

# New Hanover - Pender County Medical Society BULLETIN

DECEMBER 2009



## President's Message Frank A. Hobart, M.D.

I am pleased to announce that the New Hanover - Pender County Medical Society has completed the necessary fundraising for our Habitat for Humanity House project. A large, anonymous donation this month helped us obtain the goal of \$50,000.00 - the critical amount to begin the planning and construction process. Since the summer of 2007, the Executive Board and membership have worked toward this goal and I am happy to say "We did it!" To those members and families who

have dedicated their time, money, and interest, thank you. Now, the work begins. Building a house is a monumental project that the Medical Society and its members will initiate in earnest in the near future. For the time being, let us take a moment to reflect on life's many blessings, and remember those less fortunate than ourselves.

It has been an honor to serve as your President this year.

*Editors note: During Dr. Hobart's presidency this year, he chose to highlight the completion of funding for the Habitat for Humanity House Project as a primary goal of his tenure. Not only has this ambitious milestone been achieved, but the Society has also enjoyed an unusually successful year of new member growth and membership dues income. The Medical Society wishes to congratulate him for these successes and thank him for his steady and thoughtful leadership.*

## Carl K. Rust, II, M.D. Honored with Lifetime Membership

A prolific leader in the medical community at the local, state, and national levels, Dr. C. K. Rust is a Lifetime Member Honoree. His exemplary leadership has included terms as President of our New Hanover - Pender County Medical Society as well as the North Carolina Medical Society. A veteran delegate to the AMA for many years, he is a former Chair of the AMA Council on Long Range Planning and Development. During his NCMS Presidency in 1998-1999, Dr. Rust was the host and keynote speaker for the North Carolina Medical Society's 150th Anniversary Gala at-

tended by many of our membership. Dr. Rust is seen here in 1998 as he was administered the Oath of Office for NCMS President by Dr. Charles Garrett.



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## Reflections on 2009 and Our House to Build

Darrell E. Hester, M.D., 2nd Vice President, Editor

Dr. Hobart is spot on in this issue's President's Message when he says we should "take a moment to reflect on life's many blessings, and remember those less fortunate." This year I have come to more deeply appreciate life itself, the excellence that exists in our healthcare system despite the naysayers, and the professional community to which we belong. Here is why.

It is summer, and I am finished with work for the day. Better still, I am already standing on a kiteboard in the emerald waters of Wrightsville Beach riding under a 12 meter kite to which I am harnessed. There is a steady side-onshore wind that powers me in and out from the beach to wherever I choose to go. The Atlantic is my playground. I can occasionally launch off the water, and I am flying as I begin to sample the jumping which attracts so many to the sport. The sun is gorgeous and warm, and it paints mirrored beauty on the sea. Sometimes this majestic scene is crowned with the revolving appearance of dolphins which gracefully break the water's surface in pairs as if on a rotating wheel. The daylight will last until after 8:30 p.m. I am free, young, and healthy.

Yet, this year of 2009 will hold much to remind me of life's brevity and fragility. Earlier in the year, pathology from a routine screening colonoscopy was suspicious. A return visit checked out normal; I was lucky. As I redirect my kite and cut back toward the beach, I think of an irony. While I revel in this moment of health and privileged mobility, one of my good friends and prior Air Force Ophthalmology colleagues who practices in Ohio lies in an Arizona hospital. Though an experienced hiker, he slipped off a trail in the Grand Canyon and fell down a distance of twelve switchbacks. Before his return to Ohio

his recovery will include helicopter rescue, multiple surgeries, an ICU stay, and rehab. Shortly before, another athletic friend had become temporarily unable to walk. The cause, extensive bilateral deep venous thromboses, proved to be due in part to a previously undetected clotting disorder. An also previously undetected near absence of his inferior vena cava seemed to function like a built-in filter and possibly prevented pulmonary emboli. (I will learn later that, around this same time, a third friend, another former Air Force colleague and gastroenterologist, suffered a shark bite

***"Indeed we are an exceptionally advantaged group of people who will build not only a Habitat House, but will continually rebuild our individual and collective parts of the 'house of medicine.'"***

in Florida while surfing. He cut a tendon, severed his dorsalis pedis artery, and lost over a third of his blood volume with systolic pressures dropping to the 60s.) There was much more to come.

On August 6, my 16-year-old daughter, Autumn, was nearly killed in an auto accident. My son made a "blog" to keep folks informed at the time, and I have appended my entry from August 9 (sidebar on facing page). Just over three months later, on November 30, Dr. Tom Blackstone tragically lost his 22-year-old daughter to a brief illness. After my experience, I cannot avoid an intensely deepened empathy for what sorrow he and his family must feel. I know there is much love and sympathy

for him throughout the entire community and our medical community in particular.

My time with Autumn in the ICU and hospital at UNC reminded me vividly how differently the patient side of the healthcare equation can feel. I was impressed first hand and anew that kindness, compassion, technology, knowledge, and skill go very well together in medicine. Because of the quality of medical care in our country this year, people I love are alive today. Despite a remote highway location and a difficult extraction, my daughter was in the emergency room of a major medical center within the "golden hour," and no one was checking on her insurance or ability to pay before loading her on a helicopter. There is a lot here that is right about our system.

Indeed we are an exceptionally advantaged group of people who will build not only a Habitat House, but will continually rebuild our individual and collective parts of the "house of medicine." Independent of looming legislation, the foundational cornerstone of any successful healthcare system will continue to be compassionate, skillful providers working together. I have been the beneficiary of such this year, and I am honored to be a part of the medical community.

The community we enjoy between us is not merely one of Blackberrys, iphones, or integrated electronic health records, but face to face interactions and relationships. Our Medical Society remains a vital venue for these interactions, and I hope to see you all at the Medical Society meetings in the hopefully less eventful new year!

*(Blog entry on next page excerpted from autumnupdate.blogspot.com)*



**Sunday, August 9, 2009**

**[Darrell's blog entry: The Lord Who Heals](#)** (from autumnupdate.blogspot.com)

As you know, my daughter Autumn was injured in a car accident on I-40 westbound near mile marker 348 on Thurs evening, August 7. Autumn was the right front seat passenger when control of the car was lost, and the car finally slammed into a tree after passing through a ditch and up an embankment off the right shoulder of the highway. Thankfully the driver, Autumn's close friend, Iris, was not injured.

The right side of the car sustained the direct impact, and the state trooper reported that there was about two feet of intrusion into the car interior. Autumn was trapped inside, and emergency personnel had to cut the door off to free her which took some time (? 20, 30, 40 minutes). After this period of time (and after she had originally been able to give an emergency family contact number to a bystander), the EMT squad reported that she did not know who she was or where she was, and her mental status was deteriorating. She was then intubated (breathing tube placed) and was airlifted by helicopter directly from the accident scene to NC Memorial Hospital in Chapel Hill. Emergency CT scan ruled out a neurosurgical emergency, but she did have orbital (bony eye socket) fractures, multiple right forehead/facial lacerations, a cerebral contusion (bruise to a small area of the brain) behind her right brow, a right clavicular (collar bone) fracture, two rib fractures, and a pulmonary contusion (bruised area of lung). She was admitted to the Surgical Intensive Care Unit (SICU) where she was monitored and sedated and maintained on the ventilator (breathing machine). Later, we learned of a probable small distal thoracic intimal aorta tear (small tear in the lining of the aorta, the largest artery in the body) seen on a CT angiogram.

For just over thirty hours, Autumn was on the ventilator. There was certainly plenty of worry regarding how severe her head injury might prove to be. Could Autumn ever return from this state with her wit, humor, and personality unscathed? Paramount with any welcomed gift that life could ever provide, hearing Autumn speak and watching her awakened was a priceless and joyful miracle in the wee hours of Saturday morning. The rest of Saturday was spent managing severe pain from the clavicle fracture and encouraging her to breathe deeply. The neck brace was particularly uncomfortable as it tended to create pressure on the clavicle. Additional neck x-rays

were performed to finally allow safe removal of the collar, and thankfully no fractures or other significant findings were present on the films.

Today's (8/9) miracle: the repeat CT angiogram shows that the intimal (lining) tear in the aorta looks better and no treatment is indicated. The vascular surgeon has recommended a follow up look with another study in 3 months and no impact or potential impact sports before then. I have been particularly worried about this injury and hoped to avoid a possible surgical repair. One option would have required an open chest surgery. After the CT scan, Autumn finally had her NPO (nothing by mouth) status lifted so that she could start to eat and drink for the first time since Thursday night. Her foley bladder catheter was discontinued. One by one the devices and tubes continue to be removed.

As of 2:50 pm on Sunday August 9, Autumn has been up in a chair and has walked to the restroom accompanied only by her IV pole. She is presently finally getting some sleep as she was exhausted and previously kept awake by many sounding alarms and other contraptions.

I must say that I essentially begged God to spare my daughter and restore her as I drove to the hospital knowing that she was intubated and airborne in a helicopter. Who am I to think that God would be mindful of me to be influenced by my prayers? Yet, thankfully, who I am is unimportant in the face of who God is, Jehovah Rapha, the God Who Heals. All of our prayers have been answered. It is humbling to witness the veritable army of you who have prayed for Autumn. The collective power of your prayers is now evident, as is the incredible power of each one of your prayers individually. EACH and EVERY prayer was vital. I could never thank YOU enough for this.

When you are silent for a time, your words that break the silence have increased power (a lesson I have yet to learn and apply). So when Autumn first had her tube out, among her very first spoken words were "what doesn't kill you makes you stronger... it's like in James 1 where it talks about trials..." She is amazing. The voice of God has long been heard from human mouthpieces, and this is one time that I have definitely witnessed it.

As I was going to bed Friday night, Eddie Schwartz (a minister who was full time at the church I grew up in some years ago) shared these thoughts with me. Consider these verses:

Deuteronomy 11:11 "But the land that you are going over to possess is a land of hills and

valleys..."

I Kings 20 – Please read the entire chapter for this fascinating story, but with special attention to these two verses:

After the Israelites under King Ahab defeated the army of Ben-hadad, King of Syria -

I Kings 20:23 "And the servants of the king of Syria said to him, "Their gods are gods of the hills, and so they were stronger than we. But let us fight against them in the plain, and surely we shall be stronger than they."

I Kings 20:28 "And a man of God came near and said to the king of Israel, "Thus says the LORD, 'Because the Syrians have said, "The LORD is a god of the hills but he is not a god of the valleys," therefore I will give all this great multitude into your hand, and you shall know that I am the LORD."

Eddie reminded me that Satan seeks to defeat us in the valleys, and this situation with Autumn was clearly a valley. Yet, our God is a god of not only the hills, but the valleys as well. He reminded me that Autumn is the Lord's possession and in His hands. A few hours after Eddie's words and a prayer with me, Autumn was awake and proclaiming His word. I know that He is the LORD.

It has been quite a day. It is now 1:20 am. Autumn had a couple of episodes of severe pain and some nausea and vomiting earlier, but she is now sleeping peacefully. Earlier today, just after learning the wonderful news about the CT angiogram evaluating the aorta, we learned that my grandmother, Autumn's great grandmother, Clara Cummings, had passed away peacefully at Wesley Long Hospital in Greensboro at the age of 91 following recent problems with a bleeding ulcer and pulmonary emboli. Autumn had just visited her exactly one week ago in the hospital, and my grandmother talked about how happy she was to see her and how beautiful she is. Grandma often talked about how precious the Lord was to her, and we know she is with Him now. Blessed be the name of the Lord.

Darrell Hester

## New Hanover-Pender Medical Society Attends 2009 NCMS Annual Meeting

Michelle Jones, M.D., Member at Large, New Hanover County

The North Carolina Medical Society held its 2009 Annual Meeting at the Marriott Hotel in Raleigh on October 30-November 1. The New Hanover-Pender Medical Society was well represented with a full delegation of eleven and several other members attended as representatives to their specialty societies. The House of Delegates was led by our Past President Michael Moulton, MD, and Dr. Derrick Hickey served as a reference committee chair.

The 2009 HOD discussed issues such as attracting minority youth to medicine and other health professional careers, physician reimbursement for interpreter services, tax credits for free physician services, a physician blog and taxation of high calorie foods.

Many of our members gave testimony on the issues and often swayed the vote. A most spirited discussion ensued following a resolution to require safety equipment in patient bathrooms in physician offices.

The NCMS PAC hosted a discussion of the current state of healthcare with US Senator Richard Burr, and two of the three physician members of the NC legislature, Senator William Purcell and Rep. Robert England.

Over \$18,000 was raised by the NCMS Foundation which supports programs such as the Community Practitioner Program and the Leadership College.

NH-P Medical Society has continued its tradition with a representative



to the Leadership College. Congratulations to Dr. Darrell Hester who has been selected to the college in 2010. Dr. Hester also won a prize of two tickets to a Panthers Game in the Foundation drawing.

Children and families enjoyed the Halloween festivities with trick or treating in the hotel and a Kids Night Out with pizza, movies and crafts.

Dr. Al Osbahr of Hickory celebrated his year and passed the presidential medallion to Dr. Doug Sheets of Rutherfordton who will lead the NCMS in the coming year.



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1. Dr. Michael Moulton, Speaker, House of Delegates
2. Dr. Derrick Hickey with Senator Burr
3. Dr. Darrell Hester, Leadership College
4. Dr. Al Osbahr, immediate Past President, congratulates Dr. Doug Sheets at his inauguration to current NCMS President
5. Dr. Philip Brown in the House of Delegates



## Sunday Forum: Suck it up, America

We have become a nation of whining hypochondriacs, and the only way to fix a broken health-care system is for all of us to get a grip, says Dr. Thomas A. Doyle. Dr. Doyle is a specialist in emergency medicine who practices in Sewickley ([tomdoy@aol.com](mailto:tomdoy@aol.com)). This is an excerpt from a book he is writing called *Suck It Up, America: The Tough Choices Needed for Real Health-Care Reform*.

Sunday, October 11, 2009, Pittsburgh Post-Gazette (Reprinted with permission of the Author)

Emergency departments are distilleries that boil complex blends of trauma, stress and emotion down to the essence of immediacy: What needs to be done, right now, to fix the problem. Working the past 20 years in such environments has shown me with great clarity what is wrong (and right) with our nation's medical system.

It's obvious to me that despite all the furor and rancor, what is being debated in Washington currently is not health-care reform. It's only health-care insurance reform. It addresses the undeniably important issues of who is going to pay and how, but completely misses the point of why.

Health care costs too much in our country because we deliver too much health care. We deliver too much because we demand too much. And we demand it for all the wrong reasons. We're turning into a nation of anxious wimps.

I still love my job; very few things are as emotionally rewarding as relieving true pain and suffering, sharing compassionate care and actually saving lives. Illness and injury will always require the best efforts our medical system can provide. But emergency departments nationwide are being overwhelmed by the non-emergent, and doctors in general are asked to treat what doesn't need treatment.

In a single night I had patients come in to our emergency department, most brought by ambulance, for the following complaints: I smoked marijuana and got dizzy; I got stung by a bee and it hurts; I got drunk and have a hangover; I sat out in the sun and got sunburn; I ate Mexican food and threw up; I picked my nose and it bled, but now it stopped; I just had sex and want to

know if I'm pregnant.

Since all my colleagues and I have worked our shifts while suffering from worse symptoms than these (well, not the marijuana, I hope), we have understandably lost some of our natural empathy for such patients. When working with a cold, flu or headache, I often feel I am like one of those cute little animal signs in amusement parks that say "you must be taller than me to ride this ride" only mine should read "you must be sicker than me to come to our emergency department." You'd be surprised how many patients wouldn't qualify.

At a time when we have an unprecedented obsession with health (Dr. Oz, "The Doctors," Oprah and a host of daytime talk shows make the smallest issues seem like apocalyptic pandemics) we have substandard national wellness. This is largely because the media focuses on the exotic and the sensational and ignores the mundane.

Our society has warped our perception of true risk. We are taught to fear vaccinations, mold, shark attacks, airplanes and breast implants when we really should worry about smoking, drug abuse, obesity, cars and basic hygiene. If you go by pharmaceutical advertisement budgets, our most critical health needs are to have sex and fall asleep.

Somehow we have developed an expectation that our health should always be perfect, and if it isn't, there should be a pill to fix it. With every ache and snuffle we run to the doctor or purchase useless quackery such as the dietary supplement Airborne or homeopathic cures (to the tune of tens of billions of dollars a year). We demand unnecessary diagnostic testing, narcotics for bruises and sprains, antibiotics for our viruses (which do absolutely no good). And due to time constraints on physicians, fear of lawsuits

and the pressure to keep patients satisfied, we usually get them.

Yet the great secret of medicine is that almost everything we see will get better (or worse) no matter how we treat it. Usually better.

The human body is exquisitely talented at healing. If bodies didn't heal by themselves, we'd be up the creek. Even in an intensive care unit, with our most advanced techniques applied, all we're really doing is optimizing the conditions under which natural healing can occur. We give oxygen and fluids in the right proportions, raise or lower the blood pressure as needed and allow the natural healing mechanisms time to do their work. It's as if you could put your car in the service garage, make sure you give it plenty of gas, oil and brake fluid and that transmission should fix itself in no time.

The bottom line is that most conditions are self-limited. This doesn't mesh well with our immediate-gratification, instant-action society. But usually that bronchitis or back ache or poison ivy or stomach flu just needs time to get better. Take two aspirin and call me in the morning wasn't your doctor being lazy in the middle of the night; it was sound medical practice. As a wise pediatrician colleague of mine once told me, "Our best medicines are Tincture of Time and Elixir of Neglect." Taking drugs for things that go away on their own is rarely helpful and often harmful.

We've become a nation of hypochondriacs. Every sneeze is swine flu, every headache a tumor. And at great expense, we deliver fantastically prompt, thorough and largely unnecessary care.

There is tremendous financial pressure on physicians to keep patients happy. But unlike business, in medicine the customer isn't always right. Some-

(continued on page 9)



## Robert H. Hutchins, M.D.—He was one of the good guys Margit E. Royal, M.D.

Dr. Robert H. Hutchins—He was one of the good guys.

On Sunday June 28, 2009 the Wilmington Star News informed our community that Dr. Robert H. Hutchins, age 59, had died suddenly at his home, from complications of pulmonary fibrosis. If you happened to read his obituary, you can well imagine the sorrow and loss felt by his family, office staff, and closest friends. Those of us who knew him in more peripheral arenas - professionally or as patients - were also suddenly saddened.

At his memorial service, five hundred plus people respectfully maneuvered into the pews, balconies, and aisles of Wilmington's First Presbyterian Church. The eulogy by Reverend Dr. Ernest T. Thompson, III filled the room with a kaleidoscope of images, old and new, of a man so many had the good fortune to know. His brother Randall described Bob as an always-available shoulder, guide and advisor for the family circle. The youth basketball teams at First Presbyterian Church said the same of Bob, their coach: he could encourage a missed pass and banged-up nose back into the game with empathy and kindness. Bob shared dinner with his family many evenings after a busy day of patient care, then took dinner over to his elderly mother and shared a favorite television show with her. He always had time for everyone.

I never knew that Bob and his wife of thirty-three years, Seldie, met on a blind date when they were nineteen and eighteen years old respectively. They were both college students at UNC-Chapel Hill, and quickly became

“steadies.” A patient-friend of the Hutchins once instructed Bob to make sure he let Seldie know what a warm and generous heart she had. Dr. Hutchins, wise man that he was, reportedly replied, “I know. I tell her every day.” What a blessing to bestow on someone who might easily be overlooked as the moments of one’s life go rushing by - to tell them daily they are recognized and loved.

Bob Hutchins was clearly a guiding force for each of his children - Emily, Robert and Elizabeth. He made himself accessible by sharing his vulnerabilities through stories of childhood escapades, ice cream and even blueberries. When necessary, he countered discipline with a warm hand and a forgiving heart. In return, they honored him with the accolade “world’s greatest father.” He counseled his college-bound son that, “You get out of life what you put into it” and advised him to “be honest, be a good friend, and maintain perspective.” I suspect those of us who listened to Reverend Thompson’s words felt the stirring of opportunities to retrieve many of our own misplaced good intentions.

When I recall my own memories of Dr. Robert Hutchins, I feel fortunate and overwhelmed; inspired and at a loss. I was his physician colleague for almost thirteen years. The patient care we shared was always a pleasure. His skill and knowledge could always be relied upon.

I was his patient for even longer. He steadied me through the process of losing both of my parents in quick succession to chronic illnesses, and he stood always-ready when menopause

and sleepless nights intervened at the same time. I took comfort in knowing he was a nearby touchstone. I loved the occasion when I received my lab results via fax to my home from his office - we were watching my borderline cholesterol - and he wrote on the official lab sheet, “I’d like to see what she can do with diet and exercise.” I laughed out loud. And then became inspired.

I was scheduled to see Dr. Hutchins on Wednesday June seventeenth, but had to reschedule because of out-of-town business. My alternative appointment was for Monday, June twenty-ninth at ten-thirty. I was looking forward to stepping onto his office scale and (hopefully) noting a four-pound weight loss, which I knew would be dutifully recorded in my chart—the beginning notes of a shared goal. I even looked forward to the morning fast I would undertake to make sure my cholesterol level pleased both myself and my doctor. But I missed these opportunities by three short days.

As his eulogy drew to a close, Reverend Thompson paraphrased one of Dr. Hutchins’ philosophies: “You will have highs and lows in your life; you will be able to recognize the good times because of the failures. You will be able to weather extremes, and in so doing, become grounded in the middle.”

The successful life of Bob Hutchins - a son, husband, father, friend, and physician - crystallized into something shared, and something to which all of us might aspire. Dr. Robert H. Hutchins truly was one of the good guys.

### IN MEMORIAM

#### Physicians

Robert Harold Hutchins, MD 06-26-09

John David Ward, II, MD 10-20-09

#### Physicians’ Spouses and Children

Corinne "Connie" Neese Gillen 08-14-09  
(Widow of H. William Gillen, MD)

Allison Kay Blackstone Sewell 11-30-09  
(Daughter of Dr. Thomas Blackstone and Marilyn Newell Blackstone)



## 2010 Annual Health Hotline

*Volunteer and be a part this year!*

### Health Questions? Call Us, Thursday, January 28, 2010!

On Thursday, January 28, New Hanover - Pender County Medical Society, in concert with WWAY NEWSCHANNEL 3 and the North Carolina Medical Society (NCMS), will host Health Hotline at Independence Mall, near the interior Time Warner Cable and JC Penney entrances. Between the hours of Noon and 8:00 PM, physicians representing a variety of specialties will be available to answer telephoned questions from people in the Channel 3 viewing region. Callers may anonymously ask any questions they choose about health care. If the physician who answers the telephone receives a question out of his/her area of expertise, the call will be transferred to another physician. Citizens are urged to take advantage of the opportunity to ask questions of the approximately sixty enthusiastic physicians who will donate their time throughout the day. In some years, 1,000 or more people, from the very young to seasoned adults, call in with questions.

How did Health Hotline arrive in Southeastern North Carolina? In 1987, while at a Medical News Reporting Conference in Chicago, local ophthalmologist, James Kesler, MD, heard about the concept from a Florida physician. Thinking that it was an excellent way to serve our own community, Dr. Kesler began to tell colleagues about the model. Finally, the idea was carried to the New Hanover - Pender County Medical Society Executive Committee. **Under the guidance of Dr. Kesler and Dr. Michael Donahue, we began our own Health Hotline in 1991.** Health Hotline has always been a collaborative effort with the NCMS and WWAY NEWSCHANNEL 3. All of WWAY's general managers, including its present one, Andy Combs, have felt, strongly, about the value of this service to the community. During its early years, Hotline was held on Saturdays. So confident were they of the project's importance and scope, WWAY staff members actually asked to work on their day off!

Hotline will include live interviews with physicians on topics of general interest. Information gleaned via the interviews and telephones has proven to be vitally important to some viewers - even life saving. The live portions (interviews with physicians) will take place between 12N-12:30 PM and 7:00-7:30 PM and may be seen on WWAY Television.

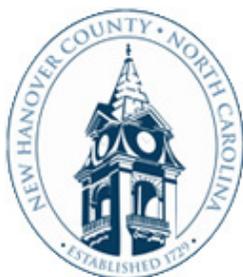
This project is very close to physicians' hearts. While unable to diagnose specific illnesses and conditions, prescribe medication, or establish a patient-physician relationship by phone, Health Hotline is a true opportunity for service - to provide good, solid medical information and, sometimes, a gentle nudge - to their Southeastern North Carolina neighbors.

(For additional information, call Bonnie Brown: 790-5800.)



### Dr. Rhyne Completes Tenure with North Carolina Medical Board

Congratulations to Janelle A. Rhyne, M.D. on completion of her tenure with the North Carolina Medical Board as immediate Past President following her term as President in 2007-2008. Dr. Rhyne is also a Past President of the New Hanover-Pender County Medical Society.



# NEW HANOVER COUNTY

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

3002 US HIGHWAY 421 NORTH

WILMINGTON, NC 28401

Telephone: (910) 798-4400 Fax (910) 798-4408

November 12, 2009

To Whom it May Concern-

The New Hanover County Department of Environmental Management is implementing a new policy on medical waste. This new policy is in compliance with all rules regarding the disposal of medical waste in North Carolina. The Landfill and Wastec facilities will accept non-regulated medical waste generated at homes, hospitals, doctor offices, clinics, etc. located within New Hanover County. This letter is to inform your business of these changes, also so you can inform individuals. As of **November 2, 2009** the new medical waste policy will be as follows:

## Homeowners

Individual homeowners who generate used sharps in the course of administering medications to themselves or family members should follow the steps outlined below:

1. Sharps shall be placed in a container which is rigid, leak-proof when in an upright position, and puncture-resistant. An example would be an empty liquid laundry detergent bottle.

The sharps container should be brought directly to the WASTEC facility or New Hanover County Landfill and placed into the provided collection bin by the homeowner.

\*Please do not throw sharps away in your regular trash.

## Non-Homeowners

Medical waste generating facilities such as doctor's offices, clinics, outpatient surgical centers etc. are expected to collect, treat, manage and dispose of their medical waste according to the rules found in **15A NCAC 13B SECTION .1200 - MEDICAL WASTE MANAGEMENT**. Even though these rules allow for disposal of certain "*non-regulated medical waste*" and "*regulated medical waste*" that has been treated in municipal solid waste landfills, Department policy is not to accept used sharps at its facilities in order to minimize possible contact by its employees and the general public. Therefore, these facilities must plan to manage their used sharps separately from other non-regulated medical waste.

Medical waste generating facilities shall place "*non-regulated medical waste*" inside red plastic bags before placing such waste into a refuse container intended for collection and disposal at a New Hanover County disposal facility.

If you have any questions or would like more information please contact 910-798-4400.

Sincerely,

John Hubbard  
Department Director

*Note: This letter is duplicated here as a service, and the information contained applies only to New Hanover County. It is illegal for the NHC Landfill to accept waste from outside of New Hanover County.*



## News from the Medical Society Alliance

Susan Donner, President CFMA

As the holidays near we are reminded how quickly life moves. It seems like we were just at the Summer Social enjoying the beautiful venue and welcoming all the new physicians and their families to our community.

Since then the Cape Fear Medical Alliance held a successful Rummage Sale. I want to thank everyone who donated their items and their time. We couldn't have done it without you. Over 1,000 people come through the sale in a 6 hour period—it was very busy. We will be donating the proceeds from the sale to the Betty H. Cameron Women and Children's Hospital and the Carousel Center.

The Alliance also had four members of its board attend The Leadership and Development Conference in Chicago this year. The national conference is sponsored by the American Medical Association Alliance. It was a wonderful experience where we were able to meet Alliances from around the country and see what is happening in other communities. We attended some in-



formative sessions and saw some amazing work being done. We are eager to join the fight to making health a priority

in our community. We were able to bring back some great ideas to implement in our community.

To begin our journey to better health we will be partnering with the State Alliance to organize a Get Fit 5k this spring. More information will be coming to you soon. We hope to see you and your families out there. If you would like to help plan for our race or are interested in volunteering on race day please contact me at [capefearmedicalalliance@gmail.com](mailto:capefearmedicalalliance@gmail.com).

We look forward to seeing some new faces this year and to making our community a healthier one. You can contact the Alliance at

(Suck It Up, continued from page 4)

times a doctor needs to show tough love and deny patients the quick fix.

A good physician needs to have the guts to stand up to people and tell them that their baby gets ear infections because they smoke cigarettes. That it's time to admit they are alcoholics. That they need to suck it up and deal with discomfort because narcotics will just make everything worse. That what's really wrong with them is that they are just too damned fat. Unfortunately, this type of advice rarely leads to high patient satisfaction scores.

Modern medicine is a blessing which improves all our lives. But until we start educating the general populace about what really affects health and what a doctor is capable (and more importantly, incapable) of fixing, we will continue to waste a large portion of our health-care dollar on treatments which just don't make any difference.

Anita Dufalla/Post-Gazette

## Welcome New NHPCMS Members

**June 26, 2009**

James Graham, MD; Ann Elizabeth Dargen-McDonald, MD; Roland Peter Jones, MD

**September 16, 2009**

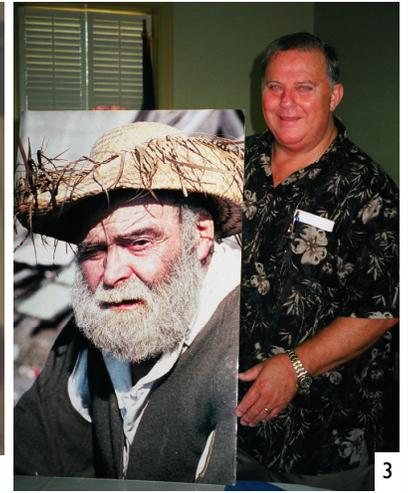
Anmona Sudhir Thacker, MD; Lenard Joseph Edralin, MD; Mark Jeffrey DuFine, MD; Craig Andrew Rineer, MD; Scott Alan Colquhoun, MD

**October 21, 2009**

Sean Patrick O'Brien, MD; Gregory Charles Zwack, MD

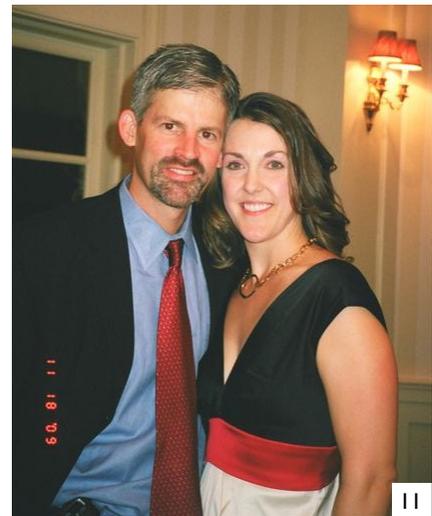
**December 18, 2009**

Fernando Rodrigo Moya, MD; Michael Steven Goldwasser, DDS, MD; George Kevin Escaravage, Jr., MD; Brandon Keith Ryan, PA-C





1. Family Day - Children from 4 months through 17 years old attended. An intense, but brief, storm, punctuated by lightening and loud claps of thunder, failed to dampen spirits of physician families who enjoyed a show by No Sleeves Magic during the rain. 10 PM had come and gone when the group's last fun lovers headed homeward.
2. Educator, Paul Kamitsuka, MD, updates the large September 16 General Meeting turnout with the latest information on the H1N1 pandemic.
3. Fred Pickler held the audience spellbound during his presentation to the Retired Physicians Section, October 13 when he chronicled the eccentric life and, even more bizarre death, of the Fort Fisher hermit.
4. Newcomers, Lenard Edralin, MD, PED, with Knox Clinic; Holly Shaffer, MD, DERM, with Dermatology Associates; and medical student, Michael Edralin, enjoy their first Summer Social
5. Thanksgiving Celebration Social - Frank Hobart, Meredith Lewis, Lance Lewis, Betsy von Biberstein
6. Thanksgiving Celebration Social - Harpist Mary Kleinfeldt
7. Special Guests from Wallace, Mott and Jennifer Blair
8. Thanksgiving Celebration Social - Raymond and Eleanor Hunt
9. Thanksgiving Celebration Social - Henry and Gorda Singletary
10. Thanksgiving Celebration Social -Michelle Jones, Jim Jones, Teresa Huffmon
11. Thanksgiving Celebration Social - Philip and Christy Brown



New Hanover - Pender County Medical Society  
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December 2009 Newsletter

## 2009 Executive Committee

Frank Hobart, MD ..... President  
Charles Schlepner, MD ..... Immediate Past President (relocated)  
Derrick Hickey, MD ..... President-Elect  
James McCabe, MD ..... 1st Vice President, Program Chairman  
Darrell Hester, MD ..... 2nd Vice President, Newsletter Editor  
Bryan Weckel, MD ..... Secretary  
Rob Harper, MD ..... Treasurer  
Jonathan Siuta, MD ..... Assistant Treasurer  
Michelle Jones, MD ..... Member-at-Large, New Hanover  
Bryan Weckel, MD ..... Member-at-Large, Pender  
Bertram Williams, MD ..... Retired Physicians Section Coordinator  
Frank Reynolds, MD ..... Former NCMS President  
C. K. Rust, MD ..... Former NCMS President  
Michael Moulton, MD ..... 2008-2009 NCMS Speaker, HOD  
Bonnie Brown ..... Executive Director

Register to serve in the 2010  
WWAY Health Hotline  
Thursday, Jan 28, 12-8 PM

Next General Meeting:  
Jan 20, 6 PM Cape Fear  
Country Club

*Call the Society office for  
information or reservations  
910-790-5800*