



Mississippi State Flower
Magnolia
Magnolia grandiflora

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Governor's Message

The Mississippi Chapter of the ACP has been quite active over the last few months. As mentioned in the last newsletter, we hosted "*Building the House of Internal Medicine*", a strategic planning meeting in January. The major recommendation from that Meeting was to proceed with the search and hiring of our executive director.

I'm pleased to announce that we have hired **Nancy Youngblood** as executive director. Currently this position is part-time. She has extensive administrative experience in the medical field. From 1991 - 2001 she worked as Residency Program Administrator in the UMC Department of Internal Medicine. Nancy is learning the ropes quickly and brings great enthusiasm to the job. We are visiting with other similar, successful organizations, such as the MS Academy of Family Physicians, to help us plan for the future. We will be developing business and strategic plans over the next several months. Having an executive director will help firm-up day to day operations but also her contacts with numerous young physicians from her years at UMC will be very helpful in recruitment and committee involvement. Nancy, we are excited to have you and look forward to great things.

In April, we hosted our annual chapter meeting in Natchez, MS along with Louisiana. The sessions were very interesting and informative. Our chapter was again awarded a Chapter of Excellence Award.

Advocacy

Your Mississippi Chapter took part in the largest Leadership Day contingent in the history of the ACP as we met in Washington, D.C. in conjunction with IM 2008. **Dr. Bob Brahan, Dr. Vince Herrin, Dr. Amy Woods, Dr. Jeff McCrary, and Patrick Robbins** joined me as we visited with **Rep. Chip Pickering, Rep. Bennie Thompson, and Sen. Roger Wicker**. We also met with the staff of **Rep. Gene Taylor and Sen. Thad Cochran**. Top priority was stopping the cuts in medical reimbursement brought on by the SGR cuts.

I'm very pleased that our advocacy efforts were finally fruitful as the SGR cuts were avoided and a small reimbursement update was realized. Our representatives were solidly behind HR6331 and our senators came around in the end to override a presidential veto. Numerous contacts were made with our legislators throughout the series of votes on HR6331 to stop the 10.6% cuts from going into effect. Those of you who called and wrote letters and emails, we thank you.

Governor Elect

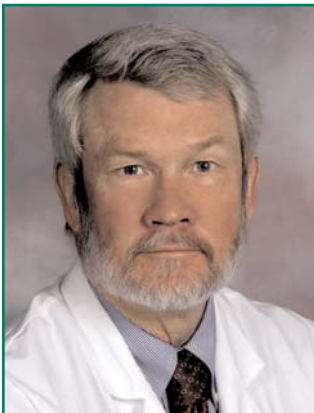
We are excited to announce the election of **Dr. Bob Brahan** as our next Governor. Bob will begin his term as Governor at Internal Medicine 2009 in Philadelphia, PA. He has practiced for many years in Hattiesburg as a general internist. He has already been very helpful to me and is making plans for 2010, when we will be hosting the MS/LA Chapter meeting. I am glad to have him on board and look forward to his leadership.

Message from the Executive Director

As Executive Director of the MS Chapter of the ACP, I want to take this opportunity to thank **Dr. Peebles** and **Dr. Brahan** for trusting me with this prestigious position. As ED, I look forward to working with each of you and the Chapter Advisory Board in building the infrastructure and other resources needed to better serve our members. I am most encouraged by the warm reception I have already received from members statewide, and look forward to your continued input and support, particularly with respect to learning your recommendations and ideas on how we can more effectively strengthen our current membership as well as recruit new members throughout the state.

Member input is critically important to achieving our goals of continuing to build a state Chapter that is readily recognized and respected by policy and other decision-makers, financially solid, active on every level of training for students, residents, and fellows, and that serves as a model of excellence nationally. Please feel free to send me ideas and recommendations on how we may better assist you, and the populations you serve. I can be reached at: the address and numbers listed below. It is an honor and privilege to be working with the Mississippi Chapter of the ACP. Thank you, Nancy

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Joe Clark Files, MD, FACP **Laureate Recipient**

Dr. Joe Clark Files received his education in the public schools of Mississippi. After leaving Ackerman High School in 1965, he attended the University of Mississippi in Oxford and the Medical Center in Jackson, graduating in 1972. He completed his residency at UMC in Internal Medicine followed by a chief residency year. He then attended the University of Washington in Seattle for his Hematology fellowship where his primary focus was in the field of bone marrow transplant. He returned to join the faculty at the Medical Center in 1979.

Dr. Files is a Professor of Medicine in the Department of Medicine and has served in many roles in the department. He has been chief of the Division of Hematology since 1993 and he was the Interim Chairman of Medicine in 1996 - 1997. Since 1998 he has been the Associate Chairman of the Department of Medicine. He is the University of Mississippi Cancer Institute Director since 2003, has been chief of staff on two separate occasions, chaired numerous committees, and is a member of the Guardian Society. He has been an active member in the American College of Physicians in excess of 30 years and served as the Governor of Mississippi for the College from 2001-2005. His primary focus has been patient care and resident education.

Joe is an avid fisherman (salt water, fresh water, trout, bass, bream, etc.). He lives in Ridgeland with the catch of his life, **Suzanne**. Together for 34 years, they have raised two sons, **Clark** and **Matt**. Clark lives in Baltimore with his wife **Katherine**, where he is a

1st year fellow in Pulmonary and Critical Care Medicine at Johns Hopkins University. Joe is the proud grandfather of Katherine and Clark's first son, **Coleman**. Matt is a 1st year resident in Pediatrics at Oregon Health Sciences University in Portland where he lives with his wife **Beth**. Both sons attended medical school at UMC. Joe is a member of Chapel of the Cross in Madison.

Laureate Award

The Laureate Award honor Fellows and Masters of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, or research and in service to their community, their Chapter, and the American College of Physicians. The recipient of this award shall bear the title Laureate of the Mississippi Chapter.

ACP Council of Associates and Students at UMC

This past academic year has been an active one for our ACP Council of Associates and Students at UMC. In addition to continuing our volunteer work with the Jackson Free Clinic, we have had a great experience educating local elementary school children on the importance of staying active, eating right, and being healthy through a program entitled "Ready! Set! Fit!" This project, which is a product of the Healthy Habits Initiative Task Force and is sponsored by the Bower Foundation and the Office of Healthy Schools, is set to continue this coming academic year and to expand to more schools in the Jackson area. The long term goal is for children and parents involved with schools across the state to receive education on fitness and diet from their local physicians in a setting more comfortable to them outside of the medical office.

In addition to outreach to the community, our UMC council has begun sponsoring debates every few months between faculty-resident teams during resident noon conferences. Topics thus far have included whether or not drug reps should be allowed to financially support resident activities and whether or not healthcare is a right. The debates have received great reviews from the residents and will continue with a debate on pay for performance in the fall. We have also continued with our annual abstract competition and again sent three members of the council to Leadership Day this past spring. Each of these endeavors has made an impact on the education of our residents and has also put our Council of Associates in a position to have greater input on the national scene.

On June 6th and 7th I had the opportunity to attend my first meeting as a member of the National Council of Associates in Philadelphia, Pennsylvania. Primary among the agenda items were expanding associate membership and providing a well defined structure for that membership to be more effective within the College. The council, comprised of 14 associates from across the United States, Canada, and Latin America, identified chief residents and the current members of the Associate Leadership Network (ALN) as the key components in achieving these goals.

Over the course of the upcoming year, the National COA plans to compile a kit of items that will aid chief residents in fulfilling their duties. This "toolkit" will be available to the chiefs if they become members of the ACP and will include instructions on how to begin an institutional Council of Associates, which is a surprising rarity among universities across the country. We have submitted the bylaws for our own Council of Associates and Students (CAS) at UMC to be used in the toolkit as a model for the development of new councils. From those councils we hope to establish a better broader foundation of associate members that will make ACP more effective in fulfilling its roles of education and advocacy for residents and fellows.

The group identified as crucial to developing an effective associate structure for this expanded membership is the ALN, a collection of approximately 300 associates who have expressed an interest in being more involved in the College's activities. Over the next year, COA members will be in close contact with Associate Leaders from councils across the country to identify their specific area of interest and to team with them in forming concrete proposals truly reflective of the desires of the College's associate members. These proposals will then be vetted by the COA prior to submission to the ACP Board of Governors.

What these goals of the COA indicate is that the ACP, at least at an associate level, is loosely organized at best. While the realization that we are one of the few institutional Councils of Associates and Students makes me proud of what we have accomplished and grateful to **Dr. Herrin** and **Dr. Peebles** for encouraging its formation, it also disappoints me given that this is the largest medical specialty organization in the country. In order for the ACP to be an organization that accurately represents the best interest of internal medicine and to be one that has a definitive impact on public policy, there has to be not only more nationwide participation, but also a structure that enables the membership to succeed. We are certainly hopeful that our efforts over the next year help us take a big step in that direction.

Calvin Thigpen
President, UMC ACP Council of Associates and Students
Southern Zone Representative, National Council of Associates

Council of Young Physicians Report

The ACP is continually striving to make sure it more effectively involves and represents all sections of the College. In 2005, a Council of Young Physicians (CYP) was initiated to more formally involve practicing physicians who have more recently finished training than most of the College leadership. For purposes of this effort, "Young Physicians" were defined based on completion of training, not by chronological age. If you finished medical school less than 16 years ago, the College defines you as a Young Physician. The mission of the CYP is "to enhance the professional development and quality of life for young physicians, fostering their involvement in College activities, and ensuring that their needs are being met." The published goals of this committee are:

1. To establish and promote the highest clinical standards and ethical ideals in the work and professional lives of young physicians;
2. To assist young physicians with their academic and professional needs;
3. To recognize individual excellence and distinguished contributions of young physicians to internal medicine;
4. To develop educational programs and products of interest to young physicians that will increase the likelihood of their remaining in the College;
5. To promote the development of programs for young physicians at the chapter/state level;
6. To encourage productive interactions and dialogues with young physicians in other medical specialty organizations on issues of common interest.
7. To incorporate diversity in the composition of the Council and in its strategic objectives.

The CYP is made up of 11 physicians of varying backgrounds representing different regions of the country. I am fortunate enough to be serving a term on the CYP right now and have seen first-hand how the College listens to the opinions expressed by and requests made by this committee. I have also seen how crucial it is to have voices representing different regions, practice-types, and political viewpoints heard at the national level.

Several chapters have developed their own local CYP's and Dr. Peeples and I are committed to making this happen in Mississippi. This is a great opportunity for "young" physicians to get involved in chapter activities, to learn more about health policy and advocacy, and simply to network with peers. My personal goal is to have this up and running before I'm no longer counted as "young"-which is 2010 for me. With a new Executive Director on board to help with logistics, the time is right. I will be contacting individuals around the state as we try to set up an initial meeting for this fall. If you are interested in helping form this committee (and graduated from medical school after 1993), please contact **Sam Peeples** or me. I look forward to working with you to make sure the College is taking care of those of us who have many years

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Go to page 6 to read Dr. Vince Herrin's presentation "*War dilemmas put medical ethics under fire.*" It is from the ACP Internist, July/August 2008 issue.

Photo Gallery



Drs. Jeff McCrary and Amy Woods, Patrick Robbins (student)



Dr. Bob Brahan (Governor Elect), Dr. Amy Woods, Patrick Robbins (student), Representative Chip Pickering, Dr. Vince Herrin, UMC Program Director, Council of Young Physicians, Dr. Jeff McCrary, Dr. Sam Peeples, Governor.

Patrick Robbins (student), Drs. Vince Herrin, Amy Woods, Sen. Roger Wicker, Drs. Bob Brahan, Sam Peeples, Jeff McCrary



Dr. Peeples congratulating Dr. Files



War dilemmas put medical ethics under fire

Physicians debate challenges posed by war on terror and caring for enemy detainees at Guantanamo

From the July ACP Internist, copyright © 2008 by the American College of Physicians

By Stacey Butterfield

Most physicians will never have to make split-second decisions about how to ethically care for prisoners at Guantanamo Bay or choose whether the health of one terrorist patient outweighs the potential well-being of many citizens.

However, a group of Internal Medicine 2008 attendees, led by doctors who have been close to such dilemmas, enthusiastically debated the ethics of these and other aspects of military medicine during a session on "*Ethical Challenges: Confronting Dual Loyalties When Seeing Patients on Behalf of a Third Party.*"

During the session, sponsored by the College's Ethics, Professionalism and Human Rights Committee, **Walter J. Coyle, FACP**, and **Vincent E. Herrin, MD**, role-played hypothetical ethical challenges faced by physicians caring for enemy detainees. Dr. Coyle served in the military for 22 years and Dr. Herrin was deployed at Guantanamo while in the U.S. Navy.

Moderator Frederick E. Turton, FACP, got the program started with a case involving prisoners throwing feces and body fluids at their guards. The guards asked the detainees' physician to provide a list of the prisoners' diseases so they could know what they were at risk of catching.

When the physician refused, based on his duty to protect patients' privacy, his colleagues pressured him to prioritize military over medical ethics. "*You're on our side, right?*" asked Dr. Herrin, in the role of the sergeant on the cell block.



Frederick E. Turton, FACP

The desire to help one's buddies, and one's country, can create some of the toughest dilemmas, noted Dr. Coyle. "*You're part of the organization. You want to be part of the team. He's saying, 'Do it for my guys.' It's very hard to see what the clear decision is,*" he said.

Other military physicians in the audience seconded his assessment. "*Telling him no is tougher than telling your wife no,*" one said about denying the sergeant's request.

The presenters and the audience agreed, however, that the physician's primary duty is to his relationship with the patient. "*If you want to take the best care of detainees that you can, you have to establish trust,*" said Dr. Herrin. "*If you're going to prevent death or illness there, then they have to trust you, tell you when they're sick, take the medicines you prescribe for them.*"

The ethical pressures on these hypothetical physicians only increased with the second case study. In this situation, a new detainee reported a history of heart attack and current chest pain but his EKG and labs were normal. Security officials asked the physician to clear the detainee for interrogation, and to monitor and examine him during the questioning.

Any involvement at all in the interrogation process would destroy the detainees' trust in the physician, said Dr. Coyle. "*You're now just one of the bad guys, not looking out for their health.*"



Vincent E. Herrin, MD, (left) and Walter J. Coyle, FACP, role-played hypothetical ethical challenges faced by physicians caring for enemy detainees.

But not clearing the detainee for interrogation could pose larger-scale problems. "The pattern you'll see over the next several weeks is that any detainee who doesn't like what's going on suddenly has chest pain. Is that your concern at all as a doctor?" asked Dr. Herrin.

The scenario also raised the question of how involved physicians have to be in defining the politically gray area between interrogation and torture. Although the guidelines requiring physicians to have nothing to do with torture are very clear, the actual situations are not always so clear-cut, said Dr. Coyle.

He cited **Abu Ghraib**, for example, where patients came to physicians with injuries that were explained as self-induced or caused by other prisoners. "*You're not sure if there was actually harsh treatment. So if you patch the patient up and send them back and there are more injuries, are you facilitating torture indirectly?*" he asked.

And how much responsibility do physicians have for the ethics of the entire detention system? One audience member argued that simply practicing medicine in Guantanamo was an unethical action, potentially comparable to those of Nazi physicians tried at Nuremberg for war crimes.

Drs. Coyle and Herrin disagreed. "*If every physician refused to ever go down there, and these guys were getting no medical care, is that ethical? I'm not so sure,*" said Dr. Coyle.

Dr. Herrin noted that he diagnosed a malignancy and arranged for a prisoner to receive life-saving therapy while at Guantanamo. "*If I go there, and I make it my goal to be part of this separate process to ensure that the detainees get good medical care in an ethical way, in my opinion, I'm fulfilling my ethical obligation,*" he said.

Third-party conflicts, while perhaps less dramatic, are no less common in civilian medical practice, the session attendees noted. In determining disability for social security or worker's compensation or deciding whether an athlete is ready to return to play, physicians routinely are asked to serve interests other than their patients'.

Insurance and cost issues also can pose such conflicts, for example if a physician works for an HMO that offers fecal occult blood screening instead of colonoscopies. "*They can't give the patient true informed consent. Your organization is saying financially it is better for us to do this versus what is actually the best test for the patient sitting in front of you? That's a dual loyalty that I think we see all the time,*" said Dr. Coyle.

The dilemma can get even more personal, said Dr. Turton, noting that he was recently encouraged to order more CT scans to increase group profits. "*I didn't have any trouble making a decision, but those who saw their loyalty being to the group were influenced,*" he said.

Despite the complexity of the issues raised during the session, his solution to resolving them was very simple. "*Remember who's first—the patient.*"

"Remember who's first—the patient."
—Frederick E. Turton, FACP

Visit the Chapter website at
www.acponline.org/about_acp/chapters/ms/