



WESTCHESTER PHYSICIAN

October 2023

Volume 39, Issue 9



PRESIDENT'S MESSAGE

PERSUASION

PETER ACKER, MD PRESIDENT

Note: this a column from a number of years ago.

The Sunday Time's book review of March 6 contained an interesting review of a book entitled **The Fever of 1721: The Epidemic That Revolutionized Medicine and American Politics** by Stephen Coss. The book, as detailed in the review, describes the myriad events associated with a smallpox epidemic which decimated Boston in 1721. It was a pivotal time in American history when the puritanism of the 1600's was beginning to meld with a growing movement towards independence and separation of religion and state. It also coincided with the emergence of the first independent American newspaper by James Franklin (Benjamin's older brother) and the continuing emergence of modern science. In a tale replete with multiple ironies, it was the Rev. Cotton Mather who learned from one of his African slaves the West African method in which pus from an infected person inserted into another would result in a milder form of the disease and confer in most cases immunity. Despite opposition from the political leaders of the day, he was able to convince a local physician to perform the inoculations and the epidemic abated.

This early account of a nascent vaccination program is fascinating in that it was pushed by a religious person who presumably rested his faith in God, but in a moment of apparent cognitive dissonance was able to trust information from Africa conveyed by a slave who had been brought to this land by force and then align himself with science via collaboration with a physician. It's sort of a reverse of the old aphorism: "there are no atheists in foxholes" in that a man of religious faith in time of stress turns to a different authority.

This story caused me to meditate a bit on the different "authorities" that influence our decisions today. Of course, our particular history with its tradition of free speech and free debate has created a people who are naturally suspicious of authority, and indeed healthy skepticism has served us well in many respects. Our free press vigilantly investigates the powerful institutions and frequently successfully exposes hypocrisy and oppression. A notable example is the Boston Globe's investigation of the Catholic Church in Boston so memorably recounted in the movie **Spotlight**. This in general is a good thing, the notion that everyone

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*PETER ACKER, MD
President, WCMS*

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UPCOMING EVENTS

PHYSICIAN PAYMENT & PRACTICE EDUCATIONAL SEMINAR

Thursday, November 30
Sam's of Gedney Way
White Plains, NY

WCMS/WAM

HOLIDAY PARTY

Tuesday, December 19
Sam's of Gedney Way
White Plains, NY

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*FROM THE GUEST EDITOR...
SHOULD I STAY OR SHOULD I GO?**

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT



Let's get it out now. Which is better, to be an employed physician or in Private Practice?

I asked my good "French" friend Cha TG Petit who is not a doctor but an incredible wealth of information (accurate and not-so-accurate). And here is what they came up with:

"The choice between being an employed physician or in private practice depends on your individual preferences and priorities.

Employed Physician:

- *Job Security: Employed positions often provide greater job security with a steady income and benefits.*

- *Work-Life Balance: They may offer more predictable hours and less administrative responsibility.*

- *Limited Business Concerns: You don't have to worry about managing the business side of healthcare.*

Private Practice:

- *Autonomy: You have more control over your practice, including patient care and business decisions.*

- *Income Potential: Private practitioners have the potential for higher earnings, but also assume financial risk.*

- *Administrative Responsibilities: Running a private practice involves more administrative and business tasks.*

Ultimately, the choice should align with your career goals, lifestyle, financial expectations, and tolerance for risk. Some physicians prefer the structure of employment, while others value the independence of private practice. Consider your personal priorities when making this decision."

This is straightforward and accurate in its artificial vanilla perspective of the business of medicine. Each item is listed as equally weighted in the decision making but I believe the nuances are missing.

There is no doubt that employment as a physician assures the stable paychecks, and allows for a potentially better work life balance without the administrative burden we physicians stereotypically avoid due to a variety of reasons not the least of which is sheer abhorrence. We focus on our physician-patient interaction, our medical knowledge and our empathy towards care of our patients. Leave me alone with the intricacies of business models or the regulations of government or the strategic shifts of the ever changing medical landscape.

There is also no doubt that private practice offers autonomy, and historically better reimbursement, with the ability to self dictate one's practice of medicine albeit within the rules and regulations of good medicine and insurance and governmental impositions. This however does require business acumen and potential financial risk.

(Continued on page 9)



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PRESIDENT'S MESSAGE**PERSUASION****PETER ACKER, MD PRESIDENT***(Continued from page 1)*

has a voice, that all opinions should be expressed and that each citizen can and indeed should “speak to power”. However, there is a flip side which I am reminded of every time I have a long discussion with a skeptical parent about vaccinating their children. In this case, I represent the authority. In today’s internet age, there is a constant din of countervailing opinions and it is usually an uphill struggle. In addition, we are sometimes wrong – medical “truths” often are reversed as more information becomes available.

Our work as physicians per force causes us to meld fact with judgement, to assimilate medical knowledge in all its complexity and bring it bear in our treatment of our patients. Doctors today, I think it is fair to say, are questioned much more than ever before. Gone are the days of “doctor knows best”. This is not always a bad thing – the trick is to respond openly and to be willing to consider other ideas, yet still strongly advocate for the course that our knowledge and judgement take us.

One of our most potent weapons is persuasion – to engage the patient in a human way and try to direct them. I recently did a check up on a 6 month old, one of the most routine and prosaic of tasks for a pediatrician. My interaction with the mother hit that typical speedbump – my advice to immunize the baby against flu was met with a skeptical shrug and a murmured “I don’t think so.” I spent the next 15 minutes, probably more than I would usually devote because my experience with vaccine deniers is that their views are virtually impregnable, but it was my last patient of the morning and I was feeling unrushed. I presented my arguments and included some of the emotional underpinnings that cause parents to hesitate. It was friendly discussion and after some back and forth, we finally agreed to disagree and I left the room. Ten minutes later, I was standing at a computer terminal writing my notes when the mother approached me. “Doctor, I changed my mind – the nurse just gave him his flu shot. Thank you so much for your time.” It is moments like this that cause me to never rue my decision to go into pediatrics.

♦

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STOP THE TRAIN**Elliot Barsh, MD**

“There are jobs, there are chores, and there is work.” -Donald Hall

Hi everyone.

I hope our column finds you and all of your families safe.

What are the feelings of our experience of work?

What about our feelings for everything else that we do?

We tend to separate our work from everything else we do, and struggle to have a “work-life” balance.

We make it a conflict that is in need of a solution... why?

We are trained to relate to our patients in a “professional” way.

We are busy with “transactions”, treating diseases and illnesses.

We distance ourselves from our capacity, and need, to connect to others and belong.

We stay clear of the intimacy, the “love and play”, that we seek outside of work.

Why not be our whole selves wherever we are, including work?

We can “transform” our work and create a vital space we look forward to being a part of, with people we look forward to seeing.

We can enjoy each other’s company.

Time will stop for us when we feel we belong right where we are.

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Westchester Academy of Medicine First Annual Bertrand-Pilkington Golf Outing & Fundraiser Tuesday, October 24, 2023—Westchester Country Club—Rye, NY



On Tuesday, October 24th the Westchester Academy of Medicine held its *First Annual Bertrand Pilkington Golf Outing & Fundraiser*. The event was renamed last year after one of our Past Presidents, Charles A. Bertrand, MD and his daughter Mary Ellen Pilkington in honor of their great service to our medical community. The Outing was held at Westchester Country Club in Rye. Following the golf, an additional group of members and guests joined the golfers for dinner, fellowship, and prizes.

Joseph Tartaglia, MD, Past President of the Academy & Chair of the Golf Outing Committee, welcomed everyone, thanked the Golf Committee, recognized and thanked all sponsors, and attendees.

Raffles and a silent auction were held at the event and all proceeds directly benefit the Academy's scholarship fund, which annually contributes to the Westchester Science and Engineering Fair held each year in the county.

We would like to thank all of our sponsors, raffle and prize donators, and players for once again making it a great event. We hope to see more of our members next year in attendance.





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Karen Parker, PhD (Keynote) — Professor, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine; Principal Investigator, Social Neurosciences Research Program



Harland Winter, MD — Director, Center for Pediatric Inflammatory Bowel Disease, Massachusetts General Hospital for Children; Associate Professor, Harvard Medical School



Douglas Wallace, MD, PhD — Endowed Chair in Pediatric Mitochondrial Medicine and Metabolic Disease; Director, Center for Mitochondrial and Epigenomic Medicine, CHOP; Prof., Dept. of Pediatrics, Univ. of Pennsylvania



Terry Harville, MD, PhD — Professor of Pathology and Laboratory Services, and Internal Medicine, Medical Director, HLA and Histocompatibility Laboratory, The University of Arkansas for Medical Sciences



Ming Lim, MD, PhD — Professor, Paediatric Neurology, King's College London; HOS Children's Neuroscience, Consultant Paediatric Neurologist, Children's Neuroscience Centre, Evelina London Children's Hospital



John Gaitanis, MD — Associate Professor of Pediatrics, Clinician Educator, Brown University; Pediatric Neurologist, Hasbro Children's Hospital; Director of Child Neurology, Brown Medical School



Jennifer Frankovich, MD, MS — Clinical Professor of Pediatrics, Director, Stanford Children's Immune Behavioral Health Clinic and Research Program, Stanford University School of Medicine



Richard Frye, MD, PhD — President, CSO, Autism Discovery and Treatment Foundation; Director of Research, Rossignol Medical Center; Sponsor and Principal Investigator, Southwest Autism Research and Resource Center



Ritika Kapoor, MBBS, PhD, FRCPCH — Consultant Paediatric Endocrinologist and Adjunct Senior Lecturer, King's College Hospital, NHS Foundation Trust & King's College, London



Ben Marlow, MBBS, MRCPCH, PGCMC — Clinical Director - The Synapse Centre for Neurodevelopment; Clinical Lead for Paediatrics SNEE ICB; Visiting Senior Lecturer Anglia Ruskin School of Medicine



Andrew Zimmerman, MD
Professor of Pediatrics and Neurology (Retired), UMass Memorial Medical Center



Emily Severance, PhD
Assistant Professor of Pediatrics, Johns Hopkins University School of Medicine



Naveen Nagarajan, PhD
Postdoctoral Associate, Dr. Mario Capecchi Lab, Eccles Institute of Human Genetics, University of Utah



Gagan Joshi, MD — Associate Professor of Psychiatry, Harvard University; Director, Autism Spectrum Disorder Program in Pediatric Psychopharmacology, Massachusetts General Hospital for Children



Melody Lun, MD, PhD — Clinical Fellow, Neonatology; Postdoctoral Fellow, Pleasure-Wilson Labs, University of California - San Francisco



Brittany Needham, PhD
Assistant Professor, Indiana School of Medicine



John Lukens, PhD
Associate Professor, Department of Neuroscience, University of Virginia



Meiqian Ma, MD
Clinical Assistant Professor, Pediatrics - Rheumatology Stanford University School of Medicine



Melissa Silverman, MD — Clinical Assistant Professor, Psychiatry and Behavioral Sciences - Child and Adolescent Psychiatry and Child Development, Stanford University School of Medicine

neuroimmuneinstitute.org/autism-2024-conference-fee-waivers



MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.

- | | |
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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!★★

FROM THE GUEST EDITOR...

**BRUCE MOLINELLI, MD, IMMEDIATE PAST
PRESIDENT**

(Continued from page 2)

But this historical difference of employment and private practice has changed. As maintaining reimbursement levels necessitated more administrative focus towards strategic business models, with financial risk remaining high, the lure of private practice waned. Earning the private “paycheck” was much harder, and payment for professional services declined, thus the exodus to the employed world, for the stable “paycheck”.

I will emphasize however, that one item overlooked or not adequately emphasized by my knowledgeable friend Cha, is the loss of autonomy of that “stable paycheck”. Not being able to determine for yourself how you practice, which is defined as how many patients you see and how much time you spend with them and how much and to whom you charge and which days and for how many hours you work, etc etc. All this is usually at the behest of your administrators if we are employees. But let’s be truthful, “how hard”, “how often,” “how many” is also dictated in private practice by “how much” you wish to make..... but the choice is yours, and not determined by an institutions’ or groups’ profit margins.

Chat GPT cannot answer the question “At what price autonomy?” So in jeopardy over time within the employment model, in much the same way as the ancient Sisyphean futility of the never ending task, further immortalized for modern times in the over referenced Catch -22 ever increasing flight requirements, is **your employer-determined** workload requirement. This directly impacts your work life balance, your income, your practice method, your patient physician relationships and ultimately your employment.

More, more, more, may be demanded of you until you can no longer meet the metric.

Nonetheless, stable income without business responsibilities is the lure of employment, and in today’s world a necessity to pay back student loans, recoup some of the delayed financial gratification due to years of training and perhaps begin one’s life to determine where to live, with whom to live and how to live. There also may be no viable private practice choices out there.

So employment is the answer.....until it isn’t.

The true gem of your medical life is autonomy. Be cognizant of how much you retain or forfeit in your future employment practice models and negotiations.

Perhaps the more up-to-date question is,

“How do we physicians regain autonomy within an employment model?”

Hmmmm.... Give me a month to think this over and I’ll get back to you.

**The Clash, Combat Rock, 1982*



**STOP THE TRAIN
Elliot Barsh, MD**

(Continued from page 5)

We matter and our work matters!

Thanks for reading.

Be safe.

“I can’t afford to be distracted by the “soft” data: the sadness of someone being struck by sickness, or sometimes the relentlessness of the condition.”

A Reason to Retire?

“Why does it have to be so painful?”

Nursing Juliet

In a world that relentlessly enforces limits, the love of a pet is a refuge for unconstrained emotion, especially for a child.

“Our patient and their family guide us when the medicine cannot.”

Standard of Care

“Knowing ourselves is the most we can know.”

When Your Search History Says What You Can’t

Why was my boyfriend asking Google how to break up with someone?

My Heart Leaps Up

BY WILLIAM WORDSWORTH

My heart leaps up when I behold

A rainbow in the sky:

So was it when my life began;

So is it now I am a man;

So be it when I shall grow old,

Or let me die!

The Child is father of the Man;

And I could wish my days to be

Bound each to each by natural piety.

(Please click the links in the article for source publications)



THE 9TH DISTRICT BRANCH COUNTIES OF THE MEDICAL SOCIETY STATE OF NEW YORK URGED TO CALL THE GOVERNOR ON 11/9

As you are aware, the Wrongful Death Bill is currently under consideration, and its potential implications for our medical community are concerning. We are asking the Governor to veto this legislation (A.6698) because it would harm patient access to care in our communities by significantly increasing damages awardable in wrongful death actions. If signed into law, this could increase already exorbitantly high physician and hospital liability costs by over 40%. In order to effectively oppose this bill, we will need to join forces with MSSNY to greatly strengthen our efforts.

To that end, a comprehensive strategy, was created, that includes mobilizing our physicians to reach out to the Governor's office through phone calls. MSSNY has provided us with a well-crafted one-page talking points sheet for our physicians to utilize during their conversations. This will ensure that you are equipped with the necessary information to express their concerns effectively.

The 9th District Branch counties have been asked to call the Governor's office on the following dates: Thursday, October 19 and Thursday, November 9. You can reach the Governor's office by calling:

518-474-8390, press option 3, to urge that she veto this legislation

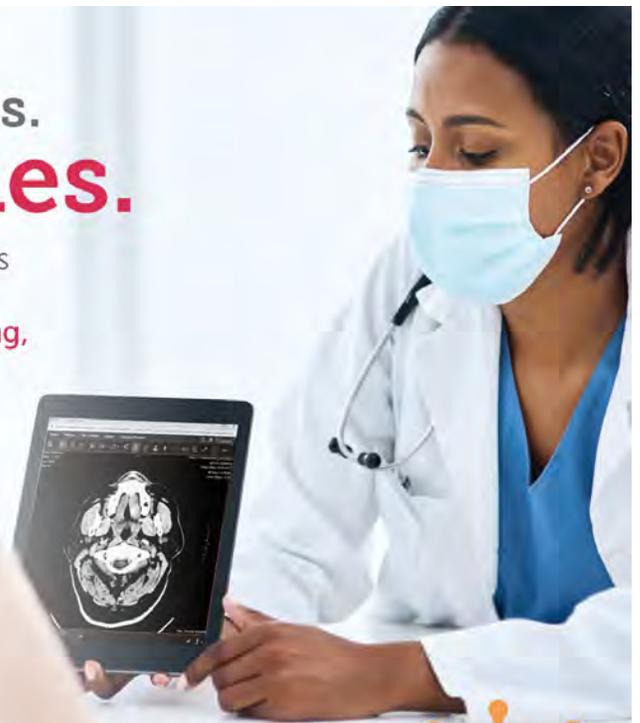
Please continue to send letters in opposition via the MSSNY Grassroots Action Center and ask your colleagues to do the same!

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Facilitators

Patrice Harris, MD: *Past President, AMA; Past Chair, AMA Opioid Task Force; Past President, Georgia Psychiatric Physicians Association; Past Trustee, American Psychiatric Association; Co Founder and CEO, eMed;* **Julie Silver, MD:** *Associate Professor of Physical Medicine and Rehabilitation, Harvard Medical School; Associate Chair, Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Network*

Educational Objectives

- * Describe methods to improve women physicians' communication skills within work or professional settings including the C-Suite
- * Identify professional skills to enhance advocacy of self and the development of professional networking
- * Develop leadership skills
- * Outline methods to enhance physician wellness



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The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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**Tuesday, December 19, 2023
6:00 p.m. to 9:00 p.m.**

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50 Gedney Way
White Plains, NY

Please consider donating an item for our Raffle, to be held in conjunction with our Holiday Party. All proceeds from the Raffle benefit the Westchester Academy of Medicine and our Scholarship Fund activities.

Please RSVP to Janine Miller at jmiller@wcms.org,
call (914) 967-9100 or by fax by filling out below:

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For more information, contact Janine Miller at 914-967-9100 or jmiller@wcms.org

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