is so important. In addition to all the other benefits provided to us through our membership in the LSMS, **our dues go directly to protecting our profession** and in turn, **our patients as well**.

I strongly urge and invite each of you to scan the QR code on the right and review the 2020 Legislative Wrap-Up, which highlights the legislative activities by the LSMS undertaken **on our behalf**. Our mission is to be the **trusted advocate** for physicians in the state of Louisiana and our vision is to **promote excellence** in the practice of medicine.

We are as strong as our membership, and now more than ever, we need to work together. Please join us in protecting our profession, our patients, and quality healthcare in the state of Louisiana. If you are not a member, I ask you to join. If you are a member, please contribute as a leader or advisor so we can continue to effect positive change. Remember, **we are in this together**.

Sincerely,

Katherine Williams, MD
LSMS President

For membership information, please contact Terri Watson, LSMS Sr. Director of Administration and Member Services, at terri@lsms.org.



AT A GLANCE

Your \$400 investment:

- Recently ensured you were reimbursed for telemedicine visits at in-person rates;
- Resulted in the mandate prohibiting elective procedures being lifted two and a half weeks prior to the state entering Phase 1 of COVID-19 recovery;
- Protects our profession from being marginalized by nurse practitioners, physician assistants, and others; and
- Ensures we can continue to do what we choose to do, which is practice medicine and take care of our patients.



SCAN HERE
IT'S AS EASY
AS 1-2-3...

- 1 Open your camera or QR code reader on your smartphone.
- 2 Hold your device over the QR Code so that it's clearly visible within your smartphone's screen.
- 3 Tap the prompt to take you to the 2020 Legislative Wrap-Up.

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THE CREATION OF *SHREVEPORT PHYSICIANS 1835-1950: A DIRECTORY*

By Dee Jones

They say that necessity is the mother of invention. When I worked at the LSU Health Sciences Library (LSUHSC-S) in Shreveport, one of my responsibilities was to create exhibits that were displayed on the first and second floors of the Medical Library. An excellent exhibit theme would have been the lives of the founders of Shreveport's hospitals, such as Drs. Thomas E. Schumpert, James C. Willis, Sr. and Joseph E. Knighton. During Black History Month in February I might have wanted to celebrate the pioneering African American physicians in Shreveport. But there was not a reference source that I could consult to find the names and accomplishments of these physicians who contributed so much to Shreveport's medical history.

After retirement when I had time to do intensive research, I consulted city directories; histories of Shreveport, Bossier City, Caddo and Bossier Parishes; census records; family histories and records held in the Archives at LSUHSC-S for information on area physicians. My first database contained about 100 names. Each day of research added more names until the database grew to nearly 750 physicians - male and female; African American and Caucasian; doctors of medicine and osteopathy; surgeons and obstetricians; eye, ear, nose and throat specialists, as well as pulmonary specialists. Some came to Shreveport directly from medical school to serve their internships and residencies in the area sanitariums and hospitals. Some returned home to Shreveport, having grown up in the near-by cities and parishes. This story of Shreveport's medical history began in 1835 when the area was in its infancy and followed its development until 1950, when the number of physicians grew by leaps and bounds in post-War America.

Shreveport Physicians 1835-1950: A Directory is a 310-page compilation of biographical information about nearly 750 physicians who practiced in and around Shreveport, Louisiana from its early days until 1950. This directory provides a glimpse into the lives of those physicians who were important to the development of Shreveport and the surrounding area.

Entries are arranged alphabetically by surname and include, when available, the physician's full name; birth and death dates; city and state of birth and death; the medical school they attended and year of graduation; their field of specialization; their career and office locations in Shreveport; professional organizations in which they held leadership roles; names and dates of their parents, spouses and children; their military service; and general notes of interest. Although the majority of the physicians included in this directory practiced in Shreveport, a number are from the surrounding small towns in Caddo and Bossier Parishes. Only those physicians who practiced medicine in this area before 1951 are listed.

This Directory should be available for purchase within the next several months. If you would like more information, please contact the author at ShreveportPhysicians@gmail.com



Dee Jones is a retired librarian with 45 years of experience in a variety of library settings. She was a tenured full professor who served as the curator of a special research collection at the University of Southern Mississippi. During that time she authored six bibliographies and directories, one of which went into three editions. Her publishers included the American Library Association, Greenwood Press and Gale Research. That was followed by Jones' ten year career as the head of cataloging, university archives and history of medicine at the LSU Health Sciences Center Library in Shreveport.

This work led to her interest in the history of Shreveport physicians, a topic she has been researching since her retirement six years ago.



School of
Medicine

Department of Psychiatry
and Behavioral Medicine

Adult General and Addiction Psychiatrists: LSU Health-Shreveport

Interested in training the next generation of psychiatrists? The Department of Psychiatry & Behavioral Medicine at LSU Health-Shreveport is seeking applicants for both Adult General and Addiction Psychiatry to educate and train residents on its Inpatient and Outpatient clinical services in Shreveport and Monroe.

Applicants must be B.E. or B.C. and able to obtain an unrestricted Louisiana medical license. Basic responsibilities include clinical supervision of residents and teaching. Research is encouraged and resources include a neuroscience endowment and clinical trials support personnel. All night and weekend call includes residents with 1 in 8 rotation for weekend rounds.

The Psychiatry training programs include 32 general residents, 4 child fellows, and 2 forensic fellows. The School of Medicine has 500 medical students and 41 accredited residency and fellowship programs with 550 approved positions. Starting base salary, practice plan participation, and academic rank will be based on training and experience. Couples recruitment with mixed specialties is negotiable. LSU Health-Shreveport is an equal opportunity employer. Applicants should submit curriculum vitae with three professional references to:

James C Patterson II, MD, PhD

Professor & Chairman, Dept. of Psychiatry & Behavioral Medicine

Schumpert Endowed Chair of Neurosciences

LSU HSC-S

1501 Kings Highway, Shreveport, LA 71103

Email: jpatte@lsuhsc.edu Phone: 318-675-6042; Fax: 318-675-6148

Visit our website: <https://www.lsuhs.edu/departments/school-of-medicine/psychiatry-and-behavioral-medicine>

CONTINUING MEDICAL EDUCATION



Sponsored by: NLMS Civic Assistance and Education Fund, Inc.

Part of the mission of the NLMS Civic Assistance & Education Fund is to contribute to CME for members and the public. As part of this effort, monthly articles will be published in the NLMS Bulletin covering subjects and a schedule of events that will provide CME resources for members. Input from CME providers will be considered for inclusion and opportunities for CME will be emphasized.

CHRISTUS HEALTH SHREVEPORT-BOSSIER

⇒ **MEDICAL STAFF CANCER CONFERENCES**

- ◆ General: Sept. 14, 21 & 28, Oct. 5, 12, 19 & 26, Nov. 2, 9, 16 & 30, Dec. 7, 14 & 21, 12:30 p.m..
- ◆ Breast: Sept. 21, Oct. 5 & 19, Nov. 2 & 16, Dec. 4 at 12:30 p.m.
- ◆ Located in Highland West Wing Conference Room.

LSU HEALTH SHREVEPORT

⇒ **GRAND ROUNDS ARE OFFERED DAILY**

⇒ **3RD STROKE FIGHTERS SYMPOSIUM**

- ◆ September 11, 2020, LSUHSC-S Auditorium, Room 1-400
- ◆ Oleg Chernyshev, M.D.

⇒ **JOHN C. McDONALD TRANSPLANT & HPB SYMPOSIUM**

- ◆ October 3, 2020, Shreveport Convention Center
- ◆ Gazi Zibari, MD

⇒ **11TH ANNUAL TRAUMA SYMPOSIUM**

- ◆ December 11, 2020, LSUHSC-S Main Auditorium
- ◆ Richard Wigle, M.D.

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⇒ **VISIT www.mer.org or CONTACT 1-800-421-3756.**

The Civic Assistance & Education Fund is a 501(c) 3 Not for Profit.



Local Transplants Are Important to Our Community

By James K. Elrod, President & CEO Willis-Knighton Health System

Back in the late 1980s, I spent a great deal of time with the late Dr. John C. McDonald, who was at that time chairman of surgery and member of the faculty at LSU School of Medicine in Shreveport. Dr. McDonald had completed his surgical residency at State University of New York at Buffalo and remained there as a faculty member, ultimately becoming head of their organ transplantation program.

Dr. McDonald and I developed a personal friendship as we sought ways to enhance the medical school and provide a higher level of care in the community. Due to the lack of resources at the medical school, Dr. McDonald approached Willis-Knighton about becoming involved in a joint effort to provide organ transplants in our community, making this service convenient to patients who live here.

With the medical school providing the physicians and WK providing the physical resources and support staffing, the partnership thrived. And patients from our region were finally able to secure organ transplants and all follow-up care without having to make a trip of under three and a half hours to Dallas or almost five hours to New Orleans. There is no denying that the program has had ups and downs. The sudden death of heart transplant surgeon Dr. Mohsin Hakim affected heart transplants, which were discontinued, allowing us to focus on kidney, liver and pancreas transplant. When transplant surgeons at the medical school sought to move their practices to Willis-Knighton, we welcomed them with a renewed emphasis on this critical service.

The one stable factor throughout the years has been the resources offered at Willis-Knighton Health System and WK's willingness to provide transplants to all patients. In most transplant programs, patients must show evidence of the financial ability to cover the cost of the surgery (insurance and ability to pay deductible and non-covered costs) as well as resources to pay for follow-up care and lifetime medications that are required. In the past, those costs also included travel outside our region, but that is no longer an issue. At Willis-Knighton, however, no patient has ever been denied an organ transplant due to an inability to pay for the procedure.

While the transplant surgeons moved their practice to WK, we continued to use the subspecialty resources at LSU Health Shreveport to support our transplant patients and allow supplemental practice opportunities for physicians and residents. This has been a positive relationship over the years, one that benefited the medical school, its faculty, and Willis-Knighton, but most important, the patients.

We at Willis-Knighton believe that a strong medical school provides many advantages to our community and our region, which is why we have supported the medical school since its opened in 1969. Our support has included more than \$170 million in funding plus training opportunities for residents who have access to our advanced technology and our patient base of 55,000 inpatient admissions annually.

We value the excellent graduates who chose to remain in our community and practice here as well as quality faculty members who have helped to elevate this community as a medical referral center. The John C. McDonald Regional Transplant Center is a reflection of that type of collaborative effort to focus on the mission of better health for our community.



James Aaron Albright, M.D.
1928-2020

James Aaron Albright was born December 19, 1928 on a farm in Colfax, Indiana to Frances and Aaron Albright. He grew up in Aurora, Illinois where he was senior class president and football captain at East Aurora High School. He subsequently attended college and medical school at the University of Illinois. He received his MD degree in 1954. Dr. Albright served his internship at the Research and Education School of the University of Illinois. He served his orthopedic residency at Yale. There he joined the staff and taught orthopedic residents.

Dr. Albright joined the US Air Force and served two years in England as a flight surgeon. It was there he met the love of his life, Merrily Grace Prentice. They married and started a family.

Eventually Jim came to Shreveport to serve as Chief of Orthopedics at the LSU School of Medicine at Shreveport. Around 1980 he joined the Shreveport Medical Society and the Louisiana State Medical Society. He was also a member of the Louisiana Orthopedic Association, the American Academy of Orthopedic Surgeons, and last but not least, he was President of the Southern New England Hand Society.

They said Dr. Albright was a “Renaissance surgeon”. He had a total range of skills such as correcting children’s foot deformities, performing hand surgery, and spine operations. He invented new finger joint and hip joint replacements. He also wrote many letters such as to the Shreveport Times.

On June 2, 2020 Dr. James Albright, the oldest child of Frances and Aaron, passed away peacefully from what was determined to be “natural causes”. He is survived by his three children; Dan Albright, Susie Flower, Linda Albright; and eight grandchildren; Eric Albright, Carolyn Albright, Stephen Albright, Chelsie Flower, Savannah Flower, Alexandra Tomb, Emma Tomb, and James Tomb. He is also survived by his sister, Julie McEligot and brother, John Albright, MD.

Jim Albright built tree houses and doll houses.

-Charles Lester Black, Jr., MD

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PIERREMONT OAKS
TENNIS CLUB

FOR THE LOVE OF MEDICINE TENNIS MIXER

Friday, October 16, 2020

5:30pm Registration

6-9pm Tennis Mixer

Pierremont Oaks Tennis Club
578 Springlake Drive, Shreveport

Join Us To Raise A Racquet Or Glass

\$100 Player / \$50 Social

Player & Social Passes Includes:

Deluxe Burger Bar, Vodka Freezes & Frozen Margaritas

Cash Bar Also Available

All levels of play welcome, Beginners to Pros!

Let us know your ranking upon registration

Please register by phone (318) 510-3138 or online at northwestlouisianamedicalsociety.org by Monday, October 12, 2020

Benefiting the Northwest Louisiana Medical Society Civic Assistance Fund, which is a 501(C)3 charitable organization.

