

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Happy Holidays to All!

Mary Ann Schaepper, M.D.



Sitting down at the table this Thanksgiving brought up memories of past Thanksgiving meals as a child in Ohio. Turkey, mashed potatoes, yams, Mom's special frozen salad, and pumpkin pie all together created a feast beyond all others. Growing up in a large extended family, with four sisters, and lots of cousins living in Worthington, we all knew we were special. The fact that Grandma Harding told us we were, made it that way. She was a powerful influence in our lives. She believed in what we were up to. She knew the family made a difference.

Topics around the table ranged from family relations, to local and national politics, to what was going on at the family hospital, to what the most recent treatment for schizophrenia was, all the way to how to take care of psychiatric patients in a community setting once discharged from the hospital. As a child I thought everyone knew about psychiatric illness and wanted to take care of the mentally ill. Many Thanksgivings were celebrated either at Harding Hospital, a private psychiatric hospital, with in and out-patient, staff, doctors and families. My father, George T. Harding IV, MD, DFAPA, medical director at the time, loved the telling the story of Squanto, the American Indian Chief, who not once but twice was captured by traders and taken first to England, then to Spain as a slave. Squanto was sold to Spanish Monks who quickly befriended him and eventually set him free. Where he could have been resentful and vengeful he chose forgiveness and demonstrated amazing resilience. Upon his return to America he became a guiding force to the first pilgrims. I liked hearing the story, yet what I remember most was the oneness, the celebration of life, with the patients and staff participating. At ten years old, I became aware that my grandfathers', George T. Harding III, MD, DFAPA, my great uncles', Charles W. Harding, MD, my uncles', Herndon Harding, MD, and my fathers' patients were people, just like me. These patients were laughing and being moved by the story. They were sensing their own resilience despite severe mental illness and many expressed gratitude for life. Yes, life even in a psychiatric hospital. I was not aware of all the dynamics, or struggles each person had, yet in the moment of celebration we were one community. Not only did my Grandmother know our family was making a difference, I experienced it profoundly.

Family is important. I appreciate the mentorship and example of my uncle, Richard K. Harding, MD, DFAPA, who many of you know through his leadership in the APA, as Speaker of the Assembly, President and continuing to secure a respectful patient privacy policy through HIPPA. I am thankful for my cousin, Herndon P. Harding, II, MD, my peer and "go to person" because of his broad experience in the public, private, and academic sectors of our field. I

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especially value my father, professor emeritus at Loma Linda University, George T. Harding, IV, MD, DFAPA, who continues to contribute in the residency program through teaching and supervision of residents. I am thankful for my family.

And what is our family, the members of Southern California Society (SCPS), up to? In this Newsletter you will read about the Information and Technology Conference SCPS hosted October 29. It is vital that we psychiatrists share information and discuss proper usage of the electronic record and social media. Social media is a powerful tool for change. Psychiatry must be actively involved in the interface of this new communication tool. Thank you to the Program Committee, to the Speakers who are breaking new ground, and to Mindi and Tim Thelen who actively supported this new program to completion.

Last month the California Medical Association (CMA) published a position paper on Cannabis legalization and regulation. Like in any family, members talk, discuss, agree and disagree with each other. CMA's District V Trustee, Ron Thurston, MD, DFAPA lays out his reasons for supporting the position paper. You may better know Dr Thurston as twice past-president of SCPS and current President-elect of CPA. He did not vote in those capacities of course and is not suggesting we follow suit but open discussion by psychiatrists is certainly in welcome. Our Council and colleagues around the state have been active in their District Branch Government Affairs Committees, thinking carefully about what position the American Psychiatric Association (APA), the CPA and SCPS stand for. Last October SCPS sent the LA Times the following position statement:

“When casting their votes on Proposition 19, SCPS urges voters to carefully consider the medical evidence regarding the special vulnerabilities of children, adolescents, and people with a variety of mental health conditions to the negative effects of marijuana use, including exacerbation of symptoms of psychosis, depression and cognitive impairment.”

SCPS Council continues to endorse this view. The CPA Child Committee reviewed the paper, the APA position, CSAM's "Youth First" Report (2011) on Marijuana and will be making recommendations to the CPA Government Affairs Committee this week. Members have individual feelings and opinions based on their clinical, research and academic experiences. As a child and adolescent psychiatrist working with adolescents with dual diagnoses I see the dangers of cannabis use and abuse and will speak up against minors having unregulated or increased access to this substance. We, as members of the SCPS family, have this important opportunity to invite members to speak up, to listen to and learn from each other. In learning from each other and our patients we will continue to guide our profession clinically and in public policy. We value your input and would like to hear from you. Together we make the difference.

Earlier this month, on my way to an APA meeting in DC, I stopped in New York for a few days. My timing was perfect. The trees were in the height of their fall glory. Here are my favorite pictures to share with you.

Best regards, Mindi



Letter from the Editor

Soooo Cute!

Colleen Copelan, M.D.



Why are they sooo cute? Or, more correctly, why do we think they are sooo cute? And why do they elicit baby talk from grown up humans, especially mothers, past, present and future?

Would the puppy test predict qual-

ity future mothering?

In my spare time, I breed Labradors. I'm an American Kennel Club Breeder of Merit: [AKC](#). I'll give you a few moments to look it up (.....).

Lacey had a litter six puppies—sooo cute!—on September first. I've already sold one to a prominent psychiatrist and his wife, a nurse with exceptional maternal instincts.

They say human babies are cute so that we'll keep them. But why dogs? They don't look that much like human babies. And is this why we and our ancestors have kept dogs in the family for hundreds of thousands of years?

Test yourself and your friends with the puppy picture I've attached. Send me the score. cocopelan@aol.com



A message from the president...

Thank you.



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Sincerely,

A handwritten signature in black ink that reads "Martin G. Tracy".

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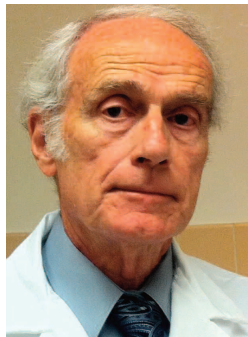
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Why I Voted to Legalize and Regulate Marijuana

Ronald C Thurston, M.D.
CMA Trustee District V



On October 14, the Board of Trustees of the California Medical Association voted to support legalization—in order to permit regulation—of marijuana. I am the trustee representing the physicians of Ventura, Santa Barbara and San Luis Obispo Counties. I voted ‘yes.’

CMA has studied and made recommendations regarding marijuana guidelines, safeguards and controls for decades. Because federal prohibition of the drug restricts research and precludes regulation—let alone taxation—the issue of legalization has been considered in recent years.

In 2010, the House of Delegates sent this resolution to the Board for study and decision: “That the CMA recognizes there is a public movement toward legalization of marijuana and that CMA convene a TAC (Technical Advisory Committee) to develop a comprehensive white paper recommending policy on marijuana legalization and appropriate regulation and education.”

As requested, the Board created a TAC, chaired by Donald Lyman, MD—whose day job is public health officer with the California Department of Public Health. David Pating, MD, an addiction psychiatrist and a past-president of the California Society of Addiction Medicine was among the membership.

The TAC report, “Cannabis and the Regulatory Void,” agreed that criminalization is a “failed public health policy.”

Increasing personal use and public tolerance have undermined and overwhelmed the enforcement of prohibition. Sixteen states and the District of Columbia have decriminalized marijuana for medical use.

Last year, 46.5% of Californians voted ‘yes’ on an initiative that would—among other things—decriminalize possession of 1 ounce. That same year, Governor Schwarzenegger signed narrower legislation, effective January 1 this year, to decriminalize 1-ounce possession. He said that since judges treat small quantity possession like an infraction, it may as well be one. It was not worth the expense of misdemeanor prosecution.

The TAC also found that California’s Compassionate Use Act, which permits the use of the federally illegal drug when recommended by a physician—despite “very limited” medical indications—has given the drug a specious aura of medical credibility and “inappropriately placed physicians in the role of gatekeeper” for people seeking to avoid criminal penalties.

Given the failure of enforcement, the expansion of use and the absence of regulatory safeguards, legalization—pre-requisite for regulation—would be the better policy.

The TAC recommended:

1. “Reschedule” (from Schedule 1 Controlled Substance) medical cannabis in order to encourage research leading to responsible regulation.
2. Regulate recreational cannabis in a manner similar to alcohol and tobacco.
3. Tax cannabis.
4. Facilitate dissemination of risks and benefits of cannabis use.
5. Refer for national action.

In other words: legalize, regulate, tax, educate, and carry this message to the American Medical Association for national action.

National action because genuine legalization—as opposed to dubious state-level medical exceptions and decriminalization of penalties—requires an act of Congress. Prohibition is federal law and cannot be nullified by states but, as one California judge has said, it is “not the job of local police to enforce the federal drug law.” The Food and Drug Administration is able—but so far not inclined—to reschedule the drug in some way as to facilitate research of medical indications without actual legalization.

Prohibition and enforcement protect people by eliminating, or substantially reducing, hazard—in a socially determined, cost-effective manner. The marijuana hazard has escaped enforcement, aided and abetted by the public’s growing tolerance for a personal choice solution.

Meanwhile, the federal prohibition precludes the imposition of regulatory safeguards for standards, production, distribution, and use, for taxation, for research and for the legal-market competition that would drive out drug cartels.

Given this reality, legalization and regulation is the better solution.

Certainly, doctors should not be posted at the gate of California’s gaping loophole in marijuana policy. In 1996, California voters approved the Compassionate Use Act—which, after subsequent tinkering by the Legislature and rulings by the court—allows people to grow “reasonable amounts” of marijuana with a doctor’s recommendation.

The Act declares marijuana medicinal and authorizes doctors to recommend it for the “seriously ill” —with no guidelines for use or dose—for “cancer, AIDS, chronic pain, (etc)...or any other illness for which marijuana provides relief (emphasis added).” In practice, the “seriously ill” clause has been forgotten and the “any other” clause has opened access for millions—and the implied medical credibility has further softened public opposition to use. Perhaps that was the real intent.

The Board of Trustees did not vote to light up! Let’s be clear about that: Physicians, more than most Californians, recognize the limitations and downside of medical use and—most certainly—the downside of “recreational” use. The Board voted to improve controls.

If people would obey the law and support enforcement, I would vote to keep marijuana illegal—even at the expense of research for medical use. I would do the same for cigarettes—they have no medical use whatsoever and kill more than 40,000 Californians every year.

I would think twice about the prohibition of alcohol—over 9,000 Californians dead each year—because that “Noble Experiment” has already been tried. It should be noted that the Volstead Act, the enabling legislation for the eighteenth amendment (Prohibition, 1920-1933) had its own compassionate use exception, allowing for “medicinal purposes when prescribed by a physician....”

The California Medical Association has chosen the lesser of two evils; legalization—and therefore—regulation, rather than acquiescence to increasingly unenforceable, unregulated access for personal use. CMA has led the way in promoting safeguards, regulatory controls and education for tobacco and for alcohol. We will certainly continue this same effort for marijuana. thurstonrc@gmail.com

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Council Highlights

September 8 and October 13, 2011

Anita Red, M.D., *Secretary*



The SCPS monthly meeting was called to order by Dr. Mary Ann Schaepper, with introductions of committee members following. Minutes of the previous minutes were read by Dr. Red. A motion with a second to that motion was made to accept the minutes. All voted in favor, and none opposed.

Dr. Yara Salma reported on the SCPS Womens' Committee and requested continued support for this committee, including funding for a coming fall event. Financial support and allocation of these funds were discussed.

Dr. Burchuk reported from the COI Committee on the chair and co-chair of the committee. A discussion ensued regarding the COI/QA policy review every 2 years. Dr. Cheung will lead the recommendations of two council members and two general members to review these policies. Dr. Shaner proposed that the bylaws committee review these policies.

Next, Dr. Shaner reported on the Los Angeles County Emergency Medical Services Agency. Dr. Cheung has been suggested as SCPS's appointee.

Dr. Schaepper led a discussion to extend the 8 year maximum of several committees' chairs. Dr. Burchuk motioned for these chairs to be extended one year but with a plan for the chair to recommend a successor to the president-elect. Dr. Moreno seconded this motion. There was a discussion about the activity of each committee. All voted in favor. None opposed.

Dr. Schaepper recommended several committee chairs, including the chair of the website committee as Dr. Red.

Dr. Schaepper led a discussion about the position of the SCPS regarding the inclusion of nurse practitioners as an APA member category. A discussion included issues regarding APA and SCPS by-laws, the membership of other health care workers, and proposed alternate levels of membership, like associate membership. Dr. Shaner asked if the APA has a draft action paper to review.

Executive Director, Mindi Thalen, exited the meeting so that there could be a discussion regarding her performance evaluation. Dr. Schaepper proposed that the annual performance evaluation in May of each year.

Recommendations for the San Fernando Councilor position were discussed.

The Save Our Members Campaign resulted in the dues of 30 memberships.

Dr. Shaner reported on the opt-out website directory form sent with dues statements. Currently the website committee has a limited opt-out directory in place. Dr. Shaner motioned that the opt-out information to be included with the next dues statement include: member name and address; business name, address, and phone number; special treatment interests; and if the member is taking new patients. Dr. Silverman seconded the motion. All voted in favor. None opposed.

As the president-elect, Dr. Lawrence gave the CPA report. New medication warnings with Saphris, Celexa, and Seroquel were discussed. He also reported on issues relating to Laura's Law, the Harlick vs. Blue Cross ruling, and the Affordable Care Act.

Dr. Ettekal gave the treasurer's report with the June, July, and August Financial and Cash-on-Hand Report. One item of interest is that incoming dues are down. He discussed financial planning focusing on investment strategies with actively versus passively managed funds. Dr. Burchuk made a motion to allocate \$500 to request a financial strategy recommendation from The Vanguard as well as investigate investment strategies of the APA. The motion was later removed, with the recommendation that the treasurer first investigate APA's investment strategies. The treasurer's report concluded with a draft for the 2012 budget, with a focus on a projected loss for the coming year. A motion to authorization \$600 was made for the Womens' Committee fall event. A second was made; all approved, and none opposed.

Dr. Lawrence reported on the membership committee. A motion was made to accept the MIT applications for membership. A second was made; all approved, and none opposed. Dr. Lawrence motioned to accept the general member applications for membership. A second was made; all approved, and none opposed. Other items of discussion included a member's possible resignation as well as another's request for dues relief. The chair of the membership committee will form a letter for continued discussion.

Dr. Silverman gave a program committee report. The next event will be "Technology, Professionalism, and Psychiatry," which will be at the Olympic Collection on October 29, 2011. Next, the speakers have been arranged for the psychopharmacology meeting, which will be held on the last Saturday in January.

Dr. Shaner reported that activity in public psychiatry was decreased in the summer months.

Dr. Thurston was not available to give a legislative report.

Dr. Schaepper asked for new business. The Ventura councilmember resigns with unfortunate health circumstances. Also, the SCPS council needs an alternate meeting place when nearby construction begins. Mr. Willick reported on a current court case involving doctor/therapist, patient confidentiality.

Dr. Schaepper adjourned the meeting.

October 13, 2011 - Highlights

Meeting was called to order by Dr. Schaepper. All voted to accept the motion to accept minutes of September council meeting. Dr. Lymberis reported to save the date for The Psychiatric Education and Research Foundation fundraiser 4/14/12. Dr. Schaepper reported that the women's committee is hosting a High Tea 10-16-11 on the educational topic, "Obstacles." Drs. Cheung and Burchuk gave an update on the conflict of interest committee. Dr. Red gave an update on the website committee. The director's pay will change to an auto deposit. Dr. Schaepper reported on the NAMI walk, in which the SCPS participated as a part of a larger team. Membership recruitment has improved with the number of at risk members decreasing from 137 to 90. Strategies for continued recruitment were discussed. A new venue for council meetings is needed, and locations were discussed. The next council meeting will be at a new location. Dr. Lawrence gave a report on the CPA meeting. Issues discussed included membership, new officer nominations, a raise in dues, AB 3632 funding, DSM V, social media, and an open director position for the Coalition for Psychiatric Care. Physician diversion was discussed. The California Patient Protection and Physician Health Plan bill has been proposed by the CMA, which is supported by the CPA. Currently, individual institutions are responsible for issues regarding diversion. In the treasurer's report, Dr. Ettekal discussed the September financial and cash on hand report and a draft of the 2012 budget. Ideas were discussed to decrease the budget deficit and/or increase revenue to balance the budget. A motion was made to accept the proposed budget with all in favor and none opposing. The report on financial planning was tabled until the next council meeting. Dr. Lawrence discussed the membership committee report. Current membership is 1,027. A motion was made to accept the nominated new members. All voted in favor, and none opposed. A program committee reported future planned programs including the "Technology, Professionalism,

and Psychiatry,” program on 10-29-11 and the “Psychopharmacology Update,” in January 2012. Dr. Thurston gave a legislative report regarding issues about psychologist scope-of-practice, parity for mental health coverage, and physician practice related to the SGR. There was no new business. Dr. Schaepper adjourned the meeting.

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Risk Evaluation and Mitigation Strategy (REMS): Do the Medications You Prescribe Have One?

by
Professional Risk Management Services, Inc.

Many psychiatrists are surprised to learn that medications they have been prescribing for years, such as bupropion hydrochloride and injectable olanzapine, have an FDA-required REMS, or Risk Evaluation and Mitigation Strategy. Pursuant to the Food and Drug Administration Act of 2007, the FDA was given authority to require manufacturers to submit such a strategy when needed to ensure that a drug's benefits outweigh its risks. The FDA can require REMS pre- or post-approval. REMS may include any or all of the following components:

- a Medication Guides for patients
- a communication plan for healthcare providers
- elements to assure safe use.

REMS will likely contribute to the standard of care in medical malpractice litigation. Minimize your liability risks by staying current on and complying with REMS requirements for medications you prescribe. Information can be accessed in approximately 6 minutes at the FDA website, www.fda.gov/Drugs/DrugSafety/. Use content from the Medication Guides to shape informed consent discussions and to educate your patients. Through the FDA website you can also quickly learn whether the Medication Guide has been revised since you last accessed it. Establishing these steps as part of your prescribing practice and documenting the same should serve you well in terms of patient safety, and minimizing your profession liability exposure.

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Psychopharmacology Update 23
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Bipolar Spectrum Disorders: Underdiagnosed? Over-diagnosed? Strategies for Treatment - Mark Rapaport, M.D.

Hormone Replacement Therapy: Helping Your Patient Decide - Deborah Yaeger, M.D.

Consequences of Long Term Treatment With SSRIs: What do we know about safety and side effects? - Thomas Strouse, M.D.

Treating Resistant OCD, Compulsive Buying and Skin Picking - Lorrin Koran, M.D.

Borderline Personality Disorder: New Findings and Current Controversies - John Oldham, M.D.

There will be a reception in honor of John Oldham, M.D., APA President, immediately following the meeting. When registering for the conference, please be sure to indicate if you wish to attend the reception. If you are unable to attend the conference, but would like to attend the reception, please contact SCPS at scps2999@earthlink.net, or 310-815-3650.

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