



Voices of Medicine



By Del Meyer, MD

A 100th birthday in San Mateo County, a guide on domestic violence, and a look at personalized medicine.

San Mateo County's Century

In the San Mateo County Medical Association *Bulletin*, Michelle B. Caughey, M.D., President of the San Mateo County Medical

Association, reflects on the society's 100th anniversary.

"On September 21, the SMCMA will host an event celebrating 100 years of (somewhat) organized medicine on the Peninsula. A full-length book will debut in September as well, *A Century of Medicine in San Mateo County*. The book will chronicle the history of the practice of medicine in the county in the last century. We have had our share of scandals and our share of famous people, who after all, are human.

"The Medical Association has functioned in various ways over time. It seems natural that physicians would come together to discuss the coordination of medical care, the building of hospitals, and the care of the poor. Later, physicians worked together to protect their practices from intrusion and even competition. Medical societies became places where private physicians could buy malpractice insurance and staff benefits or telephone answering services as a group, to keep costs affordable. With the advent of Medicare, funding determinations, 'what's covered,' are made by the Congress of the United States. Now physicians have an intense interest in politics.

"Interest in state policy has grown out of the state's increasing regulation of all aspects of the practice of medicine. Historically the state has regulated the licensing, and therefore the scope, of practice of various practitioners. Although sometimes seen as self-serving, much of the physicians' concerns about licensing really arise from worry about the patients' best interests. The state also regulates the insurance industry, including HMOs. Doctors turned to their medical societies to advocate for fair payment, as for-profit HMOs swooped in to limit reimbursements in the 1990s."

This brief recitation of the history raises the themes that should carry us into the next year and beyond. To read more, go to www.smcma.org/Bulletin/BulletinIssues/July-August05issue/President.html.

A Domestic Violence Guide

The Alameda-Contra-Costa Medical Association *Bulletin* has an entire issue devoted to domestic violence. This guide has been modeled after the Domestic Violence Program developed by the Kaiser Permanente of Northern California. Duplication of these published resources is encouraged.

The president, Sharon B. Drager, MD, introduces this issue as the maiden voyage of the Alameda-Contra Costa Public Health Coalition as she presents it to the Alameda-Contra-Costa Medical Association.

"The goal of this issue of the ACCMA *Bulletin* which contains the 'Domestic Violence

Resource Guide' and other resources is to make it easier for ACCMA members to address the issue of domestic violence more effectively and efficiently with their patients. What follows is a 'nuts and bolts' approach to improving routine screening for domestic violence in a medical practice.

"Brigid McCaw, MD, discusses the 'Nuts and Bolts' in Detecting, Documenting and Reporting Domestic Violence. At least one in five women will be affected during their lifetime by domestic violence. Data from a study in northern California Kaiser members indicates that at least 5% of women aged 20-44 were assaulted by an intimate partner during the previous 12 months. It is more common than many other conditions that we routinely screen for in our patients. The health effects of domestic violence go beyond physical injury. Its association with depression, suicide attempts, chronic abdominal/pelvic pain, STD's and delayed prenatal care is well documented in the medical literature. Domestic violence is present across ethnicities, socio-economic groups and is present in both heterosexual and homosexual relationships. It is an issue of power and control. Some physicians tell me, 'Domestic violence is not an issue for my patients.' I suggest to them that if they do not routinely screen for it, they really don't know. In a busy practice things get avoided unless they are obvious, and domestic violence is seldom obvious."

To read more on how to screen for domestic violence without upsetting patients, where to find support services, what are the resource organizations, a summary of legal reporting requirements, and how to report injuries by a deadly weapon, go to www.accma.org/Content/NavigationMenu/PublicHealth/Domestic-Violence-Resource-Guide.pdf - phc.

A Snippet on SNPs

In *Sonoma Medicine*, the magazine of the Sonoma County Medical Association, Stacey Kerr, MD writes about personalized medicine.

"No, it's not health care that takes your whims, your schedule, your favorite color, your sexual preference, and your personal desires into consideration. It's not monogrammed chart labels. This is much more high-tech than that. This is family history taken to the extreme. This is your genes hung out to dry so all can see and judge them. This is potential loss of privacy, potential loss of insurance. This is medication tailored to your snips. This is the future.

"Each of us is unique. We know this in countless ways, but rarely more significantly than when we need health care. Why does that new headache medicine work for your best friend but not do a thing for you except cause odd sensations? Why did one of your patients have to stop chemotherapy because of intolerable side effects while another breezes through the same course without a problem? Which people are certain to develop chronic disease in spite of checking and treating all known risk factors?

"The genetic basis for individuality is the mere 1% of our gene sequence that contains variations in the DNA. Here reside the polymorphisms that make each individual genome unique. Most of these polymorphisms are single nucleotide polymorphisms, or SNPs (snips). Any two people can have as many as 10 million SNP differences between them.

"New advances in the study of SNPs have created the exciting and hopeful expectation that we will soon understand the genetic components of common diseases. We also hope to identify the SNPs that predict the best and most tolerable drugs for any individual patient's needs.

"Here is how personalized medicine would work: You go to your primary care physician and give a tissue sample. You return in a few weeks to get your personalized genetic report - a map of your SNPs. The report indicates your genetic risk for developing common cancers, Alzheimer's disease, and other chronic diseases. You may be told that you need only half-strength doses of certain medications because of a genetic variant that slows down your metabolism of certain chemicals. The next time you get sick, you will be

prescribed medication based on your genetic ability to incorporate and metabolize specific drugs. Your complete health care plan will be shaped by your genomics.

"Sounds smart. Sounds safe. Sounds expensive. Sounds controversial. Personalized medicine is all of that. Finding the specific relationship between combinations of SNPs and disease susceptibility is a daunting task."

To read more, go to www.scma.org/magazine/scp/wn05/kerr.html

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