



In This Issue:

CMA President Message, Theodore Mazer, M.D.....4
 CMA Endorsment for Governor
 Health CARE Condemns AB 3087
 In My Opinion, Scott Sattler, M.D.....5
 "Cancer's Hidden Gift"
 "Humboldt's In The Lead Again", Mary Meengs, M.D.....6
 HDN Tattler.....8
 Social Calendar.....8
 Coming, Going and Moving Around.....8
 Welcome New Physicians.....9
 Opioid Use in Humboldt County / RX Safe Humboldt.....10
 Welcome Medical Students.....12
 Osteopathic CME.....16
 Hospital News.....17
 Continuing Medical Education / CME Calendar.....18
 Classified Ads.....19

EDITORIAL & PUBLICATIONS COMMITTEE

Luther Cobb, M.D.
Jennifer Heidmann, M.D.
George Ingraham, M.D.
Stephen Kamelgarn, M.D. "Guru"
Scott Sattler, M.D.
Erik Weibel, M.D. - Webmaster

EXECUTIVE DIRECTOR

Penny E. Figas

CONSORTIUM COORDINATOR

Terri Taylor

EXECUTIVE BOARD

Kelvin Vu, D.O. PRESIDENT
Stephanie Dittmer, M.D. PRESIDENT-ELECT
Join Luh, M.D. SECRETARY/TREASURER
Timothy Dalsaso, M.D. PAST PRESIDENT
Tin Botzler, M.D. DIRECTOR
Jasen Christensen, D.O., DIRECTOR
Corinne Frugoni, M.D. DIRECTOR
May Hong, M.D., M.D. DIRECTOR
Courtney Ladika, M.D. DIRECTOR
Diana Yandell, M.D. DIRECTOR
Donald Baird, M.D. PUBLIC HEALTH OFFICER
Warren Rehwaldt, M.D. PUBLIC HEALTH OFFICER
Alison Palacios, D.O. EASTERN DISTRICT
Vacancy. NORTHERN DISTRICT
Corinne Frugoni, M.D. CMA DELEGATE
Join Luh, M.D. CMA DELEGATE
John Nelson, M.D. CMA DELEGATE
Stephanie Dittmer, M.D. CMA ALT. DELE
Courtney Ladika, M.D. CMA ALT. DELE
Dennis Wilcox, M.D. CMA ALT. DELE
James Cotter, M.D. CMA DIST. X TRUSTEE

.....
 •••••
 ••••• **"Bookmark" - www.cmanet.org/HOD &**
 ••••• **Bookmark: www.cmanet.org/grassroots**
 •••••
 •••••

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net

Cover Photo
"BELLA VISTA"
Michael Fratkin, M.D.

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net Web page: www.hdncms.org

The Humboldt-Del Norte County Medical Society Executive Board and the Editorial and Publications Committee does not assume responsibility for author's statements or opinions. Opinions expressed in the *North Coast Physician* are not necessarily those of the Humboldt-Del Norte County Medical Society. Presence of an advertisement in the *North Coast Physician*, does not imply endorsement by the Humboldt-Del Norte County Medical Society

Cancer's Hidden Gift

Scott Sattler, M.D.



Okay, I admit it. I find myself looking at the obituaries more often these days, checking the ages of the recently departed and comparing them with mine. It's an interesting habit and recently I've noticed a trend. It used to be that most men listed in the obits were much older than I am, but over the past few years that pattern has changed in a sobering fashion. It appears that I have now joined the generation of the enumerated elders. To get a better sense of the expected longevity of my mortality I googled the UC Berkeley Department of Demography database and searched for the average lifespan of males like me, born in the USA in 1946. I was startled to find that our projected embodied existence was 64 years. It's a bit eerie to realize that more than half of the other little guys in the hospital nursery lying next to me will have died by the close of 2010. This tidbit awakened me to the need to spend a bit more time and energy contemplating my personal death because statistically it's already eight years overdue. No wonder the obits caught my attention! While I realize that discussing one's mortality openly is an unspoken taboo, it feels important to do so.

Most people die from either cardiac disease or cancer. According to the CDC, as of May 2017 the number one cause of death in the USA is heart disease (averaging 634,000 deaths per year). The number two cause of death is cancer (averaging 596,000 deaths per year) and diseases of the lungs come in a distant third (averaging 155,000 deaths per year). Actually, I think that the heart disease statistic is significantly overestimated, as many cases of elderly nonspecific "old age" deaths are frequently signed out as being due to heart disease simply because the heart stops. [See my "It's Illegal to Die of Old Age" article published

here in September 2011.] To my mind the incidence of death from heart disease and cancer are essentially equal.

I used to think that it would be much nicer to die from a sudden heart attack than from cancer. As Woody Allen once said, "I'm not afraid of dying, I just don't want to be there when it happens." However, as I have seen my patients aging and dying, I'm not so sure about that anymore.

In cases of sudden unexpected death, when one considers only the person who has died it is easy to ascribe a positive aspect to the experience. But that positivity must be balanced with the disruptive effect of such sudden death on those who have shared a close or intimate connection to the deceased. The loss of a loved one in these circumstances is often devastating to those left behind: words left unsaid that beg to be shared, words spoken that long to be taken back, property issues that must now be settled without the loved one's input and the intense sorrowing brought about by the sudden loss of companionship, to name a few.

And this brings me to the topic of this paper: The Hidden Gift of Cancer, which is time. Cancer provides the time needed to do homework on the physical, mental and spiritual planes so that one can complete the transition into death with a mind less encumbered by the mind-mesh entanglements of the unfinished aspects of our lives. It gives time to pass physical possessions on to those in need in a fashion that brings joy. It gives time to make a carefully thought out will and to balance out debts and obligations. On the mental plane it gives time to reconcile events and relationships in our lives that beg to be brought to more harmonic closure. It gives us time to create or fine-tune advanced medical directives, to appoint trusted friends

to be our health care decision makers if we become unable to make such decisions ourselves. On the spiritual plane it allows time to more deeply explore one's interiority and address the spiritual issues of our mortality with clear immediacy.

This gift of time can be easily overlooked. As a society we have grown to deal with cancer in a militaristic fashion: 'The War on Cancer.' 'She lost her battle with cancer.' 'He fought his cancer for five years, to the very end.' 'He conquered his colon cancer.' This perspective often serves as the sole approach of one's relationship to this disease, the relationship of being a victim. Such an approach style leaves little room for positive introspection. The gift of time is often all too easily overwhelmed by the drama of the battle.

There's an old Sufi teaching tool that relates to dealing with this type of conflict. It's called "Honoring your Dragons." It suggests that it doesn't work well to spend all your energy battling a dragon head-on. Major dragons have incredible power. They are professional dragons, and most of us are amateur dragon-slayers. So exhaustive head-to-head battle to the finish is usually not a fair contest. It is also true that you cannot turn your back on such dragons for they will fry your glutei. And you can't go around them for they will inexorably move to stand in your way. So if you can't exhaustively fight them and you can't ignore them or move away from them, how does one best deal with such dragons? You honor them.

If the dragon is diabetes, you honor it by reining in your diet, by spending money on medication, by letting yourself get stuck

"CANCER", Continued on Pg. 17

HOSPITAL NEWS

MAD RIVER COMMUNITY HOSPITAL

Mad River Hospital is now offering a Vasectomy Clinic. Information: (707) 826-8267.

“LEAD”, Continued From Pg. 6

The new, curative meds alongside the CDC and WHO’s directive for cure by 2030 have changed the landscape for this epidemic. It’s a new day, filled with hope, for those infected with HCV. Our challenge as providers is to be part of the building of a clear path to diagnosis and treatment.

To learn more about Project ECHO Plus, please contact Jennifer at 415-361-1444 or jslepin@hepcaresream.org. If you want to join a newly forming task force led by Public Health, contact me at mmeengs@humboldtpta.com.

Testing and Diagnosis

Who should be tested for HCV infection? CDC recommends HCV testing for:

- Current or former injection drug users, including those who injected only once many years ago
- Everyone born from 1945 through 1965 (15), one time
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donations became available
- Chronic hemodialysis patients
- People with known exposures to HCV, such as
 - o health care workers after needle sticks involving HCV-positive blood
 - o recipients of blood or organs from a donor who tested HCV-positive
- People with HIV infection
- Children born to HCV-positive moth-

ers

U.S. Preventive Services Task Force (USPSTF) also recommends HCV testing for:

- Incarcerated persons
- People who use intranasal drugs,
- People who get an unregulated tattoo

What blood tests are used to detect HCV infection?

Several blood tests are performed to test for HCV infection, including:

- Screening tests for antibody to HCV (anti-HCV)
 - o enzyme immunoassay (EIA)
 - o enhanced chemiluminescence immunoassay (CIA)
- Qualitative tests to detect presence or absence of virus (HCV RNA polymerase chain reaction [PCR])
- Quantitative tests to detect amount (titer) of virus (HCV RNA PCR) **§**

***E-Mail Address Updates?
Allied Health
Practitioner Updates?
Find information
published in the Directory that
needs to be
updated? Please let the
Medical Society know so we
can keep records as up-to-date
as possible.***

***Are you interested in
receiving your
North Coast Physician
electronically?***

***Contact the
Medical Society at
hdncms@sbcglobal.net***

“CANCER, Continued From Pg. 5

repeatedly with needles and by eschewing physical stagnation. In this way you come to grips with your dragon and can more healthily coexist for a much longer period of time.

The same holds true for aggressive cancers. It doesn’t work to turn your back on them for they get ever more aggressive if you ignore or avoid them. Putting all of one’s focused energy for the rest of one’s life into combatting them often causes one to become physically, mentally, socially and spiritually bereft. So how do you deal with the dragon of cancer? You honor it. You acknowledge its power and take due steps to hold it in check while at the same time you work to maintain a balance between combat and accommodative modes. You honor the dragon of cancer by being grateful for the time it gives you to do the work needed to make life easier for yourself and your loved ones. You honor it by not waiting until the final hours of your life to seek palliative care or hospice assistance. You take the time to acknowledge the point where comfort-directed therapy supersedes disease-directed therapy. That precious time is the gift of cancer, and it deserves to be honored.

Ed. Note: “It’s Illegal to Die of Old Age” (September 2011-Sattler) is posted on the Medical Society’s webpage at: http://www.hdncms.org/Editorial_Archive2.html

Humboldt's in the Lead, Again

Mary Meengs M.D.



May is Hepatitis Awareness Month, a good reason to focus our attention on Hepatitis C. According to the California Department of Public Health (CDPH), Humboldt County has the highest rate of newly reported HCV in the state—nearly 3 times the state average. Two-thirds of the local health jurisdictions with rates higher than the state average are in rural Northern California.

It is, admittedly, difficult to get accurate data. Public Health collects reports of every new positive HCV test. There were 385 new cases in 2017. They add each year to the cumulative total, subtracting the number of people who have died with Hep C in that year. Our running total is 7,562 infected people, or 5.6% of our population. Prevalence nationwide is about 1%. But our total doesn't take into account the approximately 20% of cases which can be expected to spontaneously clear, or those infectees who have moved out of the county, or those who've been successfully treated. On the other hand, it is estimated that only about 50% of those who are HCV positive across the country are aware of their status. Still, if our rate were equal to the California's, we would be expected to have only 1385 cases. Why does this matter? Hepatitis C is a leading cause of liver disease, liver cancer and transplant. In the US, deaths due to HCV are forecast to peak around 2030-2035, at an average of 35,000 deaths/year. HCV kills more Americans than any other infectious diseases, with a record-high 19,659 deaths occurring in 2014, according to the CDC; there have been more deaths due to HCV than HIV since 2007.

Many of us know that baby boomers are disproportionately likely to be HCV positive; approximately half of the newly

reported cases are in those born between 1945 and 1965. But over the last 10 years, a second peak in the age distribution has emerged, in those under 30, related to injection drug use and directly tied to the opioid epidemic. In the US from '04-'14, HCV increased by 400% in those 18-29, while hospital admission for opioid injection complications rose 622%. In Humboldt County, half of the new cases identified in 2017 were in those born after 1966. HCV is primarily spread through contact with infected blood. It is especially hardy; a dry drop of blood can contain infectious particles for weeks, and the virus can live in a syringe for up to 63 days!

Now for the good news. Thanks to a slate of new drugs, hepatitis C is largely curable. No longer is there a need for anyone to endure the hardships of interferon treatment. The current regimens are oral and treatment is usually successful in 8-24 weeks. Though the drugs can be notoriously expensive, some are coming down in price, and there are multiple programs that can cover much of the cost.

The CDC has identified three primary strategies to eradicate HCV: adequate syringe exchange services, availability of medication-assisted treatment for opioid use disorder, and treatment of identified HCV cases. Our community has been working hard on the first two of these, and now we need to build an infrastructure to work-up and treat HCV. It's doable! Because our high rates have been noticed, help has broken through the redwood curtain, largely in the form of Project ECHO. This is an ongoing distance learning and mentoring service, with the hub of excellence at UCSF. Their experienced and friendly team of hepatologists, pharmacists, and behavioral

health professionals offer a suite of services that can transform any motivated provider into a confident and well-supported treater. No longer do we have to send our patients to the bay area, or overwhelm one or two local experts. It's free to participate in Project ECHO, and always open to additional providers.

Another new local resource is Jennifer Slepik, Project ECHO's Outreach Liaison. In December of 2017, Jennifer, a Master's prepared RN, moved to Eureka in her Airstream travel trailer, aka the Hep-Carestream. An HCV survivor herself, she has committed the remainder of her nursing career to elimination of HCV in rural, medically underserved areas. Her first priority is to reach out to primary care providers to invite them to participate in HCV education provided through UCSF's ECHO Plus Program. Since December, Humboldt County has increased its HCV provider force from 1 to 17. As a result, capacity to treat HCV locally has been exponentially increased. But we have to figure out how to find those who should be treated, and get them to those providers. HCV is fraught with prejudices rooted in stigma, misinformation, and lack of education. In order to reach the many who may be affected by the silent disease of HCV in Humboldt County, these obstacles must be overcome. Jennifer is working toward increasing awareness by providing education to anyone who will listen. She's educating local nurses in ambulatory care settings, providing free HCV testing for the general public at various local events, and even appearing on Access Humboldt to talk about HCV.

"LEAD", Continued on Pg. 17

HOSPITAL NEWS

MAD RIVER COMMUNITY HOSPITAL

Mad River Hospital is now offering a Vasectomy Clinic. Information: (707) 826-8267.

“LEAD”, Continued From Pg. 6

The new, curative meds alongside the CDC and WHO’s directive for cure by 2030 have changed the landscape for this epidemic. It’s a new day, filled with hope, for those infected with HCV. Our challenge as providers is to be part of the building of a clear path to diagnosis and treatment.

To learn more about Project ECHO Plus, please contact Jennifer at 415-361-1444 or jslepin@hepcaresstream.org. If you want to join a newly forming task force led by Public Health, contact me at mmeengs@humboldtpta.com.

Testing and Diagnosis

Who should be tested for HCV infection? CDC recommends HCV testing for:

- Current or former injection drug users, including those who injected only once many years ago
- Everyone born from 1945 through 1965 (15), one time
- Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
- Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donations became available
- Chronic hemodialysis patients
- People with known exposures to HCV, such as
 - o health care workers after needle sticks involving HCV-positive blood
 - o recipients of blood or organs from a donor who tested HCV-positive
- People with HIV infection
- Children born to HCV-positive moth-

ers

U.S. Preventive Services Task Force (USPSTF) also recommends HCV testing for:

- Incarcerated persons
- People who use intranasal drugs,
- People who get an unregulated tattoo

What blood tests are used to detect HCV infection?

Several blood tests are performed to test for HCV infection, including:

- Screening tests for antibody to HCV (anti-HCV)
 - o enzyme immunoassay (EIA)
 - o enhanced chemiluminescence immunoassay (CIA)
- Qualitative tests to detect presence or absence of virus (HCV RNA polymerase chain reaction [PCR])
- Quantitative tests to detect amount (titer) of virus (HCV RNA PCR) **§**

*E-Mail Address Updates?
Allied Health
Practitioner Updates?
Find information
published in the Directory that
needs to be
updated? Please let the
Medical Society know so we
can keep records as up-to-date
as possible.*

*Are you interested in
receiving your
North Coast Physician
electronically?*

*Contact the
Medical Society at
hdncms@sbcglobal.net*

“CANCER, Continued From Pg. 5

repeatedly with needles and by eschewing physical stagnation. In this way you come to grips with your dragon and can more healthily coexist for a much longer period of time.

The same holds true for aggressive cancers. It doesn’t work to turn your back on them for they get ever more aggressive if you ignore or avoid them. Putting all of one’s focused energy for the rest of one’s life into combatting them often causes one to become physically, mentally, socially and spiritually bereft. So how do you deal with the dragon of cancer? You honor it. You acknowledge its power and take due steps to hold it in check while at the same time you work to maintain a balance between combat and accommodative modes. You honor the dragon of cancer by being grateful for the time it gives you to do the work needed to make life easier for yourself and your loved ones. You honor it by not waiting until the final hours of your life to seek palliative care or hospice assistance. You take the time to acknowledge the point where comfort-directed therapy supersedes disease-directed therapy. That precious time is the gift of cancer, and it deserves to be honored.

Ed. Note: “It’s Illegal to Die of Old Age” (September 2011-Sattler) is posted on the Medical Society’s webpage at: http://www.hdncms.org/Editorial_Archive2.html

CLASSIFIED ADVERTISEMENTS

PRACTICE OPPORTUNITIES

Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure & Video; Links to Local Recreation; Links to Loan Repayment Programs; Norcal Medical Partners Facebook, and more....
www.hdncms.org

EQUIPMENT NEEDED

Exam table, capable of doing gyn exams
 Mayo stand or equivalent
 Small autoclave

Contact: Diane Dickinson, M.D.
ddickinson23@gmail.com

PROPERTY FOR SALE/ RENT/

OFFICE SPACE FOR LEASE. 4,000 sq. ft. medical office space to lease on the Mad River Hospital campus in Arcata. Contact John Biteman, MD (707) 499-0398.

MISCELLANEOUS

MEDICAL STUDENT HOST HOUSING NEEDED. Do you have an extra room? Empty nest? Want to play a part in mentoring and welcoming a medical student to our rural county? Please call Kate McCaffrey at (707) 599-7832. In some cases a housing stipend is available.
Thank You!

ARE YOU A CONSORTIUM MEMBER?

Medical Society Members -
 \$150.00
 Non-Medical Society
 Members - \$250.00

A self-supporting committee of the HDN Medical Society, our Consortium for Continuing Medical Education is accredited by the CMA Institute for Medical Quality to plan and accredit local programs to meet the needs of our physicians. Credit is provided for Grand Rounds, Tumor Board, Cardiac Cath Lab, UCSF Case Conference, Neo-Natal Resuscitation, etc. In addition to coordinating programs based on the feedback we get from the membership, we also work with the Humboldt IPA, Hospice, Public Health and other local agencies in coordinating CME credit for physicians.

HELP IDENTIFY LOCAL EDUCATIONAL NEEDS

HELP SUPPORT LOCAL EDUCATION - BE A CONSORTIUM MEMBER

Interested in speaking at Grand Rounds?
 Contact CME Coordinator, Terri Taylor
 442-2353
ttaylor_hdncms@sbcglobal.net

Did You Know....

Members may run classified ads in *North Coast Physician* at no charge for the first six months for business-related ads and ½ price for personal ads (on space available basis).

Display Advertising Rate Schedule

<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
1/4 Page	\$140.00	7.45" x 2.61"
1/2 Page	\$160.00	7.45" x 5.23"
1/3 Page Vertical	\$150.00	2.37" x 9.95"
Full Page	\$200.00	7.45" x 9.95"
Inside Cover/Full Page	\$275.00	7.90" x 10.40"
Business Card Ad	\$65.00	Copy Ready 2" x 3.5"
Classified Ads	\$5.25 per line	

DEADLINE: 15th day of the preceding month to be published