

Area 3 Report to the Assembly Executive Committee 07-21-2018

Member Services

- Area 3 presented the Area 3 RFM Merit Awards to Stephen Mateka, DO and Adam Sagot, DO (NJPA and both PGY 4 at Rowan University-School of Osteopathic Medicine) and Cristina Secarea, MD (WPS and PGY-4 at St Elizabeth's Hospital) and Lieutenant Madeline Teisberg, DO, MS (US Navy, WPS and PGY-4 at Walter Reed National Military Medical Center) in recognition of their meritorious achievements. Area 3 hosted a dinner in the awardees' honor at the Marseille Restaurant in New York with representation from NJPA and WPS, the District Branches that recommended them for this recognition. Present at the dinner: Drs Arora, Dunlap, Greenberg, Mateka, Morrison, Napoli, Sagot, Secarea, Silver and Sorel, and Joanne Dunne (Executive Director, WPS). Drs Mateka, Sagot and Secarea were honored and received their Area 3 RFM Merit Award certificates during a brief ceremony at the Saturday, May 5, afternoon session of the Area 3 Council meeting. Each of the four recipients received a \$500 honorarium.
- The Area 3 RFM Committee chaired by Nazanin Silver, MD, Area 3 RFM Rep, held a teleconference meeting to review and to vote on the RFM candidates recommended by New Jersey and Washington, DC District Branches for the Area 3 RFM Merit Awards.
- The Area 3 Council approved the recommendation by the Area 3 Committee on Program Evaluation (COPE) that an Area 3 program conducted by the Maryland District Branch be approved and funded with \$1,500. This program "will focus on early career psychiatrist members" and "educate them on the benefits of membership and encourage them to become more engaged in the organization" via "a family-oriented social event." with District Branch leadership to "encourage networking, strengthen ties with the organization and keep ECP members engaged."

Diversity

No action since the May 2018 Area 3 report to the Assembly.

Advocacy

Area 3 is pleased to hear Dr Levin's announcement that Craig Obey will be the new Chief of Government Affairs. Area 3 is eagerly waiting to be informed who will be the new Regional Field Director for State Government Affairs for the region that includes Area 3.

Education

The District Branches and the ACROSS organizations continue to provide outstanding CME activities. The fall programs are: Southern Psychiatric Association Annual Meeting (9/5-9/8), WPS Fall Symposium: "Psychiatric Genetic Update: Risk of Illness, Implications for Treatment" (9/15), PSD 7th Annual Symposium (9/22), NJPA Addiction Conference: "The Opioid Crisis in 2018" (11/17) and PaPS "Patient Safety and Risk Management" (11/17).

Standards, Quality of Care, Healthcare and Health Economics:

- Dr Silver's Action Paper on "Council on Women's Mental Health" for the APA to establish a Council on Women's Mental Health, which the Assembly passed in November 2017, was referred to the Board by the JRC. The BOT approved the formation of an Ad Hoc Work Group on Women's Mental Health and charged it to "conduct an analysis of projects/products developed by APA over the last 6 years that address mental health conditions and health-related disorders pertaining to mental health that affect women. Findings from this analysis along with recommendations for improvement shall be made in a report to the Board of Trustees. Recommendations shall include the positioning of any new grouping, the approvals necessary to implement them, as well as the inclusion of costs associated with the implementation." Dr Everett appointed Dr Napoli to this workgroup. It held its first meeting on 6/21 via teleconference.
- The Assembly took action on the following action papers from Area 3 authors: 1. "Medication Assisted Treatment and Physician Health Plans" (Certa, Kenneth) [Passed], 2. "Addition of Adequate Amounts of Phosphatidylcholine (choline) to all Prenatal Vitamins" (Dunlap, Constance) [Passed], 3. "Aligning the Financial

Contributions of the APAPAC with the Stated Policy of the APA Regarding Firearm Regulation” (Dunlap, Constance) [Failed] 4. “Study of the Impact of Racism on Clinical Treatment” (Dunlap, Constance) [Passed].

- Since the AEC discussed a scope of practice matter at its last meeting at which time Dr Napoli stated his opinion on this matter, his essay is included, supporting his opinion that a biomedical acculturation is the necessary process for a person to be granted the privilege of certain medical decision making and providing treatment in regard to prescribing medications. [Please see the appendix.]

Strength of Organization/Group:

- The APA Annual Meeting is interfering with conducting the business of the Assembly and Area 3. Ever since the all day Saturday and the all day Sunday industrial symposia were stopped, some of the educational activities of the scientific program have been scheduled for these days. Since this reorganization, Area 3 members have missed some of the Area 3 Council meeting or other Assembly activities because they are on the faculty for educational activities that are scheduled simultaneously with the Assembly. This year, Dr Ciolino and Dr Napoli were on the faculty of a workshop on Sunday 5/6 from 8 to 9:30 am. In addition, Dr Napoli was on the faculty for a course on Saturday from 1 to 5 pm. Travel time between the Assembly location and the location for these activities was longer in New York City than at other annual meeting locales because the Assembly was not held at the Javits Center where these educational activities were held and the Marriott Marquee, where the Assembly was held, is not near the Javits Center. Furthermore, the very heavy midtown Manhattan traffic impedes travel between these two venues. Even traveling by cab instead of the slower shuttle buses took time. Hence, Dr Napoli missed all but the last 15 minutes of the Saturday afternoon session of the Area 3 Council meeting. Despite Dr Napoli asking for an accommodation to have these educational activities scheduled so they would not coincide with the Assembly, no accommodation was made. Fortunately, Area 3 continued to function well under Dr Greenberg’s excellent leadership as he chaired the meeting in Dr Napoli’s absence. Nevertheless, members of the Assembly who provide their expertise and contribute to the success of the annual meeting scientific program should not have to divide their time between the Assembly and providing this other service to the APA. This conflict in scheduling is a disservice to the Assembly. This needs to be corrected by giving scheduling priority to Assembly members who also participate as faculty for the scientific program. To not make this correction sends a message of devaluing the Assembly.
- Financial: Dr Napoli continues to serve on the AHWG on Area Financing.

Respectfully submitted,

Joseph C Napoli, MD, Area 3 Representative

Appendix

Becoming a Physician Privileges and Sacred Trust Through Acculturation

Joseph C. Napoli, MD, DABPN, DLFAPA

Becoming a physician is much more than training. A person becomes a physician through an acculturation process by “residing” in a biomedical culture and undergoing the trials and tribulations of that process during four years of medical school and at least four years of residency before being granted the privilege to practice without direct supervision.

Through an experience of interacting with patients and active experiential learning under close supervision, future physicians learned how to think and reason as physicians, and internalize the language, ethics, values, different frames of reference of the specialties and subspecialties, caveats and limits of medical diagnostics and therapeutics, and the Hippocratic credo – “First, do no harm.” – in addition to acquiring the large amount of medical knowledge necessary to practice medicine. Some of the content of this medical knowledge becomes obsolete as medical research makes discoveries and increases our understanding; the intangibles that were internalized remain vital. Because of the change and increase of medical knowledge, physicians need to continuously engage in education throughout their careers. The acculturation process fosters the motivation for life-long learning that is necessary to grow as a doctor.

The biomedical culture inculcates a healthy skepticism in the student of medicine to challenge research

methodology and data instead of easily accepting study conclusions. Likewise, this culture develops a capacity to critically analyze clinical data and an attitude of thinking of the worst possible pathology and when indicated search for it while providing a patient with hope and striving for the best outcome.

The culture of medicine encompasses both sickness and health. Although there is an emphasis on pathology and treatment, the biomedical culture embraces health and prevention. Students of medicine concentrate on the study and healing of disease. Future physicians learn epidemiology, pathology, diagnosis, and therapeutics of illness. Medical research pursues the etiologies, mechanisms, and cures for illnesses. Some critics accuse the medical field of having a negative frame-of-reference that only embraces what is wrong with people. They claim medicine neither sufficiently attends to health nor takes into account the individual who suffers with a particular ailment. Although the art and science of healing and relieving suffering by treating pathology is a noble endeavor, medicine also focuses on the positive – prevention, public health, wellness, and healthy behaviors. Medical students also learn about normal human biology and function. Like other future physicians, my classmates and I delivered babies and experienced the exhilaration of helping to bring healthy life into the world. Medical research also addresses the question – Why do some people remain healthy while others become sick? This perspective is not new. The wisdom of attending to health and the healthy is embodied in the ancient words of Hippocrates – “. . . it is well to superintendent the sick to make them well, to care for the healthy to keep them well, also to care for one’s self, . . .”

The biomedical culture fosters an understanding of the human dimension within a biopsychosociological model. Through example, instruction, and guidance, medical students learn and appreciate the importance of the interpersonal dimension of working with and caring for patients and their families. Through identifying with humanistic faculty role models who demonstrate compassion, and competent interpersonal and communications skills, medical students hone their interpersonal and communication skills to effectively collaborate with patients as partners in healing and maintaining their health. My colleagues and I recall learning the limits of medical science as medical students sitting by the bedside of dying patients, grieving for them, and being powerless to save them despite all efforts and available therapeutic tools. There is no human interaction that is more intense and profound.

Only after this long and arduous initiation of trials and tribulations in which individuals are tested and molded, does society grant them certain privileges – The privilege to attend the sick. And in order to heal them: The privilege to pry into people’s lives, ask embarrassing questions, and learn their secrets. – The privilege to cut into people’s bodies. – The privilege to give people poisons. Yes, poisons! In my first lecture introducing me to pharmacology, my professor came into the amphitheatre and wrote on the blackboard, “All medicines are poison.” He went on to say, “You, as doctors, will be given a sacred trust to use these poisons. How you use them will be the difference between healing and doing harm.”

In addition to “First, do no harm,” other responsibilities accompany these privileges. Physicians shall observe confidentiality, make medical decisions and use their skills in the best interest of their patients, acknowledge the limits of their abilities, seek assistance and advice from other physicians and in return offer other physicians good counsel, and teach others “who are worthy” the art and science of medicine. When I talk with my physician colleagues and we relate our experiences in becoming doctors, we appreciate that in depth experiential learning, the process of internalization, confronting life, death and suffering within a medical culture forges a person into a doctor. Training can teach the science of medicine. Only acculturation teaches the art of medicine and the application of that science. Only by undergoing this acculturation process should individuals be granted certain privileges, assume the attendant responsibilities, take an oath as physicians and reside in the House of Medicine.

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