



## Voices of Medicine

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By Del Meyer, MD

**The Bay Area's Super Messenger Model, obesity in adults and kids, inadequate care at the end of life.**

### **Bay Area Preferred Physicians Starts Up**

The Alameda-Contra Costa Medical Association has announced its sponsorship of a Super Messenger Model Organization, the Bay Area Preferred Physicians Medical Group (BAPP). BAPP was created by seven Bay Area Medical Associations (ACCMA, San Francisco, San Mateo, Santa Clara, Napa, Solano and Sonoma) to assist physicians, as a group, to communicate fees and contract issues with third-party payers, without violating anti-trust laws.

The Bay Area medical associations decided to form BAPP as a unique organization that would provide physician coverage for the entire Bay Area, a feature that benefits patients, health insurance companies, PPOs and physicians. The physician's entire financial obligation is an annual membership fee of \$850 and a one-time credentialing fee of \$250 (reduced to \$150 before April 1, 2004). Read about BAPP at [www.accma.org/webpages/bapp.asp](http://www.accma.org/webpages/bapp.asp).

### **Hospitalists are a Great Idea, but...**

S. Clarke Smith, MD, of the Orange County Medical Association, tells about his frustration with the seeming abandonment of physician-to-physician communication, such as between consultants and primary physicians but especially with hospitalists. He gives the background of the hospitalist movement, the use of highly trained intensivists to coordinate care during a hospitalization.

From the viewpoint of everyone concerned, it is a great idea except for the patient and his/her physician. He feels it is not acceptable to practice in isolation and that those physicians treating inpatients need to keep everyone in the loop by frequent communication, including sending copies of all labs and x-rays to the primary care physician.

### **The Obesity Epidemic**

Tony Iton, MD, JD, MPH, and Brooke Kuhn, MS, remind us in the ACCMA Bulletin, "Preventing Overweight & Obesity," that to enhance physician success rate in the battle against the growing obesity epidemic, we should routinely screen normal weight, overweight and obese patients for fruit and vegetable intake and physical activity during the complete physical. Further, we should advise pregnant women and new mothers to breast feed infants during the first year.

A "brief negotiation" with overweight and obese patients can be the impetus that patients need to lose weight. It is never too early to promote healthier lifestyles and food choices. Roughly a third of overweight preschool children and half of overweight elementary school children carry the weight throughout adulthood.

### **Preventing Childhood Obesity**

In the same issue, Dick Deutsche, MD, in "Preventing Childhood Obesity: A Grassroots Approach," contends that increasing awareness of childhood obesity is not enough. He recommends this approach as a necessary complement to the public approach and highlights Dr. Dexter Louie's pilot project at the San Joaquin Moraga Middle School aimed at "junk food" consumption.

Working through the leadership class, the students provided vegetarian lunch options, replaced one soda machine with a Milk Chug machine, increased the price of junk foods and decreased the price of nutritional foods, increased student awareness through the school newspaper, and created a "Health Awareness Week" for peer-to-peer health education. He challenges his colleagues to help implement the program that requires (1) physicians willing to bring the obesity issue to the attention of local school administrators and students; (2) a faculty sponsor to assist students with day-to-day operations of the program; and (3) informed students who choose to initiate a program to offer their peers healthier food options at school.

### **Experience on End of Life Suffering**

Brian A Seeley, MD, discusses "The End of Life Suffering" in Sonoma Medicine. He describes how his generation was shielded from death and states that he never saw a dead person until gross anatomy classes in Medical School. At the Hospice and the EPEC (Education For Physicians on End-of-life Care) program in Santa Rosa in October 2003, he learned that experts have demystified death and dying and have formulated better ways to relieve suffering.

Hospice agencies have focused on how to ensure that the experience of dying is gracefully accepted, rather than seeing it as a horrible agony. He suggests we periodically check the web site of the Sonoma County Academic Foundation for Excellence in Medicine, [www.scafem.org](http://www.scafem.org), for their next course. It fulfills the 12 hours of CME in pain and palliative care, required by December 31, 2006.

Dr. Seeley recites that in the 1970s, Elizabeth Kübler-Ross published "On Death and Dying," approaching the topic with love and kindness and bravely opening the door to its mysteriousness. The book became a helpful part of the curriculum for doctors and nurses at UCSF. It presented five recognizable emotional stages through which nearly all dying patients must sequentially pass: denial, anger, bargaining, depression and, finally, acceptance.

We should also add that when Elizabeth Kübler-Ross had her stroke at age 71 and was in need of end-of-life emotional support, her sad comment to the press regarding the effect she had on those who were caring for her was, "It's almost as if I had not lived."

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