



# WESTCHESTER PHYSICIAN

January 2023

Volume 39, Issue 1



## PRESIDENT’S MESSAGE

### THE “U” WORD 2023

**BRUCE MOLINELLI, MD PRESIDENT**

Considered among physicians as anything from uncaring and unnecessary to misguided and misdirecting, the concept of a “**Union**” is nonetheless resurgent.

Perhaps the most recent nursing union strike of 7000 workers in two major NYC hospitals exemplifies the utility of that unspeakable word . With a consorted organized effort that enlisted a significant majority of their workforce, the nurses were able to undeniably achieve significant change in their working conditions and pay. How could anybody be against the nurses? Good for them and their organized unified success.

Fast forward to the most recent 2023 Medicare cuts across the RVU system. What input do physicians have? Isn’t the AMA or our specialty society our representative? Of course they are. But they are limited in authority due to the inability to “negotiate” financially as a whole, and further hindered by the lack of financial contributions of physicians as a culture.

So let’s explore the concept of a union for the moment. Is it even possible, and if so why is it a consideration, and finally is it a good option?

### **Is a Physician Union Possible?**

First point to recognize is that physician unions do exist and have gained some traction in certain areas. The right to unionize and strike was guaranteed under the Clayton Act and the Norris-LaGuardia Act and extended to physician employees under the National Labor Relations Act.

The UAPD (Union of American Physicians and Dentists) founded in 1972 by a surgeon in private practice, Dr Sanford A. Marcus, was initiated in San Francisco and now mainly functions on the West coast. As noted on their website, *“Doctors have had it with the way that they and their patients have been treated by the healthcare industry. The Union of American Physicians and Dentists (UAPD) is committed to putting doctors back where they belong—in control of their practice and with a leading role in American health care.”* Further disclosures reveal successes in negotiating better physician salaries, practice conditions, malpractice premiums and other benefits of physician practice lifestyles.

*(Continued on page 5)*



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

## INSIDE THIS ISSUE

- From the guest Editor.....2
- Stop the Train.....6
- MSSNY Peer-to-Peer Info.....7
- MSSNY Podcast Info.....8
- Physician Lobby Day Info.....10
- COVID Treatment Updates.....11
- WESEF Call for Judges.....12

**WESTCHESTER PHYSICIAN**

Published by the  
Westchester County Medical Society  
40 Sunshine Cottage Road  
Valhalla, NY 10595  
914.967.9100 / FAX 914.967.9232

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

**OFFICERS 2022-2023**

**BRUCE MOLINELLI, MD**  
*President*

**TOBI KLAR, MD**  
*President-elect*

**KHAM ALI, MD**  
*Vice President*

**JEFFREY JACOBSON, MD**  
*Immediate Past President*

**THOMAS LEE, MD**  
*Treasurer*

**ANAÏS CARNICIU, MD**  
*Secretary*

**DANIEL GOLD, MD**  
*President*  
*Westchester Academy of Medicine*

**STAFF**

**JANINE MILLER**  
*Executive Director*

**Kalli Voulgaris**  
*Membership/CME Director*

**RHONDA NATHAN**  
*Accounting*

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

**FROM THE EDITOR...**

**HOW I BECAME A DOCTOR: THE ABBREVIATED VERSION**  
**PETER ACKER, MD**



I have for the for the past few years become involved in doing interviews of medical school applicants on behalf of my alma mater: Sackler School of Medicine, the American program in Israel. I enjoy talking to these applicants and can feel the energy, desire and angst that has gone into their quest. Many of the applicants appear quite qualified, with high GPA's, enviable MCAT scores, polished personal essays and the requisite list of shadowing, research, mission trips, etc that have become de rigueur for the modern medical school applicant. From time to time, however, I come across an applicant who has what I call a "redemption story" ie low grades in college, perhaps a period of desultory meanderings and then seemingly out of nowhere, the desire to be a doctor inflames the individual. I must confess, my pulse quickens a bit when I see such an applicant and I counsel myself, be objective, because I can't help but identify with him or her.

I entered Oberlin college eons ago, with a more than respectable high school record and some unformed ambitions to do well and "make something of myself". That first year ended with the shootings at Kent State and I became embroiled in the politics of the time. It was a time of protests, questioning of authority and a search for "relevance" that at the time did not include trying to get high grades. I dropped out midway and hitch hiked to Oregon where I lived with a group of likeminded young people. I gardened, learned to make compost, cheese, yogurt. I found a job as an aide in a nursery school. I did return to Oberlin to get my degree, but had no idea what direction to pursue. I spent several months traveling, first to California, then to Mexico and Central America and finally went to Nova Scotia where I rode a bike around it's perimeter and then settled down in Wolfville on Bay of Fundy and found work as a harvester of strawberries on a farm. By the end of that summer, I was out of money and realized I need to get a real job. Through a connection, I was able to find work as a tech in a toxicology lab in Cleveland.

That year in Cleveland, was pretty dismal. I had a very unpleasant boss and I became increasingly gloomy about my prospects. Finally, I couldn't take it anymore and I quit and headed out to California, to Yosemite specifically where I spent six weeks hiking the back country. One night I was camping on top of a small flat topped mountain that was called Cloud's Rest. I was staring up at the sky and I was remembering the nursery school kids in Oregon and also a camp for autistic children in Rhinebeck, NY where I had worked as a counselor, and the deep satisfaction that work had given me. Suddenly, like an epiphany, it came to me – I wanted to be a pediatrician.

I hitched hiked back East arriving in New York City and enrolled in the General Studies division of Columbia University. I was two weeks late,

*(Continued on page 11)*



No one knows

**NY**

better than **MLMIC.**

**Choose NY's #1 medical liability insurance provider.**

For 40+ years, MLMIC has been providing New York medical professionals from Buffalo to the Bronx with localized risk management insights, claims protection, and 24/7 legal advice. Our policyholders enjoy benefits and expertise not found anywhere else - supported by concierge-level service every step of the way.

For medical malpractice insurance in New York, **nothing compares to MLMIC.**

**Learn more at [MLMIC.com/better](https://www.mlmic.com/better)  
Or, call (888) 996-1183**



Endorsed by MSSNY



# GW

## GARFUNKEL WILD, P.C. ATTORNEYS AT LAW

### General Counsel to THE WESTCHESTER COUNTY MEDICAL SOCIETY



Garfunkel Wild attorneys can advise and represent you in matters including:

- OPMC
- compliance issues
- employment disputes
- real estate leases and purchases
- wills and estate planning
- corporate transactions
- litigation and arbitrations
- audits and investigations
- payor disputes

Great Neck, NY  
516.393.2200

Hackensack, NJ  
201.883.1030

Stamford, CT  
203.316.0483

Albany, NY  
518.242.7582

[garfunkelwild.com](http://garfunkelwild.com)



**PRESIDENT'S MESSAGE****THE "U" WORD 2023****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 1)*

Although physician unions have been in existence since the 1970s, the number of physicians in unions remains very low compared with other professions and industries. Data for 2021 suggest that only about 6% of practicing physicians are union members, while union contracts cover 8.1% of practicing physicians.

There has been a general disinterest in unions by the medical profession for a variety of reasons including the sense that we are not just laborers or workers but rather professionals who have a higher sense of honor and privilege to becoming a physician. We are trained to forfeit everything on behalf of our patients, and shoulder whatever is attempting to insinuate itself between our doctor-patient bond. We consider our profession as resilient with fortitude and respect, none of which we attribute to the concept of a union. *"Another reason for the low numbers of unionized physicians is that self-employed physicians, who are most vulnerable to the economic leverage of health plans and have the most to gain by joining a union, are prohibited by federal antitrust laws from bargaining collectively about reimbursement issues."* (Robert Carlson, Fam Pract Manag, 1999;6 (1):21-25.

**Why a Union?**

Isn't the role of the Medical Staff with bylaws supposed to be the collective voice of the independent and employed physicians defining a relationship of the medical staff to the hospital? Yes, which is why the issue of formal organization by physicians, such as unions, was somewhat held at bay, and appropriately so. Unfortunately, this medical staff structure has eroded to the point of being inconsequential most likely attributable to the ineptitude or change in focus of the medical community, the dismissal of medical staff rights by institutions, the rising number of physicians as employees, and the deterioration of membership of their professional organizations. Physicians feel helpless and unsupported by their organizations and therefore stopped trusting and investing in those very institutions designed to protect their interests.

The additional deterioration of physician autonomy has occurred as medicine has moved from a cottage industry to a corporate strategy. For the profession of medicine to maintain its identity as independent

professionals devoted to the singular interest of each patient and acting without compromise to guard the patient-physician bond, change is necessary. The system as it has now evolved with physicians viewed as commodities and patients described as clients or customers has fueled the outcry by physicians for change.

So the landscape is changing, perhaps creating fertile ground for a cultivation of physician groups ripe for unionizing. An interesting article from the July, 2022 JAMA, that explores this potential is written by three experts—two attorneys and one physician—who identify the change in how physicians are employed and the complexities of unionizing in this evolving healthcare system metamorphosis. They write, *"The consolidation of hospital systems and physician practices under a single corporate umbrella has resulted in major structural changes to the practice of medicine. In 2012, 60% of practices in the US were physician-owned, 23.4% of practices had some hospital ownership, and only 5.6% of physicians were direct hospital employees. After a surge in acquisitions of physician practices over the decade, and in response to the COVID-19 pandemic, the fraction of physicians employed by hospitals or health systems reached 52.1% and 21.8% by other corporate entities in 2022, for a total of an estimated 74% of practicing physicians. Many physicians now are employed by consolidated corporate health care systems that span many different communities and increasingly are spread across multiple states."* D Bowling III, JD et al, The Rise and Potential of Physicians Unions, JAMA 02022;328 (7):617-618. doi:10.1001/JAMA.2022.12835

**Is a Physician Union good?**

There are many advantages of physician unions, including collective bargaining for better working conditions, protection from legal action, and the ability to advocate for improved patient care. But is it better for the patient? One might argue that if physician access is beneficial to patients, than yes, improvement of working conditions could reverse the trends contributing to the decline in our profession's workforce attributable to burnout, self limitation of physician panels (e.g. concierge medicine), work life balance choices, and unsustainable historic financial practice models (e.g. private practice). Others may argue that it's a physician first approach potentially disrupting patient centric care.

*(Continued on page 9)*

## STOP THE TRAIN Elliot Barsh, MD

***"The current moment in the Covid-19 pandemic is a pivotal one."***

*Hi everyone.*

*I hope our newsletter finds you healthy.*

*We build and broaden our **wellness** moment by moment.*

*Every moment we spend with our patients are **pivotal** moments.*

*These "**moments of meeting**" are where we come together and **create** something new, something that was not there before.*

***We create safety, security, understanding, validation, connection, companionship, focus, resilience, possibilities, and trust.***

*What we create starts to **heal the loneliness, anxiety, fear, and threat** that we feel.*

*No matter how many tasks we are given, changes at work we have to endure, or how the business of healthcare changes, these moments belong to us, and no one can take them away from us!*

*We **create** them.*

*We **sustain** them.*

*We **flourish** in them.*

*We **deserve** them.*

*As important as these moments are to our patients, they have never been more important, more "**pivotal**", to us than ever before!*

*Be safe.*

*Thanks for reading.*

## Facing The New CVOD-19 Reality

*"Promises that are within our power to keep can strengthen the bond between physicians and parents: promises to do our best, to care..., to remember who we couldn't save."*

## The Promise

*"A patient and their doctor create hope."*

## Hope-Beyond Firearm Trauma

*"Finally I am coming to the conclusion that my highest ambition is to be what I already am."- Thomas Merton*

## The Trouble With Paradise

My search for the sublime led me to the last place I expected to find it.

*"Do we understand ourselves?"*

## Poem: I Am the Pace of My Body and Not Language

In this visually dynamic poem, form and content are inseparable.



Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.



The Medical Society of  
the State of New York



MSSNY's Peer to Peer Support

# Feeling Stress? Let's Talk

MSSNY Peer to Peer Program is now available.

1-844-P2P-PEER • [p2p@mssny.org](mailto:p2p@mssny.org)



MLMIC  
MLMIC Insurance Company  
A BETHLEN HARTMAN COMPANY



Pfizer The Pfizer Foundation

## WE'RE YOUR COLLEAGUES AND WE'RE HERE TO HELP



Call: 1-844-P2P-Peer

Email: [p2p@mssny.org](mailto:p2p@mssny.org)





## 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.

- |                 |              |
|-----------------|--------------|
| Apple Podcasts  | Spotify      |
| Google Podcasts | Overcast     |
| iHeart Radio    | Castro       |
| Castbox         | Pocket Casts |
| Podfriend       | RSS Feed     |

**Click on the podcast titles to listen**

### 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**  
**THE "U" WORD 2023**  
**BRUCE MOLINELLI, MD PRESIDENT**

*(Continued from page 5)*

**Well, is the answer Unions? Yes or no?**

If only it were that easy. As Dr Danielle Howard wrote in a commentary in the AMA Journal of Ethics March 2020, *"Unfortunately, without strong leadership to engage the struggle for the very heart and soul of the medical profession, the allure of unionization as an easy way to solve complex issues will serve only to further identify physicians as employees for the ever increasing managerial and political bureaucracies that have been able to wield increasing power over a profession that was never intended to forego its freedom and independence. Leaders are recognizable. They should be encouraged and nurtured. Hospitals and other corporate entities will never do this as these physicians represent threats to the status quo. The stakes for the profession have never been higher, but without honest recognition positive evolution back to a respected profession is unlikely."*

Therein lies the answer. Leadership! There is no doubt we have great leaders within our ranks who are already at the front lines of the changes in medicine advocating for the profession, but our flanks are exposed, as corporate money infiltrates the infrastructure, picking us off in large groups, overwhelming our ability and willingness to withstand changes that we no longer control.

So if we can identify our communal misgivings of the current trend in our professional autonomy, and direct our collective resources effectively towards resolution culminating at the ultimate goal of physician directed patient care, perhaps we reverse the pendulum in our favor. Leaders among us must identify themselves, step forward and forge our path back to control of our professional mores.

**So the "U" word can have a few connotations.**

*Union* is one.

*Underdog, unhappiness, unfortunate, uninformed, under-appreciated* are others.

But perhaps there is a better alternative for which we should strive in order to achieve the utopia of physician driven medical care which ultimately demands us paying attention to truly unravel our predicament— **The "U String of Words"—upstanding, unconditional, unequalled and unyielding useful under-standing that unequivocally unites us.**



*FROM THE EDITOR...*

**HOW I BECAME A DOCTOR: THE ABBREVIATED VERSION**

**PETER ACKER, MD**

*(Continued from page 2)*

but threw myself into my studies in a way I never had before. I relied on the kindness of friends to put me up, before I found a series of sublets. I supported myself initially with taking care of a child while his parents worked and then as lab tech in a transplant immunology lab at Mt Sinai Hospital.

Most of the schools I applied to turned me down flatly, but I did manage to get a few interviews, I think more out of the curiosity of the admissions officers (who is this guy?!). It wasn't just my checkered background, it was also because I was older which was uncommon, back then. Columbia interviewed me and even put me on their waiting list, but I did not get accepted. I had the Sackler offer in my back pocket and had the hard choice to reapply or go ahead and start. In the end it was a blessing that I chose to not dally any longer and go to Israel. Not only did I have an amazing education and experience, but I also met my wife, Gila there.

I don't recommend this particular path to medical school – it was fraught with angst. However, I will say, that there are very few medical students who enjoyed the actual experience of medical school as much as I did. I was thrilled to be there and valued all I was learning to a much greater degree than if I had simply followed the traditional path. Also I believe my myriad experiences have had a decided impact on the kind of doctor I am today.

So, as I look up from the application on my lap and look at the young man before me, well not so young, thirtyish, who smiles at me and starts: "Listen, I know that my application is a bit unusual...." and I lean back to listen to his story, with a hint of a smile myself.



**Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.**



**MSSNY'S**  
**PHYSICIAN**  
**ADVOCACY**  
**DAY**

**TUESDAY MARCH 14<sup>th</sup>, 2023**  
 The Egg — Empire State Plaza  
 100 S Mall Arterial, Albany, NY  
 12242

**PRIORITY ISSUES:**

- Reducing prior authorization and claim payment hassles
- Removing barriers to patient care
- Protecting patient safety by rejecting inappropriate scope expansions
- Promoting comprehensive medical liability reform
- Addressing public health threats
- Shaping the discussion around single-payer healthcare
- Preserving opportunities for NY's medical students and residents

 **CLICK [HERE](#) TO REGISTER** 

Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

*For More Information Contact:*  
**Michael Bartlett**  
 MBARTLETT@MSSNY.ORG  
 (518) 465 - 8085

## UPDATES ON COVID-19 TREATMENT RECOMMENDATIONS

On January 26th, 2023, the FDA announced that Evusheld is no longer authorized for emergency use in the United States. Please visit the FDA's website and view ASPR's information sheet for additional details.

Outpatient antiviral treatments for COVID-19, including oral antivirals (OAVs) and IV remdesivir (Veklury), effectively reduce the risk of hospitalization and death. Nirmatrelvir

with ritonavir (Paxlovid) is the preferred treatment for most outpatients or remdesivir if Paxlovid is contraindicated. The oral antiviral molnupiravir (Lagevrio) is authorized as an alternative when Paxlovid and remdesivir are not accessible or clinically appropriate. (NIH COVID-19 Treatment Guidelines for Non-Hospitalized Adults) The antivirals Paxlovid, remdesivir, and molnupiravir are expected to be active against circulating sub-variants.

## Medical/Mental Health Professionals, Scientists, Engineers and Grad Students!

We need your help on Saturday, March 18<sup>th</sup> to volunteer as judges for the Regeneron Westchester Science and Engineering Fair (WESEF) at Somers High School, Somers, NY.

**Scan the QR Code below to sign up as a judge!**

*Judges must set up a new account on the registration website, even if one was set up last year.*

*Judge registration requires:*

*1)email verification 2)completion of PROFILE tab 3)completion of JUDGE CATEGORIES tab.*

**Volunteer to judge at the  
Regeneron-Westchester Science & Engineering Fair**

**Where:** Somers High School  
120 Primrose St,  
Lincolndale, NY

**When:** Saturday, March 18  
8:30 am - 1:00pm  
(Lunch will be provided)



**A certificate for your volunteer service will be issued upon request.**

Please see [www.wesef.org](http://www.wesef.org) or contact: [WESEFjudges1@gmail.com](mailto:WESEFjudges1@gmail.com)

for more information.