



WESTCHESTER PHYSICIAN

June 2020

Volume 36, Issue 6



PRESIDENT’S MESSAGE MASK FOR CHANGE

The last few months have brought sweeping changes among many areas of our society. It was unthinkable just a few months ago that a whole country (and the majority of the world) could be shut down by a rapidly spreading infectious agent. Across New York, we shuttered businesses, sheltered in place and rapidly transformed almost every aspect of our day-to-day lives. Now we have the opportunity to reevaluate and rebuild both our social and healthcare systems. The ubiquitous reminder to what were still facing can be seen in the masked faces of almost all individuals across our community. The face mask, once a symbol of illness can now be seen as mutually agreed upon contract to participate in the health of our community. The facemask once historically used for hiding ones identity can now become a tool to progress towards the ideals of individualism and equality.

In the aftermath of the destruction caused by the virus, our healthcare system has been given an opportunity to reset, reexamine and course correct. Throughout New York, we recognize that our hospital systems were more important than ever and had been neglected over the past few years. We recognized that our legacy methods of providing access to care were causing significant inequalities in healthcare outcomes and treatment. To that end, we experienced a rapid expansion and widespread adoption of telehealth technologies to expand access to healthcare for everyone in our communities. We recognized that our business communities, once a strong partner in our community’s healthcare, needed to be reinvigorated to participate in our public good by pivoting to provide such things as protective equipment and ventilator technologies to treat our crisis. These and other step towards better health care must continue to be supported and nurtured.

The most striking change of all is the expansion of the awareness and involvement of everyone in our community in the protection of public health. The focus on hygiene and limiting spread of disease has made its way into the fabric of every home, business, restaurant and

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DANIEL GOLD, MD
President, WCMS

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UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
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FROM THE EDITOR...**PETER J. ACKER, MD**
A GIFT FOR DAD

My father was famous in our family for being extremely difficult to buy gifts for. He had a definite notion of what he liked and didn't like. He was preternaturally critical, though not in a mean spirited way. He reserved more overt judgments for school work, deportment and the like. For less important matters, he did take pains to hide his true feelings, but usually like Jeeves in the PG Wodehouse tales, a slight lift of one of his eye brows would eloquently signal a quiet disdain.

He especially made the effort during the holiday season. In my teenage years, I would watch with great amusement as he feigned great excitement at whatever gift he was unwrapping. When I was very young, however, I was completely fooled by his exhibition of faux enthusiasm upon opening his gifts. Then one year I got him a shoe horn with a long handle, so that he would not have to bend over while putting on his shoes – to my 7 year old sensibility, this seemed like a significant technologic achievement in the proud tradition of the development of labor saving devices. Indeed, my father made a great show of demonstrating how easy it would be now – that the daily task of putting on his shoes would no longer be a source of dread for him.

I was quite pleased until I happened upon it deep in a storage closet already consigned to eternal rest early that January. Despite the shoehorn debacle, the next year I was as determined as ever to please him. I carefully analyzed his habits, his pleasures. Then it hit me – his evening cocktail. After considerable searching, I found just the item. It was gaudy gold cocktail shaker and before wrapping it, I held it before me under a bright light and admired its glinted beauty as I turned it round in my hands. I imagined my father now outfitted with the proper equipment to prepare his nightly libation.

On Christmas morning, I awoke with a feeling of confidence. In our household, Christmas was a very regimented. We had a system in which would take turns picking a present and handing it to whoever it was for. We would then watch the person open the gift. This prolonged the morning in a most satisfying way and we got not only enjoy our own gifts, but also be able to share in the reaction of the recipient. We were a couple of hours into this process, when it again became my turn to pick a present. Now is the time, I thought. I picked my present for my father and solemnly handed it to him. While he was opening it, I could barely contain my excitement, confident that this time I had done it.

In the meantime, my father was probably mentally rehearsing his enthusiastic reaction as he took off the wrapping, but the shock of seeing this colorful object that in retrospect I realized clashed with his rather understated style, completely unnerved him and I immediately divined that once again I had failed. I couldn't hide my disappointment and all his

(Continued on page 8)



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THE BUSINESS OF MEDICINE

IT TAKES A TEAM

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester
Sport & Spine at White Plains Hospital Center

Working in the current environment under the duress of COVID shows us how we need to be adaptable to survive. We have learned how to socially distance not only in our communities but also in our offices. Many of us have lost our office staff, some temporarily and some permanently. In the operating rooms we have had to deal with the absence of our regular nurses and techs because of furloughs and reassignments. Is working with same team important? The answer is an emphatic, unequivocal YES.

When you walk into the operating room and you have your normal team, every step of the surgery is better for you, your staff and most importantly for your patient. Surgery is by its nature a stressful environment. However, there is less anxiety in the room when everyone knows each other and has worked together often. The surgeon is more relaxed with a familiar team. The nurses and techs know the physicians routine and temperament. Everyone knows what to expect of each other. Surgery has variability and there are random events that are normal because no two patients are exactly the same. However, the experienced team is ready for this uncertainty and will know how to deal with the unexpected.

The same holds true in the office. Working with the same medical assistants and physician assistants is best for everyone. The office staff being trained for every job is really training nobody to do anything well. Who strives for mediocrity? Of course there will be times where someone is sick or on vacation, or someone leaves, but this must be the ex-

ception and not the rule. To consider everyone equivalent and replaceable is just insane. This is simply not true and demoralizes staff as being inconsequential. You must value your staff and their loyalty and their hard work. Many administrators who have no clinical experience fail to see the value of maintaining a consistent team. Building and maintaining a team makes for the best medical practice.

It is true that COVID threw a tremendous wrench into our lives and our practices and was more disruptive than anything we could have ever imagined or experienced. But those of us who had systems and great teams in place survived better than those who were ill equipped. I had to serve as my own medical assistant, physician assistant and registrant during the worst of it. During those times, you really appreciate what others do to help you. Adapt to the conditions, but know you need to get back to having the best type of practice, which means working at the highest level of your ability and not the lowest. Modify your practice for emergencies but get back to the goal of having the most efficient practice that works best for you, your staff and of course your patients.



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SOME SATIRE FOR A GOOD LAUGH...

HOSPITAL CEOs TO TAKE MULTI-MILLION DOLLAR PAY CUTS TO FINANCE HAZARD PAY

—By: Gomerblog Team—Originally published on Gomerblog.com

Option 1: Just kidding.

Option 2:

Pressed by enormous frustration from medical staff around the country working mandatory overtime in unsafe conditions and with limited PPE, the Chief Executive Officers of several major hospital systems have opted to temporarily reduce their own salary and the salaries of their preposterously overpaid colleagues in an effort to provide hazard pay for the medical employees they've abused for decades. Many CEO's involved feel that this is an unnecessary outreach, but now that the word is out have chosen to acknowledge and deal with the cuts.

Hospitals systems that are participating include In Your F*cking Dreams Medical Center of Washington, DC, Fat Chance Hospital out of Michigan and Never Have I Ever Memorial Hospital in Chicago. The cuts are meant to provide additional pay to masses of nurses, physicians, and respiratory therapists on the front lines of the Coronavirus Crisis.

Brett Cava-Nah, an esteemed CEO of a Massachusetts health system made the following statement regarding the manner: It's just the right thing to do. I can sit back and relax in my vacation mansion while our doctors and nurses struggle to fight Big Rona. If they're working hard, and I'm working far less than half as hard, why am I getting paid so much? Wait...Why am I getting paid so much?"

Why indeed, Brett. Why indeed.



SURGEON HAPPINESS DECLARED RISK FACTOR FOR SURGICAL SITE INFECTION BY AORN—By

Naan DerThaal—Originally published on Gomerblog.com

Denver, CO – AORN President Missi Merlino, MHA, CNOR, CSSM, BFD, WTF, OPP, GED announced a new recommendation this week.

“Based on zero evidence whatsoever, AORN has determined that Surgeon happiness is a risk factor for

surgical site infection. We used our standard investigative techniques including asking random people what they think and ignoring actual scientific studies in coming to this recommendation.” RN Merlino stated.

“We have found that surgeon happiness correlates directly with infections. The amazing part is we came to this finding without ever actually seeing any patients before or after their surgery. We don't have the foggiest idea what a surgical site infection looks like, but we now mandate surgeons be forbidden from singing or smiling in the OR in the name of patient safety.”

As with standard AORN recommendations, this recommendation will be universally enacted in OR's across the country where it will stay in place until several well-done studies counter the findings at which time the recommendations will slowly be peeled back.

“The Joint Commission likes to think they have the exclusive rights to making arbitrary rules without any supporting evidence. We're just trying to make sure the world knows that we are just as good at creating illogical standards as TJC.” Merlino boasted.

Local veteran OR Nurse Krankee Pantalones supports the AORN recommendation, “I've seen a lot of infections in my day, I've never diagnosed one or followed a single patient's post-operative course after they've reached the PACU but I've seen surgeons washout some infections. They're never happy when they are washing out an infection. They know surgeon happiness causes infections even if they won't admit it.”

Orthopaedic Surgeon Cyrius Mauffrus was furious at the recommendation, “They can't just make up bullshit that completely forces us to change everything we do based on zero evidence because some crotchety old nurse in a tower had a shitty idea pop into her fat head. Well they apparently can, but they shouldn't! This is just as dumb as their rulings on wearing coats in the OR and certain types of head-covers!”



WESTCHESTER COUNTY MEDICAL SOCIETY
WESTCHESTER ACADEMY OF MEDICINE
OFFICERS 2020-2021

The general membership meeting to elect our 2020-2021 officers was held on Monday, June 29 at 7:30pm via Zoom. We would like to welcome our newly elected officers who will begin their terms on Wednesday, July 1. Thank you to all the members and guests for attending.

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Peter Acker, MD

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Delegates to the MSSNY House of Delegates

(Four for two years; term ending 2022)

Ranjana Chaterji, DO Robert Lerner, MD

Mark Fox, MD Marshal Peris, MD

Alternate Delegate to the MSSNY House of Delegates

(Four for two years; term expiring 2022)

Karen Arthur, MD Eric Grossman, MD

Heather Katz, MD Evan Hawkins, MD

Note: Per the Bylaws, the current President-elect, Peter Acker, MD, automatically assumes the Office of President and the current President, Daniel Gold, MD, assumes the Office of the Immediate Past President.

***Additional candidates may be nominated provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.**

PRESIDENT'S MESSAGE

TIP TOEING BACK INTO PRACTICE

(Continued from page 1)

conversation across our region.

This can be best summed up in the often-posted reminder "I wear a mask to protest to you, you wear a mask to protect me". Each of us has taken on the responsibility to guard the health and hygiene of our neighbor for the betterment of our community. This change in mindset needs to be nurtured and maintained as the effectiveness of a much-anticipated vaccine will depend on the support and cooperation of our entire community.

Now is the time to join together with our local communities, colleagues and legislators to reinvigorate our efforts promotion to improve access to efficient, quality medical care. Physicians across New York need to remain vocal in their communities to assure that proper protocols and precautions are maintained over the next few months to assure the protection of all of us across New York State. As I have frequently said in this byline over the last few months-as physicians we are strongest when we stand together to protect the health and rights of our communities. Wishing everyone and their families and happy and healthy summer.

FROM THE EDITOR...

PETER J. ACKER, MD

PEDIATRICS IN THE TIME OF COVID

(Continued from page 2)

professing of great satisfaction fell on deaf ears. But, my father was not one to give up once he had perceived the dimensions of a problem. For months afterward, he would seek me out at cocktail time. I could be at some far corner of our rather ample yard, engaging in some sort of boyish exploration, and I would hear the distant rattling of ice banging around in an enclosed space. The sound would gradually hone in on me like a heat seeking missile and my dad would hove into view, his hands, firmly on the shaker, in a rumba rhythm. He would affect a casual air, as if it was perfectly

natural to mix cocktails while strolling so far from the bar. "This thing makes the best martinis" he would comment as he passed and circled back towards the house. Though initially I resisted this patently obvious pretense, over time my resolve to hold a grudge thawed and I began to smile at the sheer persistence of the man. Indeed, he used that shaker for years and I suspect that he developed if not affection, a grudging respect for the implement.



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PEER TO PEER SUPPORT

The Medical Society of the State of New York now offers to physicians, residents and medical students an opportunity to talk with a peer about some of life stressors. MSSNY's Physician Wellness and Resiliency Committee is launching a Peer 2 Peer (P2P) program to assist their colleagues who are need of help in dealing with work and family stressors. With the advent of the COVID-19 pandemic, some of the emotional issues related to this event, may also be troubling for our colleagues.

MSSNY is seeking volunteer peer supporters

What is a peer supporter? An individual who has shared experiences, listens without judgement, can validate feelings and provide **SUPPORT, EMPATHY AND PERSPECTIVE**. Someone who also provides supports to systems and practices and encourages the use of positive coping skills. They also help connect the individual with needed treatment. All peers must be a member of the Medical Society of the State of New York.

Who can be a volunteer peer supporter? Physician, resident or medical student

How are peers trained?

MSSNY will provide free training to the volunteer peer through an initial training program. This initial training program will be offered virtually and consists of peer support and what makes a good peer, psychological first aid, and how the program will operate. There will also be other on-line course work that a peer can avail themselves of through MSSNY's CME website. It is anticipated that the virtually training programs will be offered more than once.

How to become a volunteer peer

Volunteer peers can be nominated by county medical society presidents, county medical society executives, or another physician, resident or medical students. To nominate an individual please send an email to Pat Clancy, Sr. Vice President Public Health and Education at pdclancy@mssny.org.

Medical Society of the State of New York Physicians COVID Helpline

The MSSNY helpline is for NYS physicians that have been experiencing COVID 19 related stress. The helpline is answered 24/7 by an answering service who will connect you to a volunteer physician who can assist you.

Available NOW the Helpline number is: 518-292-0140

Support, Empathy & Perspective



STOP THE TRAIN

Elliot Barsh, MD

"IF THIS PATIENT WERE WHITE WOULD I TREAT THEM DIFFERENTLY?"

-NWANDO EZE, MD, MPH

Hi everyone.

Structural Racism, where preferential treatment of one group over another, reinforces the belief that blacks are inferior to whites in all aspects of life.

It is ***discrimination***, racial discrimination, and as a social determinant of health causes ***real harm***.

Health disparities resulting from racism start before birth, and affect people their entire lives.

Black men and women suffer from more kidney disease, accelerated aging, poorer brain health, sub-clinical and clinical heart disease, obesity, and diabetes.

There is also a direct connection between the high covid-19 burden and structural racism.

Unequal employment opportunities can change ***health insurance*** which will affect health care access and quality.

Employment status leads to less distancing and more exposure.

Zip codes with more people of color have fewer testing sites per capita.

There are even ***Covid-19 Hot Zip Codes*** where we see higher rates of infection, hospitalization, and mortality.

We have to listen to each other and acknowledge that there is racism in health care.

We can adopt a mindset of equality and focus our efforts on equity and justice.

Thanks for reading.

Thanks for trying.

Be safe.

"Be overcome by justice."

-- ORACLE OF DELPHI

From The New York Times:

What if There Were No George Floyd Video?

Even when racism doesn't go viral, it's still deadly.

<https://www.nytimes.com/2020/06/06/opinion/sunday/george-floyd-structural-racism.html?smid=em-share>

Stolen Breaths

<https://www.nejm.org/doi/full/10.1056/NEJMp2021072>

From The New York Times:

Who Is Most Likely to Die From the Coronavirus?

Inequality, racism and segregation help explain who is most at risk in America.

<https://www.nytimes.com/interactive/2020/06/04/opinion/coronavirus-health-race-inequality.html?smid=em-share>

Audio Interview: The Impact of Covid-19 on Minority Communities

<https://www.nejm.org/doi/full/10.1056/NEJMe2021935>

Diagnosing and Treating Systemic Racism

<https://www.nejm.org/doi/full/10.1056/NEJMe2021693>

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How Medical Education is Missing The Bull's Eye

<https://www.nejm.org/doi/full/10.1056/NEJMp1915891?query=TOC>

Structural Racism and Supporting Black Lives-The Role of Health Professionals

<https://www.nejm.org/doi/full/10.1056/NEJMp1609535>

Structural Racism-A 60-Year-Old Black Woman with Breast Cancer

<https://www.nejm.org/doi/full/10.1056/NEJMp1811499>

From The New York Times:

Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families

The Centers for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

<https://www.nytimes.com/2020/05/10/us/coronavirus-african-americans-bias.html?smid=em-share>

Racist Like Me-A Call To Self-Reflection and Action for White Physicians

<https://www.nejm.org/doi/full/10.1056/NEJMp1814269>

How To Respond To Coronavirus Racism

<https://www.tolerance.org/magazine/how-to-respond-to-coronavirus-racism>

Equity Is Our Last Hope

[https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0358?](https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0358?que-ry=CON&cid=DM94241_Catalyst_Subscriber&bid=219479533)

[que-ry=CON&cid=DM94241_Catalyst_Subscriber&bid=219479533](https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0358?query=CON&cid=DM94241_Catalyst_Subscriber&bid=219479533)

ATTENTION MEMBERS!

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The Westchester County Medical Society Administrative Staff

Would like to thank
Outgoing President, **Daniel Gold, MD** for all of his
effort and hard work throughout the year.

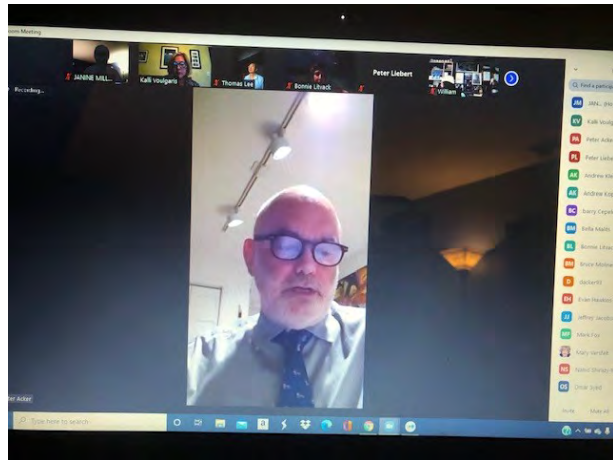


We would like to offer Best Wishes to our
President-elect, Peter Acker, MD.

We are looking forward to the upcoming year working with you!
We would also like to thank all of our members for a great year!



Outgoing president Dr. Daniel Gold
giving his remarks in June 2019



Dr. Peter Acker, President-elect giving his inaugural remarks on Monday, June 29, 2020. What a difference a year makes!



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