

# The Psychiatric Society of Virginia VIRGINIA NEWS

SPRING

*A District Branch of the American Psychiatric Association*

2004

**PSV PRESIDENT/J. Gregory Fisher, MD, DEAPA**



## *From the President of PSV*

Soon I will be in Richmond, passing the gavel to Yaacov Pushkin. It has been an interesting and enjoyable year. I want to summarize the state of the PSV, and outline some accomplishments. At our last Board meeting, we spent considerable time on membership and the need to increase for several reasons, including gaining strength in numbers, collegiality and improving our finances. We have an active Membership Chair, Adam Kaul. Membership has particularly lagged among our colleagues at state hospitals and VA's. Some have wondered if this may in part be due to difficulty in taking tax deductions by these salaried physicians. While PSV has been viewed by many as a group of private practitioners, for years we have been strengthening our ties to academic medicine and CSB's.

There are several benefits to being part of our District Branch. We have a large and diversified group of psychiatrists, from across VA who share their experiences and challenges and socialize. Annually, we have two high quality CME programs with associated meetings and social activities provided at no cost to members/spouses. Please review the program for the meeting in Richmond in March. Yaacov has lined up great speakers and a longer program. Members get copies of our three newsletters a year and a directory every other year, helping to keep abreast of developments in the state. PSV also communicates information over the internet via Helen Foster's list and our website. Members work or volunteer their time on any number of committees including David Trinkle being appointed to the state system's

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Board. Numerous members have testified before the General Assembly, including recently Paul Reilly who testified before the Senate Finance Subcommittee on open access to psychiatric medications for effective treatment. Jim Reinhard, a member, is the Commissioner for Virginia's mental health system. We also are politically active have an active PAC.

We have excellent professional staff too. The Board decided to consolidate our lobbying with Cal Whitehead and his new associate, Stefan Cox. We have been very satisfied with the efforts of Cal and look forward to working with him and Stefan in the future. It may be no coincidence that given our relationship with Cal (and having a fairly substantial financial reserve), we have not yet had to ward off significant scope of practice issues. Of course, we are also very fortunate to have our long time Executive Director, Sandra Peterson. She does a fantastic job for the Board and is a great resource for members in many areas including issues within VA and coordinating with the APA office. Sandra and Cal certainly make the job of the entire Board easier.

A significant accomplishment was with our finances and I am most grateful to our Treasurer, Larry Conell. Previously, I reported we had reviewed our investments and had agreed to continue with UBS. In addition, under Larry's guidance, the Board examined our budget, concerned we had been "dipping" into our investments regularly basis to help finance our budget. We have decided that we need to "pay as we go". Consequently, we have done some belt-tightening, closely looking at expenditures. We trim some of our contributions

while maintaining important ties such as with VMHE, VAMI and the Coalition for the Mentally Ill. We also reviewed our dues structure and realized that it was time for an increase, raising dues mildly for all categories of General Members and Fellows. We also want to point out for those who have been dropped for non-payment, there is a dues amnesty program.

We all are aware VA has a budget crunch which impacts many of our patients and us too. The Board approved a motion endorsing the need for the General Assembly and Governor to work together to raise public revenues through tax reform in order to fund adequately mental health, mental retardation and substance abuse services in VA.

The Board's work will of course continue next year. Stan Jennings and his Nominations' Committee chose excellent candidates for office. I thank Becky Lindsay and her co-chair Yaacov Pushkin for their work on the Ethics' Committee. John Shemo continues his excellent work as our senior Rep. to the APA Assembly and has agreed to Chair our Fellowship Committee again. I encourage members who believe they meet criteria to apply for Fellow or Distinguished Fellow. I also gladly announce that Ram Shenoy is back on the Board, as an Assembly Rep. replacing Anita Everett.

As I come to the end of this article and my tenure, I have tried to acknowledge as many people as I can in my articles. Obviously, there are many others who have made substantial contributions. I would like particularly to recognize my immediate predecessors and mentors, Helen Foster and David Markowitz. Helen has been the be all and end all to the PSV for years. We owe her a debt of gratitude. David has long been a stalwart of our organization, having held about every office. My best compliment to him is that I recently referred to him a long standing patient of mine who had moved to Richmond. Hope to see you in Richmond.

Sincerely,

A handwritten signature in cursive script that reads "J. Gregory Fisher, MD".

J. Gregory Fisher, MD



James S. Reinhard, MD, DFAPA

## See One, Do One, Teach One

I first heard that phrase as an intern and house staff in Hanover, New Hampshire. I think it was my chief resident who introduced me to those words frequently heard in the corridors of teaching hospitals across the country, "See one, do one, teach one." If I remember correctly, in this case, he was referring to the process of obtaining an arterial blood gas on the Oncology Unit of Mary Hitchcock Hospital. I didn't think he was serious. Did he mean: See just one delicate syringe jab. Be able to hit that artery the first time myself. And then expect to teach the 3rd year medical student looking over my shoulder? That's exactly what he meant. He was serious.

Long after my internship, I have reflected on the ways that I learned about the content and the art of medicine. Some were very effective teaching strategies, others—such as overwhelming amounts of sleep deprived on-call nights—could and have been improved upon.

But one of the things I have always cherished about my medical education is seeing

members of our profession taking seriously their responsibility to pass on knowledge to their fellow members. I am, like you, grateful to my colleagues who have taught me—not only after seeing and doing just one—but have taught me from the wealth of a long and distinguished career of service. I have benefited from the wisdom and personal supervision of psychiatrists that are well known, such as: John Nemiah, George Valliant, Bob Drake, Shervert Frazier, and Tom Gutheil—and learned from the experience of teachers not as well known, Harry Beskind, Ted Sidley, and Henry Payson.

William H. Welch, M.D. said, "Medical education is not completed in medical school: It is only begun." No doubt. And so I value the education I continue to receive from professionals with whom I currently work, such as Jim Evans, Joel Silverman, Ed Kantor, Yad Jabbarpour, Helen Foster, Jim Brown, Jack Barber, Scott Turpin, Randy Canterbury, Bob Gardella, Charles Davis, Cliff Hall, Jim Krag, Anita Everett and Jim Laster—of course I could go on—but these current teachers readily come to mind—from whom I have been able to hear interesting ideas, ask questions, or consult at curbside.

These physicians, and the list that I am sure you are thinking of, are demonstrating one of the hallmarks of any profession—social responsibility and, in particular, the responsibility to pass along professional knowledge to the next generation.

The classical form of the Hippocratic oath addressed teaching in the profession narrowly:

*"To teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else."*

*—From The Hippocratic Oath: Text, Translation, and Interpretation, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943*

The modern versions of the Oath, that are more likely to be sworn at medical school graduation ceremonies, continue to speak to the importance of teaching:

*"I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow."*

*—From Louis Lasagna (1964) Modern Hippocratic Oath, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today*

I left a handful of second year students the other day, having helped them through one of their first mental status exams, and remember how much I enjoyed teaching. I also remembered how much commitment it takes. I remembered how easy it is to forget my professional responsibility, to forget the oath I took to see one (or two), do a lot more, then teach as many as possible.

If your education is like mine, some of the best has been free—not expensive courses or dinner lectures sponsored by industry. Some of the most memorable has been an anecdote from a wise clinician who has treated hundreds—not a pharmaceutically funded open label clinical trial—even with a large "n". I have learned so much in clinical grand rounds—just hearing what my colleagues and students have to say about what we just saw during an interview. Some of the best "no free lunch" grand rounds presentations have come from psychiatrists in my own hospital or department talking about their favorite topic.

Someone once said, "Music is too important to leave to professionals". Likewise, I think medical teaching is too important to leave to other people. It has to be done primarily by us. It is a responsibility that we cannot give away.

See one, do one, teach one.

### VIRGINIA NEWS

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*We welcome letters to the editor and editorial contributions.*

# Psychiatric Care Getting Attention from General Assembly; Medicine and Other Advocates Wait for Budget Compromise

## Mental Health Parity

The General Assembly has sent SB 44 (Martin, R-Chesterfield) to Governor Warner without a single vote in opposition. The bill would make permanent the current parity law which requires insurance coverage for biologically-based psychiatric illnesses as provided for other illnesses, conditions or disorders. The legislative success of the bill demonstrates that the perception of psychiatric illness by elected officials and the public continues to improve. The passage of SB 44 is a joint effort of members of the Virginians for Mental Health Equity (VMHE).

## Virginia's Budget and Mental Health System Funding

At press time, the Senate and House of Delegates have developed competing budgets that are very different in their approach to revenue and spending. The proposed budgets are \$3.5 billion apart. The Senate has proposed a broad tax package that would raise the sales tax from 4.5 percent to 5.5 percent, reduce the food tax, change the

income tax to lower taxes for most but an increase in taxes on those with incomes of \$100,000+, and a substantial increase in the recordation tax. In total, the bill would generate revenues of approximately \$1.8 billion a year. The House muscled through a \$58 billion two-year budget that avoids broad tax increases, cuts into transportation, and delays raises for state workers.

The mental health system has made out relatively well thus far. The Senate included the funding increases proposed by Governor Warner. The House stripped out the provisions of the budget that were contingent on Warner's tax increase package but resisted major cuts. Both the House and Senate agreed to fully fund the Governor's "Olmstead Initiative". The Budget Conferees will hammer out the details during the next few weeks. Fortunately, for the mental health community several strong advocates will be included in the small group of legislators chosen to negotiate the budget.

**For more information on any of these issues or questions about organized psychiatry's advocacy efforts, please contact us at [cwhitehead@whiteheadconsulting.net](mailto:cwhitehead@whiteheadconsulting.net).**

## PsychMD-PAC The Political Voice for Virginia's Psychiatrists

PsychMD-PAC raises money from Virginia psychiatrists to fund the General Assembly and statewide candidates with positions that promote a better environment for psychiatric care delivery.

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## PSV IN THE NEWS



### **Congratulations Dr. Volkan!**



PSV member, Vamik Volkan, M.D., Professor Emeritus at UVA's School of Medicine, founder of the Center for the Study of Mind and Human Interaction and current Erik Erikson Scholar at The Austen Riggs Center in Stockbridge, MA, has been awarded the Sigmund Freud Award given by the city of Vienna in collaboration with the World Council of Psychotherapy.

This honor is received for "outstanding contributions to psychotherapy worldwide". An international jury selects the winner. Dr. Volkan will be traveling to Vienna in February 2004 to receive the award.

### **In Memoriam**

PSV remembers the following members who have passed recently:

Henry Silberman of Richmond

William Young of Washington

Daniel Fischer of Norfolk

Madelyn Royal (wife of Dr. Orren Royal of Dublin)



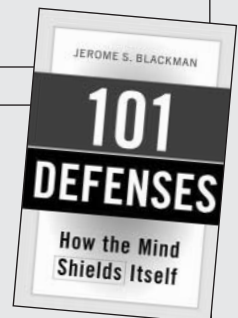
### **Dr. Trinkle Quoted in JAMA News**

Dr. David Trinkle of Roanoke attended the International Psychogeriatric Association meeting held in August, 2003 in Chicago. Dr. Trinkle spoke on telemedicine care through telecommunication and how it will help improve mental health treatment for older patients in rural areas and nursing homes. Dr. Trinkle was then quoted in the JAMA News (Vol. 290 No. 14, October 8, 2003) article entitled "Telemedicine Eyed for Mental Health Services."

### **Dr. Blackman's New Book**

PSV member Jerome S. Blackman, MD of Virginia Beach recently released a book entitled *101 Defenses: How the Mind Shields Itself*. The book explains mental defenses using examples from patients, movies, current events, and everyday life. The book reveals secrets for detecting problematic defense mechanisms and demonstrates techniques which can be used to unravel them.

Dr. Blackman has a private practice of psychoanalysis in Virginia Beach and is a professor of Clinical Psychiatry at Eastern Virginia Medical School, where he teaches psychiatry residents, psychology interns, and medical students.



### **DATES TO REMEMBER**



**Mark the Date—Friday, October 8 & Saturday, October 9**

#### **The Fall meeting of the PSV**

will be held at the Williamsburg Hospitality House in Williamsburg. The Board of Directors meeting will be at 4 pm on October 8 and the Scientific Session will be Saturday, October 9.

For Hotel information call 800-522-2063.

#### **Saturday, May 1 NAMI Walkathon, Innsbrook, Richmond**

9:00 am Check-in and 10:00 am Start Time

For more information contact Deborah Michael at 804-288-0162

or Doris Roberts at 804-690-5942 or e-mail at

dorisroberts@bellsouth.net

#### **Friday, May 14 VCU 42nd Annual Child Psychiatry Spring Forum**

8:30 am to 3:30 pm VCU Student Commons

907 Floyd Avenue, Richmond

#### **The Drug Controversy: Contemporary Issues in the Use of Medication for Children with Mental Health Disorders**

For more information contact Denise Thompson at 804-828-4393

or e-mail at dtbompson@vcu.edu

### **Congratulations to the Following Members**

#### **Distinguished Life Fellows**

Charles M. Davis

John S. DeVerter

Jeremy A. Stowell

#### **Distinguished Fellow**

Jorge A. Cortina

#### **Life Members**

Charles R. Goshen

James F. Griswold

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# An Open Letter to Psychiatrists Contemplating Their PSV Membership

*Dear Colleague:*

*Membership is a privilege and a responsibility. Psychiatrists have to balance many obligations: financial, educational, social, and still find the resources to accomplish a usually overloaded work schedule. Many find themselves sacrificing in one or more of these areas just to “make ends meet.” Many psychiatrists often do not feel that there is much to be gained from remaining attached to the various professional organizations. Some feel that these organizations do not represent them or their interests. And others just feel that the resources are just not there to make a commitment.*

*The reality of the PSV is that it represents all psychiatrists in the state on many different levels. But, frankly, the work done by the PSV is often perceived as being “behind the scenes” or not pertinent to the individual psychiatrist. The challenge for the PSV is to remain relevant to its members, given all of these conflicting demands of our resources. This is of course, a two-way street. We must remain relevant to our own society; continuing to shape and define it as change necessitates. That is why the PSV continues to set new goals. In fact, I encourage you to visit our web page ([www.psva.org](http://www.psva.org)) and reacquaint yourselves with what we do. Note that goal number one this year is to be truly relevant to our members. We want to not only expand our membership, but to define a further role and sense of purpose, community, and activity for all psychiatrists in the Commonwealth. The variable in this equation is you, because you are the PSV.*

*Dr. Kaul can be reached for comments at [atkaul@hotmail.com](mailto:atkaul@hotmail.com).*



## **PSV Amnesty Guidelines**



***The PSV now participates in dues amnesty. What does that mean for our members?  
The guidelines are as follows:***

***Reinstating members must have been dropped or resigned from membership  
one or more years prior to reinstatement.***

***Therefore, members owing 2001 or prior dues on current pending drop list,  
will not be eligible for amnesty until one year after final drop date  
(scheduled for July 2002—will be eligible for amnesty July 2003).***

***Reinstating members must pay for the current dues year in advance  
(pro-rated based on reinstatement date).***

***Not applicable to anyone who has received amnesty in the past.***

***No time limit (currently).***

## A Page from My Diary—Living and Working in Rural Appalachia

“Tell that %#@& foreigner to sign my damned papers or I am not leaving the office.” I cringe as the voice carries over to my office in the back. The words are spoken in anger and they sting. The label of “foreigner” affects me even more than the four-lettered epithet preceding it. I call the receptionist. “Don’t worry its just Joe\* having another bad day,” my secretary responds wisely brushing it off.

“I would still like to have a word with him,” I tell her. What joy! Now I have to dissect Joe’s anger towards me and find out what’s making him upset.

My mind however hits the “pause” button during the busy clinic day as I ponder over the question of my “foreignness”. “When does one get accepted in the mainstream?” I think to myself. “Is Joe just too disinhibited to stop himself from voicing what the rest think anyway? Am I being just ultra sensitive? Does assimilation on the part of an immigrant actually lead to “acceptance” by others?” Try as I might I cannot shake these thoughts as I go through the rest of the working day.

The majority of my time in America has been spent working and living in rural Appalachia. Along the way, I have been working on the psychological adjustment of being an immigrant. I can see several distinct stages. The first stage is often the honeymoon phase and euphoria that comes with new beginnings. However, once the realities of career and everyday living set in there is a period of self-doubt, negative thoughts and dysphoria. Prolongation of this phase often provokes hostility. I thank God for not having to deal with such bitter emotions. I like to think that I have worked my way to the phases of

understanding and adjustment. The incident with Joe puts a doubt in me. “Will I get to the phase of acceptance?”

My thoughts return to Joe. His serious mental illness has resulted in more than one cognitive deficiency requiring an appointment of a fiduciary of his funds. He doesn’t like this and makes me a target of his ire. We talk and he calms down having vented at someone he associates with an authority figure. I try to shake this incident off and carry on with my work.

Later that day, Rosita\* comes back to my office for a follow-up. A few months ago when I started working with this hard working Spanish-speaking immigrant she had been in the throes of a post-partum major depression. With treatment she tells me that she is taking care of her child and is back in her Church. We both rejoice at the good news of her steady recovery. Rosita is slowly overcoming her inhibition with me. What a contrast from the first visit when she was numb with grief. “What place home?” she says with effort in her nascent English.

“Right here” I say. Her curiosity persists, hesitantly inquiring, “what country do you belong?”

She doesn’t need interpretation when I reply “America”. She considers this and then smiles at me. I smile back. At that moment there are no foreigners in the room.

*\*The names have of course been changed to preserve privacy.*

*Dr. Miglani practices community psychiatry in South West Virginia and was a former Member-in-Training representative on the PSV Board. He can be reached for comments at [jmiglani@botmail.com](mailto:jmiglani@botmail.com).*

— — — — —  
*My mind hits the  
“pause” button during  
the busy clinic day as I  
ponder over the question  
of my “foreignness”.*  
— — — — —

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## VIRGINIA NEWS

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