Dr. Figueroa Honored

At its annual Founder’s Banquet on May 1, 2010, the Northwest Osteopathic Medical Foundation honored Amber Figueroa, DO with its Founder’s Award. Dr. Figueroa was recognized for her superior commitment to her patients at the Yakima Valley Farmworker’s Clinic and her involvement in professional and community activities.

Congratulations Dr. Fig!

WOMA Convention
Next Month
Are You signed Up?

The 97th Annual Northwest Osteopathic Convention is scheduled for June 24-27 at the Semiahmoo Hotel and Conference Center in Blaine. CME Committee members Drs. Harold Agner, Tim Anderson, Ruth Bishop, Paul Emmans, III, Robyn Phillips-Madson, Michael Scott, Lynda Williamson and Dan Wolf used results from last year’s comments and needs assessment surveys to assemble an excellent array of topics and speakers. This year’s program includes topics in mental health, pain management, OMT, infectious diseases, sleep disorders, and practice management. The program provides 25 Category I-A AOA-approved CME and has been reviewed and is acceptable for up to 24 Prescribed Credits by the AAFP.

WOMA’s annual business meeting will take place on Friday, June 25 at which 2011 officers will be elected and bylaws amendments considered. Saturday evening will provide an opportunity to recognize members’ achievements followed by a most enjoyable auction to benefit the Washington Osteopathic Foundation.

The convention provides great networking opportunities - a chance to re-connect with old colleagues and make new friends. Your support of WOMA’s programs ensures the continuation of local, high-quality osteopathic continuing medical education. Registration brochures have been mailed and are available online at www.woma.org. Members may register online using their new login information and a Visa or MasterCard.

2010 Slate Announced

The following list of nominees for officers, trustees and AOA delegates has been proposed by the WOMA nominating committee chaired by Paul Emmans, III, DO. Elections will take place on Friday, June 25 at the Semiahmoo Hotel and Conference Center. The presidency will be assumed by Stan Flemming, DO. Dan Wolf, DO will serve as immediate past president.

Executive Committee
Term 1/1/11-12/31/11
President-elect
Lyndsey Rasmussen, DO
Vice-President
Marc Cote, DO
Secretary
Mark Hunt, DO
Treasurer
Steven Leifheit, DO

Trustees
Term 1/1/11 – 12/31/12
District 1
District 2
District 3
District 4
District 5

2011 AOA House of Delegates
Harold Agner, DO
Paul Emmans, Jr, DO
Paul Emmans, III, DO
Lindy Griffin, DO
David Lukens, DO
Robyn Phillips-Madson, DO
Scott Fannin, DO

Robyn Phillips-Madson, DO, MPH, 2007 Founders Award Winner with 2010 Winner, Amber Figueroa, DO.
WOMA Welcomes New Members

The Board of Governors, having met on March 27, 2010, approved the following membership applications:

Active

Aaron Anderson, DO PCOM'06
Ryan Black, DO KCOM'04
Kenneth Breeden, DO
OSUCOM'94
Ryan Chamberlin, DO COMP'95
Benjamin Hubbard, DO
KCOM'05
Melissa Lemp, DO KCCOM'92
Michael Lorich, DO TCOM'01
Michael Picco, DO TUCOM'03
Jere Renner, DO UNECOM'96
John Share, DO UNTSC'95
Michael Wilwand, DO PCOM'02
Anne Zimmerman, DO ATSU'05

Associate

Carol Meldman, DO DMU’83
Postgraduate

Lee Anne Cuny, DO
MWUCOM’08
Justin Ford, DO MWUAZ’08
Mark Johnson, DO COMP’07
Samantha Kanarek, DO
NYVOM’89
Long Nguyen, DO NSUCOM’09
Student

Brian Kellart COMP ‘11

Getting to Know You

WOMA is pleased to welcome the following new Active Members:

Aaron Anderson, DO is a 2006 graduate of PCOM, where he also completed a residency in Internal Medicine. He is in practice in Tappen.  
Ryan Black, DO graduated from KCOM in 2004 and did his postgraduate training at Oklahoma State University Medical Center. He is in the practice of otolaryngology in Yakima.  
Kenneth Breeden, DO, DDS is a 1994 graduate of Oklahoma State COM. He interned at Brooke Army Medical Center in 1994-95 and completed a family medicine residency at Hillcrest Health Center at OSUCOM in 2000. He practices in Richland.  
Ryan Chamberlin, DO is a member of the class of 1995 Western U COMP. He trained in New York City, Brooklyn, the Bronx, Queens and New Jersey, completing a general surgery residency in 2006. He is in the practice of general surgery and Emergency Medicine in Tonasket.  
Benjamin Hubbard, DO graduated from KCOM in 2005 and completed a family medicine residency in Spokane in 2008. He is presently in urgent care practice in Spokane.  
Melissa Lemp, DO is a 1992 graduate of KCCOM. Her postgraduate training took place at the Mayo Clinic and University of Minnesota from 1992 to 1995. She practices general pediatrics at Central Washington Family Medicine in Yakima and serves as the Head, Division of Pediatrics & Associate Professor of Pediatrics at Pacific NW University of Health Sciences.  
Michael Lorich, DO graduated from TCOM in 2001 and received a Masters in Public Health from UNT in 2001. He completed his internship and family practice residency at Darnell Army Medical Center in Fort Hood and serves as a contract emergency physician at several sites in Washington.  
Michael Picco, DO is a 2003 graduate of TUCOM. He completed a rotating internship in 2004 and an orthopedic residency in 2008 at Genesys Regional Medical Center, MSU. He practices in Coupeville.  
Jere Renner, DO is a 1983 graduate of UNECOM. He completed a family practice residency at Eastern Maine Medical Center in 1999. He works for the Spokane VA Medical Center.  
John Share, DO graduated from TCOM in 1995. His internship was served at Midwestern University in Chicago and completed a family practice residency at Ancilla Healthcare in South Bend/Mishawaka, IN. He practices family medicine in West Seattle.  
Michael Wilwand, DO is a 2002 graduate of PCOM. He completed an orthopedic surgery residency at MSU and a Sports Medicine Fellowship at Tria Orthopedics Center in Minneapolis. He is in the practice of Orthopedics and Sports Medicine in Walla Walla.  
Anne Zimmerman, DO graduated from ATSU-KCOM in 2005. She completed her postgraduate training at Baylor Medical Center and practices family medicine in Tulalip.

Meeting Notices

WOF Board
9:00 a.m. Breakfast, June 24, 2010
Semiahmoo Hotel, Blaine, WA

WOMA Board of Governors
9:30 a.m. June 24, 2010
Semiahmoo Hotel, Blaine, WA

WOMA Annual Meeting
12:30 p.m. Lunch, June 25, 2010
Semiahmoo Hotel, Blaine, WA

Page 2    Spring 2010     Washington D.O.
Grantors Acknowledged

WOMA is grateful to the Northwest Osteopathic Medical Foundation and Purdue Pharma for providing medical education grants in support of the 97th Annual Northwest Osteopathic Convention. If the opportunity presents itself, please convey appreciation for their support.

New AOA Life Members Announced

This year the AOA bestowed Life Membership upon Karl D. Johnson, DO of Seattle and Clifford J. Johnson, DO, BS of Port Angeles.

The American Osteopathic Association’s Board of Trustees granted life membership status to those osteopathic physicians who become eligible as of June 1, 2010. DOs that are eligible for life member status in the AOA have had at least 25 years of membership and are at least 70 years of age. The AOA is proud to recognize these osteopathic physicians for this achievement. They have contributed greatly to the quality of their patients’ care, the osteopathic profession and to the association.

Congratulations to the Drs. Johnson!

Prescription Pad Reminder

Beginning July 1, 2010, Washington State law will require all prescriptions for delivery to a pharmacy to be written on Board of Pharmacy approved tamper-resistant paper or pads. All approved paper will be affixed with a Board of Pharmacy “seal of approval.” For an updated list of approved vendors and answers to frequently asked questions, please visit the Washington State Board of Pharmacy’s webpage at http://www.doh.wa.gov/hspa/professions/Pharmacy/default.htm or through the links below.

If you don’t mind advertising on your scripts, Mediscripts, which used to provide free prescription pads, has reasonably-priced pads. Go to http://www.medi-scripts-services.com/medi/index.jsp.

Bylaws Amendment Proposed

In an effort to expedite the membership application process, the WOMA bylaws committee has submitted an amendment which is recommended for adoption by the WOMA Board of Governors.

Currently, when a DO applies for active membership, the bylaws require the Board to place the applicant in a probationary status, delaying membership approval until the next quarterly board meeting to provide more time to check out the applicant. Because active members have a Washington license, they have been through a rigorous background check which makes the probationary status unnecessary. If approved, the amendment will require staff to submit the application to the appropriate district trustees for recommendation for board approval at the next quarterly meeting.

Old language stricken; new language underlined.

Amend Article II, section 2 as follows:

Section 2: Active Membership. Eligibility for membership in this Association shall include all osteopathic physicians and/or surgeons who are licensed to practice and residing and/or practicing in the State of Washington and who are graduates of schools approved by the American Osteopathic Association at the time of their graduation. All applications for Active Membership must be approved by members of the Membership Committee from the applicant’s respective district before being presented to the Board of Governors for approval. Active members shall have the privilege of voting and holding office.

Amend Article II, Section 6 as follows:

Section 6: Probationary Membership. Probationary Membership shall be granted by the Board of Governors to those osteopathic physicians and surgeons who have been suspended or expelled for reasons other than non-payment of dues from the Association. All applicants for membership shall be placed in this membership classification until at least a second hearing by the Board at a regular meeting. Probationary members do not have the privilege of voting or holding office in this Association until they have completed payment of the total annual or prorated dues and their membership has been reviewed by the Board of Governors at their next regular quarterly meeting. Upon a three-fourths vote of the Board to approve active membership status, the member in question shall be notified. The annual dues shall be the same as for active members. Probationary members have the right to appeal the Board’s decision to the membership at the regular annual meeting. An applicant for W.O.M.A. membership must be retained in the Probationary category until it has been ascertained by a reasonable investigation that the applicant is not in default to any contractual agreement with any provisional, benevolent or governmental agency having provided loan funds for the applicants osteopathic medical school educational costs.

Dr. Eugene Hachiro Imamura

Dr. Eugene Hachiro IMAMURA A loving uncle, generous benefactor, talented artist, author, self-taught musician and golfer, peacefully passed on January 28, 2010. Dr. Imamura was born on April 4, 1921 in Waipahu, Hawaii. He attended August Ahrens Elementary School, Kalakaua Jr. High School, and in 1940, he graduated from Farrington High School. In 1944, Dr. Imamura graduated from the University of Hawaii. Then, he joined the famed 442nd Regimental Combat Team. He served as a Medic. In 1953, Dr. Imamura graduated from the University of Hawaii School of Medicine. He finished his residency at Waldo Hospital in Seattle. After 48 years, Dr. Imamura retired from Family Practice. He created a Washington Osteopathic Foundation Scholarship, an Echellarger Memorial Fund, and an Edmonds Community College Scholarship. He donated to the University of Hawaii Scholarship Fund in memory of his sister, Tomeno Mavis Hayashi. He supported the Edmonds Art Festival. In 1997, he wrote a book, My Most Unusual Cases Vol. I and later Vol. II. Profits from these books went to the Edmonds Community College Eugene Imamura Scholarship Fund. He is survived by many nieces and nephews.
In our last newsletter, we reported on WOMA’s efforts to defeat a well-intended but short-sighted attempt to reduce deaths due to opioid overdoses in House Bill 2876. WOMA successfully lobbied against the requirement for the boards and commissions of prescribing professions to adopt the Agency Medical Director Group’s opioid dosing guidelines, but the bill, (supported by the WSMA, WAFP and several other professional organizations) signed by Governor Gregoire, still provides for the adoption of a dosing limit that may not be exceeded without consulting a pain specialist.

WOMA President Dan Wolf, DO and osteopathic colleagues devoted many hours talking to specialist consultants on the bill, as well as Dr. Wolf talking with the chief health policy analyst of the Senate. When the bill was approved by the legislature, Dr. Wolf sent a letter on behalf of WOMA, with input from several osteopathic physicians, expressing concern for not only what was in the bill, but was excluded, asking the Governor to veto the bill so a more encompassing solution could be worked out in the next legislative session. WOMA staff worked closely with Dr. Wolf and WOMA board members throughout the legislative session to ensure that information was shared with WOMA board members as soon as it was available so together they could make relevant telephone consultations and decisions in a timely way as possible so WOMA’s voice could be heard.

In his letter to Governor Gregoire, Dr. Wolf explained that a dose cap creates a false sense of security to the prescribing clinician, as many patients will require consultation from a pain management or an addiction medicine specialist or other specialist long before reaching said dose cap. A dose cap creates an unnecessary barrier to the legitimate prescribing of opiate medication for those patients whose prescribing clinicians deem that, given the variables and treatment responses demonstrated thus far in those specific patients, they may well warrant a higher dose of opiate medication without clinical rationale for additional consultation other than mandated by an arbitrary law. Washington State currently does not have a sufficient number of trained pain medicine specialists or addiction medicine specialists to manage an increase in referral consultations required by the new law.

The bill contains no recommendation or requirement for a referral to an addiction medicine specialist in patients who demonstrate aberrant behaviors, said behaviors which often indicate the emergence or exacerbation of addictive disorders.

ESB2876 was generated quickly with input from people who either had or knew of others who had negative (if not lethal) experiences with the present system of pain management and prescription opiates and without the input of the thousands of others who either have had a positive personal experience, or have witnessed thousands of people who have benefitted from the existing system with improved quality and function of life as a direct result of having access to and receiving appropriate prescription opiate medications. It is this latter group that should have been heard prior to crafting a bill which such far-reaching implications as ESB2876.

The bill provides for circumstances beyond a clinician’s control including disincentives for primary care physicians and others who now work with patients with pain including the “middle ground” delineating acute to chronic pain, which can limit access to those who are in need of opiate analgesic medication for treatment of chronic pain.

The bill completely ignored implementing what has already been approved by the legislature, that is, a prescription drug monitoring program so prescribing clinicians and pharmacists are better able to monitor which patients are “doctor-shopping” and which may legitimately be in need of opiate medication and/or refills — implementing this goes a much longer way toward reducing morbidity and mortality from excessive opioid prescribing than bill ESB2876.

The 2010 Legislative Session: Lessons Learned

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If you get the opportunity to meet with any of the following legislators, thank them for listening to our concerns about the opioid guidelines and voting against ESB2876. Even though the bill passed, we appreciate their support.

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<tr>
<th>Name</th>
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<tr>
<td>Jean Berkey</td>
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<td>Darlene Fairley</td>
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<td>Brian Hatfield</td>
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<td>Steve Hobbs</td>
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<td>Janea Holmquist</td>
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<td>Jim Honeyford</td>
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<td>Chris Marr</td>
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<td>Eric Oemig</td>
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<td>Kevin Ranker</td>
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<td>Debbie Regala</td>
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<td>Tim Sheldon</td>
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<td>Paul Shin</td>
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<td>Bob McCaslin was excused</td>
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<tr>
<td>Brad Klippert</td>
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<tr>
<td>Gary Condotta was excused</td>
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All others voted for the bill which requires the Board of Osteopathic Medicine and Surgery, as well as boards and commissions of other prescribing professions, to set an opioid dosing cap at which point a prescriber must consult a specialist.

Exhibits Welcome!

WOMA is pleased to welcome the following who have contracted to exhibit at this year’s annual meeting. They are Auxilium Pharmaceuticals, Cephalon, Endo Pharmaceutical, HEAL-WA, King Pharmaceuticals, Madigan Army Medical Center, Northwest Osteopathic Medical Foundation, Northwest Physicians Network, Novartis, PNWU, Reckitt Benckiser, TEVA Respiratory, RS Medical and Waddell & Reed.

Space is still available. Please refer anyone interested in participating to the WOMA office at 206-937-5358.
New HIV Testing Rules

In January 2010, the Washington State Board of Health adopted new rules for HIV testing, counseling, and partner services. The new rules make it easier for anyone to get tested for HIV. Knowing if you are infected is the first step in getting early treatment, and preventing the spread of the virus.

The new rules make it simpler for health care providers to offer the test.

Health care providers:
- Are no longer required to conduct patient counseling before giving the test.
- Still must get informed consent to test for HIV.
- Can include consent for HIV testing as part of the consent for other routine tests.
- Still must offer patients the opportunity to ask questions or decline the test.

These changes to Washington Administrative Code (WAC 246-100) align the state rules with recommendations from the U.S. Centers for Disease Control and Prevention (CDC).

Patient counseling and partner services are now the responsibility of local public health.

Local public health officers/staff:
- Still must receive the names of individuals who test positive for HIV from health care providers.
- No preserve the rights of patients to informed consent and anonymous testing. They recognize the importance of the patient-provider relationship, while relieving some of the burden on the medical care system for counseling and other services. Longer have to get an okay from the provider before offering counseling and partner services.

Still must conduct patient counseling before giving HIV tests.

Will consult with health care providers on the best means of working with patients.

Must periodically inform providers about CDC recommendations, and remind them about local public health’s responsibility to conduct counseling and partner notification.

The intent of these changes is to get more people tested, to enhance the health of people with HIV through early treatment, and to provide more effective partner notification to reduce the spread of the virus. These changes

For more detailed information:


Women’s Scholarship

Several years ago, B. E. Willis, DO inaugurated a program with the Northwest Osteopathic Medical Foundation to establish a contributory program among the five Northwest States for a scholarship program for Women by Women.

Funds are solicited from female DO’s in each state that would benefit DO students from one state each year in a rotating alphabetical order. In the last two years awards have been made to Washington and Oregon.

Female DOs from Washington are encouraged to participate in this project.

This is especially important since the NW Osteopathic Foundation will match any funds provided. Selection of the individual recipient is in the hands of the NOMF Scholarship Awards Committee who are aware of the parameters established.

You can send your tax-deductible contribution made payable to NOMF, earmarked for the B.E. Willis Scholarship Fund, to NW Osteopathic Foundation, 1410 SW Morrison, Suite 700, Portland, OR 97205.

FDA Warns About Reduced Blood-Thinning Capability of “New” Heparin

Laboratory studies performed at the request of the U.S. Food and Drug Administration (FDA) have shown that Heparin Sodium, USP made under the new United States Pharmacopeia (USP) Monograph (“new heparin”) has approximately 10% less blood-thinning (anticoagulant) activity compared to heparin prepared using the previous (“old”) USP Monograph. The results of these studies reinforce FDA’s previous recommendation for healthcare professionals to exercise clinical judgment in determining the dose of heparin for a patient and consider the clinical circumstances where the potency decrease may require dosage adjustments and more frequent monitoring. Read the full notice.

Register NOW for the 97th Annual Northwest Osteopathic Convention June 24-27, 2010
PNWU Update

Dean Robyn Phillips-Madson, DO, MPH reports that the class of 2014 is filled and has a waiting list.

Second year osteopathic medical student Erika Kinzer was named Officer of the Year by the Student Osteopathic Medical Association (SOMA) at its annual House of Delegates meeting in April.

The school is recruiting two general internists who will work ½ time for PNWU COM teaching and ½ time for a hospital-owned clinic in Yakima or Ellensburg.

Beginning in June, Skagit Valley Hospital will become a “teaching hospital,” where PNWU third-year students will become part of an ongoing effort between the school and rural hospitals statewide to train more primary-care physicians and funnel them to rural and underserved communities.

Next year, the 11 students will remain at the hospital, and a dozen more students will come in. By 2012, the first class of PNWU students will graduate, many of whom will remain in Skagit County as residents for three years. Hospitals in Yakima, Puyallup, Spokane, the Tri-Cities and in Alaska and Idaho also will take PNWU students this summer.

A new student polyuse facility will be built next to the current structure to include additional classroom space, study areas, student lounge area, student government offices, research area and other needs. A capital campaign continues to raise funds to enhance the campus and donations are welcome.

Death with Dignity update: Washington issues first annual report

Washington’s first annual report on use of the Death with Dignity Act shows lethal doses of medication were dispensed to 63 people in 2009. The law allows terminally ill adults to request these prescriptions from physicians.

The state Department of Health today issued the report as required by the act, which went into effect March 5, 2009. The report covers March 5 to December 31, 2009. The 63 prescriptions were written by 53 different physicians and dispensed by 29 different pharmacists.

Of the 63 individuals who received lethal doses of prescription medication last year, 47 are known to have died. Thirty-six died after ingesting the medication. Those who died were between the ages of 48 and 95. More than 90 percent resided west of the Cascades. Most had terminal cancer and all were expected to die within six months.

According to prescribing physicians, all of the patients who received medication and died had expressed concern about loss of autonomy as a reason for requesting a prescription. Other common reasons included concerns about loss of dignity and loss of the ability to participate in activities that make life enjoyable.

Under Washington’s Death with Dignity Act, the Department of Health must collect information from patients and providers who choose to participate, monitor compliance with reporting requirements, and produce an annual statistical report.


Spring Seminar Benefits WOF

WOMA’s Spring Seminar held March 27th raised more than $4,000 for the Washington Osteopathic Foundation which provides scholarships and low-interest loans to osteopathic medical students who commit to practicing in Washington upon completion of their training.

Faculty members Melicien Tettambel, DO Judith Lewis, DO, Stephen Cavanaugh, DO and Rob Woodbury, DO donated their time, providing OMT lectures and lots of lab experience for the registrants, including nine students from PNWU.

At its board meeting later that evening, the Foundation approved three $10,000 loans and two $1,000 scholarships. Contributions are continually needed and always appreciated. If you would like to make a tax-deductible contribution, forms are available at www.woma.org by selecting “WOF Contributions” under the “Foundation” tab.
My last column found Linda and me in search of an empty room to obey the hospital guard’s instruction and wait for the surgical team to arrive. Finally, a sleepy looking lady arrived and looked somewhat surprised on finding us waiting for her.

After the obligatory paperwork had been filled out and duly scrutinized, we were led through the swinging doors of the surgery department where we were greeted by a band of professional thieves. They started by insisting I remove all my clothing and jewelry with some sort of assurance that we would be reunited at some future point. I found myself alone in a small room with two hospital gowns. Since it wasn’t cold and I like to see the look on people’s faces when something unexpected happens, I put on one of the gowns and strolled out to the nurse’s area. One look at me was followed by the question “You aren’t too shy are you?” followed by the information, “the other gown is to cover your butt”. So I pointed out, she was the one that insisted that I take off my pants so I figured she didn’t mind looking at my butt. She told me she didn’t mind but she wasn’t the only one who was going to see me that morning. So, ignoring the cost to the environment from washing another gown I put the second gown on. I was invited to lie down on an ice cold gurney and was soon off to have an episode.

After being wheeled a short distance, I was met by the vanguard of the surgical team, specifically a young girl of about twelve masquerading as an anesthesiologist. Her expression indicated, if I lived, she would get her merit badge in the Brownies for completing the necessary numbers of patients. I need to get out more. She looked like she couldn’t possibly be old enough to be out of high school. Since this was our first meeting she asked if I had any concerns. I told her the thought had passed through my mind that she might drop me off the gurney when she was doing the spinal but she assured me that her assistant could hold me up. No kidding, this lady could have been an offensive tackle for the Seahawks, nice though.

I asked if I would need to lie flat after the surgery to avoid headaches and she smiled and assured me she was using a tiny needle and I would have no problems. However, since the needle was so tiny I would need to help her by telling me which side of my spine it was on. A little left of center, now it is on the right and then good by legs.

It was about this time that she noticed the bracelet that said “NO BLOOD PRODUCTS” and opened a discussion of religious beliefs. “Are you Jehovah’s Witness” she queried. No I answered and she probed deeper. “Why don’t you want any blood” was her next question. I replied, “Two reasons. One I can’t imagine what you are going to do on an anterior hip prosthesis that could require a transfusion and two; I used to be the medical director of a plasma bank.” She laughed and said “say no more I agree completely. She then asked me if I was sure I didn’t want something to relax me. I asked her if I looked nervous and she replied, “Actually you look very calm” I just don’t want you to get nervous later.

I was rolled into the operating theatre or what ever they are called now, where the rest of the team awaited. I made one last pitch to be allowed to watch the operation and after a look indicating I had lost my mind was told no and I was unceremoniously moved across some rollers and came to rest on another very cold table. I should have kept the other gown.

My anesthesiologist made a last plea to alter my brain and since I said no again, she informed me that “Since you are going to be awake, you have to keep me entertained.” Seemed fair enough to me so I asked what she thought I should do since obviously I could no longer sing and tap dance. Like I could ever tap dance. Then there came music to my ears. “Why don’t you tell me some funny stories.” It didn’t take me long to pick up on that lead in and I looked at her and said. “Well, I had a brother that married into the circus business years ago.” It was like a bolt out of the blue. The entire surgical team stopped talking, stopped surgicating, looked me and together said “CIRCUS?” When I told this to Linda later she laughed and said “You must have been in Heaven, an entire room of virgins who had never heard any of your stories.” Yep! What more could an old show bum ask for, a captive audience that wasn’t going anywhere, didn’t have anything to throw, and actually seemed to enjoy the stories.

But alas, all good things must come to an end. The surgery was sixty one minutes from skin to skin so my time on stage was but an hour. However, I was happy to give up my spot in the lime light for the surgery to end.

Another ride on the rollers and I was off to recovery to wait for my legs to become a part of me and prepare for my last few minutes of clear headedness before being introduced into the world of legal mind altering substances. I was taken to my room where I was placed in a cocoon of pillows, blankets, tubes, monitors, and instructions on how to push the button for the machine I called the black dart of death. Hard to say if I had post op pain, but I can say I did not have post op brain.

My last column found Linda and me in search of an empty room to obey the hospital guard’s instruction and wait for the surgical team to arrive. Finally, a sleepy looking lady arrived and looked somewhat surprised on finding us waiting for her.

After the obligatory paperwork had been filled out and duly scrutinized, we were led through the swinging doors of the surgery department where we were greeted by a band of professional thieves. They started by insisting I remove all my clothing and jewelry with some sort of assurance that we would be reunited at some future point. I found my self alone in a small room with two hospital gowns. Since it wasn’t cold and I like to see the look on people’s faces when something unexpected happens, I put on one of the gowns and strolled out to the nurse’s area. One look at me was followed by the question “You aren’t too shy are you?” followed by the information, “the other gown is to cover your butt”. So I pointed out, she was the one that insisted that I take off my pants so I figured she didn’t mind looking at my butt. She told me she didn’t mind but she wasn’t the only one who was going to see me that morning. So, ignoring the cost to the environment from washing another gown I put the second gown on. I was invited to lie down on an ice cold gurney and was soon off to have an episode.

After being wheeled a short distance, I was met by the vanguard of the surgical team, specifically a young girl of about twelve masquerading as an anesthesiologist. Her expression indicated, if I lived, she would get her merit badge in the Brownies for completing the necessary numbers of patients. I need to get out more. She looked like she couldn’t possibly be old enough to be out of high school. Since this was our first meeting she asked if I had any concerns. I told her the thought had passed through my mind that she might drop me off the gurney when she was doing the spinal but she assured me that her assistant could hold me up. No kidding, this lady could have been an offensive tackle for the Seahawks, nice though.

I asked if I would need to lie flat after the surgery to avoid headaches and she smiled and assured me she was using a tiny needle and I would have no problems. However, since the needle was so tiny I would need to help her by telling me which side of my spine it was on. A little left of center, now it is on the right and then good by legs.

It was about this time that she noticed the bracelet that said “NO BLOOD PRODUCTS” and opened a discussion of religious beliefs. “Are you Jehovah’s Witness” she queried. No I answered and she probed deeper. “Why don’t you want any blood” was her next question. I replied, “Two reasons. One I can’t imagine what you are going to do on an anterior hip prosthesis that could require a transfusion and two; I used to be the medical director of a plasma bank.” She laughed and said “say no more I agree completely. She then asked me if I was sure I didn’t want something to relax me. I asked her if I looked nervous and she replied, “Actually you look very calm” I just don’t want you to get nervous later.

I was rolled into the operating theatre or what ever they are called now, where the rest of the team awaited. I made one last pitch to be allowed to watch the operation and after a look indicating I had lost my mind was told no and I was unceremoniously moved across some rollers and came to rest on another very cold table. I should have kept the other gown.

My anesthesiologist made a last plea to alter my brain and since I said no again, she informed me that “Since you are going to be awake, you have to keep me entertained.” Seemed fair enough to me so I asked what she thought I should do since obviously I could no longer sing and tap dance. Like I could ever tap dance. Then there came music to my ears. “Why don’t you tell me some funny stories.” It didn’t take me long to pick up on that lead in
Premed Forums Need DO Participation

Are you interested in helping a premed student decide if osteopathic medicine is what they want to practice? If so, consider participating in WOMA’s premed forums next Fall.

For the past several years, WOMA has hosted osteopathic premed forums at Seattle Pacific University, Seattle University and the University of Washington. Last year St. Martin University in Olympia was added to the list.

The forums provide an opportunity for premed students to learn more about osteopathic training from school representatives and WOMA members. This year representatives from the colleges of osteopathic medicine at Pacific Northwest University of Health Sciences in Yakima and Western University of Health Sciences Northwest Track provided insight to the application process and curriculum. WOMA members shared their stories about why they chose the osteopathic profession and what their practices are like.

The students really appreciate the opportunity to talk to osteopathic physicians and sometimes set up shadowing experiences or time to interview for a letter of recommendation to osteopathic medical school.

WOMA will be scheduling more forums in the 2010-2011 school year and will send out notices to participate as they are confirmed.