

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Changes and Opportunities

Steve Soldinger, M.D.



Here we are, one fiscal quarter away from Healthcare Reform of 2014. People are busy completing new applications. What will this reform bring to psychiatry? We will certainly have a larger pool of patients to treat. Besides this reality, how will psychiatry be impacted? We don't know the answer to this question yet. We only know that as of January 1st changes will occur. The future will be one that includes more people seeking much needed psychiatric services. There will be many opportunities to participate in the changes that Obama Care will bring. We may actually see the new patients, review care for the new systems, and we may take part in different team approaches that will be available. Now is the time to increase your input in the coming changes. We need your opinions on these matters. You may voice your input directly to the government plans, or by speaking to members of the SCPS Council. In this manner, we will find new ways to think about and deal with old and new problems.

The CPA meeting was a great success. We were able to learn and celebrate our organization. We saw through celebrating Barbara Gard's leadership for 25 years, how far we have come. We come from lowly beginnings with no assets, and since that time we have grown strong. Though we may not be the richest group in money, we are perhaps the richest group in terms of our people and their dedication to us. Under Barbara Gard's amazing stewardship, the Presidents and Council members have been able to do an outstanding job. They have protected the practice of psychiatry. They have fought for our patient's care and the right for more people to be cared for. Consequently, the standard of care has never been better. We can be proud of our profession for the ethics and dedication we have had and continue to have.

SCPS Council has changed the location of its meetings. Our new meeting place is Caffé Roma. The atmosphere and service is wonderful. This was evident by the very productive meeting we had there last month.

I attended the SAMHSA (Substance Abuse Mental Health Systems Administration) "Voice Awards" in September. This combination which shows the increasing awareness of mental health. From all areas of life there is a change, and the importance of mental health is no longer in doubt. We are also making huge strides in erasing stigma related to mental health. Patients are coming forward with their voices and being heard. In addition, they are also being accepted, honored and respected. These three elements are essential to winning the battle

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over mental illness. Psychiatry is charged with the leadership role in the above tasks. We must be a part of the team. We must educate or treat as the case may need. We are the best our country has to offer. Let us try to be the driving force behind positive change.

We are so lucky to have had our past leaders. Do not miss a chance to interact with them. I have always gained knowledge from my fellow psychiatrists. We have so much to add and build with each other. To quote Bill and Ted "Be excellent to each other." The benefit on a professional and personal level will always amaze you.

Next month brings us Thanksgiving, a holiday where we should take time to express gratitude for all the bounties of our lives; to reflect on our past; embrace our future, and be thankful for our families and friends. We all work very hard, and deserve to thank ourselves as well for a job well done.

The joke of the month award goes to Mindi Thelen. Her joke is as follows: "A man goes to the Doctor and the Doctor gives him six months to live — so the man doesn't pay him. So, the doctor gives him six more months." We congratulate Mindi on her win. I hope to receive more entries next month.

In closing, I want to say thank you. I am not even halfway through my presidential term and I can already feel myself being thankful. I'm thankful for my learning; thankful for my relationships; thankful for the opportunities to serve, and most important, thankful that I am able to realize my full potential.

Sincerely,
Steve Soldinger MD

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0 For Two

By: Walter T. Haessler, M.D.

0 for two. That's my record for having *Psychiatric News* publish my letters to their editor.

I'll keep trying, though. After all, their mission statement, as revised by Dr. Jeffrey Borenstein (current *Psychiatric News* Editor in Chief), includes, "serving as a forum for the exchange of a full range of ideas and opinions among members, thus assisting in creating a sense of community."

I'm certainly a member (life member, actually), and I certainly have ideas and opinions. My opinions would not be outside a "full range." (Well, maybe some full ranges are fuller than others.)

So, what's the problem? I have to guess, of course, as both submissions were rejected without comment.

But here's my guess. First, I must acknowledge that my style is somewhat acerbic. I see that on re-reading my recent effort. But I do find their tiptoeing annoying; and I don't feel they assign enough importance to common sense and the exercise of free will.

And second, I question the sincerity of the *Psychiatric News* mission statement. (How's that for acerbic?) *Oxford English Dictionary* defines forum as, "...a periodical etc. which provides an opportunity for conducting a debate."

Psychiatric News doesn't act like they want to conduct debates. APA is highly diverse as to demographics, but seems pretty darned impenetrable as to publishing the expression of dissenting opinion.

That's not how a forum works. And, in my opinion, not how things should be. If the truth is on your side, you do not fear dissent. And if you are a seeker of truth, you do not just allow dissent — you embrace it.

Aristotle put it this way: "It is the mark of an educated mind to be able to entertain an idea without accepting it."

In forty-or-so years of reading *Psychiatric News*, I remember only one example, several years ago, of a member's sharp criticism of APA doctrine, and it was striking — for the writer's courage, as well as the content. And APA showed courage in publishing it.

APA has taken a series of positions since the 1960's advocating against limitations on access to abortion. An aspect of that has been countering the assertions of some pro-life types that elective abortion is psychologically damaging to the woman. The many writings of Dr. Nada Stotland, former APA President, exemplify our organization's response to such assertions.

Well, one member wasn't buying it. She had had an abortion, followed by a terrible emotional collapse, and told us about it in detail. It was a gripping, tragically beautiful story.

APA's response, as I recall, was sympathetic, while holding to the position that the scientific evidence did not support the claim that abortion tends to be psychologically damaging.

Memory is funny. Our profession has been aware, at least since Freud, that extreme emotion may interfere with memory. More recently we have come to understand that intense, but not extreme, emotion tends to enhance it. I suppose that's why I remember that woman's testimony.

In fairness to APA, then, I may be forgetting some less emotionally-charged material. Perhaps they have been more of a forum than I give them credit for, but I don't think so. And if they're not living up to their mission statement, they should change it.

I was emotional (i.e., annoyed) in writing my first letter to *Psychiatric News*. I had seen editorializing in a front-page news article on the Occupy Movement, January 20, 2012, <http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=334875> and called them on it. (I ask the reader to read that article and my response. See if you agree with me. My response is titled, "Counterpunching," and was published in *Southern California Psychiatrist*, July, 2012.) <http://www.socalpsych.org/july12.pdf>

That article annoyed me. The article to which I recently replied ("AMA Declares Obesity Disease Requiring Treatment," July 19, 2013) less so. Still, I didn't want to let it go unanswered. <http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1716539>

I ask the reader to read that article and my letter to the editor, which follows this explanatory article. If not, I don't know if I can make my point effectively.

When I asked, "Why all the tiptoeing about obesity?," my question was rhetorical in nature. It occurs to me, though, that it is an actual question.

I see a clue to the answer in the article itself: "...obesity has been viewed by some as a lack of will power with regard to eating, a stigma that should be dispelled by the understanding of obesity as a disease."

Really? Because you ate yourself into a diseased state there is *less* stigma? And, worse yet, because you allowed your child to eat him- or herself into a diseased state there is *less* stigma?

Schizophrenia just sort of happens to people, but that's not the case with obesity. Every sensible person, and I hope that includes us, knows that the only way to get fat is to consume more calories than you should.

So, having the disease concept be destigmatizing requires somehow disconnecting obesity from its cause, as though it was something that just sort of happened to you. That is to say, you are a victim of something. Dr. Harris may have meant to imply that, without saying it in so many words. And I think that's what bothered me.

I have actually seen the phrase, "battling obesity," suggesting that the locus of control is external. Don't we put considerable effort into helping our patients turn that kind of thinking around?

Back when psychiatrists spent more time with our patients, we would doggedly press the point with them that they are not stuck: not with the expectations and roles others have assigned them; not with their self-imposed limitations; and not with their self-defeating behaviors and bad habits.

My old friend and colleague Dr. Marty Bauman put it this way: "When people come to see us, they are drifting along with the current; we hand them a paddle."

This is my letter to *Psychiatric News*:

Years ago I was seeing a psychotherapy patient, a forty-something woman who was successful in business but not in friendships and romance. That was the focus of therapy.

She was a bit overweight, and wanted to be thinner. One day she declared that while she could control things in her professional life, she could not control her eating habits. I laughed, and she got the joke and laughed with me. Do we as a profession get it? I'm not so sure. I'll explain it, just in case.

This intelligent, confident woman was able to steer her business through some very rough waters, where few would dare to sail; yet, sugary sodas and office donuts got the better of her. I still find that amusing.

In response to a front-page article in July 19 *Psychiatric News*, I want to comment on AMA's position that obesity is a disease. Why wouldn't it be? Oxford English Dictionary defines obesity as a "disorder of structure or

function...of such a degree as to produce or threaten to produce detectable illness or disorder."

ICD-9 and ICD-10 already list obesity among the diseases. Granted it is, at least in adults, self-inflicted, but that doesn't matter. Is alcoholic cirrhosis not a disease?

The article quoted former APA trustee Dr. Patrice Harris as saying, "...obesity has been viewed by some as a lack of will power with regard to eating, a stigma that should be dispelled by the understanding of obesity as a disease." And we heard from Dr. John Seibel, an endocrinologist, that, "Obesity has unfortunately been considered a consequence of lifestyle choices... ."

I presume Dr. Seibel referred to overeating, but it feels like he didn't want to say that in plain English. Why not? And what's wrong with will power, except that too many Americans don't have enough of it? Diseased individuals lacking the will to recover are in a very bad way.

Why all this tiptoeing about what causes obesity? It seems that we spin it so hard as to risk losing track of the simple truth that if you eat too much you will get fat. Syndromes described in the later chapters of endocrinology texts do not explain why there are 90 million plus obese Americans. Nor does inactivity, although sedentary individuals should eat less.

We keep finding that various behaviors which give short-term pleasure activate our dopaminergic pleasure-reward circuitry. These behaviors are commonly overdone, leading to habituation and addiction. Dr. Nora Volkow talks about "high-reward foods" as a factor in obesity.

Studies show that weight-loss programs have better outcomes when losing weight earns even a very modest cash reward. This is kind of sad, when you think about it. Addicts, including food addicts, keep trying to light up that pleasure-reward circuitry, and winning a little cash can do that. The prospect of living longer, feeling better, and looking better just isn't enough to keep them to the task.

Americans have become seekers of short-term pleasure, and that is the national disease. Obesity is just one of its manifestations.

Walter T. Haessler, M.D.
APA Life Member
Temecula, CA

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Council Highlights

September 12, 2013

Davin Agustines, D.O., *Acting Secretary*



Call of meeting to order. Previous meeting minutes approved. Introduction of various members.

Dan Willick: Every year Dan gives a talk about the responsibilities and organizational structure of the Council. SCPS is a California nonprofit corporation. SCPS Council is the board of directors of that corporation. Each Council member has certain duties to the corporation. Council members must act with the organization's goals in mind. They may not vote on issues where there is a conflict of interest. They should not vote on issues where there may be the appearance of a conflict of interest. Members have an obligation to be informed about matters and issues before the Council. Second area of potential legal dispute: defamation or trade libel. A third area of legal risk is antitrust and legal competition. Fourth area: political activities. SCPS cooperates with CPA for political activity.

Motion to accept Sepulveda VA residents' request for \$500, passed.

Worker's Comp: There is no longer psychiatric coverage, but only on emergency basis. This was done in last few weeks of legislative session, no longer with psychiatric add-ons, but still with med-surgical add-ons. This is in violation of parity, but workers' comp is not subject to parity rules. The organization will need to take long-range view on workers' comp issues. Chairman of Workers' Comp Committee suggested to increase lobbying at state level. Dr. Malik will report back to SCPS next month with potential suggestions of psychiatrists that may be interested in taking over as Chair of this committee. We will need someone with a lot of technical expertise in the area. The workers' comp system has repeatedly downgraded psychiatric care. Last decade had a battle to keep psychiatric injury as part of workers' comp.

Resident attendance at CPA: at June meeting, SCPS was asked to match \$500 stipend to CPA. Only 1 other SCPS resident, in addition to Dr. Stroman, has signed up for the meeting, and asked for stipend – Linda Do. Motion to approve, granted.

Pro Bono committee: Dr. Furuta is interested in the South Bay Psychiatric Society, and wants to revive the group. Dr. Read to invite her to next Council meeting, to represent for Pro Bono Committee, and Art and Psychiatry Committee

NAMIWalk booth: Saturday Oct 5 for NAMI walk. Volunteers requested to man booth, to give out candy and hand outs, as well as triage questions. Santa Monica 3rd Street Promenade. Hours 8:30 to 12:00.

Cannabis Proposal for CPA: this is to give people a heads up on the CPA task force that is trying to establish a position paper on marijuana. This is a request from CMA to help weigh in on current dispensary system in CA state. Last year CSAM did paper focusing on risks to children and adolescents, as did CMA. APA policy is 10 years old, 1 page long, and agrees with AMA report that doesn't address children. Currently the APA policy is being revised, to be presented at Assembly in November. Not a lot of literature that suggests damage amongst recreational adults. In CA, the Compassionate Care Act passed in 1996, stated that marijuana is medicine, and can be prescribed for a series of illnesses. SB420 invented the marijuana card. Steinberg just introduced legislation that would shield growers from legal penalties that are supplying dispensaries. Current position paper is working its way through CPA committee, will come to CPA Council in September. Children using marijuana: CA has laws precluding parents with minors from using marijuana in the home, could trigger protective care services to help prevent minors from using marijuana.

2014 Dues billing: motion to have 1st billing be electronic. Potential for sending secondary mailings for non-paid. Only 25 members will currently need physical mailing on October 1. There are historically 4 mailings per year for Dues payment. Proposal to have 1 electronic and 3 snail mailings. Motion approved without discussion

Executive Director annual review. Mindi did a lot of work this year, plus organized the DSM review meeting. There was unanimous approval for Mindi's salary and bonus package.

CPA Election. Dr. Burchuk is on CPA nominating committee. Recommendation to have William Arroyo nominated to run for CPA President-elect.

President Elect Report: Dr. Fogelson reported on CPA meeting in June. Trial Lawyers attempt to overturn MICRA, there are geared multiple newspaper articles regarding bad doctors, and MICRA should be overturned. Scope of practice bills: 2 of 3 have been defeated. Pharmacists bill has been trimmed back. Nurse Practitioners bill died in session, will be revived next year. SB22, parity enforcement, was approved by state senate. Steinberg's bill for increased crisis services, though concern over who would receive the monies, oversight, etc. Discussion of bills to reduce prison population. Concern over potential cut to physician reimbursement due to sequestration. Sunshine Act goes into effect next year – anything over \$10 received by Big Pharma is reportable by manufacturers via public website. With change in CPT coding, there are reports of parity abuses by insurers. Individuals that are at 138% of poverty line will be covered by Affordable Care Act. Need for increased facilities to handle the most unstable and violent of inmates. All DBs publicize CPA annual meeting. MITs attending the CPA meeting be given \$50 refund. CCPS donated \$5k to the CPA, in order to help MITs attend CPA annual meeting. CA delegation to APA Assembly must be reduced from 9 members to 7, due to reduction in overall members. One of the problems that this DB will face is the change in representation. This creates problem with Bylaws which have a specified allocation of members to Assembly. Bylaws are going to need to be changed for both SCPS and CPA. Rod Shaner was awarded The Warren Williams Award by CPA for work in LA County and his co-chair of CPA, as well as many other services. 2014 is an election year for the CPA.

Membership committee: new members approved.

Ron Thurston: Legislative Report: there is a big rush for bills at the end of the legislative year. Many bills move too fast and have too many people pushing for adequate weighing of issues. Currently there is push for overprescribing doctors to have licenses suspended before this was proven, would interfere with due process. Medical Board was given the power to take deceased patient records if no relatives were identified through good faith efforts. There is a vigorous enforcement effort underway by CA state, to lesser extent the federal government, to report suspected improper prescribing practices. The Medical Board, in cooperation with Pharmacy Board, is in process of seeking out and prosecuting unsafe prescribing practices. The CURES system will be beefed up, and state will be monitoring prescribing practices of all physicians, but psychiatrists in particular. Psychiatrists need to be very careful of what medications your patients are getting, from all sources. Medical Board has increased authority to take medical records without a court order when a patient dies of an overdose. Proper record keeping is essential with respect to medications. Medical Board will always find deficient record keeping. CPA meeting on Sept 28 in La Quinta will have CURES signup available. MICRA: Trial Lawyers have come up with ballot measure to force the legislature to revise MICRA. Not enough votes in Legislature, so next move is statewide ballot measure. The language for raising the cap on pain and suffering damages is buried in other language that the public would like better – doctors should be drugtested, all doctors should be obliged to check on CURES website before prescribing benzodiazepines and narcotics. 70% of polled people think that doctors should be drug tested. Current cap would be raised to \$1.2 million from current \$200k. This would likely decrease access to care for vulnerable populations due to increased malpractice. There are 6-8 organizations that are opposed to this, allied under CAP. Collectively this has raised \$28 million to fight potential ballot measure. Attorneys want a big piece of expanded cap; threat of expanded cap will increase amount of forced settlements. SB585: mental health monies can be used for assisted outpatient treatment. Orange County will implement mental health monies to start Laura's Law. Ed Hernandez is in process of expanding optometrists into the practice of medicine, had introduced 3 separate scope of practice bills for

NPs, PharmDs, and ODs. Nurse Practitioners bill is worded so they can be unsupervised, the selling point is increased access. Optometry bill was cut back. PharmD was pared to smoking cessation, and non-black box drugs. Efforts of the state to reduce prisoners started due to federal government ordering improved care. Current compromise is for federal government to be asked for more time, state will start programs for rehabilitation. Currently an extra 9600 prisoners to be released under this order.

Dr. Silverman, Treasurer Report: 2014 budget was motioned and approved.

Program Committee: DSM-5 meeting caused psychopharm meeting to fall behind schedule. This year will be 25th anniversary of psychopharm meeting.

New Business: Invitation for Council members to 9/25 at Paramount Studios for fundraiser for Voice Awards.

Dr. Soldinger, with Council approval, appointed Ijeoma Ijaeoku, M.D. as Councillor for Inland Region.

Women's Committee: brunch to be held 11/3. Discussion of women and roles as leaders.

Child psychiatrists should call into CPA or SCPS due to funding for mental issues in schools being significantly cut from previous year.

Meeting adjourned.

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SAVE THE DATE
Saturday March 29th 2014
A PER FOUNDATION INVITATION

The SCPS sponsored Psychiatric Education & Research Foundation invites you to come experience an evening of great music, learn how in the past brain/mind problems negatively impact the life of one of the most creative musicians and the reality of our time when resilience and effective treatment can triumph.

The program features two outstanding professionals:

Dr. Richard Kogan the distinguished psychiatrist and concert pianist is returning for an ENCORE to present his unique lecture performance of the music of composer Robert Schumann and the impact of Schumann's disturbed moods on his work and life. Cellist Yo-Yo Ma noted that this presentation is "a rich multidimensional profile revealing some of the most intimate sources of Robert Schumann's enormous creativity, imagination and artistry".

Elyn R. Saks, the distinguished Professor of Law & Psychiatry at USC, will be accepting the **2014 PER Advocate Award**. Professor Saks is an expert in mental health law, a psychoanalyst and a person with Schizophrenia. Her 2007 autobiography "*The Center Cannot Hold*" became an award-winning best-seller. Her book detailing her long journey of learning to understand and live with her Schizophrenia, serves as an inspiration and living proof that a full productive life is now possible not only for those with all the known medical problems but also with brain/mind problems.

The PER Foundation is proud to have the UCLA Department of Psychiatry and the UCLA Center for Health Services and Society as co sponsors in this program.

This very special event will be held 8:00PM-10:00PM at the NPI Auditorium on March 29 2014. Refreshments will be served both during the registration 7:00-8:00PM and at the conclusion of the program. For more information about the PER Foundation, check our website: www.perfoundation.org. Email: PER.Foundation@gmail.com with your questions

Maria T Lymberis, MD
Founding President, PER Foundation

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