

WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

THE HUMAN ELEMENT IN THE AGE OF AI

Anaïs Carniciu, MD

It is impossible to ignore the growing presence of Artificial Intelligence within the medical field. From automated triage systems to surgical planning models, AI is undeniably reshaping our workflows. However, as these tools become more integrated into our daily routines, it is vital that we maintain a clear perspective. AI is an assistant, not a successor.

In our clinical work, AI has proven to be a helpful tool for the basics. It can assist with triaging patient inquiries, drafting initial clinical notes, and organizing complex imaging for planning. But while an algorithm can analyze a dataset or draft a summary, it cannot practice medicine. Medicine is an art of nuance, intuition, and physical presence. AI can identify a pattern, but it cannot sit across from a patient and sense the unspoken anxiety behind a question. It cannot navigate the ethical complexities of a difficult prognosis. These are the domains of the physician, and they are irreplaceable.

As we adopt these tools, we must also confront the uncharted medicolegal landscape they create. The legal reality of 2026 is that liability remains firmly with the clinician. We are currently operating in a period of regulatory uncertainty where the physician risks becoming the "liability sink" for AI-generated errors. Whether an AI scribe misinterprets a detail in a patient's history or a diagnostic tool provides an inaccurate triage, the law still looks to the licensed professional to be the final arbiter of truth. As we integrate these tools, we must be diligent regarding:

- **Data Privacy and Security:** Ensuring that our vendors are fully compliant with evolving privacy laws and that patient data remains secure.
- **Informed Consent:** Being transparent with our patients about when and how AI is being used in their care.
- **Clinical Oversight:** Treating AI outputs as a draft or a second opinion, but never as a final decision.

(Continued on page 6)



ANAÏS CARNICIU, MD
President, WCMS

INSIDE THIS ISSUE

From the Editor.....	2
MLMIC Discount Info.....	3
Stop the Train.....	5
Golf Outing "Save the Date".....	6
Disability Income Insurance.....	7
Neuro CME Info.....	8
Annual Meeting Invitation.....	9
Legislative Updates.....	10
Ebola CME Info.....	11

UPCOMING MEETINGS

WCMS/WAM
ANNUAL MEETING
JUNE 23, 2026
WESTCHESTER COUNTRY CLUB
RYE, NY

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FROM THE EDITOR...***PUBLIC HEALTH & POLITICS PART 2***

PETER ACKER, MD



Recently Dr. Marty Makary resigned from his position as Director of the FDA over a clash with the administration over the approval of flavored vaping products. Prior to that, Rich Danker, chief spokesman for the Health and Human Services Department headed by Robert F. Kennedy JR stepped down over the same issues. I am impressed by their stand on principles, but regret to see that there will be fewer and fewer such individuals acting as stewards of our nation's children's health.

During the previous administration, the FDA rejected multiple requests for new flavored vaping products which have been shown to have broad appeal for young people. I recall several years ago being astonished and chagrined by the number of teenagers who responded to yes, when I inquired about their vaping practices. I learned that one of the local high schools that many of patients attended was known for the high percentages of users. Some of my non using patients would tell me that often when they entered a school bathroom, they would encounter a cluster of classmates vaping. I looked about the statistics at the time and learned that about a quarter of high school age kids had at least tried vaping, lured by the flavors and the industry pushing of these products. Over the last few years, the vaping rates has steadily and significantly declined among this age group. This comports with my own observation that fewer of my patients are responding affirmatively to my vaping inquiry. Alas, this trend will most likely be reversed.

Nicotine as is well known, is extremely addictive and tobacco over the years has resulted in untold public health consequences. Various efforts over many years have been made to tackle this problem. Years ago, a warning was attached to packs of cigarettes and increasingly physicians helped patients quit. I was a child in the 1950's and both my parents were smokers. I remember riding in a smoke filled car without a seat-belt back then. An added bonus, was existing in an environment where the ambient lead levels were sky high (at the beginning of my career, a blood lead level of 21 ug/dL was considered acceptable)! I have some personal experience with nicotine addiction. I confess, I took up smoking cigarettes in high school, and continued to smoke through medical school and past of residency! It was only when my wife informed me that she was pregnant with our first child, that I was able to successfully quite entirely (I had had many previous unsuccessful quitting attempts in the past).

Vaping initially was introduced as a healthier alternative to smoking cigarettes. And indeed, vaping does eliminate the toxic effects of smoke and tar on the lungs. Yet, better is not best. The bottom line is that vaping is not healthy and once again large companies have succeeded in applying pressure to get their way and increase their bottom line at the expense of our children. To quote Martin Luther King: "The arc of the moral universe is long, but it bends toward justice." One can only hope, with future administrations that this reversal will only be a blip on this long arc.

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STOP THE TRAIN Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

“Gratitude is the bread that never grows old”

Hi everyone.

Welcome back, and happy mother’s day to all of our moms.

Life is remarkable in how ordinary it manages to be. We spend our time immersed in the day-to-day routines we create.

Instead of appreciating the time we have, in hours, or seasons, or horizons, we focus on what we plan, produce, or accomplish.

But in our seemingly ordinary existence, there is the extraordinary.

These are moments that rise above our daily existence.

These moments give meaning and inspiration to ordinary existence.

The extraordinary is never far.

Mary Oliver taught that *“the “extraordinary” isn’t a rare, grand spectacle.”*

She believed *“it is found in the simple, everyday miracles of the natural world—like the shine of an ocean or prayers made of grass”*

Or like a mother cradling her newborn baby.

It is a beauty we can see, an energy we can feel.

We can make the ordinary something more when we make it an opportunity to be grateful.

With gratitude, our home is open to kindness, our work is honest, and our table becomes a place to give and share.

With gratitude we can become close to who we love, what we value, and to ourselves.

With gratitude we realize that we are a part of some-

thing remarkable!

Thanks for reading.

Bye for now.

E

“Love the ordinary. Find your people. Keep a foothold in wonder.”

Unpacking the Ordinary

“Was it really alright for one’s dreams to come true so easily?”

The Nobel-Winning Psychologist Who Believed He Found the Secret to Happiness

Why searching for the best is the wrong goal.

“Sanctifying time with holidays, like Mother’s Day, and family get-togethers, stops the clock and adds meaning to what we do every other day of the year.”

I Forgave My Mother, but It Was Too Late

I’m realizing that a sort of gooey sitcom resolution is not in the cards for my mother and me.

““Why” is the magic to ultimate healing.”

Getting to Know Our Patients

Listening to patients is a critical part of a doctor’s education.

Mindful

by Mary Oliver

Every day

I see or hear
something
that more or less

kills me

with delight,
that leaves me
like a needle

in the haystack
of light.

It was what I was born for --
to look, to listen,

(continued on page 6)

PRESIDENT'S MESSAGE

Anaïs Carniciu, MD

(Continued from page 1)

One of the greatest risks of the AI surge is the temptation to prioritize efficiency over human connection. For those of us in independent or concierge style practices, we know that the physician-patient relationship is the foundation of effective care. We should leverage AI to handle the administrative noise specifically so that we can reclaim our time for what truly matters. The goal is to use technology to move us away from the screen and back to the bedside.

AI cannot effectively replace the medical field because healing requires more than just information. It requires empathy, accountability, and the seasoned judgment that comes from years of clinical experience.

**STOP THE TRAIN**

Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

(Continued from page 5)

to lose myself
 inside this soft world --
 to instruct myself
 over and over
 in joy,
 and acclamation.
 Nor am I talking
 about the exceptional,

the fearful, the dreadful,
 the very extravagant --
 but of the ordinary,
 the common, the very drab,

the daily presentations.
 Oh, good scholar,
 I say to myself,
 how can you help

but grow wise
 with such teachings
 as these --
 the untrimmable light

of the world,
 the ocean's shine,
 the prayers that are made
 out of grass?



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Remarks of Anaïs Carniciu, MD

Outgoing WCMS President

Remarks of Daniel Gold, MD

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2026–27 NEW YORK STATE BUDGET

ADVOCATING FOR PHYSICIANS. PROTECTING PATIENT CARE.

The New York State Legislature and Governor are at last finalizing its 2026-27 State Budget, with all Budget bills expected to be passed either later today or tomorrow.

This year was a particularly challenging year given the extraordinary volume of issues impacting physician care in this year's Budget discussions.

✓ POSITIVE OUTCOMES



The proposal opposed by MSSNY to require physicians to bear 50% of the cost of the Excess Medical Malpractice Insurance coverage **WAS REJECTED**, saving physicians nearly **\$40 million**.



The proposal opposed by MSSNY to enable many Physician Assistants to practice without physician supervision **WAS REJECTED**.



The proposal opposed by MSSNY to reduce the pass-through entity tax credit used by many private physician practices **WAS REJECTED**.



Prior authorization reforms supported by MSSNY:

- Increased health plan reporting on pre-authorization requests approved and denied, including the 25 most common CPT codes where a pre-auth was requested, and the 25 most CPT codes where a pre-auth was denied;
- Ensuring 90 days of continued coverage for a course of treatment by a non-par physician when the patient enters a new health plan
- Greater health insurance transparency of their prescription formularies, which must be available on health plan websites without having to establish an account or password
- Prohibiting prior authorization more than once per year for an outpatient course of treatment for a chronic health condition starting from the date of a pre-authorization approval for the course of treatment unless the enrollee's attending provider recommends a change to the course of treatment.



Insurer Requirements to ensure **telehealth payment parity** supported by MSSNY extended for 2 more years.



MSSNY's **Committee for Physicians' Health** program funded again at historical levels.



Doctors' Across New York physician loan repayment program funded again at historical levels.



New funding for the **MSSNY/NYSPA/NASW Veterans' Mental Health Training Initiative**.



Reducing prior authorization requirements in Workers' Compensation by increasing cost of care threshold from **\$1,000 to \$1,500**.



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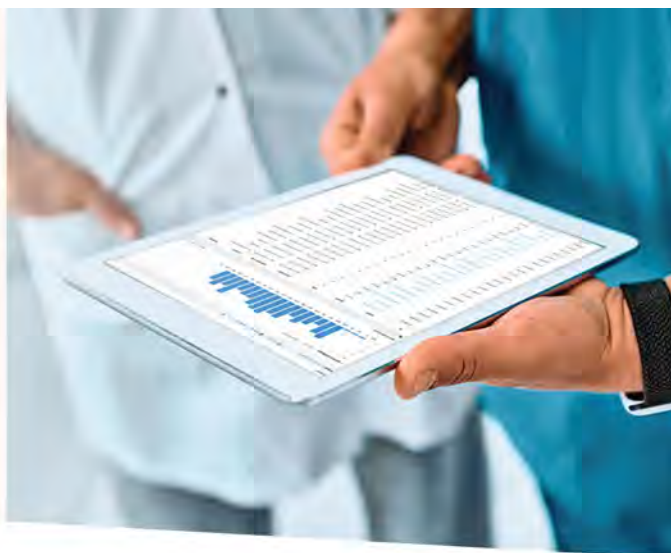
For more information, contact: **Melissa Hoffman** at mhoffman@mssny.org or call (518) 465-8085

**Please note: Title and Educational Objectives are subject to change, but the topic will not be altered.*

Funding provided by the New York State Department of Health

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