



MILWAUKEE ACADEMY OF MEDICINE



Volume XXXXI / January 2016



WE'VE MOVED!



2016 New Meeting Location
Wisconsin Club
900 West Wisconsin Avenue
Milwaukee, Wisconsin



*The Wisconsin Club is located at 10th and Wisconsin Avenue.
10th Street is a one-way street heading north.
Drive 3/4 of the way down the block to the rear of the building.
Enter parking lot to the right. Valet parking at door.*



New Year, New Location
Wisconsin Club 900 West Wisconsin Avenue | Milwaukee, Wisconsin

President Elect's Comments

By Matthew Lee, M.D.

President Elect 2015

When did I become a provider?

I recently had to ask an administrator to stop referring to a group of physicians whom she was addressing as providers and, instead, to please call them doctors. I am old enough to remember when the word provider had almost no meaning in relation to health care. Perhaps insurance companies used the term, initially, in written policies, lumping physicians and nonphysician services together without going to the effort to identify them by profession or function, but no one really used the term to mean doctors. We had a pretty good word for that already.

Doctor — from the classical Latin meaning “teacher”. In the 14th century, “the highest degree from university” and “medical professional” about 16th century. (Citation. In *Etymonline.com*. Retrieved Nov. 30, 2015, from <http://www.etymonline.com>).

There is a new reality in modern medicine that includes healthcare consolidation, physician employment, and a proliferation of a variety of non-physician healthcare professionals. These include nurse practitioners, midwives, physician assistants, and CRNAs. Also included here are many non-physician healthcare professionals that want to expand their scope of practice including optometrists, psychologists, pharmacists, physical

therapists, audiologists, naturopaths, chiropractors, etc. There are many good reasons for these roles as well as the expansion of scope of practice, in certain circumstances. However, along with these new realities comes the *Newspeak* of industrialized medicine and the grand inclusive and diluted word — Provider.

The wholesale adoption of this word has had several unfortunate effects. First, all professions within the field of healthcare become interchangeable parts in the industry's overarching purpose to “satisfy” the “consumer”. Additionally, this shift in terminology serves to put physicians on the opposite side of the table from the administrators. When this happens, the result is often a diminished ability to run the practice as a partnership. In such an environment, it is natural to see why physicians are decreasingly holding meaningful leadership positions.

Many see the physician's reluctance to embrace this new reality as trying to protect turf or a case of overly fragile egos, but I would suggest that there is more to it. Language has meaning that can be important in understanding the roles and limits one has. For example, I serve as music director in my local church. My pastor has a PhD in

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Please Join Us 130th Annual Meeting



Tuesday,
January 19th, 2016

Wisconsin Club

6:00 p.m. cocktails

6:30 p.m. dinner

7:15 p.m. awards

7:30 p.m. presentation

Guest Speaker:

Dale Kooynga
Wisconsin State
Representative
14th Assembly District

Topic:

Wisconsin's Health Care
Public Policy

Contact the
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of Medicine office
for reservations:
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President Elect's Remarks

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theology and on the church's website he suggested that I use my professional title as well. I do not use that title in that setting since I do not have graduate training in church music and would not want anyone to mistakenly assume that I have. My role and limits are more clearly and accurately defined by NOT using the title. Similarly, a CNM with a PhD should not be called doctor in the Labor and Delivery suite. This may lead to a confusion of roles and scope. Or a medical student who has already earned a PhD in microbiology should not call himself "Dr. Smith" while still a third year student in the OR on a surgery rotation.

As a profession, we are running the risk of acquiescing to this *Newspeak*, rendering harm. The physician has a role and a responsibility that is different and unique from other non-physician healthcare professionals. My concern is that we are training a generation of physicians that see themselves and their unique role in caring for the patient as indistinguishable

from the rest of the team who also care for the patient with the skills distinct to their role/training/career (?). I am concerned that they will see themselves as "just an employee" with not too much to say about the running of the practice. Likewise, I am concerned that they will see themselves as "just another member of the team" with less connection and investment in the long term care of the patient, and perhaps relieved to not have the responsibility.

I would suggest that we have a responsibility to continue to be called "doctor" and to remind others to call us such. Not out of pride, protection of turf, or a dismissive attitude towards our differently trained colleagues with whom we work, but out of a duty to our profession that makes different demands of us, as the doctor. By reminding others that we are doctors and not providers, we will let others know that we are accepting that responsibility and duty. And we will teach those who will be called doctors what that looks like. ∞



**Please mark
your calendar
for 2016
meeting dates.**

Meetings are held on the
third Tuesday of the month
January - May and
September - November
at the Wisconsin Club
unless an alternate
location is noted.

January 19

February 16

March 15

April – TBA

May 17

September 20

October 18

November 15

From the Academy's Rare Book Collection

Review by H.D. Kerr, M.D.

Andreae Caesalpino (1519-1603)

Andrea Cesalpino was born at Arezzo, Tuscany and raised in Northern Italy the son of a mason. Little is known about his upbringing but his considerable talents were noted in his early years. At the University of Pisa he studied medicine, physiology, and anatomy. His anatomy instructor was Realdo Columbo (1516-1559), a celebrated anatomist and surgeon and one of the discoverers of the pulmonary circulation. In 1544 Columbo succeeded Vesalius in the chair of anatomy at Pisa, as professor of surgery, and as surgeon to Pope Julius III. In 1549 he went to Rome as physician to Pope Paul IV. Cesalpino studied botany as part of his medical training at the University of Pisa. His teacher was Luca Ghini (1490-1556), a physician and a botanist. Dr Ghini created the first herbarium, a bound volume of plants, and Europe's first botanical garden. In addition he struggled diligently to identify the 600 therapeutic plants listed by Dioscorides (c40-c90 AD). In 1555 Cesalpino became director of the botanical garden in Pisa (1554-1558) and, after qualification, professor of botany.

Posterity does not explain his interest in botany, but it seems likely that he was comparing forms of the mechanisms of life, comparing humans with plants. Among the structural notations of plant life were nourishment, water, growth, collective living, plagues, and deficiencies. One form was contrasted to another. Both are manifestations of creation.



Andreae Caesalpino
Aretini,
Quaestionum
Peripateticarum
Lib V. Venetiis:
Apud Iuntas, 1593.

Cesalpino diligently studied the works of Aristotle and the circulation of blood in humans. He maintained that there existed a perpetual movement of the blood from the veins into the heart and from the heart to the arteries. The veins brought food to the heart where it was perfected in the heat of the heart's laboratory. He believed that the lungs were involved in this movement but spoke about

it in a cautious manner and without creating a specific unifying theory (1). Columbo had noted the brighter color of the blood after it passed through the pulmonary circulation and believed that it was due to "spirit in the air". Cesalpino viewed the heart as the center of life and likened it to a flame that heats the blood and continued generation of the spirit. He discussed the perfected blood that guarantees the existence of the vital spirits, crucial in maintaining the principle of life. He lived at the time of the reformation where interest in the deep past implied disloyalty to some. Thus, ordinary scholarship and research could have been dangerous and be the reason for Cesalpino's "dense prose" in both his medical and his botanical writings. In the manner of Aristotle he limited his views and, therefore, limited details and implications.

In 1583 he wrote *De plantis libri XVI*, one of the most important works in the history of botany and the first modern textbook of botany. The first part of the book presents the methods of botany. The remaining 15 books contain descriptions and classification's of 1500 plants. There were no illustrations. His approach to classifying echoes that of Aristotle (384-322 BC) and of Theophrastus (371-287 BC), the respected leader of ancient botanical research. Admirers noted that the work of Cesalpino was done by "the first 100% botanist in 1700 years". He described his view of

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Book Reviews



By H.D. Kerr, M.D.

The Theater of War: What Ancient Greek Tragedies Can Teach Us Today

Bryan Doerries
Alfred A. Knopf Publisher
New York, 2015

As a classics major, the author was impressed by how similar his readings of classical Greek literature and plays were to modern problems. He decided to use modern actors to put on Greek style plays that presented problems similar to modern settings. Examples included prison guards interactions with prisoners, veterans groups, proper behavior while assisting a dying father, when suicide is expected, guards at Guantanamo, war and failure, and many medical examples. The audience at times participates. Interesting, different, and clearly written. ☺

By Mary Wolverton, J.D.

Being Mortal
Medicine and What Matters in the End
Atul Gawande
Metropolitan Books
Henry Holt and Company
New York, 2014

Recognizing when the path from life to death first appears is as challenging as deciding how to travel that path. Our September speaker, Denise Dudzinski, Ph.D., provided thought provoking insights on the subject in the context of treatment for heart failure. She explained the need to discuss end of life concerns when faced with treatment options that may well turn out to be only a bridge to death. Atul Gawande's Being Mortal is a must read for anyone ready to approach the subject of end of life care and treatment, whether for themselves, for family or for patients. Gawande, well-known author of articles on the human side of medicine, tackles this tough subject with care, thought and compassion. The difficult questions are asked and the range of possible answers explored with specific case examples.

Gawande tells the story of a young woman debating the extent of treatment for an ultimately untreatable cancer. Her story illustrates the difficulty of recognizing and accepting that the present diagnosis is actually a terminal diagnosis. She is offered treatment

after treatment by physicians who aren't prepared to offer her the option of doing nothing. Other stories confront the decisions to be made on the assisted living to skilled nursing care continuum. Gawande recommends that the first question be: "what is most important to you?" With the answer to that question the patient and the caregivers can create the environment that best serves the patient.

Gawande takes "assisted living" from when it was first developed to its present, markedly different, form. Family demand and government regulation have sacrificed the autonomy of the disabled elderly on the altar of safety but Gawande dares to state that safety isn't always the best choice and frequently isn't compatible with the patient's wishes. He recognizes that "we want to retain the freedom to shape our lives in ways consistent with our characters and loyalties". He stresses the need for elder housing that allows residents to sleep through 6 a.m. breakfast, have a drink before dinner and keep a cat in their room.

One physician who read Being Mortal said that anyone who thinks they might die someday must read this book. That is a recommendation I can echo. ☺

Meeting Reviews

The 1,318th Meeting September 15, 2015

By H.D. Kerr, M.D.

President Daryl Melzer opened the meeting at the University Club, 924 E. Wells Street, Milwaukee, WI.

Members were encouraged to submit names of those whom they feel worthy of the Humanitarian Award to be presented on January 19th, 2016. The award is presented annually to an exemplary individual or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion, and vision.

President Daryl Melzer announced that Dr. Linda Ellis has applied for

membership, and that her application will be voted on at the October 20th meeting. Dr. Janet Durham was voted into membership at the May meeting but was not in attendance at that meeting. She was called to the podium and received her Academy pin.

Dr. Melzer announced next month's speaker, Dr. Stephen Hargarten M.D., M.P.H., who will speak on the subject of "Violence Prevention in Milwaukee" and will be awarded the 2015 Distinguished Achievement Award.

Dr. Melzer then called Dr. Art Derse to the podium. He is Chairman of our Bioethics Committee and introduced the evening's speaker, Denise Dudzinski, Ph.D., Professor and

Chair, Department of Bioethics & Humanities at the University of Washington School of Medicine. She then delivered the 2015 Bioethics Lecture. Her topic was "The Ethics of Destination Therapy: When a Bridge Becomes the Journey's End." She noted at the beginning that ethical issues arise when ventricular assist devices are implanted in patients who do not qualify for heart transplant, thus making these devices "destination therapy." She noted that therapies of this type are moving toward being an end of life treatment modality. Their relation to palliative care continues to evolve. Her presentation was interesting and complex. A vigorous question and answer period followed with thoughtful and detailed exchanges. ∞

The 1,319th Meeting October 20, 2015

By H.D. Kerr, M.D.

President Daryl Melzer opened the meeting at the University Club of Milwaukee at 924 East Wells Street, Milwaukee, Wisconsin and welcomed all those attending.

A request was made for nominations for the Humanitarian Award which will be voted on at the November 17th Council Meeting. The Humanitarian Award is presented annually to an exemplary individual

or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion, and vision.

Stephen Hargarten, M.D., M.P.H., was presented with the 2015 Distinguished Achievement Award for his work on "Violence Prevention in Milwaukee." Dr. Hargarten is Professor and Chair of the Department of Emergency Medicine at the Medical College of Wisconsin. He is also Director of the Injury Research Center and Associate Dean of Global Health at the Medical College.

Dr. Hargarten then spoke with clarity and facts on the subject of violence prevention in Milwaukee. He noted that gun violence is a major public health burden in the United States and results in at least 100,000 deaths and injuries each year. Defining gun violence as a biosocial disease is a useful strategy. Many systems of society can and are, thereby, included in addressing this heavy burden. Civil society must march forward and decrease this plague. The audience appreciated Dr. Hargarten's detailed and forthright presentation. ∞

The 1,320th Meeting November 17, 2015

By H.D. Kerr, M.D.

President Daryl Melzer opened the meeting at the University Club 924 E. Wells Street, Milwaukee, WI with the announcement that most of the future Academy meetings will henceforth be held at the Wisconsin Club, 900 West Wisconsin Avenue.

The next meeting of the Academy will be held on January 19th, 2016 at the Wisconsin Club.

The names of the Officers, Council Members, Committee Chairs, and Trustees for 2016 were read.

There still remains time for worthy nominations to be made for the Humanitarian Award. That honor will be presented at the January 2016 meeting.

Prior to dinner attendees had the opportunity to gape at a display of

many weapons and official papers of the Civil War arranged on several tables in the front of the room. We saw guns and knives, health forms and next-of-kin forms, touchy questions forms, your health forms, and many more. Guns and knives and fragments of uniforms of those days were neatly arranged for examination.

All these were brought and arranged by our speaker of the evening on this rainy night, Peter H. Jacobsohn, DDS. He is Adjunct Professor of Oral and Maxillofacial Surgery at the Marquette School of Dentistry. His talk was entitled "Aspects of Civil War Medicine". He passed on to us a recent question posed to him by another group, probably similar to ours. It was "... how come all these Civil War battles were fought in national parks?" He urged us to visit nearby Civil War museums in Kenosha and Madison in particular.

Dr. Jacobsohn is a talented speaker and showed us how to take bits of information, clothing, and weapons and mentally assemble them into soldiers. He circled back to the materials on the tables and the forms needed for recruits. About 750,000 soldiers died in the Civil War. The Union enlisted three million soldiers and the Confederacy one and one half million. Diarrhea and dysentery were the leading causes of death by illness, typhoid was second, and typhus third. In that war they did use narcotics for pain relief and chloroform for anesthesia when it was available. Many died of gangrene. Of the deaths 2/3 died of disease and 1/3 of war injuries. By the end of the war there were 400 hospitals, triage of casualties, and better organized medical care. His presentation was excellent and appreciated by all. ☺

Seeking Distinguished Achievement Award Nominees

In recognition of outstanding contributions to the advancement of knowledge and practice of medicine by a Wisconsin physician.

Each year the Academy presents the Distinguished Achievement Award.

The Academy Council is currently seeking nominations for the November 2016 meeting.

The award recipient does not need to be an Academy member.

A **formal written letter of nomination** should be emailed

to the Academy office by April 15th, 2016. A listing of past recipients is available upon request.



2016 Proposed Officers, Council Members and Trustees

Officers

Matthew Lee, President
Thomas Heinrich, President Elect
Carol Pohl, Treasurer
Kurt Pfeifer, Secretary

Council Members

Ellen Blank
Tod Poremski
Daryl Melzer, Past President

Committees

Bioethics

Arthur Derse

Membership

Alonzo Walker

Newsletter

H. David Kerr

Program

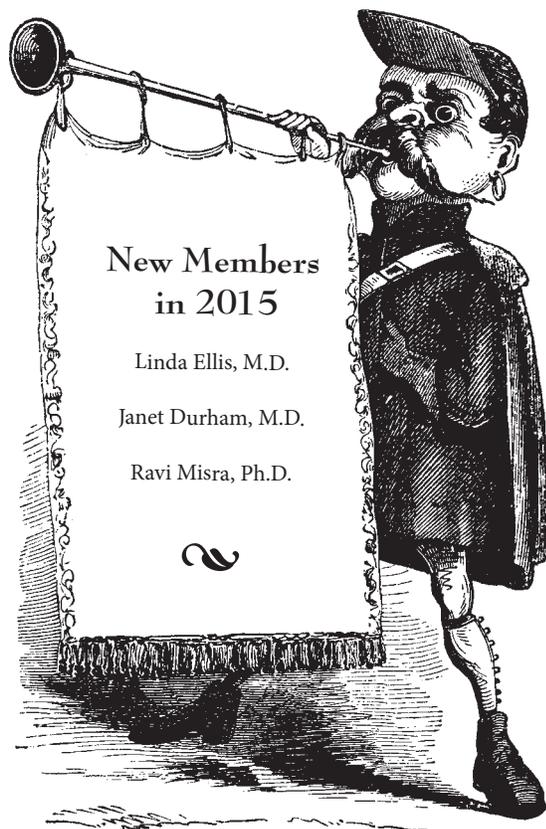
Jack Kleinman

Board of Trustees

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James Hartwig
Geoffrey Lamb
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Jerome Van Ruiswyk
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Walt J. Wojcik
Mary Wolverton

Executive Director

Amy John



New Members in 2015

Linda Ellis, M.D.

Janet Durham, M.D.

Ravi Misra, Ph.D.



Correction

Our attention was called to an error on page 6 of the September 2015 newsletter in the article titled "I Can't Breathe".

The right hand column, second paragraph should read ... less likely to survive to age 65 than male youths in Bangladesh....

In the reference section of this article, reference #3, the word "Let" in the book title, should be replaced with "Lay".

Andreae Caesalpino *Continued from page 4*

the principles of modern botany and presented a classification of plants more precise than any predecessor. He wrote a book related to seedless plants, described more fungi than any predecessor, and described ferns and their relatives. *De plantis libri XVI* was rediscovered by Morison in the late 1700s. It was reprinted and has been used and respected since then. There are six copies within three hundred miles of Milwaukee (2).

After this publication he became one of the first botanists to make a herbarium (1550-1560), this for Bishop Tornabono. It contained 768 species of plants arranged in three volumes. In 1596 he created a similar work, *De Metallicis Libri Tres*, which encompassed chemistry, geology, and mineralogy. He included what would be years later a modern view of the origins of fossils.

Cesalpino was Chair of Medicine in Pisa from 1569-1592. After 1592 he became personal physician to Pope Clement VIII and Professor at Sapienza University in Rome. In addition to his research and teaching he practiced medicine for much of his career. ∞

REFERENCES:

1. Fye WB. Andrea Caesalpino. *Clin Cardiol* 19:969-970, 1996.
2. Isely D. One hundred and one botanists. Purdue University Press, p351, 2002.