Fort Wayne Medicine Quarterly

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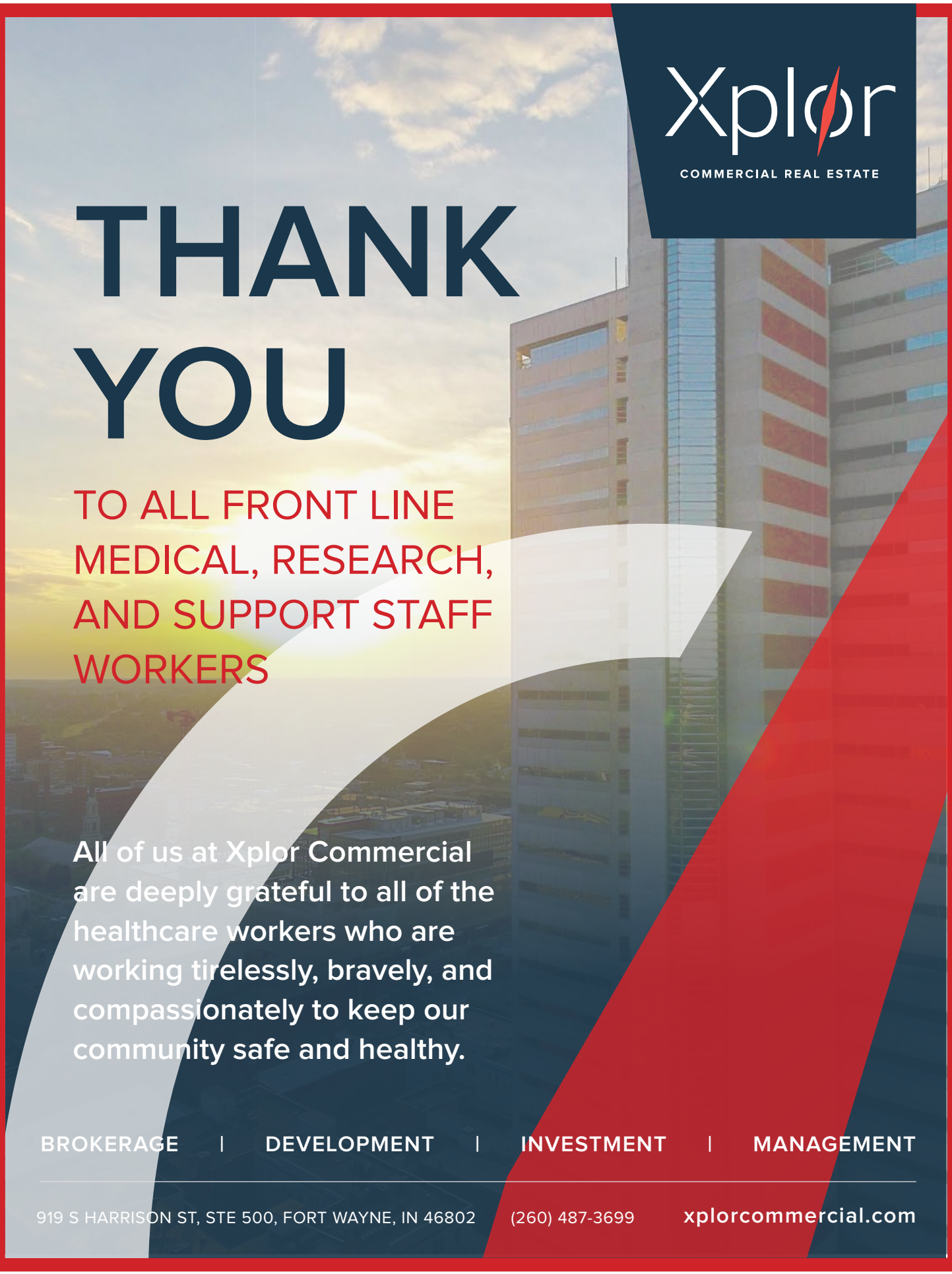
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Editor's Note | Elizabeth J. Canavati, M.S.

In just a few short months, life has significantly changed for all of us. When the Spring issue of *Fort Wayne Medicine Quarterly* went to press, COVID-19 was still somewhat of a mystery and people were enjoying their normal lives.

We started seeing the pandemic take a turn for the worst in the United States watching the crisis unfold in New York. Once several key states ordered citizens to stay home, many states including Indiana followed suit. We stocked up on a few supplies, groceries and dog food and felt ready for a slower, less sociable life. I even pulled out my sewing machine and made a few masks.

The Summer *Quarterly* is always an issue of change. FWMS and Alliance have new officers. FWMEP and IU School of Medicine have young adults graduating and moving to the next step in their professional careers. This year our Health Commissioner, Dr. Deb McMahan retired. She was awarded the Physician Exemplar Award 2020.

Dr. David Sorg had submitted his article for the Winter *Quarterly* and I asked him if it would be okay to postpone it for a later edition. When I received his rewrite in April, I thought the topic very relevant as we were hearing that in Italy they had to make critical decisions about life and death due to a lack of ventilators. I found this topic morbid but intriguing. How do hospitals/doctors decided who lives and who dies? How does a traditional DNR order work when you have patients coming in with a novel virus and limited resources? Are doctors able to discuss with patients and families COVID-19 treatment options and how they feel about the directives if they have a living will. The website that Dr. Sorg recommends, *Compassion & Choices* has a very thorough *End of Life Decision Guide Toolkit*. They have developed a COVID-19 Advanced Directive Addendum questionnaire and are encouraging people to complete and add to their current living will.

Another topic related to COVID-19 was how families are handling their grief when they are unable to be with a loved-one at the time of their passing and limited or no funeral. In thinking about grief in a broader context, I thought that everyone is potentially grieving the lost of something – loved one, patient, job/loss of income, unable to spend time with family or friends, etc. I had received an email about several webinars addressing grief sponsored by Visiting Nurse and signed up to listen. I felt the webinars had helpful information and wanted to share it with our *Quarterly* readers. I hope you find some of the information helpful.

My inbox is waiting for your opinions and expertise. We are always open to topic ideas and contributors. Please feel free to send me your ideas or articles at **lizjcan612@gmail.com**

The best thing about the future is that it comes only one day at a time. – *Abraham Lincoln*

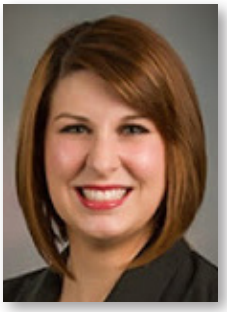
About the Cover:

Claude Curry Bohm (1894-1971) was born in Nashville, TN and grew up in New Orleans. His father was a mural painter, who died when Bohm was in his teens. The family moved to Louisville. At the age 18 Curry eloped with his 16-year old girlfriend, Lillian. They moved to Chicago where he studied at the Art Institute.

The cover painting is called "Chicago Avenue." I thought it beautifully captures the feel of a quieter and simpler time. In contrast, there have been weeks of riots where George Floyd was murdered on 38th Chicago Avenue in Minneapolis, MN.

C Curry Bohm was a charter member of the Brown County Art Gallery Association formed in 1926. He didn't move to Nashville, Brown County, IN until 1932. He and Lillian lived in a converted cow barn for $10/month. They purchased a house in Nashville, IN in 1947. Curry was a prolific painter and won many awards for his landscapes, particularly his snow scenes.

President's Message: Greetings | Erin Jefferson, D.O.



My name is Dr. Erin Jefferson and I am enthused to be the incoming President of Fort Wayne Medical Society. I grew up in Indianapolis and attended Indiana University for my undergraduate studies. I had the opportunity to attend medical school at Chicago College of Osteopathic Medicine at Midwestern University with every intention of returning to Indianapolis following my residency training. However, my experience as a family medicine resident at Fort Wayne Medical Education Program (FWMEP) was incredibly positive. I quickly changed course and identified Fort Wayne as my new home. Since my graduation from training in 2014, I have had the opportunity to provide patient care both in rural and suburban settings. In 2019, I stepped into my new role as teaching faculty at FWMEP and the medical director of the Family Medicine Center. I take an interest in the organization of medical practice and promoting the voice of the physician. In this way, I hope that my skillset will be an asset to the FWMS in the year to come.

It is a privilege to follow in the footsteps of Dr. Sara Brown as President of FWMS. Dr. Brown was able to lead with poise and provided thoughtful consideration to all discussions and challenges that were put before her. She put forth great effort to change the by-laws of FWMS, a necessary step to modernize the organization and reflect current practice. Dr. Brown also worked tirelessly to bring consistency to the operations of FWMS and the Board of Trustees. In doing this, the organization operates more efficiently and allows us to focus on our goals and initiatives. Her reliability and approachability were appreciated, and I hope to emulate the same traits.

During the last few years on the Board of Trustees of FWMS, I worked in partnership with my team members to update the organization website. While I am not particularly savvy regarding technology or graphic design, it was an enjoyable activity. I recognize that accurate and up-to-date communication via website and social media is helpful for membership engagement and elevates our presence within the community. Moving forward, I hope to continue finding new/creative ways to engage with our membership in person and virtually. I do believe that this will be even more important as we recognize that socially distanced interactions will be encouraged for the foreseeable future.

This is a unique time to serve FWMS, as this organization continues to grow and evolve. As physicians working for different organizations and in different specialties, it is comforting to know that we are united in an organization that finds our common voice and mission within the community. I have always known that the FWMS demonstrates much value to the community at large. However, I have been proud of the additional support that has been demonstrated during this COVID-19 crisis. During the COVID-19 pandemic, it is especially important that the medical community remain connected. It has been reassuring to know that we all have a place to turn when we need reliable data, guidance, and support from local experts, or simply a friend during these challenging times. While the COVID-19 pandemic has been heartbreaking on many levels, the heightened sense of unity within the medical community is one silver lining.

It is safe to say that none of us know exactly what the next twelve months will bring in our community—with regards to pandemic management and economic hardships. However, I am committed to be steadfast in my devotion to my profession and our mission at FWMS. I promise to be nimble and creative when necessary in order to maintain the forward trajectory that Dr. Sara Brown worked so hard to establish. I hope to work closely with our outstanding Executive Director, Joel Harmeyer, to further demonstrate the value of this organization. We aspire to find creative ways to spark interest in physician fellowship and the society goals and objectives. I look at the unfortunate situation related to COVID-19 as an opportunity for Fort Wayne Medical Society to step up in support of our wonderful community. Please know that my proverbial door is always open, and I am available for thoughtful suggestions and communication.

I look forward to working with you all!

DIRECTOR TO DIRECTOR

Joel Harmeyer, Executive Director and
Leslie Friedel, CEO, Visiting Nurse

This issue of the *Fort Wayne Medicine Quarterly* addresses end of life considerations and grief. With that in mind, I had a conversation with Leslie Friedel, CEO of Visiting Nurse. She offers wonderful insights on this issue's topic with specific considerations for our member physicians as they address the end of life care with patients. Due to the COVID-19 outbreak, this conversation took place exclusively over email.

1. **How do you describe Visiting Nurse to someone unfamiliar with the organization?** Visiting Nurse is a non-profit, mission driven organization that serves Northeast Indiana. Visiting Nurse focuses on life limiting illness through our palliative, home health and hospice programs. We serve individuals in our community by providing hospice services wherever the patient calls home and also in Hospice Home—our 14-bed inpatient unit. Through our palliative program, we see individuals with life-limiting illness in the community, clinic, and hospital setting. This program focuses on goals of care and symptom management. Visiting Nurse's programs do not end when a loved one passes away; we also serve members of the community at the Peggy F Community Grief Center which offers grief counseling at no cost to the individual.
2. ***What is the history of Visiting Nurse?*** The roots of Visiting Nurse can be traced to 1888 when the Ladies' Relief Union distributed food to the poor. Two years later the Union expanded and formed the Visiting Nurse Committee. In 1900, the program, now renamed the Visiting Nurse League, hired its first nurse, Josephine Shatzer. Visiting Nurse served during the polio epidemic and during the Spanish Flu which began in 1918. In 1998, Visiting Nurse Service and Hospice refocused its mission to exclusively provide end-of-life care. In 2001, a $2 million dollar capital campaign raised the funds to create a new building on Homestead Road, where the Visiting Nurse offices and Hospice Home are still located. In 2015, The Peggy F. Murphy Community Grief Center was established to provide adults who have experienced the loss of a loved one grief support and counseling at no charge. Today, the future appears bright as the agency celebrates 132 years of service. Visiting Nurse continues to provide hospice care in patients' residences (including nursing homes and assisted-living facilities) and in the Hospice Home. The agency's Palliative Care program provides nursing care to homebound patients with serious illnesses who are receiving curative treatments. In 2020, Visiting Nurse expanded its footprint by joining together Family LifeCare, a non-profit hospice agency in Marion and Berne, IN.
3. ***What is a typical workday like for you?*** I have learned that there is not a typical workday for me, and I love the variety. I enjoy working closely with our caregivers and those who have been touched by our services. I cannot tell you how many times I am out in the community and someone recognizes the Visiting Nurse logo and they stop and tell me stories of how we have impacted their lives. I love to connect with our community and not only learn how we have served but also help people understand how hospice can help.
4. ***How do you strike a work/life balance?*** Hospice has always been a big part of my life since I was in college. I started volunteering for hospice when I was 19 and found it to be so rewarding and immediately saw the benefits. Sometimes the balance is difficult because many situations weigh on my mind. Our patients and families often do not get this time back and we want to provide them with the comfort they need. I believe that being part of something that is so much more than me keeps me focused on what is important. I live my life to the fullest knowing that others may not get to. It keeps me grounded and focused on what is important both personally and professionally.
5. ***What is the biggest challenge your organization faces?*** The biggest challenge Visiting Nurse faces every day is the knowledge of what palliative care and hospice is and

Visiting Nurse

HOSPICE HOME HOSPICE CARE PALLIATIVE CARE GRIEF SUPPORT

the benefit it can be. People often live longer on hospice than without hospice. The quality of life of those individuals is often better because symptoms are managed.

6. ***How can our members help?*** One area that would be helpful is to not be afraid to have the conversation with individuals regarding their goals of care and quality of life. We often find that individuals prefer the truth and options rather than to feel like they must seek aggressive treatment. This will empower those with life limiting illness to make the decision. Many times, we hear about birth plans for new families with many details laid out of what is acceptable and unacceptable as a new life is brought into this world. It is my belief the same considerations should be made at the end of life.
7. ***What is one thing you'd like our physician members to consider when dealing with end of life issues of patients and their caregivers?*** I would like for physician members to consider referring for a palliative consult sooner. I would also encourage them to reach out to palliative physicians to discuss these difficult conversations. A physician may see their role is to heal or cure and there may be times that palliative or hospice care is the right path for the patient.

Grief & Coping Amongst Frontline Healthcare Workers

David A Wust, MA
Visiting Nurse, Bereavement Coordinator

Let's get real!

I have worked in the healthcare industry long enough to know first-hand that many healthcare workers are terrible about taking care of themselves. It seems to be a phenomenon. It reminds me of the saying that "a mechanic does not work on their own cars." Mechanics who work on cars all day certainly do not want to take time for the maintenance of their own vehicles. The same can be said to be true of our healthcare workers. Many spend long, laborious hours focused on other people and their needs. They spend shifts, often without any breaks pouring themselves—their hearts, souls, minds, and strength—into providing love and care for the well-being of others.

Especially in the face of COVID-19, our frontline healthcare workers usually either do not have the time or energy to care for themselves, are reluctant to care for themselves, and/or do not know how to take care of themselves. Perhaps, fleshing out these challenges can bring light to beneficial ways frontline healthcare workers can receive better care during these uncertain times.

Countless healthcare workers just do not have the time or energy to care for themselves. Many are parents and once they leave a long day or night of work behind, they begin a shift of parenting their children. Several are caring for their loved one's health and/or needs, whether it is their own parents, family members, or friends. Many are just trying to live a normal life outside the craziness that they experience at work by maintaining their livelihood and basic needs. A healthcare worker may be experiencing all these scenarios in a typical time. Now, put these scenarios in the middle of a pandemic.

At the very least, frontline healthcare workers should reflect on their basic needs when they feel that they do not have the time or energy to care for themselves. They should think of themselves like an athlete, preparing themselves to be their best. They should think about how they are going to get enough sleep so they can feel energetic enough to pull another shift. Often times they grab an energy bar and a cup of coffee, but beyond that it gets to be too much to spend time and energy caring for oneself. However, if healthcare workers would just keep the following five components of self-care in mind—and follow them—then they would see a

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dramatic positive difference in their physical, emotional, and mental state of wellbeing. These can give them control when there are so many things in their lives that they do not have control over. This control is the power of self-management. Managing our bodies and minds gives strength and vitality to care for patients, cope with their grief, and face the chaos brought on by the virus.

Five Components of Self-Care

- Eat well
- Sleep well
- Exercise
- Focused breathing
- Self-compassion

Eating well does not mean start a diet. It means to monitor how you are eating. Paying attention to what you consume and the frequency in which you consume it. What you put into you is what you get out of it, which means if you do not make the effort to eat healthy then you will bear the results. Observe your eating habits and make changes so that you can increase your energy levels.

Sleeping well is what I consider the most important of these five components, because if you do not have adequate sleep then you will not be operating at your normal base level, which is your normal mode of unimpeded physical, emotional, and psychological functioning. Observing your sleeping habits and managing a regimented 7 to 8 hours of sleep will help you to function at your normal base level.

Exercise involves moving. I am not talking about joining a marathon or getting a membership at a gym. I am simply talking about moving the body and stimulating the mind outside of work. Some of the feedback that I get from clinical staff about this is that they say that they get plenty of exercise and mind stimulation at work. While this may be true, they are not getting the mindful benefits from exercising outside of work. While at work, your mind and body are tasked with stressful and grief-filled responsibilities. Exercise outside of work gives you a time and a place to jettison some of those built-up negative emotions…to sweat off the crazies.

Focused breathing can involve diaphragmatic breathing and multi-sense focusing. What you want to accomplish from this self-care exercise is to take time away from those things that cause you grief, anxiety and/or stress in the past and the future and be drawn to focus on the present. These types of exercises do this.

Diaphragmatic breathing consists of breathing in a deep breath through your nose while pushing your belly out, so that you can move the diaphragm, which is the muscle between your ribcage and organs below. This activates the vagus nerve, which is part of the parasympathetic nervous system, and creates a calming effect within the body. Most people experience this calming effect 45 seconds after beginning the exercise. It is recommended to do five-minute blocks of this exercise to get the benefit from it.

Multi-sense focusing can be done in conjunction with this by simply focusing your senses down to your immediate space and time. Focusing on what you see, smell, or hear will give your mind and body a moment of rest from emotional distractions.

Self-compassion is important because most of how we feel about ourselves has been conditioned by ourselves. Of course, there are many external contributors to our conditioning in the development of our perceived selves, but how we have responded over our lives to these contributors during that time plays largely into who we are today.

Self-compassion includes being good to yourself. Many of us are our own worst enemies. We have to be especially mindful of negative self-talk that could be taking place inside of us, what kind of realistic expectations we set for ourselves and in what light do we perceive ourselves. Monitoring our self-compassion and then challenging the negativity that can rise up within us is all part of the self-care that will greatly benefit you both short-term and long-term.

In parts of the healthcare industry there is an ongoing subculture of clinical workers that maintains the need to be tough or put on a facade of toughness. And perhaps, this is maintained by the higher ups in this industry: the administrators and doctors. Or maybe this subculture is a silent code amongst the nurses, aides, and technicians that there cannot be any room for those who express weakness.

Additionally, competitiveness amongst the ranks of healthcare workers can also stifle the need to be human and express feelings of grief. Years ago, I worked in a clinical setting where there was competition amongst the nurses as part of a game of politics to see who can rise through the ranks of hierarchy. Nurses and aides who were openly expressive of their stress or grief were labeled, looked down upon, and thought to be unreliable. And let's face it—many healthcare workers do not know how to care for themselves in the midst of this pandemic. Maybe they had a self-care routine or coping ritual beforehand, but now things are different and more challenging. What worked before doesn't work today.

All these situations can create a reluctance to care for oneself within the workplace. While deaths stack up because of the pandemic, what can frontline healthcare workers do to relieve themselves of their anxieties, stress, and grief? Going back to practicing self-management, a healthcare worker finding themselves working under these circumstances can implement workplace coping strategies such as the ones mentioned on the following page. While these are merely suggestions and do not work for everyone, they are offered here in the hopes that they can benefit you.

Immediate Workplace Coping Strategies

- Human Support
- Debrief after a Loss
- Quick Reboot
- Healthy Transition – Work to Home and Home to Work

Human Support is absolutely necessary—by mental health standards. Human connection and interaction are not only a primal need, but they help us cope in times of distress. We see that natural need or we draw to those people we are familiar with in the effort to seek love, care, and support in past natural disasters like 9/11 or Hurricane Katrina. People need people to cope.

"Zoom Groups" are an example of the reliance on others for support and coping. These are groups that are cropping up all over the U.S. in response to the need by frontline healthcare workers to have a place to express their grief.

"Circles of Care" is one such network of these Zoom groups that provides a safe space, immediate and short-term support, a place to share emotional circumstances and to practice "sharing in silence." This technique of sharing in silence builds cohesion, generates thought processing, and stimulates bonding.

"Townhall Well-Being" Zoom groups are much larger and encourage open chat conversations of 80 to 100 healthcare workers. These groups offer a safe space to talk about stress and emotional experiences, and provide a place to share in grief expression, a sense of community, security, structure, passing of information, and sharing stories.

Human support as a workplace coping strategy is at the top of this list for workplace coping strategies because in a workplace environment such as the healthcare industry, (especially during this pandemic), there has to be a "team-like" support system in place. There must be a unified spirit —like soldiers at war with a common enemy.

Human support should come from many sources. Leadership would be first, and then trusted co-workers, people of like-circumstances, support groups, family, friends, and counselors.

Post-traumatic positive growth development is the positive development that can take place after a traumatic event in someone's life, including the building of resilience and/or the development of grief-related positive character qualities. Human support prompts post-traumatic positive growth development because:

- positive human support provides a venue for grief expression
- a place to practice expression
- a place to share in grief expression to begin thought processing, acceptance and understanding of the loss or losses.

Human support influences this type of growth.

Debriefing is an excellent workplace strategy if the debriefing is done with a trusted individual and/or safe group. Debriefings can be done internally within yourself, by reflecting on the experiences that caused grief or stress and make positive statements against them. Some healthcare workers use a "release ritual."

Release rituals aid in beginning the closure process for the health care worker. This is done by implementing the ritual for each experienced death in the hopes that it can help prevent the emotions that come from multiple deaths from stacking up on each other. A release ritual, or ritual of release, can be done in different ways. I have heard of healthcare workers who have come up with their own ways to separate losses and to humanize the experience rather than it being just another death.

This ritual involves:

- Reflecting on and acknowledging the death and the circumstances around it. Asking yourself questions like, "What happened?" can induce this time of reflection.
- Recognizing and experiencing your emotions.
- Reconciling yourself to the death of your patient and reaffirming your role in giving them quality care and comfort.
- Remembering and honoring your patient's life. Expressing gratitude for them. This can be invoked by asking, "What will I remember about this patient? How did they influence me? What did I learn from them and this experience?"
- Recommitting to life. This consists of moving from a focus on sickness and death to opening your eyes to the life that is happening around you. Reflecting on those who are healing and those who went home. You can acknowledge the sickness and death around you, but balance that with recognizing the good happening as well. You can then recommit yourself to love, the care of others and the joy of life.
- You can acknowledge the sickness and death around you, but balance that with recognizing the good happening as well. You can then recommit yourself to love, the care of others and the joy of life.

This ritual helps you understand that the patient is more than a statistic to be filed away and forgotten. They are an essence and influence that go with you. And you can feel empowered by their memory, beauty and lessons learned; That you are a part of their legacy of influence. And, that they go with you as you live your life, moving forward.

Debriefings can also be done with fellow co-workers who are or have experienced the same traumatic situations. They can do this in real time by checking in with each other by making statements such as, "I am with you," or "I've got your back," or "Let's talk this out together."

Debriefings can be done with leadership marked with nothing but encouragement, which means no discussions about job-related tasks or improvements with tasks. Debriefings

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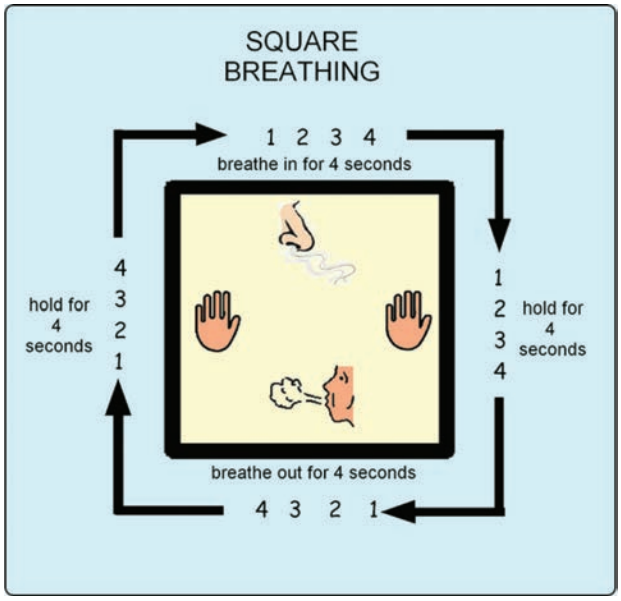
with leadership should involve listening and responding with positive remarks, building up of character, and the offering of continued support.

Quick Reboot

Rebooting is a quick analysis of your emotional self and a practiced response with easily concealable and private coping exercises. Some suggestions may not be helpful for everyone and for it to work…it has to become a practice.

Here are some quick exercises to give you a much-needed reboot.

- Toe release—grip and release your toes
- Shoulder roll and neck stretches
- Prayer
- Multi-sense focusing—step out and get some fresh air and focus on what your senses tell you. What are you seeing?
- Tapping—When we are caught up in our clouded emotions because of our grief responses, the frontal cortex is not functioning as clearly. Tapping has been known to "reset" or "re-center" our minds by getting our left and right brains to work together. This will allow us to think clearer and process our emotions. However, tapping might be a little intrusive or appear awkward in the work environment.
- Simply pass a ball or bottle of water back and forth between your left hand and your right while focusing on the object being tossed and to which hand it is being tossed to in order to begin generating a sense of calmness.
- Perform body check-ins frequently throughout the day: Ask yourself: What is your body feeling? Where are you feeling the emotion, tension, heaviness?
- Square breathing



Healthy work-to-home and home-to-work transitions

Healthy work-to-home and home-to-work transitions are necessary periods of time to help maintain personal vitality. These concepts can be an excellent way to separate work from home.

Work to Home

- Be intentional and deliberate with your transition home (make it a ceremonious routine)
  - taking off the badge
  - changing out of the scrubs before you head home
  - stopping for a treat/beverage
  - going by the gym
- Deal with outstanding issues so that they are not hanging over you. Try not to take work home or if you must, contain it to a certain time and place at home. This reduces anxieties.
- Checking in and saying goodbye wraps up the day. It ends one portion of the day and signifies the beginning of another portion. Make it a ritual.
- Use your time (no matter how long) going home to think of home and what your time away from work looks like. Think of healthy ways to express your grief by implementing therapeutic activities in your day away from work.
- Count your blessings—vocalize them.
- Find things to be thankful for—no matter how small.

Home to Work

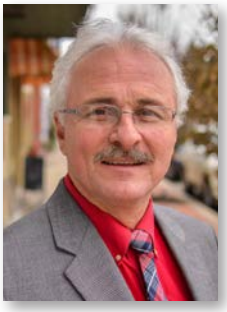
The home-to-work transition can be the work-to-home transition in reverse order

- Give yourself a pep talk: Remind yourself that you are there to perform a duty, to do a job, and that you give your all each time
- You play a significant part in the fight against this virus, and that you provide the best possible care every time. You are good at what you do.
- Use time going to work to plan your day.
- Check in and say hello.
- Count your blessings—vocalize them.
- Find things to be thankful for—no matter how small.

These transitions will help the healthcare worker to compartmentalize and develop healthy solid boundaries, rather than letting the lines between the two blend.

All in all, using coping strategies and the practice of self-care is left up to everyone. How everyone will respond to so many deaths and the chaotic circumstances that surround them is up to them. My hope for them is that they will choose to work for and implement into their lives a healthy response to these trauma events that are occurring too many times in their lives.

Retreats for Grieving Adults—Kerith Brook | Doug Martin, RN, MBA



It was a pleasant sunny afternoon on Labor Day weekend in 1997. My friend, thirty-nine-year-old Doug Munk, went out for a bike ride in southwest Fort Wayne. After several hours, his wife Jane realized he had not returned as expected. Doug never returned home; he had been struck from behind by a car and killed instantly. That day was the beginning of Jane Munk's grief journey.

Grief is unlike any other life experience. It is very individualistic, dependent on many factors such as the closeness of the relationship, the cause of death, personality, and the level of life changes required after a death. There is no timeline for grief. Grief is unpredictable and can come in waves for many years. Most grieving individuals will say grief is 'hard work' and exhausting. This is what Jane found.

After losing her husband, Jane went on a silent retreat. During her stay, she had all her needs met: a modest but pleasant & clean room to stay, generous meals, unlimited quiet time to reflect, read, pray, and rest. There were no schedules, no expectations; and while there were activities in which she could participate, they were all voluntary. Jane found this to be one of the most restful and restoring experiences since her husband's death. The retreat gave her renewed hope and encouragement. During this retreat, the vision for Kerith Brook, a retreat center specific to grieving, formed.

The model of Kerith Brook Retreats is to provide a temporary, safe place of rest for the purpose of restoration. Kerith Brook understands the grieving process and how very personal and individual the process is. Adults can go for a weekend to rest and "be" wherever their grief journey leads them. Guests are welcomed by friendly faces, comfortable furnishings, home-style meals, and optional gatherings. Individuals are encouraged to make the time his or her own: taking a hike, visiting with other guests, curling up with a good book or simply sleeping—whatever the guests needs. What happens for each guest is different, often hard to predict; yet each guest has a positive and sometimes a profound experience. End of retreat evaluations show 100% of guests would recommend this retreat to another grieving adult. Retreat guests responded to the question: "What about the retreat was most beneficial to you?" with the following sampling of answers.

> *"The ability to just 'be' with no expectations. Restful. The gatherings were profound and well- paced. The food and the atmosphere. Time to reflect as well as talk with others going through this process. Hearing other people share their stories. Time to feel. Sharing experiences in a safe, relaxed, warm place. The calm, supportive personalities of staff. Having an open, free, relaxing place to process and do what I felt I needed to do. Helped me to realize I wasn't moving through grieving as much as I thought. Space to rest."*

Weekend retreats are held at the Inn at Windmere, a bed and breakfast in Auburn, Indiana owned by Dr. Paul and Susie Rexroth. Dr. Paul Rexroth, MD is also a Kerith Brook board member and his wife, Susie, is a nurse. Paul, Susie, a Retreat Leader, and a Retreat Facilitator (a trained mental health provider) are in attendance for the entire weekend retreat.

At the time of writing this article, the world is amid COVID-19 and social distancing. In the unusual circumstances under which deaths are now occurring as well as the absence of social connection, a known coping mechanism, normal grief may become prolonged. Prolonged grief can lead to issues, such as: suicidal thinking, sleep disturbances, substance abuse and impaired immune function, as referenced by M. Katherine Shear, MD, Professor of Psychiatry and Director of the Center for Complicated Grief at the Columbia University School of Social Work, (*The New England Journal of Medicine*, Vol. 372, No. 2, 2015).

Kerith Brook moves grieving guests forward by providing social connection, the time and space needed to feel, focus on self, be supported, be supportive and to escape from the everyday demands and expectations of life. Kerith Brook Retreats also contribute to the mitigation of emotional, physical, and economic costs of unresolved grief in our community. Kerith Brook is unique in that there is no known program like it anywhere in the United States.

In addition to "in person" weekend retreats, Kerith Brook is in the process of adapting services to provide a virtual retreat experience. Updated details, retreat dates and retreat registration can be found at KerithBrook.org.

Kerith Brook is a 501-C3 organization devoted to providing retreats for grieving adults. To prevent financial barriers, Kerith Brook provides retreats at no cost to participants.

Kerith Brook
Retreats for Grieving Adults

Coping with Anger after a Disaster or During a Traumatic Event | SAMHSA

Many people experience anger after a disaster or other traumatic event. They may feel angry about the damage the disaster has caused, changes to their short-or long-term plans, the long recovery process, financial worries and problems, and their reactions to the disaster that are hard to deal with. They many also feel angry in general about the ways in which the disaster or other trauma has changed their lives.

Anger After Disasters

Many researchers think anger is universal—something people in all societies around the world experience. When people are dealing with lots of stress in their lives, anger may be more constant and harder to control. Survivors of disasters may feel angry at individuals and organizations they consider to be responsible for the disaster. Anger has been linked to heart disease, high blood pressure, trouble sleeping, problems with digestion, and headaches. Long-term, unresolved anger has also been linked to depression and anxiety. Anger may lead people to engage in behavior that involves risk, such as use of alcohol and other substances.

Tips for Calming Yourself

Many people find they become angry easier than usual following a trauma. There are several ways for you to manage and talk with others about anger that may help improve situations and strengthen relationships in your life.

Self-management

Anger can become very intense very quickly. It is hard to make good choices and communicate well with others when you feel very angry. When you notice you are angry, take a break. You may want to count to 10, take a quick walk, or postpone the conversation awhile. When you are calmer, you can deal with the anger in a way that is healthier for you and those around you.

Communication

Once you have calmed down, there are a few things you can do to improve the conversation.

- Use "I" statements—"I feel angry when …"
- Avoid placing blame and acknowledge that the person may provide you with information that changes how you think and feel about the situation
- Avoid the words "always," "never," and "should." All three words often involve blaming, which put the other person on the defensive and interferes with improving the situation.

Problem Solving

If you find you are often becoming angry in a specific situation, consider ways to avoid or change the situation. If you are working remotely and need complete silence during calls, identify an area of the house where this can be accomplished. If change is not possible, it may help to focus on areas of your life that are more controllable. Enroll others in your household to help suggest options to resolve the issues.

Forgiveness

Forgiveness may take time, but it will also enhance your relationships. Keep practicing it.

Community Support

Some people may need to talk to an unbiased person to diffuse their anger and get the support they need.

- Seek out a trusted friend or support group. Many legitimate support resources can be found online. Talking to others that have experienced similar situations, can be very helpful.
- Attend services at your place of worship.

Relaxation Techniques

Managing overall stress will help you manage your anger. Practice one or more of these suggestions daily to help build skills in calming down.

- Deep breathing. (see page 10)
- Visualization. Imagine that you are in a place that is peaceful and calming to you—somewhere you have been or would like to go.
- Progressive muscle relaxation. Tighten and then relax each muscle group in your body.
- Gentle stretching, yoga, or tai chi. Gentle movement may help you relax.

Habits of Health

Not enough can be said about keeping up with a healthy lifestyle.

- Sleep. Make 7-9 hours of sleep a priority.
- Eat well. Consume healthy food, including plenty of fruits and vegetables. Drink plenty of water.
- Stay physically active. Take a walk, bike ride, lift weights, do push-ups and sit-ups.
- Avoid alcohol and drugs. They will lower your ability to control your behavior and may result in you acting on your anger with negative consequences.

Seek Professional Support

If you are feeling uncontrolled or overwhelming anger, perhaps you need to get professional help. ISMA has a Physician Assistance Program available to all members in need of confidential support.

This information has been reprinted from Substance Abuse and Mental Health Services Administration (SAMHSA). They provide a National Helpline at https://www.findtreatment.samhsa.gov

ISMA President | Lisa Hatcher, M.D.

As a young teen I remember hearing stories of my grandfather's interrupted college career. He was studying to be a teacher at River Forest College in Chicago a little over a hundred years ago. He was frantically called home by an aunt to come see his seriously ill parents and younger brother. His arrival home was too late to say goodbye to his immediate family. Both parents and his only brother were dead from a virus sweeping the world known as the "Spanish flu." Life changed drastically for my grandfather due to that 1918 pandemic. He had to leave college and take over the family farm. He never was able to return to college and complete that teaching degree.

Today's pandemic, COVID-19 has changed a lot for families, employers, employees, businesses, religious organizations, and communities all over Indiana, the USA and around the world. Virtually no one has been untouched by the disruptions of COVID-19. The degree of change has been different for everyone depending on where and what one does. My story is not so dramatic as my grandfather's nor as front line as many of my colleagues. Nonetheless, what follows is how COVID-19 has changed my work life as a family physician and President of the Indiana State Medical Association.

A typical "pre-COVID" day for me started with hospital rounds followed by office hours in my family medicine clinic. Visits would include: prenatal checks, well-child visits, chronic illness visits for diabetes, heart disease, hypertension, or hyperlipidemia, a procedure like: an IUD insertion, an abscess drainage or lesion removal, a few physical/gynecologic exams, a few mental health visits for anxiety or depression, a variety of same day visits for various things like migraines, edema, musculoskeletal injuries, infected toenail, cough and fever, and occasionally an interruption of office hours to go to the hospital to deliver a baby. That's the beauty and wonder of family medicine—every day is full of variety. At lunch time and at the end of the day, I would answer telephone messages, approve medication refills, and reply to "MyChart" messages (a confidential medical email of sorts). Sometimes the days are overly full and the hours long. My husband generally expected me for supper at 7-ish.

Once COVID-19 restrictions were imposed, things changed dramatically. I consider myself fortunate, that my employer designated my office as "clean." That meant my office was at least open, although restricted to prenatal visits and post-hospital newborn follow-ups. No sick visits were allowed—all of those were funneled to a community clinic where patients were separated by "respiratory illness" and "other illness." Our front door to the office was kept locked. Patients were instructed to call into the office to announce their arrival. A staff person would go out in mask and face shield to inquire about any illness symptoms, take their temperature and then escort them into the building. Only the patient could enter unless there was a newborn and then one parent only could come in with them.

Our staff stopped having morning huddle meetings. We would stand in the door of each other's office. We didn't eat lunches together. We tried to remember to wear our masks all the time. Every piece of furniture and equipment got sanitized after every patient.

Several days a week my routine would include telephone or internet meetings with colleagues in our health system to learn whatever new precautions/safety changes were being implemented. My days were typically shorter. Unless I had an active labor patient in the late afternoon, my husband got used to me showing up at 5 or 6 for dinner. In the past we would have used a rare day like that to go out to dinner. Obviously during COVID-19 restrictions that wasn't an option.

In the hospital, I was also fortunate to be assigned to the OB/newborn nursery "silo". If I stayed healthy (and I did), my days at least started off "normal." I would go to the hospital each morning to round on any newborns and my own OB patients, then head to the office. There the "normal" ended. I would see a handful of prenatal patients and a few newborn follow-up exams. I could answer phone messages, refill prescriptions, and reply to MyChart messages throughout the day since patients coming to the office were so few. I learned how to do "telemedicine", including video and telephone visits, to help fill out the day.

My hospital work took more time, mostly for clothing and personal protective equipment (PPE) requirements. On arrival at the hospital, I would go to the OR changing room and don fresh scrubs and a cloth mask. Once I got to the OB department, I would put on a procedure mask and a plastic face shield to make rounds. Then I would reverse the process to leave the unit and the hospital. If I came in for a delivery, once I prepared to enter the room for the actual delivery I would don an impervious gown over my scrubs, an N95 mask covered by a procedure mask and a face shield, knee high boot covers and gloves. Once in the room, I was required to stay until all the delivery procedures, any repair and infant exam were completed. If for some reason I had to leave the room, it meant doffing all the equipment and then re-donning it to come back. Once everything was complete, I could doff the extra protective

Continued on page 16

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equipment and leave the room to do charting or see other patients. When the pushing stage was a long one, it could get extremely hot under all that garb. There were many times I needed a shower after a delivery! It really made me appreciate those who were working in critical care with COVID or potential COVID patients for 8-12 hours shifts in all that gear.

Visits to my nursing home patients were different as well. Outside the nursing home facility, I would don clean scrubs over my clothes, shoe covers and a face mask with a shield. At the entry to the building I was greeted by an administrative person, asked some questions about my health, had my temperature taken and was given hand sanitizer to use. I have patients at two local nursing homes and the procedure was the same both places. I'm happy to report that both facilities to date have remained COVID-free.

In my role as President of the Indiana State Medical Association (ISMA), I was scheduled for several meetings and presentations around the state this spring. I had planned to attend the Match Day celebration for graduating medical students, present a lecture on safe sleep to medical students, attend ISMA district meetings around the state, speak to the graduates of the Marian University medical school class and present an award from the ISMA. Instead, my calendar accumulated multiple red stamps reading "cancelled". Presentations that were not cancelled became recordings that were posted on-line.

At the state level, various meetings took place routinely. The Indiana State Health Department officials hosted a meeting every Friday to share updates on the state's COVID-19 statistics, availability of PPE, testing capabilities and management recommendations. Our ISMA held telephone meetings with state board of health officials, with Senator Todd Young, and with our organization leadership. We generated letters of recommendations for changes to our Governor, Medicare and Medicaid entities and the state licensing board to address a myriad of issues, including: reimbursement for telemedicine visits, temporary licensure requirements to increase the physician workforce, modifications to malpractice issues, and increasing access to PPE.

COVID-19 pandemic has changed our lives in many ways. Each of us has had a unique experience. I look forward to hearing the stories of more colleagues as we find our way to a "new normal". History can be a great teacher.

ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

2020 FWMS Annual Meeting: 2020-21 Board and Honorees

On Thursday May 28th, the FWMS was forced to conduct their annual meeting via Zoom instead of the usual country club dinner with presentations, awards, and words from outgoing President Dr. Sara Brown and incoming President Dr. Erin Jefferson. (See Dr. Jefferson's column on p. 7) The meeting was conducted by Dr. Sara Brown and Executive Director Joel Harmeyer.

Dr. Scott Stienecker gave a short presentation on current COVID-19 statistics at Parkview Health. Dr. Deb McMahan was also asked to share information that she has from the Allen County Health Department. Participants were encouraged to ask them questions or voice concerns.

Although the information was very timely, helpful, and informative, the real purpose was to make sure Dr. McMahan participated in the meeting so that she could be presented with the 2020 Physician Exemplar Award. The award tribute was presented by Dr. Bill Pond. (page 18)

Dr. Brown recognized member physicians observing their 25th or 50th year since joining the medical society. They will be sent congratulatory certificates. Their names are listed below.

50 Year Honorees were:

Dr J Edwin Bolander
Dr James Buchholz
Dr Richard Fox
Dr Rudy Kachmann
Dr John Thomas
Dr J Phillip Tyndall

25 Year Honorees were:

Dr Lisa Bergeron
Dr G David Bojrab
Dr Blandine Bustamante
Dr David Campbell
Dr William Collis
Dr Dennis DeRosa
Dr Sheryl Fergusson
Dr Anthony Henry
Dr Richard Johnston
Dr Virendra Parikh
Dr Andrew O'Shaughnessy
Dr Kevin Rahn
Dr Philip Rettenmaier
Dr Stephen Reed
Dr Todd Rumsey
Dr David Rusk
Dr Robert Severinac
Dr William Smits
Dr Marianne Watkins

Alliance President Cammy Sutter gave a brief summary of Alliance activity and introduced the 2020-22 Alliance Co-presidents—Vivian Tran and Liz Hathaway.

The election results were shared. New officers, Board of Trustees members, and ISMA Delegates were introduced. (Listing is on page 4)

Reflections on My First Year

Joel Harmeyer

By the time you read this, I will have completed my first year as Executive Director of the Fort Wayne Medical Society. It has been an absolute privilege working for this storied organization, its' Board of Trustees and the over one thousand Society members.

I spent the first three months training under my predecessor, Alice DiNovo. It is rare that an outgoing administrator sticks around to teach a new person. I am grateful to Alice for the time she gave me and her dedication to this organization. I still reach out to Alice from time to time with questions and she always graciously takes my call.

We are an office of two at FWMS and that cheerful voice you hear when you call is our Administrative Assistant, Lindsey Luna. When the COVID-19 pandemic hit, Lindsey suggested daily, factual email updates to our members. We no longer send daily updates, but these messages were very well-received and featured many contributions from our members.

We also hosted five "Webinars" during the peak of the outbreak, providing information and an arena to share ideas and ask questions of experts. We plan to continue these offerings and look forward to covering other topics beyond the pandemic.

It has been exciting to work directly with board members on specific projects. We worked with Dr. Erin Jefferson on a new FWMS website. In addition to a complete design overhaul, the site now has an online shopping cart, so that directories and subscriptions to the *Fort Wayne Medicine Quarterly* may be purchased. The new website is fluid, with pages being continuously added.

My first year coincided with Dr. Sara Brown's term as President of the Society. We worked together on a variety of projects including the passing of a new Constitution and By-Laws, a Financial Policy document, and a five-year budget for the organization. Dr. Brown had a specific vision for her presidency, and I was thrilled to assist on some of her many accomplishments.

A wise person once told me to listen more than you talk in the first few years of a new position. With that in mind, we have invited member feedback across a variety of platforms, including a comprehensive survey. This survey provided a better understanding of the services our members desire. We are excited to implement these findings into tangible programming.

My days are busy at the Society with lots planned for year two. I am never too busy, however, to speak with you, the membership of FWMS. If there is a service we can provide, or an idea you would like to share, please contact me. I'll be listening.

FWMS Physician Exemplar Award

Each member of our Medical Society is a valued contributor to the mission of the organization and the profession it represents. That is because each throughout their career and in their own style brings to their patients, colleagues, and community the attributes of professionalism, competence, leadership and service. Included are those whose career may be primarily based in patient care, medical education, research, administration, or combinations thereof. There are always some who are especially noteworthy for their contributions, and thus deserving of special recognition for being true "exemplars".

The 2020 Recipient:
Dr. Deborah McMahan
Allen County Health Commissioner
April 2000-June 2020

Since her appointment as Allen County Health Commissioner in April of 2000, Dr. Deborah McMahan has selflessly served the citizens of this community and the medical professionals who care for them. It has been my great privilege and pleasure to have worked closely with Dr. McMahan for over a decade. From my first meeting in 2010, I was amazed by Deb's grasp of depth and breadth of the public health mission when the topics included the "Family Table" for nutrition as well as teen pregnancy, encephalitis, tuberculosis, schistosomiases, refugees, suicides, lead poisoning, pollution control and much more.

As Commissioner, Dr. McMahan has been the Chief Medical Officer for the 70 dedicated and professional members of the Health Department which addresses issues of public concern, most recently COVID-19—while continuing to address and oversee essential public health functions including:

- civil surgeon examinations
- infections of tuberculosis/sexually transmitted disease/ influenza/hepatitis/encephalitis
- inspections of lodging/restaurants/tattoo parlors
- vector control
- vital records
- immunizations and
- wastewater treatment.

As an example of her boundless energy during this last year, she was the spark plug rousing to action stakeholders for Fetal Infant Mortality Review and Footprints, Healthier Moms and Babies, neonatal abstinence, research and clinical internships, community health partnerships, legal and policy reviews, Opioid Task Force, HIV/ AIDS, Hepatitis C, syringe services program—which exceeded the acceptable needle exchange metric of 80% to a phenomenal 98%, and deaths of despair/suicides.

Communicable disease outbreaks are highly visible and important to the community. During a recent outbreak, the department vaccinated 1,188 for Hepatitis A. And in March 2020, the Health Department under Health Commissioner, Dr. Deborah McMahan, proactively galvanized the community to action in response to the COVID-19 virus. The response was swift, professional, and calming to the community by bringing together key stakeholders, including schools, churches, philanthropic organizations, police, military, community service organizations, hospitals, extended care facilities, first responders and physicians. The interaction served to expand the understanding of the health crisis as it affects so many different facets of the community.

With her boundless energy, flurry of brainstorming ideas and ability to promote partnerships, it is exhausting to keep up with her; and it is those qualities which have made her such a phenomenal leader

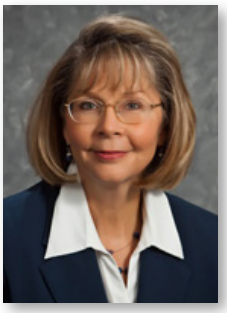
When asked about the position of Health Commissioner, Dr. McMahan notes, "It's a great job and wonderful opportunity to blend patient care with problem solving at the community level."

Recognizing her lifetime of outstanding service, the Fort Wayne Medical Society conferred upon Dr. McMahan the prestigious "FWMS 2020 Physician Exemplar Award," an esteemed honor because it is bestowed by her physician colleagues who truly appreciate her qualifications.

Dr. Deborah McMahan is a true, trusted servant leader who has positively impacted the health of Northeast Indiana for two decades and for many years to come.

Tribute by Dr. William Pond
President, Executive Board
Allen County Executive Board of Health
"Keep Healthcare Standing, Food on the Table and the Lights On"

Farewell | Deborah McMahan, M.D., Retired Health Commissioner



Well, this is my last article for the medical society. I have been in this position for 29 years and boy has it flown by! When I started, the biggest issue was smoking but then public health really began to change. As a community we have been through 9/11 and all the fear of bioterrorism aftermath. We actually immunized a number of us for small pox, if you remember. Then we had SARS, followed by West Nile virus, a TB outbreak, Monkey Pox, and then a real pandemic—H1N1. The next decade was marred by an epidemic of despair and addiction. In our professional lifetime we have actually seen life expectancy drop in the United States due to deaths by suicide, accidental overdose and cirrhosis from drugs and alcohol. The complexity of the problems reflects the difficulty of consistently making the right decisions in a world where the bad choices are so readily accessible and actually can be delivered to you in a very short period of time. Drugs, pizza, porn, sex, shoes—it doesn't matter what your addiction is; There is an app or a website that facilitates the transaction—often anonymously. However, the most critical event from an infectious disease standpoint is the historical pandemic that we are currently engaged in—COVID-19. This will be the public health, medicine, mental health and spiritual health battle for the near future.

Very early in your career, I am sure you realized (as I did) that you and a patient can develop the best plan to address all the health issues that patient has. But then, they leave the exam room and actually have to implement the plan. Usually by themselves and often in the context of at least a little, if not a lot, of anxiety or depression or trauma that sucks the life out of the very ambitious plan. I don't think we need any more research to demonstrate that when people do not feel well—physical, mentally and spiritually, they are less productive and very likely to make poor decisions that only increase their fatigue—physical and mental. Then they return to you in three months with an A1c that hasn't budged or still smoking or on a scale with a needle stuck on obese. It is frustrating for everyone. Sadly, insurance companies and Center for Medicare Services hold you accountable. The patient's lack of ability to achieve the outcomes become a reflection of your skill and performance. Sounds dismal because it is. So now what?

Well this is what good public health should address. Public health is about creating a foundation within a community that facilitates health and safety through an assortment of mechanisms. Typically we accomplish this through a variety of regulatory and enforcement strategies. Some people think that we have too much regulation—maybe so. But I have learned in this job that even good people can make risky decisions when money is involved. We also facilitate health by identifying and following up on communicable diseases and providing immunizations. But I would argue there is much more that can be done.

Public health, along with other government agencies, should develop a framework of systems that promote intradisciplinary along with interdisciplinary collaboration to achieve benchmarks that we know are critical for the development of health and well-being. We have more than enough research that demonstrates healthy folks, whether they are at their desk, workplace, or home, are more productive than those that are not healthy. And that state of well-being called health cannot be achieved by healthcare alone. There needs to be a system in place that facilitates the accomplishment of every item of the care plan developed in the exam room—that overcomes whatever barrier—transportation, age, stigma, etc. Ensuring equal and consistent access to those resources that ensure physical, mental and spiritual health should be the priority of public health and government. And in this day and age it is all about systems. Our local response to COVID-19 has demonstrated the impact of this type of functional inter/intra sector collaboration. Our message, policies and recommendations to the public have reflected this collaboration. Quite frankly, I believe this resulted in lower numbers and percentages of deaths. Through a consistent message from each and all sectors that was supported through effective government recommendations and orders, through collaboration in philanthropy to leverage resources, and through the use of new technology—telemedicine—it was very clear to the public what needed to be done and how to do it. Quite amazing really!

These new relationships and models, if continued, could really be effective in tackling all of the issues that are still there waiting to be addressed. If we as medical and mental health providers can work with our public officials and share our evidence-based recommendations, they in turn will develop policy that promotes the outcomes we all want to the betterment of the community. But we have to get out of the exam room and get into their world. We have the attention of the government, business, faith, philanthropy and the schools—let's choose to continue that relationship and both come along side them to assist them in improving their outcomes (COVID and non-COVID related) and also learn from them how to improve the health and well-being of our patients.

We are in the bottom ten of most health and mental health outcomes and actually 49th in terms of funding public health. COVID-19 has highlighted locally the benefits when community leaders (of which you are one) from all sectors come together to form a system of care and collaboration. The question is, can we continue this in a non-pandemic world?

I sure hope so, our kids deserve it.

Death with Dignity | David Sorg, M.D.

Her name was Brittany Maynard. She had an inoperable brain tumor. She was experiencing headaches, back pain, electric shock, and seizures, with symptoms becoming progressively more severe. She knew death was imminent, and wanted to choose when to die before pain became intolerable.

She lived in California, where no law allowing physician assistance in dying was available, so she and her husband moved to Oregon where such a program had been available since 1994. She chose to die on November 1, 2014. She was 29 years old. Prior to her death, she had appeared on numerous TV shows and had an interview on People magazine, which was viewed over 12 million times.

At the time of her death, four states allowed physician assistance in dying. Largely because of her and her husband's efforts, five more states and the District of Columbia now permit the dying patient to choose the time and place of his or her death.

In 2004, I wrote an editorial for this publication on Death and Dying. At that time, I referred to physician assisted suicide. But the term 'suicide' carries pejorative connotations, when it is really the disease that is the cause of death. The word 'suicide' is expressly avoided in all of the present state laws. The cause of death is always listed as the terminal disease. The laws all state that "actions taken in accordance with the act shall not for any purpose constitute suicide, assisted suicide, mercy killing or homicide, under the law."

The states now allowing physician assistance in dying are California, Colorado, Hawaii, Montana, New Jersey, Oregon, Vermont, Washington, Maine, and the District of Columbia. Twenty-five states have had bills introduced, including Indiana. In surveys, 57% of physicians approve of this action. Numerous medical organizations now recognize the need for such an option, including the American Academy of Family Practice, American Medical Women's Association, American Academy of Neurology, American College of Legal Medicine, American Public Health Association, American Medical Student Association, and 21 state medical associations.

The objections to laws permitting such assistance usually fall into the following:

- **It's against God's will or "we can't play God."** Although the modern Hippocratic Oath (that taken by most medical student graduates these days) states "I must not play God," actually most doctors play "God" all the time. Two hundred years ago, dying with appendicitis was "God's will". Today, we would never consider "letting nature take its course" in the patient with a hot appendix.
- **Suffering is somehow ennobling. For whom?**
- **It's euthanasia, or mercy killing.** Euthanasia does not involve the patient's active participation, and, though it could be merciful (as in advanced Alzheimer's), it is illegal in all the state laws.

In 40 combined years of legal physician assistance in dying, there has never been a single instance of abuse. All the state laws are very detailed and complex in application. All are modelled after the Oregon law; some physicians not morally opposed still refuse to participate because of the laws' complexities. The proposed Indiana bill is ten pages long.

Although the Hippocratic Oath of old says "do no harm", this is not expressly stated in the modern version. It states "Most especially I must tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty".

It is difficult for me to see how relieving a patient of unbearable suffering is doing anything other than helping. The claim is that we have the means to keep all patients comfortable until the end. But that may mean keeping the patient virtually unconscious. And, the major reason patients choose the assistance is not intractable pain, but the loss of dignity and anticipation of more pain to come. Imagine being totally unable to care for one's basic bodily needs.

Not all who choose this approach, to have the medication on hand, ultimately use it. But having the means gives them a sense of peace that they have control.

The main organization for proponents of these laws is entitled Compassion and Choices. This continually active group has been instrumental in furthering acceptance of this humane action and has been active in most state legislatures. It has sent a primer on medical aid in dying to each of the 2020 presidential candidates and many candidates for state office. Incidentally, this position commands major bipartisan support among American voters. A 2018 Gallup poll puts support at 72%.

Please consider joining **Compassion and Choices**
101 SW Madison St., #800
Portland, OR 97207
Phone: 800-247-7421
Website: compassionandchoices.org

End of Life: Status in Indiana and ISMA

Since at least 2017, there have been various legislative measures aimed at "end of life" options but none of the bills have been heard in committee. In the recently closed 2020 Session, Rep. Matt Pierce filed HB 1020. The bill stalled in the House Committee on Public Health. Given the conservative supermajority in the General Assembly, it's unlikely that similar legislation will gain any significant traction.

The ISMA last addressed physician assisted suicide in 2016. Two competing resolutions were offered during the 2016 summer convention. Resolution 16-07 proposed that ISMA "support legislation that expands the options for end-of-life care available to Hoosiers by allowing willing physicians to provide competent terminally ill patients with aid-in-dying." Resolution 16-12, on the other hand, proposed "that the ISMA affirm its support against physician-assisted suicide as stated in the AMA Code of Ethics" and "that the ISMA oppose legislation advocating physician-assisted suicide." After much testimony in references committees, the House of Delegates adopted Resolution 16-12.

Resolution 16-12, as included in our current Public Policy Manual, states ISMA's opposition to legislation advocating physician-assisted suicide.

Member physicians can find the resolution submission page here:
https://www.ismanet.org/ISMA/About_Us/Public_Policy/Submit_Resolution/ISMA/About_Us/Submit_Resolutions.aspx?hkey=948c13be-ea43-43df-a558-843e21d0f3d1

Some years ago, one of my patients sent me three of her poems on assistance in dying. The following is one of them:

The Journey Home

As I gaze about the room,
in this place that's not my own,
I'm filled with great sorrow,
for I no longer have a home.
My mates been gone a long time,
and I'm burdened with my fears.
No family left, nor loving friends,
"Please God …come dry my tears."
Why don't they understand,
why can't they see my pain?
Why won't they let me die,
so I can live again?
Death is not the end,
it's just a new beginning.
And this race I'm made to run,
I've no desire to be winning.
Dogs are treated better,
and cats aren't made to stay.
Give me the shot like they get
so I can gently slip away.
Killers are delivered
with a quick and painless death.
Yet I am made to suffer…
as I draw each breath.
How can this be justice,
I'd really like to know?
For I truly am not living,
so why can't I choose to go?
Is there nothing I can say…
to you who control my fate?
When you're in my shoes,
you'll find that it's too late.
So speak up and make a difference,
to give everyone a choice.
For when you are bedridden,
you'll no longer have a voice.
Don't give up your rights
and find yourself alone.
Fight to have the option . . .
When to take the JOURNEY HOME.

Source: Infinite Horizons Collection

Super Shot Update

Connie Heflin, Executive Director

The CDC recommends that childhood immunizations be maintained during the COVID-19 pandemic but due to stay-at-home orders, delayed well-check visits, telehealth, and fear, many children have fallen behind on routine immunizations. This puts children and our community at increased risk for vaccine-preventable diseases like measles and whooping cough.

Since late February, Super Shot has been planning and partnering with the Allen County Department of Health to remain open and temporarily take over routine immunization services so the DOH can focus on the COVID-19 response.

To ensure a safe environment, Super Shot has moved to appointments only at the Hobson clinic, requiring masks, limiting one parent to one child, checking temperatures at the door, moving families to a cleaned exam room immediately, and limiting appointment time through expedited paperwork.

Although we have remained open, we have understandably seen far fewer children than we typically would in March and April. Now we need to focus on getting children caught up and back on schedule. We have measures in place to provide safe and convenient immunization services and encourage parents to make an appointment.

- Super Shot is located at 1515 Hobson Rd, Fort Wayne, IN 46805.
- Medicaid and most private insurance plans accepted. If uninsured/underinsured: $15/immunization (will turn no one away for inability to pay).
- Daytime, evening, and weekend appointments available.
- Call 260-424-SHOT (7468) or email info@supershot.org to make an appointment.

SUPER SHOT
The heart of community health

Fort Wayne Medical Society | New Members

DANYELLE ABER, MD
Specialty: Family Medicine & Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: American University of Antigua College of Medicine, 2012
Residency: Union Hospital, 2013-2016

SHERRIFF ALLI-BALOGUN, MD
Specialty: Emergency Medicine & Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: University of Illinois College of Medicine, 1995
Residency: University of Illinois College of Medicine

MICHAEL BARBARA, DO
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Kansas City University of Medicine & Biosciences-Osteopathic College, 1978
Residency: Grandview Hospital Dayton, 1979-1982

JONATHAN BRADLEY, MD
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Wayne State University School of Medicine, 1999
Residency: Michigan State University, 2000-2002

HEATHER CLARK, MD
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Indiana University School of Medicine, 2008
Residency: University of Illinois College of Medicine, 2008-2011

XIA GUANGBIN, MD
Specialty: Neurology
Group: Parkview Physicians Grp-Neurology
11104 Parkview Circle Dr Ste 110
Fort Wayne, In 46845
Phone: 469-6780
Medical
School: Second Military Medical University, 1990
Residency: University of Texas Medical Branch, 2007-2009

JAIME HAJJARI, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Ross University School of Medicine, 2013
Residency: University of Wyoming, 2014-2017

MATTHEW HELLER, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Indiana University School of Medicine, 1987
Residency: Fort Wayne Medical Education Program, 1987-1990

THOMAS HUNTINGTON, MD
Specialty: Internal Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: American University of the Caribbean School of Medicine, 1988
Residency: St Joseph Mercy Hospital, 1988-1989/1990-1993 and Mt Carmel Mercy Hospital 1989-1990

DAVID HURLEY, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical
School: Indiana University School of Medicine, 1982
Residency: Fort Wayne Medical Education Program, 1982-1985

ROBERT JACKSON II, DO
Specialty: Orthopedic Surgery
Group: Summit Pain Management
1721 Magnavox Way Fort Wayne, In 46804
Phone: 748-3650 Fax: 748-3651
Medical
School: Chicago College of Osteopathic Medicine, 1987
Residency: Chicago Osteopathic Medical Centers, 1988-1992

SUBHASH KHANAL, MD
Specialty: Internal Medicine, Hospital Medicine
Group: Parkview Physicians Grp-Hospital Medicine
2200 Randallia Dr Fort Wayne, In 46805
Phone: 672-6620
Medical
School: Tribhuvan University, 2013
Residency: John H Stroger Jr Hospital, 2015-2018

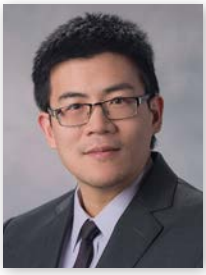
Fort Wayne Medical Society | New Members

TINA KINSLEY, MD
Specialty: Dermatology
Group: Parkview Physicians Grp-Dermatology
10620 Corporate Dr, Ste A Fort Wayne, In 46845
Phone: 266-8392
Medical School: Uniformed Services University, 2004
Residency: Brooke Army Medical Center, 2004-2007

JEFFREY LETZER, DO
Specialty: Medical Oncology
Group: Parkview Physicians Grp-Oncology
11050 Parkview Circle Dr Fort Wayne, In 46845
Phone: 833-724-8326
Medical School: Michigan State University College of Osteopathic Medicine, 1986
Residency: Doctor's Hospital, Columbus, Ohio 1989-1990

KATRINA MATTINGLY, MD
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Meharry Medical College School of Medicine, 2008
Residency: University of Chicago Medical Center, 2008-2011

CHETAN MITTAL, MD
Specialty: Medical Oncology
Group: Parkview Physicians Grp-Oncology
11050 Parkview Circle Dr Fort Wayne, In 46845
Phone: 833-724-8326
Medical School: Vardhman Mahavir Medical College, 2010
Residency: Wayne State University, 2011-2015



NELSON MOY, MD
Specialty: Gastroenterology
Group: Parkview Physicians Grp-Gastroenterology
11104 Parkview Circle Dr, Ste 310
Fort Wayne, In 46845
Phone: 266-5230
Medical School: University of Illinois Chicago College of Medicine, 2008
Residency: Northwestern Memorial Hospital, 2008-2011

NYI NAING, MD
Specialty: Internal Medicine, Hospital Medicine
Group: Parkview Physicians Grp-Hospital Medicine
11109 Parkview Plaza Dr Fort Wayne, In 46845
Phone: 672-6620
Medical School: Institute of Medicine 1 Myanmar, 2003
Residency: Interfaith Medical Center Brooklyn, 2015-2018

AJIRU NYAMBWA, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Ross University School of Medicine, 2013
Residency: Mid-Hudson Family Residency Program, 2013-2016

FRED PFENNIGER, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Saba University School of Medicine, 2008
Residency: St Elizabeth Family Practice, 2008-2011

MELANIE RAJKUMAR, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: American University of Antigua College of Medicine, 2013
Residency: Mercy Medical Center, 2013-2016

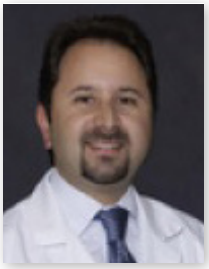
EDGARDO RIVERA RIVERA, MD
Specialty: Pediatric Gastroenterology
Group: Parkview Physicians Grp-Pediatric Gastroenterology
11123 Parkview Plaza Dr, Ste 200
Fort Wayne, In 46845
Phone: 425-5950
Medical School: Ponce School of Medicine, 2008
Residency: Jackson Memorial Hospital, 2008-2012

JOSHUA ROOKUS, DO
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-4440 Fax: 482-4442
Medical School: Michigan State University College of Osteopathic Medicine, 2011
Residency: Kalamazoo Center for Medical Studies, 2011-2014

BRANDON, RUSSELL DO
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Michigan State University College of Osteopathic Medicine, 2001
Residency: Garden City Hospital, Michigan, 2002-2005

KEITH SCHREFFLER, JR MD
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Indiana University School of Medicine, 1995
Residency: Fort Wayne Medical Education Program, 1995-1998

DOUGLAS SCOTT, MD
Specialty: Family Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Indiana University School of Medicine, 1996
Residency: Fort Wayne Medical Education Program, 2000-2003

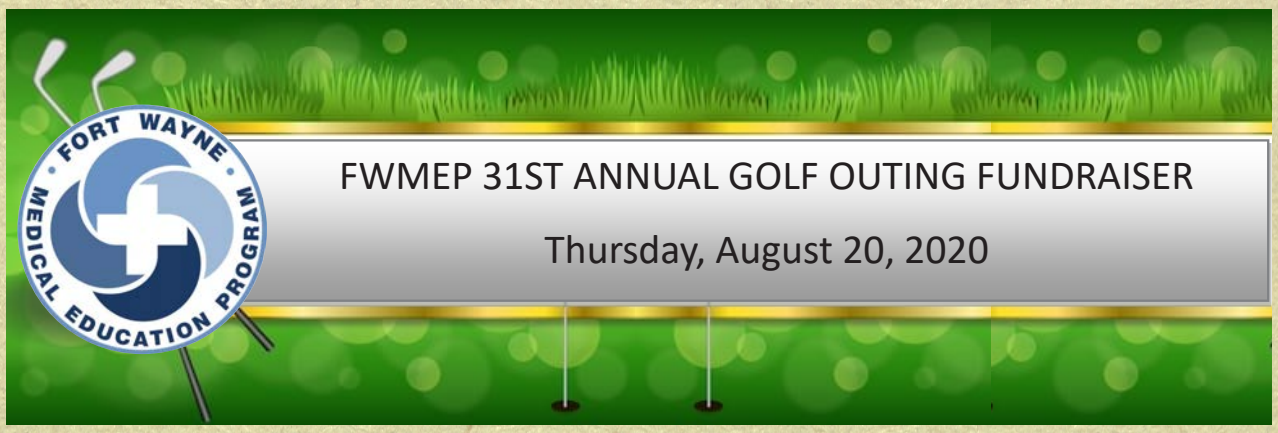


RAMI WALI, MD
Specialty: Pulmonology & Critical Care Medicine
Group: Lutheran Health Physicians
2510 E Dupont Rd, Ste 108 Fort Wayne, In 46825
Phone: 434-6076 Fax: 416-5898
Medical School: American University of Beirut School of Medicine, 1999
Residency: University of Kansas School of Medicine, 2000-2003

ANDREA WIERMAN, DO
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-5091 Fax: 482-5168
Medical School: Michigan State University College of Osteopathic Medicine, 2011
Residency: Garden City Hospital-Michigan, 2012/2013 & Allegiance Health-Michigan, 2016

THOMAS WILLIMAN, DO
Specialty: Emergency Medicine
Group: Professional Emergency Physicians
3640 New Vision Dr, Ste A Fort Wayne, In 46845
Phone: 482-4440 Fax: 482-4442
Medical School: The Ohio University Heritage College of Osteopathic Medicine, 2014
Residency: St Vincent's Mercy Medical Center, 2014-2017

KEVIN WITT, MD
Specialty: Family Medicine
Group: IU Health Physicians
7230 Engle Rd, Ste 100 Fort Wayne, In 46804
Phone: 234-5400 Fax: 234-5410
Medical School: Indiana University School of Medicine, 2013
Residency: IU Health Ball Memorial, 2013-2016



Please join us for the FWMEP 31st Annual Golf Outing Fundraiser

Eagle Glen Golf Club • 129 South Eagle Glen Trail • Columbia City, IN

Individual Player: $150.00

Sponsorship Levels:

Platinum	**$1,500**	Includes your Company Name at one hole. Prominent display of Sponsors (with your logo). Includes 3 players. You may place a packet of information (that you determine) in each golf cart. You may supply a giveaway with your company name/logo at registration. You may speak briefly at the beginning of the Awards Ceremony.
Gold	**$1,000**	Your Company Name at one hole Prominent display of Sponsors (with your logo). Includes 2 players. You may place a packet of information (that you determine) in each golf cart.
Silver	**$750**	Your Company Name at one hole. Prominent display of Sponsors (with your logo) Includes 1 player.
Bronze	**$500**	Your Company Name at one hole.

You can register at: FWMEP Golf Outing 2020

Or scan the code:

1—2 p.m. Check In

2 p.m. Florida Scramble/Shotgun Start

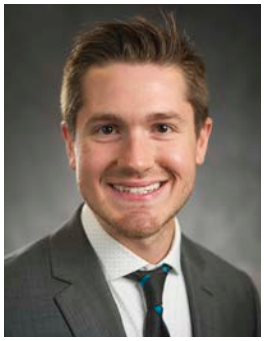
6 p.m. Awards and Cookout

Proceeds are used to enhance technological and educational resources for our residents.

Advancing healthcare through medical education, research, and community service.

Fort Wayne Medical Education Program – 2020 Graduates

The Fort Wayne Medical Society would like to congratulate the third year residents who have completed their family medicine residency requirements. We thank you for being a part of the Fort Wayne medical community and wish you well in your new positions.



Michael Giffen DO

Family Medicine and Pediatric Care – Geist Community Health Network
8150 Oaklandon Rd, Suite 130
Indianapolis, IN 46236

AJ Henry DO

Parkview Physicians Group
1270 E State Road 2015
Columbia City, IN 46725

Christopher Little MD

MercyOne Medical Center
250 Mercy Dr.
Dubuque, IA 52001

Allen Maertin DO

Lutheran Health Physicians
6511 E. State Blvd
Fort Wayne, IN

Kelly Mullen DO

Kosciusko Medical Group - Walnut Street Family Healthcare
605 N Walnut St.
North Manchester, IN 46962

Ian Reed DO

Pickerill, Adler, Reed & Williams Family Medicine
2525 South St.
Lafayette, IN 47904

Kimberly Schelb MD

TBD

Christina Tatara DO

Lutheran Health Physicians
6511 E. State Blvd
Fort Wayne, IN

Jenna Thiele DO

Prineville Family Care Clinic
384 Southeast Combs Flat Rd
Prineville, OR 97754

Brenda Vazquez MD

TBD

Matt Wells MD

Goshen Health - Family Medicine
033 N Indiana Ave
Syracuse, IN 46567

Andrew Wieging MD

Lutheran Health Physicians
534 Brooklyn Ave
Fort Wayne, IN 46809

IU School of Medicine – FW

Gina Bailey, Assistant Director of Program Development

The Class of 2020 received their diplomas on May 15th and like most other aspects of their life this year, they did not have a traditional experience. But why would we expect an ordinary celebration for such an extraordinary group of physicians? Our new graduates entered the doors of IU School of Medicine-Fort Wayne four short years ago with dreams of helping people. At the time, they did not realize how soon that opportunity would arise.

After transitioning to the workload of medical school during their first year, many students joined Student Interest Groups (SIGs) and performed a few service learning projects to learn about the needs of the Fort Wayne community.

Most of the members of the class participated in research or spent time abroad during the summer after their first year. They returned to campus refreshed and ready to continue their courses. Not long after the start of the fall semester Hurricane Harvey hit. The class wanted to do something to help those affected by the hurricane, as well as people in need in our own community, so they worked together to create a Trunk-or-Treat event to raise funds for Hurricane Harvey relief and the Fort Wayne Community Harvest Food Bank. They partnered with the Fort Wayne Medical Society Alliance, recruited the best volunteers, created games, decorated cars, sold t-shirts and bracelets, and collected canned food and monetary donations. Overall, they raised $300 and 295 pounds of food!

A few months ago, another opportunity arose to help those in need. The coronavirus infiltrated our communities and hospitals. Our healthcare providers around the country were working to exhaustion. Responding again to the needs of the community, several students chose to graduate early to help assist with patient care and lighten the workload at facilities around the state.

Graduation is a time of reflection of one's accomplishments and growth. The Class of 2020 has achieved success both in and outside of the classroom over the last four years. They have taken opportunities to ambitiously lead and have helped individuals beyond measure. This year, 32 students from Indiana University School of Medicine-Fort Wayne will enter residencies in anesthesia, emergency medicine, diagnostic radiology, family medicine, general surgery, internal medicine, neurology, OB/GYN, pediatrics, psychiatry, and urology. We are confident that each of them will continue to use their unique skills, compassion and desire to make a difference in the lives of their patients and their communities as well as become outstanding leaders in their fields.

Best Wishes to our 2020 Graduates

Jeff Oury, General Surgery, W. Virginia University
Tyler Arscott, General Surgery
Andrea Patterson, Psychiatry, IU-Vincennes
Jamaica Westfall-Snyder, General Surgery, Geisinger Medical Center, Danville, PA
Lauren Offerle, Neurology,Spectrum Health/MSU, Grand Rapids, MI
Angel Jones, Emergency Medicine, Carl R. Darnall Army Medical Center, Fort Hood, TX

Ethical Lessons of COVID-19: From a Medical Student Perspective

David SJ Millay OD,
Michaela A Campbell BA,
Carter WH Chase BS

As we sit here putting the finishing touches on this article, anger, sadness, and rage are leading to riots across America. The death of George Floyd weighs on all of our hearts for our failure to influence society to move towards unity, peace, and love. Instead—for many—our silence condemns us as we have allowed divisiveness to drive religious, ethnic, and racial wedges into the heart of America. Our hearts break for the Floyd family and those who live in fear of the brutality he faced. Our hearts also break for those losing their jobs, their businesses, and their life savings to the senseless violence that rioters are leaving in the wake of this tragedy. Recently, as a group of medical students from Indiana University School of Medicine—Fort Wayne, we felt some of this turmoil in our own souls when we accepted the task of summarizing existing protocols for ventilator allocation and creating recommendations for the Allen County Health Department and Fort Wayne community leaders.

The ethical dilemmas we faced as we wrestled with difficult decisions determining who should survive and who should perish, is a similar failure on the part of the healthcare community and leadership of the United States. Inadequate and inequitable education, medical care, and access to food and other resources, combined with additional stressors

faced by those of lower socioeconomic status, have resulted in the development of health disparities. These disparities have led to higher incidences of diseases such as obesity, diabetes, and heart disease in certain populations, further dividing our society. This is further complicated by the fact that COVID-19 infections have been more severe in the elderly and those with a greater number of comorbid health conditions. As a result, minorities have faced disproportionate effects of COVID-19 due to these aforementioned underlying health disparities. Navigating the ethical minefield of resource allocation is difficult, but the problem becomes even more complicated when considering these superimposed, long standing problems that have a significant impact on the decision and are unlikely to be fixed in the moment.

As the SARS-CoV-2 threat went from possibility to reality, hospitals and communities around the country braced for the potential impacts to come, with one of the main issues being a shortage of equipment. During our research, the chief struggle became navigating the multitude of ethical dilemmas that led to variations within the protocols. In any crisis, some dilemmas are unavoidable: duty to care, do no harm, duty to steward resources, prioritizing life years versus life expectancy, determining patient priority, and public transparency. Others, however, such as dealing with the inequities of healthcare disparity are theoretically preventable.

We cannot fully prevent physician distress brought on by long hours, increased death, and shortages of resources that are faced during troubling times. It is why there is such a push for resiliency training and well-rounded physician health—spiritual, mental, emotional, and physical. It is also why many of these protocols promote forethought and design allocation systems in an attempt to help alleviate some of the pain and guilt physicians feel as they are forced to abandon their typical standard of care. While the design of these protocols is to streamline the process in order to save as many lives as possible, even the best plans cannot fully eliminate the ethical quandaries. Each protocol acknowledged this struggle and the need for physicians to think through problems pandemics present, both for their own mental health while facing them and for the promotion of equity through forethought to prevent the inequalities that often arise out of emotional decision making in the moment of crisis.

Saving the most lives may seem like a straightforward pursuit, but the reality is that the underlying values of the protocol designers can dramatically change their recommendations. Many believe that the loss of a young person's life is less acceptable than that of an older person who has already lived for many years; they therefore conclude that younger age should be prioritized to avoid cutting a young life short. However, dispute arises over choosing between the value of life years and the most lives saved, as others believe that prioritizing youth is an injustice to the elderly's equity of care. Additionally, excluding those less likely to survive may in fact inequitably punish those facing health disparities, especially if they are immediately excluded from possibly receiving ventilatory support as some protocols would suggest. Prioritization of health care workers and level of public transparency—both how it affects public perception and protocol implementation—were two additional topics that varied widely between different protocols.

Ultimately, such predicaments will always create turmoil, as the thought of taking the deified position of overseeing life and death decisions will never be easy. It can be paralyzing and overwhelming to face such a vast array of ethical challenges. However, our team began to realize that the biggest issue is not the current struggle of resource allocation protocol. Instead, the key lies in proactively taking steps to address the preventable issues, so they won't have to be faced again in the future. We believe that the best time to act is before a pandemic, not during one. It is very difficult, if not impossible, to create a protocol that fairly accounts and adjusts for underlying disparities in health care in the face of a pandemic. However, if these inequities were addressed on a societal level prior to the next inevitable epidemic, the challenges faced by healthcare providers, while still difficult, would be less insurmountable.

For this reason, the current racial injustices parallel the ethical predicaments we encountered during our research. As our government and healthcare system grapples with the COVID-19 crisis, our society is facing the consequences of overt racism and inequality. Ultimately, all such societal crises, be they pandemics or riots, are manifestations of much deeper, underlying issues. Therefore, we fervently encourage the physicians in our community, as respected leaders, to stand up to injustice and take part in overcoming healthcare disparities. Then, when the next pandemic approaches, there may be less of a dilemma to come up with an equitable plan.

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Fort Wayne Medical Society – Alliance | Cammy Sutter, Past President

Despite the unpredicted disruptions of the pandemic and the unfortunate cancellation of many of our spring events, the Alliance has still been engaged and active, albeit in quieter, behind-the-scenes ways. We continue to offer connection and support to our members through Zoom social gatherings. Our charitable community work has continued through generous financial donations to the Super Shot vaccination clinic, to the Boys and Girls Club for summer medical camps and hygiene kits, and by being a community sponsor of Tapestry, which provides scholarships to deserving students.

I'm proud of this strong finish, as our 2019-2020 program year wraps up and my term as President ends. It has been an honor to lead this amazing group of physician spouses, so dedicated to doing good in our community and to supporting physician families. I offer deep thanks for the support I've received from the Alliance board, from my ever-patient husband, Dr Matt Sutter, and FWMS Executive Director Joel Harmeyer. It's been a joy to serve, and I'm pleased to introduce the incoming officers in the following panel. I'll be remaining on the board as Membership Chair, and as always, I invite ALL physician spouses – young or old, male or female – to join the Alliance and become part of this force for good.

Introducing the 2020-2021 Alliance Officers

Co-President Vivian Tran

Vivian appreciates the strong support network and camaraderie the Alliance provides. She is delighted to share her passions with such dynamic people to improve our community. Vivian volunteers with The League and with Super Shot, and until recently, worked on Business Development for The League for the Blind & Disabled. She is married to Dr. Anthony Cheng, anesthesiologist for Parkview. They have two children, 7 and 13.

Co-President Liz Hathaway

Liz is dedicated to the Alliance because it has allowed her to meet many amazing individuals, create lifelong friendships, all while getting to work on projects that make our community a better place to live, work, play and raise a family. She is an Electrical Engineer. Liz is the current Vice-President of the Northwest Allen County School Board. Her spouse is Dr Robert C. Hathaway, Midwest Anesthesiology Associates. They have four children, ages 24, 21, 18, & 16.

Secretary Dawn Davis

Dawn has been active in the local Alliance since 1995 and is the 2020-2022 President of the Indiana State Medical Society Alliance. She enjoys the friendships and connections with other physician spouses which the Alliance provides. Dawn recently returned to work in hospital nursing. Married to Dr Keith Davis, Ob/Gyn, they have four children, including two in medical school.

Treasurer Betty Canavati

Betty joined the Alliance book club when she moved to town in 1989. She has been active on the Board since 2002. She has served as FWMSA President 4 years and ISMA-A President 2 years. Betty has served as treasurer 5 years locally and currently the ISMA-A treasurer. She is married to Dr. Isa Canavati, a neurosurgeon with NeuroSpine & Pain. They have two adult children.

Lutheran Health Physicians Offers Telehealth Visits

Lutheran Health Physicians is providing the community with the option of seeing their providers using a smartphone, tablet, or computer. Telehealth or virtual visits enable patients to talk with providers just as they would in the doctor's office, but without leaving the comfort of home. Appointments are available for new and existing patients.

"Continuity of care is important to us, as is the safety of patients and staff during this time when social distancing and staying at home are critical," says Dan Konow, Chief Executive Officer, Lutheran Health Physicians. "Telehealth can be a solution for many who need to see a provider."

Although some appointments require a physical examination in order for the provider to meet the standard of care and make fully informed decisions, many visits can be managed well through virtual interaction. These may include certain visits for:

- Minor illnesses such as colds and allergies
- Minor injuries such as sprains
- Annual wellness visits
- Follow-up care
- Medication management
- Chronic disease management
- Back pain
- Other specialty care

Many insurance plans cover telehealth visits. Video visits are typically required, although some plans will cover telephone visits. Patients should check plan coverage or ask when making an appointment.

To make a telehealth appointment, call the provider's office directly or Lutheran Health Physicians at (260) 432-2297. The practice will provide instructions about the telehealth visit when the appointment is scheduled. For more information about this service, visit https://www.lutheranhealthphysicians.com/telehealth.

Team at Parkview Mirro Center for Research and Innovation building solutions in support of COVID-19 response

A team of innovators at the Parkview Mirro Center for Research and Innovation is designing multiple solutions for equipment that could be used in the global fight against COVID-19.

The Innovation Team is working alongside clinical team members and area partners in the Mirro Center's Simulation Lab to design potential alternatives for ventilators, N95 masks and powered air-purifying respirators (PAPRs), all of which are in critical need globally. The team's designs are being shared with other innovators and health systems around the world.

"Innovation can often emerge rapidly from crisis as it provides conditions for thinking differently," said Jolynn Suko, senior vice president and chief innovation officer, Parkview Health. "With COVID-19, we saw the opportunity to support all patients and caregivers, not just the those in our region. While some designs have the potential to be used locally, the ideas being created by our Innovation Team are part of a global effort to address critical needs and save lives."

The Parkview Innovation Team participates in thought leadership with organizations like Massachusetts General Hospital in Boston, allowing them to share and collaborate with other innovators facing the same challenges. Though the designs have not been evaluated or approved by the U.S. Food and Drug Administration, they have the potential to be used to save patients and protect caregivers.

Throughout the innovation process, Parkview's team had support from local universities and businesses, including Trine University, Purdue Fort Wayne, MasterCraft, L3Harris Technologies and QSC Fort Wayne.

"We're proud of what our team has built in collaboration with local and global innovators, and we hope some of these ideas can be implemented in pandemic response efforts," Suko said. "We will continue to refine our ideas and come up with more potential solutions to meet critical needs for the healthcare industry."

Parkview Health adds COVID-19 Symptom Checker to Website

Parkview Health has added a free COVID-19 Symptom Checker to its website. Available at parkview.com/covid19symptomchecker, the interactive tool allows patients to complete a self-assessment and be directed to appropriate care.

If you think you may have symptoms of COVID-19 or believe you have been exposed, you can use the Symptom Checker to walk through a self-assessment and get feedback on recommended next steps.

"We recognize that many people have concerns and questions about COVID-19," said Joshua Kline, MD, chief medical officer, Parkview Physicians Group (PPG). "Fortunately, most people have mild symptoms that do not require medical care or testing. By using the Symptom Checker, you can receive direction in just a few clicks."

The Symptom Checker replaces Parkview's previous online screening webpage for COVID-19. The new, more robust tool has been updated to follow the latest clinical guidance and direct patients to more options for treatment, including virtual health care, or in-person care at one of PPG's respiratory clinics or in an emergency room.

It's important to remember that Parkview's Symptom Checker is an educational tool. It doesn't replace medical care, and patients should always call 911 or go to a nearby emergency room for urgent medical situations.

Parkview Health again Named One of the Nation's Best and Brightest in Wellness®

For the third year in a row, The National Association for Business Resources has named Parkview Health one of the Nation's Best and Brightest in Wellness® for 2019. The program honors organizations that promote employee well-being, worksite health and wellness.

"Parkview is dedicated to improving the health and well-being of not only our patients, but also our co-workers," said TaMara West, director of total co-worker health, Parkview Health. "Our MyWell-Being program supports co-workers along their personal health journeys, enabling them to excel at work, home and in the community. We are honored to be recognized among the nation's best."

MyWell-Being, which is offered to all Parkview co-workers, includes health assessments, educational materials, coaching sessions and other resources to promote a healthy mind, body, spirit and community. The program offers both individual and group activities that are fun and rewarding.

"A company that cares about its employees' well-being is a better place to work. Employers with a strong culture of health are happier, less stressed and maintain a healthy and productive workforce. This year's winning companies represent these high standards and rise to the challenge through cultural innovation," said Jennifer Kluge, president and CEO of the Best and Brightest Programs.

The 2019 Nation's Best and Brightest in Wellness winners were evaluated by an assessment, created and administered by SynBella. Each survey was scored on a point system based upon criteria to benchmark and improve wellness program effectiveness. Criteria included outcomes, analysis, tracking, participation and incentives, benefits and programs, leadership, employee input, culture and environment.

Parkview's Noble & Huntington Hospitals Make List of Top 100 Rural & Community Hospitals

For the second year in a row and third time in recent years, two of Parkview Health's community hospitals, Parkview Noble Hospital and Parkview Huntington Hospital, have been named in the Top 100 Rural & Community Hospitals in the United States by The Chartis Center for Rural Health.

This annual award honoring rural hospital performance is determined by the results of iVantage Health Analytics' Hospital Strength INDEX®.

"I couldn't be prouder of our hospital's team of engaged, committed and compassionate leaders, co-workers and physicians," said Gary Adkins, president, Parkview Noble Hospital. "This is a great tribute that when everyone within a system works together, it makes all of us better."

"It is such a pleasure to receive this important recognition again," said Juli Johnson, president, Parkview Huntington Hospital. "Our hospital team members take great pride in providing world-class care for every patient, and Top 100 recognition is a great reinforcement of all their hard work, patient advocacy and teamwork."

Based on publicly available data, the INDEX is the industry's most comprehensive and objective assessment of rural hospital performance. Using 50 independent indicators, the INDEX assesses performance across eight pillars of performance that span market-, value- and finance-based categories. Hospitals recognized as a Top 100 facility had one of the 100 highest overall scores among all Rural & Community Hospitals nationally.

The list of this year's Top 100 Rural & Community Hospitals as well as the INDEX methodology can be found at www.ivantageindex.com/top-performing-hospitals.

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Submit it to the Editor:

lizjcan612@gmail.com

- 500-2000 words, typewritten in standard fonts, and sent as an attachment.
- Visuals, such as charts, graphs, photos, may enhance your article.
- Citations of references not required, but may be helpful for readers wanting further information.
- "Headshot" picture of you-the author is desirable. If you are a FWMS member, we have you.
- **Deadline dates are second Thursday of February, May, August, and November**. Sooner is better.

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