

NEWSLETTER

April 2005

Vol. 27, No. 4



**PRESIDENT'S NIGHT
MAY 12TH!**

**MARK YOUR CALENDARS PRESIDENT'S NIGHT
THURSDAY, MAY 12TH!**

President's Message

Guy Hewlett, M.D., FACOG

At the April meeting of the Society Dr. Rogerio Lobo gave an eloquent presentation on the role of androgens in menopausal patients. A summary of Dr. Lobo's presentation may be found in this edition of the Newsletter.

As I sit down to write my final President's message I look back on the past year with a satisfying sense of accomplishment. It is difficult to believe that it was a year ago that I stood before the members present at the May 2004 meeting and promised to rekindle some of the bedrock principles upon which the Society was founded, a commitment to education and fellowship. I also promised that the Society would be working behind the scenes to provide members some assistance in weathering the medical malpractice crisis. Finally, as has been the case for the past few years, the Council was faced with the ever-present challenge of ensuring the fiscal soundness of the Society.

Over the past few months we have hosted a panel of world-class speakers representing all of the ob-gyn subspecialties, presenting provocative, and at times, controversial topics. While the educational value of the presentations is self evident, they went beyond our educational objectives to expand our socio-political and humanitarian horizons. Judging from the turnout and comments on the CME forms, the dinner programs were very well received. It was also gratifying to once again see the lobby of the College of Physicians bustling with ob-gyns, especially for the International Night in February featuring this year's Battistini lecturer Dr. Mulu Muleta, MD, and for the March meeting with Dr. Sibai.

The Council's incursion into the area of medical malpractice is one of this year's achievements of which I am most proud. The Council not only worked behind the scenes to assist members in this most challenging

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President-Elect Curricula 2005-06: Competency and Controversy



*Mark B. Woodland, M.S., M.D., FACOG
Program Director and Clinical Associate Professor OBGYN
Drexel University College of Medicine*

This has been a great year for the Obstetrical Society of Philadelphia under the leadership of Dr. Guy Hewlett. He has worked hard to put together a dynamic speaker's list and has taken the issues of fiscal maintenance on as a charge that started last year and has continued through out his tenure as president.

Dr. Hewlett has restored some of the traditions of the society in the monthly meetings and the resident education series, and has moved some of the legislative issues further to prove the society as a body of reason accessible to the public for consultation. Let me take this opportunity to not only thank Dr. Hewlett, but to congratulate him on a wonderful year.

While our specialty deals with the constraints of shrinking reimbursements and increase stress of litigation threats as well as new directions in education and re-certification, we are also faced with the reality that professional organizations are changing as rapidly as the face of the practice of Obstetrics and Gynecology.

The concept of competency training initiatives hopes to be a better method of assessment, and to produce measurable outcomes for training programs, and for the world as to the doctors we prepare to practice in the future. Duty hours may set limits on work hours, but we cannot let them impact the totality of the commitment it takes to be a dedicated OBGYN in our community. Our patients expect this commitment and it is the part of our specialty that is most rewarding.

So how do I lead the society for next year in a direction that will not only

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Council wishes to acknowledge appreciation of an unrestricted educational grant from

WYETH PHARMACEUTICALS

For their Exclusive Sponsorship of this Newsletter.

Summary of Androgen and The Menopausal Patient

April 14th, 2005

Robert Lobo, M.D.



Androgen insufficiency after menopause has been considered to contribute to female sexual dysfunction. However, various types of sexual dysfunction exist, and establishing a cause is not easy. The major category of these disorders after menopause are related to lack of desire, which has been referred to as hypoactive sexual desire disorder (HSDD). Understanding whether androgen may be related to this requires a review of androgen physiology in women. The physiology of normal androgen production in women has been poorly understood. Defining what constitutes androgen insufficiency in women, in the absence of adrenal suppression and/or bilateral oophorectomy, has not been established, and is compounded by inaccurate blood measurements of testosterone and free testosterone. Guidelines were put forth at a meeting in Princeton in 2002 where a clinical syndrome of androgen insufficiency could be considered based on symptoms and findings. It is clear, however, that there are beneficial effects of androgen on many organ systems, including bone and the brain. Older studies using pharmacological doses of estrogen and testosterone suggested a beneficial effect of androgens on several domains of sexual function. Several types of androgen therapy are available, but none are FDA approved at the present time for HSDD. Several randomized trials will be presented showing a beneficial effect of androgen in post-menopausal women using more physiological therapy. Androgen therapy, if used, should be monitored carefully and considered as one part of a complex problem.



Guy Hewlett, M.D., President Introducing our Guest Speaker, Rogerio Lobo, M.D.

PRESIDENT'S MESSAGE

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problem, we also very publicly ventured into heretofore uncharted waters for the Society by offering the membership a three tiered system of malpractice case review. The On-going Case Review, Standard Setting Opinion, and Closed Case Review can provide members meaningful assistance in resolving malpractice cases in addition to alleviating the sense of isolation and the anxiety that accompany being sued. Indeed one Society member has successfully used the On-going Case Review system to aid in the resolution of a malpractice case. Included in this edition of the Newsletter is a Closed Case Review of a recently concluded trial involving another of our members. I have every intention of continuing the Case Review offerings into next year and beyond.

In a further attempt to address the malpractice crisis, the Council has also hosted presentations from several lobbying groups over the course of the year to provide each entity an opportunity to present its mission, philosophy and approach to the malpractice crisis. We heard presentations from representatives of Ob-Gyns for Women's Health, Pennsylvania Physicians for the Protection of Specialty Care (3PSC), and Politically Active Physicians Association (PAPA). I would refer you to the brief description of 3PSC included herein.

Finally, the Council has managed, through a number of cost containment measures to stall the trend of declining balance sheet that has plagued the Society for several years now. Though not rosy, the Society's financial status is at least stable.

I would like to thank the Council members for all their hard work and commitment over this past year, Eleanor Slanga for the incredible quantity and quality of work she does for the Society, and the membership as a whole for granting me the privilege of serving in this capacity. I will shortly be turning the Society over to the capable hands of Dr. Mark Woodland. I am certain he will do a phenomenal job at the helm of the Society.

Please save the dates for Presidents' Night (Thursday, May 12) and the RED (Friday, May 13, 2005).

May 12, 2005 - President's Night Guy Hewlett, M.D.



On May 12, our speaker will be our President, Guy Hewlett, M.D. Our President received his undergraduate degree at the College of the Virgin Islands in St. Thomas, USVI, Bachelor of Arts / Biology / Summa Cum Laude and Associate of Arts in Music. He received his Doctor of Medicine degree from *Guy Hewlett, M.D., FACOG* Jefferson Medical College in 1985. Subsequently he took a residency in OB/GYN at Albert Einstein Medical Center. In 1989 he was Staff Obstetrician-Gynecologist at the Garden State Medical Group in Medford, NJ; he then became an attending OB/GYN at AEMC. From 1992 to 1999 he was the Medical Student Clerkship Director at AEMC and from 1995-99 he was Director of Resident Education at AEMC. Dr. Hewlett is currently the Residency Program Director in OB/GYN at Crozer Chester Medical Center, as well as the Medical Student Clerkship Director at Crozer Chester Medical Center. From 1993-99 he served as Clinical Assistant Professor, Dept. OB/GYN at Temple University School of Medicine. Currently, Dr. Hewlett is Assistant Professor, Dept. OB/GYN at Temple University School of Medicine. He has been a guest lecturer at several institutions, viz. at the Greater Philadelphia OB/GYN Review Course 1996-97, he has lectured at the Philadelphia College of Osteopathic Medicine and also at the Reading Hospital and Medical Center, just to name a few. His professional activities are numerous and this is a partial list of his current and past associations: Chairman of the Subcommittee on Residency Affairs for The Obstetrical Society of Philadelphia, he has

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*You are Cordially invited to attend a lecture jointly sponsored by
the Medical Society of Delaware in joint sponsorship with
The Obstetrical Society of Philadelphia.*

*President's
Night!*

Thursday, May 12th, 2005
Reception - 5:30 PM to 6:30 PM
Lecture at 6:30 PM to 7:30 PM
Guy Hewlett, M.D.

*President's
Night!*

Topic: "The litigation crisis in OB/GYN: how we got here and where do we go."

Place: The College of Physicians of Philadelphia
19 South 22nd Street, Philadelphia, PA

Educational Goals and Objectives: (1) participants will more fully understand our historical choice in defining the physician/patient relationship (2) to more comprehensively examine the nature of the relationship today as regards expectations to seriously consider whether professionalism enhances or diminishes the physician (3) to further explore alternatives to traditionally defining professional constructs

C.M.E. Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Medical Society of Delaware and The Obstetrical Society of Philadelphia. The Medical Society of Delaware is accredited by the ACCME to provide activities for physicians.

The Medical Society of Delaware designates this continuing medical education activity for a maximum of 1.0 credit hours in Category I credit toward the American Medical Association's Physicians' Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

It is the policy of the Medical Society of Delaware to comply with the ACCME Standards for Commercial Support of Continuing Medical Education. In keeping with these standards all faculty participating in continuing medical education programs sponsored by the Medical Society of Delaware are expected to disclose to the program audience any real or apparent conflict of interest related to the content of their presentation.

Target audience: Obstetricians, Gynecologists and Residents

Support: This activity is not commercially supported.

RESERVATION FORM - Please detach this form and return it with your check.

(Please detach this form and return it with your check.) Please make check payable to The Obstetrical Society of Philadelphia and mail it to: 684 Ridge Road, Spring City, PA 19475-3223.

I/we will attend The Obstetrical Society Program on Thursday, May 12, 2005.

I am enclosing my check representing _____(number of reservations).

Members and Residents - \$45

Non-members and Walk-ins - \$65

Please print your name(s) here

R.S.V.P. NO LATER THAN WEDNESDAY, MAY 5TH, 2005

We are unable to accommodate those who have not prepaid their dinner reservation prior to April 6th. Thank you.

The Obstetrical Society of Philadelphia

CURRICULA 2005-06: COMPETENCY AND CONTROVERSY

Continued from page 1

stimulate this type of commitment, but help to deal with the limitations of lifestyle, quality of life, and duty hours, while assisting in charging the attendees in the efforts for enhancing competency? Also, how do I better secure the finances of the society to make sure we can perpetuate it into the future for other generations of Delaware Valley OBGYN's?

Next year, we will continue with the monthly dinner meetings after cocktails and conversation. We will host dinner meetings that are worth attending for the food as well as the speaker, and continue in the cost effective manner we have established this past year. We will change the afternoon resident sessions and host only four dedicated to each PGY level and their specific needs. We will host meetings in collaboration with other societies to enhance the scholarly atmosphere. Topics we will discuss will include the following:

- Obesity in Women*
- Hepatitis C*
- Uterine Artery Embolization*
- HPV Vaccine*
- Primary Elective Cesarean Section*

It was not long ago that I presented a concept for a regional OBGYN review course to the society. I remember entering the College of Physicians and being escorted into the conference room where I presented the idea to counsel around the table. While the idea was not readily accepted at first, the society did recognize the potential and eventually supported the idea and actually benefited from the Greater Philadelphia Review Course.

Now I have been honored with the presidency and leadership of the society. Please join me in not only thanking Dr. Hewlett for his leadership over the last year, but also join me for the exciting seminar series that we have planned for the next year.

MAY 12, 2005 PRESIDENT'S NIGHT

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served as Treasurer, Vice President, President-Elect and now President of the OB Society. He served as a Member of the Graduate Education Committee at AEMC, a member of the Peer Review Committee, Dept. OB/GYN at AEMC, Chairman of the Internal Review Committee for Cardiology Fellowship at AEMC, Chairman, Internal Review Committee for Geriatrics Fellowship at AEMC, Director of Ambulatory Services, Dept. OB/GYN at AEMC and Member of the Peer Review Committee, Dept. OB/GYN at Crozer Chester Medical Center. Dr. Hewlett has received several awards among them are: the Obstetrics and Gynecology Faculty Teaching Award in 2001, in 2000 the Resident Teaching Award at AEMC, Associate Professor in OB/GYN in Education Award, in 1999 the University of the Virgin Islands Alumni Recognition Award, in 1996 the Paul Wapner Resident Teaching Award, and in 1995 the Samuel Soule Service Award. Dr. Hewlett co-authored an article Medical Management of Benign Breast Disease, published in, The Female Breast and its Disorders; Essentials of Diagnosis and Management, Edited by G.W. Mitchell, Jr. and L. Bassett, Williams & Wilkins, Baltimore, M.D.

May 12 will be a very special program honoring not only our current President, but we will also be saluting all those Past Presidents who have so unselfishly served our Society throughout the years. Please mark your calendars and send in your reservations to join your colleagues for President's Night May 12.

Past Presidents

1868-69	Francis Gurney Smith	1929 to May 1930	Charles C. Norris	May 1968 to May 1969	Edward H. Bishop
1870-71	Robert P. Harris	May 1930 to May 1931	Collin Foulkrod	May 1969 to May 1970	Elsie R. Carrington
1872-73	William Goodell	May 1931 to May 1932	Floyd E. Keene	May 1970 to May 1971	Harry Fields
1874-75	Albert H. Smith	May 1932 to May 1933	Charles S. Barnes	May 1971 to May 1972	James D. Garnett
1876	John S. Parry	May 1933 to May 1934	Clifford B. Lull	May 1972 to May 1973	Russell de Alvarez
1877-78	John H. Packard	May 1934 to May 1935	Norris W. Vauyx	May 1973 to May 1974	John P. Emich
1879-80	Lewis D. Harlow	May 1935 to May 1936	George A. Ulridh	May 1974 to May 1975	George Andrew
1881-82	Edward I. Duer	May 1936 to May 1937	George M. Laws	May 1975 to May 1976	John J. Mikuta
1883-84	R. A. Cleeman	May 1937 to May 1938	Lewis C. Sheffey	May 1976 to May 1977	Joseph J. Price
1885-86	Benjamin F. Baer	May 1938 to May 1939	Robert A. Kimbrough, Jr.	May 1977 to May 1978	Domenic Pontarelli
1887-88	Thomas M. Drysdale	May 1939 to May 1940	Thomas B. Lee	May 1978 to May 1979	Richard H. Schwarz
1889	Theophilus Parvin	May 1940 - May 1941	Roy W. Mohler	May 1979 to May 1980	Edward Wallach
1890	William H. Parish	May 1941 to May 1942	Thaddeus Montgomery	May 1980 to May 1981	Kaighn Smith
1891-92	W. H. H. Githens	May 1942 to May 1943	John C. Hirst	May 1981 to May 1982	Benjamin Kendall
1893-94	B. C. Hirst	May 194 to May 1944	Catherine Macfarlane	May 1982 to May 1983	William Slate
1894	William H. Parish	May 1944 to May 1945	Charles A. Behney	May 1983 to May 1984	James Batts
1896-97	E. E. Montgomery	May 1945 to May 1946	Bernard Mann	May 1984 to May 1985	Luigi Mastroianni, Jr.
1900-01	John DaCosta	May 1946 to May 1947	E. Sidney Dunne	May 1985 to May 1986	Louis Gerstley
19002-03	J. M. Fisher	May 1947 to May 1948	John B. Montgomery	May 1986 to May 1987	W. Robert Penman
1904-05	R. C. Norris	May 1948 to May 1949	Carl Bachman	May 1987 to May 1988	Leon Peris
1906-07	Wilmer Krusen	May 1949 to May 1950	Newlin E. Paxson	August 1987 to May 1988	Joel Polin
1908-09	John B. Baldy	May 1950 to May 1951	James P. Lewis	May 1988 to May 1989	Jan Schneider
1910-11	Edward P. Davis	May 1951 to May 1952	J. Marsh Alesbury	May 1989 to May 1990	Dorothy Barbo
1912-13	George M. Boyd	May 1952 to May 1953	Franklin L. Payne	May 1990 to May 1991	Richard Baker
1914	George Ereyt Shoemaker	May 1953 to May 1954	Benjamin Leff	May 1991 to May 1992	Thomas Rocereto
1915	Daniel Longaker	May 1954 to May 1955	J. Robert Willson	May 1992 to May 1993	William Beck
1916	William R. Nicholson	May 1955 to May 1956	S. Leon Israel	May 1993 to May 1994	Joel Polin
1917	Frank C. Hammond	May 1956 to May 1957	George A. Hahn	May 1994 to May 1995	David Goodner
1918	Barton Cooke Hirst	May 1957 to May 1958	Robert M. Junter	May 1995 to May 1996	Peter Schwartz
1919	E. Hurst Maier	May 1958 to May 1959	Owen J. Toland	May 1996 to May 1997	Joel Noumoff
1920	Edward A. Schumann	May 1959 to May 1960	Paul Klingensmith	May 1997 to May 1998	Enrique Hernandez
1921	John McGlenn	May 1960 to May 1961	J. Edward Lynch	May 1998 to May 1999	Leonore Huppert
1922	Stephen E. Tracey	May 1961 to May 1962	Mary Dewitt Pettit	May 1999 to May 2000	Vincent Pellegrini
1923	William E. Parke	May 1962 to May 1963	Paul Bowers	May 2000 to May 2001	Owen Montgomery
1924	Edmund B. Pioer	May 1963 to May 1964	Bruce V. MacFadyen	May 2001 to May 2002	Alan Donnemfeld
1925	Brooke Anspach	May 1964 to May 1965	Clayton T. Beecham	May 2002 to May 2003	Ann L. Honebrink
1926	Norman L. Knipe	May 1965 to May 1966	Clarence Briscoe	May 2003 to May 2004	Lamar Ekbladh
1927	Philip E. Williams	May 1966 to May 1967	George C. Lewis, Jr.		
1928	P. Brooke Bland	May 1967 to May 1968	John D. Corbit		

Devoted to Excellence and Education in the Health Care of Women Since 1868

TO HPV OR NOT TO HPV: THAT IS THE QUESTION



Sherry L. Blumenthal, M.D., Editor

We are now the victims of the latest round of "direct-to-patient" advertising and media hype. I wonder how many of us are now bombarded with questions about having an "HPV Test"? We have bi-weekly meetings of the physicians in our practice, and unanimously decided not to follow the new ACOG guidelines for PAP test frequency. To remind the membership, the new guidelines state that PAP tests should be done annually (liquid-based q 2 years) starting 3 years after first intercourse and no later than age 21, until age 30. Then things become confusing. If the patient has had 3 technically satisfactory normal/negative cytology results, the new guidelines recommend screening every 2-3 years unless the patient has a history of DES exposure in-utero, HIV positivity, or is immunocompromised. HPV testing is not the deciding factor for increasing or decreasing the screening interval according to ACOG or ACS guidelines.

What have we learned about the usefulness of HPV screening? First, it is valuable in cases of ASC-US, allowing us to perform colposcopy on those who are HPV high-risk positive and treat those that are HPV negative with routine yearly PAPs. I find it very helpful in women with unsatisfactory colposcopy. The HPV results might push me into performing a Cone Biopsy vs repeat screening.

When is screening not helpful? It is not helpful, and may be harmful, in many women. For instance, in adolescents and sexually active women in their 20's, almost 2/3 will be HPV positive at some point. We know that HPV colonization can resolve spontaneously, or can disappear and reappear on screening. The screen is not 100% sensitive or specific. I know that the company that markets the HPV screen recommends broad use of it, but I do not believe that their interest is in protecting women! This is business, not medicine.

For example, let's say you subscribe to the opinion that women over 30 should have an HPV screen, and if negative, the PAP interval can be safely

decreased. There are many drawbacks to this approach. First, the screen may be false negative, or below the limit of detection at the time of the screen. Second, if the HPV is positive but the PAP is normal, how will you deal with the information? Should the patient be colposcoped, as some advocate? Should her PAP be repeated in 6 months or in 1 year? If a woman has been in a stable monogamous relationship for 5 years, how do you convince her that her current partner is not necessarily responsible for the infection, or, if he is, that he may have brought it to the relationship at the beginning, not from "cheating".

If the HPV is negative for high risk strains, do you really feel confident repeating her PAP in 3 years? At least 50% of men and almost that many women admit to extramarital sex to researchers, but not necessarily to their partners! And we have all seen cases where condoms were not used, and STDs were the factor which revealed the partner's infidelity. Can we be confident that a negative HPV today means that the woman will be negative in 6 months?

Then there is the often mentioned fact that decreasing PAP interval may discourage women from coming for a yearly exam if a PAP is only needed every 2-3 years.

The guidelines are just that - guidelines. I believe our patients are best served if we individualize use of HPV to cases where we will change our management in a rational way based upon the results. Most of my colleagues seen to be doing PAPs yearly, even after the new criteria were introduced. PAPs are notorious for false-positive and false-negative results. We believe HPV DNA testing to be quite accurate, but I predict that we will discover its limitations as it is done more often. And I predict that the guidelines will change again in a few years. We believe that it is highly unlikely that an invasive cervical cancer can be preceded by a truly normal PAP a year earlier. We assume that the PAP must have been false negative the year before. Can we feel safe then, doing PAPs even less often? Can we be sure that a cervical cancer cannot arise de novo in one year?

Guidelines change as we accumulate more knowledge. Unfortunately, there is always money to be made from new tests, which may or may not be valuable to our patients. We are hopefully practicing evidence-based medicine, but the evidence is often conflicting. Experts differ in their opinions, statistics can be used to justify or discredit an intervention (e.g., WHI), and sometimes ACOG makes judgments too quickly or too politically (e.g. WHI). Then there is the "cost-effective" factor. What is appropriate for a large population may not be appropriate for the individual. Unfortunately, if we follow the guidelines and miss a cancer, we will be liable. If we do not follow the guidelines and miss a cancer, we will be liable. So we might as well look at the evidence, use common sense, individualize, and do what we truly believe is in the best interest of the patient.

I would be interested in hearing from my colleagues, especially the oncologists, about how they use HPV screening, and what criteria they use for PAP frequency and colposcopy that have changed due to HPV screening.



Jacqueline Gutmann, M.D., President of Philadelphia Area Reproductive Endocrine Society PARES - joint sponsors of this program



Patrice Weiss, M.D., Residency Director - Lehigh Valley Hospital as she signs The Book as a new member of our Society

Pennsylvania Physicians for the Protection Of Specialty Care

Eleanor A. Slanga

Dr. Charles Dunton, a member of the Board of Directors for 3PSC met with Council to discuss the activities of 3PSC. He indicated that the organization represents specialty surgeons including neurosurgeons, orthopaedic surgeons, obstetricians/gynecologists, general surgeons, vascular surgeons, and thoracic surgeons working together to preserve high risk specialty patient care.

The primary purpose of this organization to keep lawmakers, patients and the public-at-large aware of the impact that the current medical malpractice issue is having on the medical community.

In his presentation, Dr. Dunton stated that in 2004 over \$450 million was paid out in medical malpractice claims against

physicians. This is the highest amount ever paid out in the history of Pennsylvania and it is predicted that these exorbitant settlements will result in even higher premiums in 2006. Some hospitals assisted with the cost of medical malpractice insurance in order to retain high-risk specialists on their staff. However with proposed severe cuts in Medicare and Medicaid payments it is going to become increasingly more difficult for the hospitals to continue these subsidies.

The current composition of the constituents of 3PSC includes over 4,000 Pennsylvania specialty surgeons and their patients. The Pennsylvania Medical Society has historically not effectively represented specialty groups and the need for 3PSC is even greater now.

In his concluding remarks, Dr. Dunton invited members of Council (as well as any interested Pennsylvania physician) to join 3PSC to enable its leadership to: provide professional lobbying services in Harrisburg, to continue MCARE abatement, permanently retire the MCARE fund, and to achieve other reforms including caps on non-economic awards, expert witness reform, and attorney contingency fee reform, provide public relations services including communication to the public through the press and other media, to produce materials for distribution to key decision makers, patients and the public-at-large, and to continue public education about the medical malpractice crisis through our grassroots communication system.

FOR FURTHER INFORMATION FOR PENNSYLVANIA PHYSICIANS FOR THE PROTECTION OF SPECIALTY CARE 3PSC, PLEASE CONTACT THEIR OFFICE AT 717-909-8903, FAX 717-909-8906, EMAIL IS INFO@3PSC.ORG. THE EXECUTIVE DIRECTOR IS KATHIE DEWITTIE.

Jerry Brown, Former Governor of California and current Mayor of Oakland, To Speak Monday, May 9th at the ACM

Governor Jerry Brown Emergency Proclamation, 1975

"The inability of doctors to obtain insurance at reasonable rates is endangering the health of the people of this state, and threatens the closing of many hospitals. The longer term consequences of such closings could seriously limit the health care provided to hundreds of thousands of our citizens."

So said Governor Brown 30 years ago on signing into law the landmark Medical Injury Compensation Reform Act, known as MICRA. Don't miss Brown on Monday during the Annual Clinical Meeting where he's speaking at the McCain Fellows Luncheon at the Marriott Hotel on 55 Fourth Street, from 12:30 p.m. to 1:45 p.m. Hear why Brown still believes in MICRA today and why it is so important to preserve the \$250,000 cap on non-economic damages.

Edmund G. Brown, known as Jerry, served two terms as California's Governor, from 1974 to 1982. In 1992, he sought the US Democratic Presidential nomination. During that campaign he refused to take contributions larger than \$100 and used an 800 number to raise funds. Brown defeated Bill Clinton in Maine, Colorado, Vermont, Connecticut, Utah and Nevada during the 1992 Presidential primaries and was the only candidate other than Clinton to receive enough voter support to continue

until the Democratic National Convention. Brown was elected Mayor of Oakland, California in 1998. In 2002, he was elected to his second term. He recently announced his candidacy for State Attorney General.

Four Governors Weigh-in on Emergency Contraception PRO-access: Arizona, Illinois, New Jersey ANTI-access: Colorado

EC is a hot topic in the State Houses. Legislation - pro and con - has been filed in over half of the states this year.

Probably the most controversial legislation, and certainly the most widely reported, is the so-called "refusal law" which would permit pharmacists to refuse to dispense EC, and in some cases, to refuse to refer or transfer a prescription to another pharmacy. Twelve states have considered refusal bills so far during the 2005 session. These states are: Arkansas, Arizona, California, Georgia, Indiana, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Washington, and Wisconsin.

Refusal laws are not a new phenomenon. The first such law was passed in 1998 in South Dakota. Laws are on the books in three other states- Arkansas, Georgia, and Mississippi. ACOG policy on this issue dates back to these early laws. (See our 1999 Statement attached.) ACOG states, "pharmacists who are unwilling to dispense EC should at a

minimum be obligated to refer a woman to another pharmacy that will fill her prescription." The American Pharmaceutical Association (APhA) also has an official policy that was approved in March 1998. APhA policy recognizes the right of the individual pharmacist to exercise conscientious refusal, but, at the same time, supports the establishment of systems to ensure patient access to legally prescribed therapy.

Talking Points:

- It is critical that women receive timely access to medications. Pharmacies play a key role in filling prescriptions for birth control, including emergency contraception (EC). EC is a safe method of birth control that is effective if taken within 72 hours of unprotected sexual intercourse. Due to the time-sensitive nature of EC, a pharmacy that refuses to fill the prescription places women in danger of unintended pregnancies.

- ACOG strongly supports over-the-counter access to emergency contraception, which would allow women to directly obtain EC when they need it most, without the assistance of a pharmacist. In December 2003, a FDA advisory council overwhelmingly recommended the FDA approve EC over the counter. While we still hope that this will ultimately occur, this legislation will go a long way toward assuring women access to needed prescription medications of any kind, including contraceptives.

**MEDICARE PAYMENT CUTS THREATEN
SENIORS' ACCESS TO CARE**

Tell Congress to Stop the Medicare Cuts! Time is running out. Unless Congress acts soon, Medicare payments to physicians will be cut by 26% over the next six years, with the first cut taking effect on January 1, 2006.

Why? Because of a fatally flawed payment formula called the Sustainable Growth Rate, or SGR.

Physicians are the foundation of the Medicare program: Prescription drugs, diagnostic tests, and medical treatment all require physician involvement.

For the sake of our patients and our profession, these cuts must be stopped. If not, Medicare payment rates in 2014 will be little more than half what they were in 1991, after adjusting for practice cost inflation.

A new AMA Member Connect survey shows that more than one-third of physicians (38%) will decrease the number of new Medicare patients they accept as a result of the first round of cuts in 2006.

"Physicians want to serve America's seniors, but they simply cannot afford to accept an unlimited number of new Medicare patients into their practices if Medicare payments do not keep up with the cost of providing care," said J. Edward Hill, MD, AMA President-Elect.

Here's How You Can Help Today

Visit the AMA In Washington website at www.ama-assn.org/grassroots to learn more and to send an e-mail to Congress.

Call your Senators and Representative and tell them to **FIX THE SGR AND STOP THE MEDICARE PHYSICIAN PAYMENT CUTS!** Use the AMA Hotline at 1-800-833-6354.

Tell Us Your Medicare Story. Let us know how the Medicare cuts will affect your practice and your patients. It's easy. Just send an e-mail to grassroots@ama-assn.org

*You are cordially invited to
the Women's Medical Fund 20th
Anniversary Celebration*

*honoring
Rebecca Gomperts, M.D.
Founder of Women on Waves*

*Women on Waves runs a host of campaigns to
prevent unwanted pregnancy and unsafe
abortion -including a mobile shipboard clinic
that sails to countries where abortion is illegal.*

*Steven Sondheimer, M.D., Honorary Chair
Thursday, May 26th, 2005
Prince Music Theater
1412 Chestnut Street, Philadelphia
5:30 - 7:30 pm*

*Dr. Gomperts will present an audio-visual overview
of the remarkable work of Women on Waves.
Reception features beer, wine, hors d'oeuvres, and desserts.*

*The Women's Medical Fund provides financial assistance to
low-income women in the Philadelphia area who want to
terminate a pregnancy but cannot afford a safe legal abortion.
In 2004 the Fund provided emergency loans to cover all or part
of the cost of an abortion for 778 women and adolescents.*

*For ticket sales please call (215) 772-0602 or email:
info@womensmedicalfund.org*

Please visit the
The Doctors for Medical Liability Reform
(DMLR) website
www.protectpatientsnow.org

to learn up-to-the-minute information on the
current crisis facing physicians as well as your
patients. ACOG has joined this coalition and
you are strongly encouraged to go to the web.

Why not take a moment right now to visit
www.protectpatientsnow.org.
Vincent A. Pellegrini, M.D.

2005 Schedule of Events

Schedule of Programs

**May 12, 2005 -
President's Night
Guy Hewlett, M.D.**

**"The litigation crisis in OB/GYN:
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