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Advances in Medicine and Healthcare

Report #31

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I have added a second name to my medical news reports.....advances in medicine and healthcare. I am sure about the advances in medicine, but I have my tongue in my cheek when I say “advances in healthcare”. You decide for yourself.

We think in terms of organs, but there are organ systems that work together. These systems will be outlined in this report, and I will begin with the endocrine system this month starting with the manager of that system---the pituitary. I am finally prepared to offer a report on the current crisis in the VA healthcare system.

Ebola outbreak has killed over 700 people in Sierra Leone, a country in West Africa, and I will discuss it at the end of this.
The heat is on in our country, so be smart about the being outdoors. Stay hydrated, beware of heat stroke, and realize certain diseases are worsened by it from MS to hypertension. Enjoy the new journeys we will begin this month.

1. “Cancer is so limited”, by Robert L. Lynn
2. The Body’s Systems- The Endocrine System—The Pituitary Gland
3. Disability Insurance Scams
4. A report on the Veterans Administration’s healthcare system
5. Pelvic Pain—3 more causes in women
6. Pelvic exams—are they necessary in asymptomatic women?
7. When to do genetic testing
8. Recommendations for screening the carotid artery in asymptomatic patients
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13. Ebola Virus Outbreak in West Africa
1. “Cancer is so limited”, by Robert L. Lynn

This is an internationally known poem. Dr. Lynn is from Oklahoma and Oklahoma University graduate (my home state and my university). He was president of The Louisiana College when he wrote this in the 1970s. It has given comfort to millions of cancer patients and their families. He wrote it when he had a friend about to die of cancer. As a volunteer for 37 years with the American Cancer Society, a cancer doctor, a cancer survivor, and working on survivorship guidelines for doctors, I have never read anything more powerful.

They’ve sentenced you with invisible cells that spread themselves deep in body recesses and multiply: there is a lymphatic assault on vital functions.

Can cancer conquer you?
I doubt it, for the strengths I see in you have nothing to do with cells and blood and muscle.

For cancer is so limited---
It cannot cripple love.
It cannot shatter hope.
It cannot corrode faith.
It cannot eat away peace.
It cannot destroy confidence.
It cannot kill friendship.
It cannot shut out memories.
It cannot silence courage.
It cannot invade the soul.
It cannot reduce eternal life.
It cannot reduce eternal life.
It cannot quench the spirit.
It cannot cancel Resurrection.

Can cancer conquer you?
I doubt it, for strengths I see in you have nothing to do with cells and blood and muscle.

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Share this with everyone especially patients, families, and friends!

2. The Body’s Systems—Endocrine system explained

The miraculous body God gave us is made up of various tissues. Embryonically it comes from 3 primordial cell types. From these cells come the muscles, tendons,
ligaments, nerves, blood vessels, lymphatic vessels, bones, skin, mucous membranes, and all the organs we are quite familiar with. These tissues function as organ systems to provide the unbelievable life we enjoy. They do it without our conscious knowledge. A look at these systems will give us a better understanding of how our body works. The system is a group of organs that have a common function.

The Systems:
1. Skin
2. Respiratory System
3. Cardiovascular System
4. Neurological System
5. Gastrointestinal System
6. Neuroendocrine System
7. Immune and Lymphatic System
8. Reproductive System
9. Special Sensory organ systems—Sight (Eye), Hearing (Ear), Smell, Taste
11. Hematological System-blood
12. Renal System
13. Skeletal System

The interdisciplinary action of these systems create the ability for foods to be taken in to provide the energy to run the systems, the elimination of waste products of these foods and bodily functions, the birth and death of cells, and the defense mechanisms to fight off external forces such as bacteria, viruses, and parasites. We are able to reproduce our species. All this is performed with lower and higher functions that make us similar and different from other living species.

We have reported on the first 5 systems in multiple editions of these reports. It is now time to discuss the neuroendocrine system. The endocrine organs are governed by a small part of our brain (hypothalamus), which governs a tiny gland deep in our skull (the pituitary gland). This organ has the ability to stimulate production of these hormonal organs, and with a feedback system, slow the production to maintain normal levels in our blood. This report will begin with the pituitary gland. The pea size gland is positioned just above the sphenoid paranasal sinus in a little crater of bone (sella turcica).

There are 2 lobes in the pituitary-anterior and posterior, and the origin and function of these lobes is very different. The anterior lobe secretes several stimulating hormones (SOMATOTROPINS)--- growth (GSH), thyroid (TSH), adrenal (cortisone-ACTH and beta endorphins), gonadotropins-luteinizing hormone (LH) and follicular stimulating hormone
(FSH) for the sex organs, and prolactotrophins prolactin (PRL), vasopressin and other hormones that affect blood vessels, the stomach, etc. The posterior lobe secretes oxytocin (contraction of breast and uterus) and the antidiuretic hormone. The posterior lobe is actually a part of the hypothalamus of the brain, as shown in the diagram.

THE PATHWAY OF FUNCTION:

The hypothalamus signals via regulating hormones to the pituitary to secrete specific SOMATOTROPINS (stimulating hormones) that then stimulate the individual glands to secrete the specific endocrine gland hormones. When enough of these substances are produced by these glands, there is a feedback system to the pituitary to stop making the stimulating hormones. This is a negative feedback system.
The General Functions of the Endocrine System regulated by the Hypothalamus and Pituitary Gland

Hormones secreted from the pituitary gland help control the following body processes:

- Growth
- Blood pressure
- Some aspects of pregnancy and childbirth including stimulation of uterine contractions during childbirth
- Breast milk production
- Sex organ functions in both males and females
- Thyroid gland function
- The conversion of food into energy (metabolism)
- Water and osmolality regulation in the body
- Water balance via the control of reabsorption of water by the kidneys
- Temperature regulation
- Pain relief

A malfunction of the pituitary can occur from trauma, drug abuse, vascular compromise from pregnancy complications, stroke, brain tumors, pituitary tumors, and infections. The pituitary can overproduce or underproduce stimulating hormones and create problems. An example is Gigantism and Acromegaly, from too much growth hormone. The famous wrestler/actor—Andre the Giant had this disease. Another tumor that secrets too much stimulating hormone is prolactin, creating breast milk in a non-pregnant female. Most of these tumors must be removed.

As an ENT surgeon, I assisted neurosurgeons on tumor removal by exposing the sella turcica (the cavity that the pituitary sits in), which lies just above the back of the sphenoid nasal sinus. This is the classic approach (trans-sphenoid hypophysectomy). Once I exposed the sphenoid sinus through the nose, the neurosurgeon was able to bite through the back wall of the sinus and expose the tumor and remove it.
This approach saves an intracranial approach. This CT scan above shows the tumor (whitish tumor right in the middle the scan and the post-op view shows the defect in the sphenoid sinus with the tumor removed.

50% of these tumors produce too much stimulating hormone. The most common pituitary tumor (30%) produces too much prolactin, the hormone that produces breast milk in a non-pregnant female, as mentioned above. The second most common tumor secretes growth hormone and causes acromegaly (gigantism), and the third most common causes Cushing’s Syndrome (I will discuss this when I report on the adrenal gland). The other 50% do not secrete stimulating hormones, but could cause visual problems and headaches.

When the pituitary does not secrete enough stimulating hormone, those hormones must be given by prescription to maintain the body’s functions. This malfunction is called hypopituitarism.


3. Disability Insurance Scams

It is estimated that 25% of claims put on disability are fraudulently taking money from the government. The disability-Social Security costs have risen to $135 Billion a year. The lawyers have been able to crack the code on getting their clients disability claims approved. It is outrageous. When legal reform ever comes, hopefully, this scam will be shut down. Doctors and judges are at fault too. It is shameful. Did you see this on “60 minutes”? The same doctors and the same judges…..why aren’t these people arrested and their licenses revoked? Because they are working on the edge of the law, but legal! Our Congress must change the laws. This is our money!! Senator Tom Coburn (R-Okla) ran the investigation on these scams. Why has the Justice Department not dealt with this shameful issue? Unemployment has created the glut, because these people won’t accept a different job, or just don’t want to work when the government is allowing these handouts. We must cut off the disability checks sooner. For those that have legitimate claims, I apologize. For those “gaming” the system, shame on you. Call your congressman and voice your concern. If you know a doctor known for creating the problem, let your Congressman know about them. Reference—Medscape
4. Do women need pelvic exams if they are totally asymptomatic?

The American College of Physicians did a review of over 20 years regarding the necessity of routine pelvic exams at the time of Pap Smears. Pap smears are still very much recommended. A variety of specialists formed the opinion that it cost too much to yield so little pathology. I said this intentionally, so that you would realize most of the national medical associations have financial medical reform in mind and not necessarily you.

This is yet another federal agency promoting financial restraints on sound healthcare, essentially not recommending annual routine exams be performed on theoretically healthy Americans. Pelvic masses can be felt on exam such as ovarian tumors, fibroids, etc. The recommendation only applies to those without any signs, symptoms, or personal/family history to create the need. I am very much in favor of medical reform, but not at the expense of good clinical judgment. They still recommend Pap Smears, so why not do the exam. The doctor is already in position to perform the bimanual exam. Ask your doctor about annual or every other year exams. If a woman has 3 negative Pap tests, some doctors would not recommend another for 3 years. This is YOU and YOUR doctor’s decision.

Patients frequently do not admit that they have symptoms, and without routine pelvic exams, pathology would go undetected. Women may misunderstand this information and decide they do not need a Pap smear. Talk with your doctor about this. Here are the recommendations (they are only recommendations so far—will insurance quit paying soon
for routine exams?) This is clearly a trend that many are concerned about. Don’t let the decision for your healthcare be taken out of the hands of your personal physician and you.

Reference—Medscape  Here are the recommendations from the USPTF:

The panel delineated several points that led to the recommendation:

• Current evidence showed that harms outweigh any demonstrated benefits associated with screening pelvic exams.
• Indirect evidence showed that routine pelvic exams do not reduce morbidity or mortality from ovarian cancer.
• The addition of more sensitive tests, such as CA-125 and transvaginal ultrasound, did reduce morbidity or mortality from ovarian cancer.
• No study assessed the potential benefits of routine pelvic exams for other gynecologic conditions, including asymptomatic pelvic inflammatory disease, benign conditions, or gynecologic cancers other than cervical or ovarian cancer.
• Low-quality evidence suggests that screening pelvic exams can lead to harms, including fear, anxiety, embarrassment, pain, and discomfort which may lead some women to avoid medical care.
• False-positive results may lead to unnecessary laparoscopies or laparotomies.

5. Pelvic Pain—the many causes—3 more causes

The previous medical news report considered 3 possible causes


This month:
4. Ectopic Pregnancy

Pregnancy normally occurs with implantation of the ovum in the wall of the uterus, however, when it occurs in the fallopian tube, it is called ectopic. It could be felt on pelvic exam as a mass next to the uterus (adnexal mass). Most of the time, these pregnancies do not complete gestation, rather create hemorrhage into the abdomen. Blood in the pelvis is very irritating to the lining of the abdomen (peritoneum), and therefore causes pain. In a child bearing woman, this diagnosis should be considered. A pregnancy test and an ultrasound usually will be positive. An ectopic pregnancy that ruptures can present as an acute abdomen necessitating immediate surgical intervention. Ectopic pregnancies imply any implantation of a fertilized ovum other than inside the uterus. The first diagram shows many possible positions. Tubal pregnancies are most common.
5. **Pelvic Inflammatory Disease—PID**

This is a common cause usually in younger women but should be in the differential diagnosis of pelvic pain at any age. It is commonly caused by sexually transmitted diseases from chlamydia to gonorrhea. It frequently can be silent for some time, but with repeat infections, the fallopian tubes can scar up preventing or making pregnancy very difficult. When it flares up, it can cause a localized infection that may respond to antibiotics, but it can proceed to a pelvic abscess, requiring emergency surgery. A vaginal ultrasound can diagnose this or may require laparoscopic surgery and removal of the offending fallopian tube.

6. **Endometriosis**

This is a disease of 30 and 40 year olds often with pain on urination, during sex, or bowel movements.
This causes infertility in 30-40% of patients. It is more common in women who have not conceived, have started their periods before 12 years of age, have shorter than 28 day menstrual cycles, have a family member with the disease, and who have excessive bleeding during their period. Bleeding can occur wherever these cells are implanted, as they are, in fact, misplaced uterine cells. Blood in the urine, constipation or diarrhea, back pain, irregular periods, and chronic fatigue can be presenting symptoms. The bleeding can result in scarring and adherence of one organ to another, as demonstrated in the above photo. Even bleeding back into the fallopian tubes and into the abdomen can cause pain (retrograde menstrual bleeding).

On pelvic exam, the doctor may feel masses around the uterus as shown in the right diagram above.

There is no known reason for this disease, but must be included in the differential diagnosis of pelvic pain. 5.5 million women have symptoms of endometriosis. It is estimated that up
to 12% of women have some endometriosis. Scans can reveal this disease, and pelvic laparoscopy will show the actual pathology, as shown in the above photos.

Treatment includes birth control pills to regulate the period, anti-inflammatory medications (Advil, Naproxen), and drugs that interrupt the production of estrogen with Lupron, Synarel, or Zoladex. Danazol can also be recommended, which lowers the production of female hormone and increases male hormone production to help relieve more formation of endometrial tissue. These are drugs tell the pituitary to stop producing gonadotropins, which is the stimulating hormone that controls the ovaries to produce estrogen. Progestins (progesterone) such as Provera also can relieve symptoms. A new approach is to prescribe aromatase inhibitors such as Arimidex, Femeral) which is showing success. These drugs are also used to suppress female hormone in estrogen positive breast cancers.

In more severe cases, a hysterectomy and removal of fallopian tubes and ovaries is necessary with a 15% recurrence rate. Endoscopically, scar tissue can be removed (laser) to relieve intestinal obstruction, fallopian tube blockage, bladder compromise, etc., but in 45% of cases, there is still recurrence.

For women that have difficulty getting pregnant, in vitro fertilization can help.

References— www.medicinenet.com  www.webmd.com

Next month, 3 more causes of pelvic pain.

6. The incredible Veteran’s Administration shameful healthcare system

When I was a resident in training, one third of my education came from the VA. We had rotations at University Hospital, Children’s, and the VA. I treated hundreds of WWII veterans at that time. More senior doctors have the same experience. The VA was a fertile ground for cancer of the head and neck, because almost every veteran smoked. Without that system, my
training in the surgical management of those cancer patients would have made me ill-prepared to face private practice. I also performed scientific experiments on neurological patients for the Psychiatry Department while I was in medical school.

The VA has 3 functions: 1. Healthcare  2. Cemetery administration  3. Disbursement of earned benefits

There are 22 million veterans in the US and 9 million plus are enrolled in healthcare at the VA. Annually, over 6 million veterans are seen as patients in 151 medical centers and 820 outpatient clinics. This created 95 million outpatient visits, up from up from 58 million in 2005. Over the same period, the budget has doubled from 30 to 60 billion dollars. Wait times have become an enormous problem. The requested date to be seen was frequently being delayed. The delay in seeing our veterans began to equate to adverse health outcomes. This included scheduled cancer screenings. Satisfaction with veterans still remained high. It also became an issue for “recent veterans” and the “older veterans”. The vast majority of veterans DO NOT use the VA for healthcare because of other coverage or other government programs (Medicare, Medicaid). Over a million veterans had no other means of access except for the VA. These tended to be sicker, poorer veterans.

While I was there for rotations, the VA changed 12 floors of flooring twice in 4 years. I asked why???? I was told if the VA did not spend all the money allocated each year, their budget would be cut. I began to understand “the facts of life” of the government. Mismanagement at the VA has been there since it was instituted by bureaucrats. 20 years ago, there was a major reform of the VA system. It is clear that reform again is in order.

Recently, a whistle blower described the shameful behavior of the VA administration at the Phoenix VA. Dr. Eric Shineski, a 4 star General with 38 years of military experience had to retire because of the lack of overseeing his responsibilities. But, he was not the problem. It was the administrative staff at 40 of the VAs that was taking advantage of an antiquated system. Bonuses were being given on the basis of patient numbers seen at each VA, and that was the beginning of mismanagement for financial gain. But there were factors why the VA has deteriorated since the last reform. It started with an inadequate staff once wars began with Iraq. Aging facilities, overcomplicated scheduling processes, etc. to not meet the demands of the veteran’s needs. In an article in the NEJM, it was stated that the VA lost sight of its primary mission of providing timely access to consistently high-quality care. Administrative changes also hampered the system greatly. 1) metrics were put in place with a bunch of academic consultants that overburdened the process. These were considered quality measures, but they were workable. The system “Peter Principled” itself into malfunction. The centralization of the VA created a monster bureaucracy and a
malfunctioning management. They lost contact with the private sector healthcare and refused to provide transparency with the public.

At the Phoenix VA, a clerk named Pauline De Wenter had had enough. She was told by her supervisors to put dead vets on the schedule, which pushed the time for a veteran to be seen over 130 days. Oklahoma Senator Tom Coburn, a physician, and head of the US Congressional Committee, was appointed to oversee the VA and was told about these accusations. It was true!!! In fact, it was going on throughout the system. He discovered there were 2000 veterans waiting for treatment of serious disease. He estimated as many as 1000 veterans died waiting for treatment…..veterans needing heart surgery, cancer treatment, etc. The American Legion got involved and has reported on these atrocities.

What has been found is this: fraudulent scheduling practices, budget mismanagement, insufficient oversight and lack of accountability, and massive shortages of nurses and doctors. Congress has allocated $200 billion since the beginning of the wars in Iraq and Afghanistan. Instead of going to patient care, it went for office makeovers, bonuses, unused software, funding of call centers that received 2 calls per day. Thousands of employees in this system should be fired. Just firing a few at the top will not do a thing. $1.5 Billion was spent for scheduling delays on the construction of VAs in Las Vegas, Orlando, New Orleans and Denver.

VA Director Michael Morehead received $63,000 in bonuses in 2013 for infection prevention policies that proved ineffective. 78% of the senior management received extra pay in 2013 despite ongoing patient delays and malpractice suits ($845, million--$36 million because of delays in diagnosis and treatment). Crimes committed by VA staff (drug dealing, theft, trading personal patient information for cocaine< etc.)

69 VAs are under investigation for alteration of data on appointment dates. Deceased vets were put in appointment slots to pad the schedule. The whistle blower divulged this secret list.

Defense Secretary Chuck Hagel has ordered a review of the whole system.

Three recommendations for reforming the VA were cited in the NEJM article:
1) After ensuring timing appointments, the VA should refocus its performance measures that directly address quality of outcome of services based on the medical staff working at the top of their skills.

2) The VA needs to draw on modern information and advanced communications technologies to facilitate the connection between doctor and patient with personalized care plans to address individual needs and preferences.

3) The VA must collaborate with private sector health care organizations and the general public.

**Why do we need a separate healthcare system for veterans?** Is it too late for the VA? I think those that choose to see private doctors should be allowed to. For the next 2 years, if a veteran lives over 40 miles from a VA and has had to wait longer than 30 days for an appointment, be allowed to see a private doctor. The recent war veterans are being treated much differently than the older veterans. I have seen that personally.

**Comments from VA doctors and nurses** were reported on by CNN. Here are some of the comments and complaints--most is very unflattering---“a monster bureaucracy that cannot be fixed”, “the Emergency Departments are a joke”, “there are no screening tests for preventing disease”, “there is a limited ability to care for patients with multiple complex medical problems”, “I have no nurses for my clinic”, “we should be paid like outside doctors”, “there is no updated electronic medical record”, “charts are lost all the time”, etc.

**Money will not fix this system.** The government has no business taking care of patients. Leave this issue up to private enterprise. We brag about taking care of our veterans. After this report, do you think we are?? There are 1.6 million active duty service members and their families.

**Representative Jeff Miller**, a friend of mine, from the Florida Panhandle, is chair of the House Committee on Veteran’s affairs, and had said the White House has had a deaf ear on the subject until this investigation was begun. Do you really think more government is the answer?? Do you want the federal government to run healthcare?


7. **Genetic testing—seeing a genetic counselor**

When considering genetic testing, it is a very serious decision. It will affect your entire family. Most doctors suggest patients seek a **genetic counselor** before getting tested. Whether **whole genome or targeted genome testing** should be performed is based on a
detailed family history taken by the counselor. A family tree must show, for instance, that breast and ovarian cancers must come from the same blood line, not just someone in the family that you are not blood related. Read this recommendation from the New England Journal of Medicine:

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No testing before genetic counseling
This history should not be ignored! The best way to learn if he is a candidate for genetic testing is to meet with a genetic counselor trained in cancer genetics. This meeting would provide him an opportunity to have the genetic counselor draw his family tree and ask relevant questions that might uncover more information that the patient has not thought of. The genetic counselor will also try to obtain records to confirm the cancer diagnoses. The patient will learn the risks, benefits, costs etc of different types of genetic testing, what insurance will cover and he will then make an educated decision about the testing that is recommended after a thorough genetics review of his family and his healthy history. It may be suggested to test one of the relatives who has had cancer if they are still alive. A negative test in this patient is not a true negative unless you know that there was a positive test in his family. So testing him alone may have limited utility. There are now insurance companies who will not pay for genetic testing for cancer genes unless the patient has had genetic counseling. An educated patient is one who has had genetic counseling.

8. Feds say no need to screen for carotid artery disease if asymptomatic
The USPTF (US Preventative Task Force) has announced that carotid artery screening using ultrasound is not necessary for those patients who are without symptoms. What they didn’t say is that most patients have a bruit (noise) in the carotid arteries long before they have symptoms of a stroke indicating a significant obstruction, and the patient is usually not symptomatic. What is important is that physicians need to listen with a stethoscope to the neck for these bruits. This should be a part of any physical examination. If you have a bruit, even without any symptoms, your doctor will likely order a carotid ultrasound to determine the extent of the obstruction. I know I have reported on this before, but want to re-emphasize how important it is for your doctor to listen for these bruits, and if they don’t, PLEASE ask them to. The federal government is concerned about unnecessary tests and procedures, which raise the cost of healthcare. The feds are looking for every way to cut down on the cost of healthcare. Leave this decision to the doctors, not the feds. Carotid surgery (endarterectomy) is usually recommended if there is a 70% obstruction unless there were symptoms. If I had had routine screenings of my carotids after radiation therapy to my neck, they would have
found an obstruction that could have been fixed. Unfortunately, my carotid was totally blocked by the time it was checked. My other carotid feeds blood both sides of my brain (The Circle Willis). This cross-circulation occurs in only 60% of patients. Therefore 40% would likely have a stroke if one carotid blocked off. The bottom line, is ask your doctor if you have risk factors that increase your likelihood of carotid obstruction. Cardiovascular disease, high lipids, radiation to the neck, a family history of these diseases, Type 2 diabetes, and obesity are all considerations. References from [www.themedicalnewsreport.com](http://www.themedicalnewsreport.com) Reports 4, 27, 28

9. **Chantix and nicotine patches combined are better for smoking cessation; Hookah Bars**

   Chantix is the main medication for smoking cessation, and nicotine patches have helped thousands of smokers to quit. A recent study in South Africa reported that combining these 2 modalities was more effective. After 24 weeks the combined treatment kept 49% from smoking compared to either one by itself 33%. The long term quit rate is still around 11-12%, but certainly if I was trying to quit, I would talk to my doctor about using both treatments at the same time. Ref: NEJM (New England Journal of Medicine). By the way, vapor shops are popping up everywhere, even in Clayton, Georgia. There is a myth that smoking tobacco through a water pipe is safer. IT IS NOT. Water filters nothing. Upper income teenagers are the most common to use it. An hour smoking the hookah is not uncommon, and is a long time to continually breathe smoke, nicotine, and carcinogens.

10. **Study reports heart patients stop their generic medications when they change color or shape**
The Annals of Internal Medicine reported a study on cardiac patients who had had a previous heart attack, and they found that 30% of patients stopped taking their generic medications when the pharmacy gave the patient a different color or shaped pill. Pharmacies buy from the low bidder, and there are several generic companies that make the same drugs. My pharmacy never tells me that the pill was changed because they bought it from a different company. The FDA is looking at this currently to consider requiring these pharmaceutical generic companies to make their pills the same color and shape as the brand name to prevent patients from stopping these meds. The study did not find out why they stopped and should be studied. The study is requesting that your doctor remind you that these different color and shaped generics are required by law to have the same exact ingredient with the same potency. I have read studies that some of these generics, specifically metoprolol a beta blocker, may not be meeting standards. When you get a prescription filled, look at the pills in the pharmacy and if the shape or color is different, talk to the pharmacist to be sure it is the correct drug. Pharmacists make mistakes too. My wife was given the wrong medication for 6 months by CVS, before she asked me to look at the name, and instead of giving her a glaucoma drop for her eye, they were giving her a steroid drop. CVS was perpetuating the mistake by not going back to the original prescription. That pharmacy would merely look at the last refill and continue the mistake. In the meantime, my wife’s eye pressures went through the roof. She is very fortunate it did not impair her vision permanently. BUYER BEWARE! ALWAYS LOOK AT THE LABEL AND BE SURE YOU ARE RECEIVING THE CORRECT PRESCRIPTION. REMEMBER, BY LAW, PHARMACIES ARE TO FILL YOUR PRESCRIPTION WITH A GENERIC IF AVAILABLE UNLESS YOUR DOCTOR SPECIFICALLY SAYS NOT TO. Note—previous studies on anti-seizure medication had the same problem with 30% stopping their medication because of pill change characteristics. Reference-Medscape

11. The medical (public health) crisis on our Mexican border
The crisis on the Mexican border is beyond my comprehension. I never thought our borders would be overwhelmed by illegal immigrants because we had a vague law permitting these illegals to come by the thousands. I read that it will cost about $67,000 per immigrant to process, get health screens, vaccinations, medical treatment, hospitalizations, and sent back (if they ever do). In the meantime, drug resistant tuberculosis, H1N1 swine flu, measles, chicken pox, influenza, Dengue Fever, meningitis, pneumonia, and scabies (photo below) have become a real public health problem. These countries don’t vaccinate. These kids are put in camps with cramped quarters and dormitory settings where disease is allowed to spread. These kids and teenagers are supposed to be in peril (being sexually abused, hurt, etc.) These kids and teenagers are being shipped to states all over the country, so the diseases will be epidemic in time. The Texas Governor Perry has finally calling in the National Guard. But this is grossly inadequate medical staff to handle these thousands of illegals. It is a disgrace, and our government is responsible. Now, President Obama is talking to these Central American countries about us coming to their countries to identify and process these illegals. I believe we all know the motive behind this massive immigration. This public health crisis will have a major impact on our nation. For all those well-meaning mothers that are not having their children vaccinated, so GET READY FOR SOME SERIOUS DISEASE IN YOUR FAMILY. Tell your families to get vaccinated ASAP. We stand around helpless because our own laws. Congress must repeal this abused law. Dengue fever does not have a widely used vaccine. It has been tested in the Phillipines and is only 56% successful. This is a new infectious disease in America. Dengue Fever is an arbovirus carried by the Aedes mosquito, common in the Carribean and Central America. High fever, joint ache, headache, nausea and vomiting, bleeding can diagnose the virus. Another arbovirus transmitted by mosquitoes is very common in the Carribean and Central America called Chikungunya Fever, very similar to Dengue Fever, but has persistent joint pain after the virus is gone. Photo of pulmonary TB.
I remember when I was voted one of the best doctors in my city, and I wondered who made that decision. Was it my colleagues (that would be the best endorsement), my hospital, the public, etc.? It turned out the public voted. I was very appreciative of their confidence in me, but wondered what factors made them choose me. When I see ads about hospitals voted as the best, I want to know the criteria. The US News and World Report (and Consumer’s Digest) has announced their annual picks. All big university medical centers have extensive research wings and are teaching facilities for physicians in training. Most of the best hospitals are teaching hospitals! These facilities are frequently chosen year end and year out. This is a huge boost for a facility to be chosen as one of the best.

These hospitals have departments that work all year for these designations because it is big business and means big bucks. No hospital has the best staff in every specialty, but here are the most common ones mentioned in the top 10:

1. **Mayo Clinic** was voted best overall.
2. **Children—Cancer**: Dana Farber Children’s Cancer and Blood Disorders in Boston was voted best.
3. **Children—Heart**: Boston Children’s and Texas Children’s in Houston. Yale in New Haven, Conn., and Johns Hopkins Children’s Hospital.
   Others mentioned included Rady Children’s in San Diego and Riley Hospital for Children in Indianapolis
4. **Adult—Cancer**: Memorial Sloan Kettering Cancer Institute, New York and MD Anderson Cancer Institute in Houston and Orlando were voted best in adult cancer followed by Mayo Clinic (Minnesota). These are my personal favorites.
   -- **Heart**: Cleveland Clinic and Mayo Clinic followed by NY Presbyterian-Cornell/Columbia
5. **Overall great hospitals** included Johns Hopkins in Baltimore, University of Penn, Philadelphia, UCLA, Brigham and Women’s Hospital and Massachusetts General in Boston, and Mt. Sinai in NY.
6. The best eye institutes are Bascom in Miami, Wills in Philadelphia, and Wilmer at Johns Hopkins in Baltimore.

So where do the other great institutions rank? Almost every state has a couple of institutions that are outstanding, but they may be ahead of everyone else for specific diseases like the University of Pittsburgh for liver disease and transplants, stem cell transplants at the University of Arkansas, melanoma at MD Anderson, etc. We have many great hospitals in our area including Emory Hospitals, and Piedmont in Atlanta, and Northeast Georgia Medical Center in Gainesville, Ga. (voted best heart hospital in Georgia). The Asheville hospital system is outstanding and affiliated with Angel Hospital in Franklin, N.C.

Florida has the University of Florida, Mt. Sinai in Miami, and Tampa General Hospital, and St. Petersburg Children’s Hospital. Alabama has an outstanding medical center at the University of Alabama at Birmingham. Duke and UNC in North Carolina are excellent.

Many smaller institutions are affiliated with great institutions. For instance 2 hospitals in Pensacola (where I practiced) are affiliated with Mayo and MD Anderson. That gives these institutions prestige and an easier referral route to the “ivory towers.”

Hospitals are ranked as a primary (local), secondary (some specialty care), or tertiary (provide all types of care). The designation of tertiary comes with responsibilities based on having most type of services including a major emergency department for all types of emergencies (stroke, heart attack, brain injury, etc.). Trauma centers have designations too based on certain requirements in the emergency department even requiring surgeons and anesthesia present in the hospital ready for major traumas. This is big business….and big money. Hospitals are delighted with Obamacare now that there are millions of new Medicaid patients. Now they get paid for a greater percentage of patients coming to the ER.

Major centers are employing the majority of doctors because federal regulations and Obamacare have driven them out of private practice. Soon, there will be mostly employed doctors and concierge doctors. The nurse practitioners and PAs will take over primary care as the shortage and lack of interest in primary care becomes a bigger factor. The cost for a doctor to be in private practice is no longer sustainable. Most doctors are at least affiliated, owned or have some arrangement with hospitals. Is this good for YOU? Yes and no. It will drive up the cost of medicine, but will give these local doctors more sophisticated systems such as electronic medical records, referral systems, follow up plans, and back up. I think that is a big advantage. There is some flattening of healthcare costs right now, because so many people are out of work, and can’t afford insurance,
even Medicaid. In my opinion, It will accelerate healthcare eventually to a single payer system. Eventually there will employed doctors and concierge physicians. We will not be able to sustain the federal model of healthcare with all their mega-regulations to have any other system in the next 20 years. There are some that feel the GOP is actually accelerating the process by suing Obamacare and trying to rid us of the system. Obamacare will not be repealed, but will be modified in the next few years, in my opinion.

In summary, know and trust your doctor, know his affiliations and the services your hospital provides. Also talk to your friends. No place can please everyone. Getting on the internet is dangerous. Angie’s List and the like refer you to doctors that pay. You cannot read comments about doctors like you are comparing one refrigerator over another. Medicine was never meant to be in Consumer’s Report, but it is now. Reference- US News and World Report, my 2 cents!

13. Ebola Virus Outbreak in West Africa (filovirus)

Ebola Virus (Hemorrhagic Fever) has infected 1100 and killed over 700 people in the small countries of Sierra Leone, Guinea, and Liberia in West Africa according to the World Health Organization. 50 of the 100 medical staff has died, and there is panic throughout the area, because there is a 90% death rate and no cure. This infectious virus only requires direct or indirect contact with blood or any type of secretions including semen from an infected person. Contaminated needles and any close contact results in a high likelihood of being infected. Not knowing that a person is infected is the major problem. It takes days to develop symptoms, and the first symptoms are similar to influenza (headache, fever, muscle ache, and later vomiting and diarrhea which then causes internal bleeding and bleeding into the skin and the mucous membranes of the mouth and nose). Vaccines are being worked on, but none are that successful to date.
Supportive care is the only kind of medical treatment, essentially treating the symptoms.

This disease is transmitted by the fruit monkey and bats, pigs, hooved animals to humans by fecal contamination, or other animal secretions.

Those that recover can still transmit the disease through semen after 60 days.

Quarantine is a must for those exposed and those sick. Strict glove, mask, and gown protection is a must for medical personnel. Relatives of those infected should be isolated.

This disease is one plane ride away from America. More information in next month’s report. Reference: www.who.org

That concludes the August report. Please, always talk to your doctor about anything you read here. This is not medical advise. Each patient is an individual, and it your doctor’s responsibility to take any new information and be sure it applies to you. Stay healthy and well, my friends, and enjoy your summer. Dr. Sam