

THE GROWING TIMES



Utah Chapter of the American Academy of Pediatrics

President's Message

Lately, health system reform issues have become a part of my daily life. My role as President of our Chapter took me to Calgary a few weeks ago to attend the AAP District VIII



meetings. The President of the Academy, Dr. David Tayloe, updated all chapter officers about AAP's efforts in Washington to keep children's issues in the forefront of the debates on the various bills that are circulating.

He reminded us that the AAP supports health care reform and advocates a system that:

- Assures health care access for all children.
- Provides full benefits to all children covered by private and/or public insurance, consistent with AAP recommendations.
- Guarantees services universally in a medical home that coordinates primary care, emergency services, subspecialty and hospital care delivered by pediatricians.
- Has a consistent and fair payment schedule that assures physicians and their staffs receive appropriate compensation for the health services they provide.
- Save cost through the use of high quality preventive services and interventions.

The enthusiasm and passion of AAP leadership regarding these issues was clearly evident.

Then, earlier this month, at the Utah Medical Association House of Delegates meeting health system reform was front and center. Your chapter was well represented by members

INSIDE THIS ISSUE

- 2 Two Utah Pediatricians Receive National Awards
- 2 Member Feedback: We Asked, You Answered
- 3 UPIQ: Improving Immunizations Rates in Primary Care Project
- 3 Practice Opportunities
- 4 Parents Want Help from Physicians in Discussing Sex with Teens
- 5 The Children's Center: *Help for Troubled Kids*
- 5 The National Children's Study
- 5 Medical Home Corner: Recruiting Dental Practices
- 6 Utah Pediatric History
- 7 Editorial: Uncertainty—a necessary part of all our lives
- 7 Welcome Board!
- 8 Utah Chapter Child Advocacy Forum - Tues., November 24, 2009

who volunteered their time to be delegates. Many thanks to Jennifer Britton, Lou Borgenicht, Ellie Brownstein, Claudia Fruin, Ross Hightower, and Michelle Hofmann. While there were plenty of differing opinions concerning certain elements being discussed in Washington, it was encouraging that there was consensus to support the UMA's Healthcare Reform Policy. This policy supports the provision of a basic package of needed healthcare to all who live in Utah and is consistent with AAP policy.

As health system reform continues to be debated at the state and national levels, I predict that we will continue to hear the rhetoric and hyperbole that we have heard all summer. I am encouraged though, that there are reasonable, thoughtful, dedicated, and passionate individuals in the leadership of the AAP making sure that children are not forgotten in the process.

Karen Buchi, MD
President

Get involved, make a difference and better the lives of our nation's children!



UAAP Child Advocacy Forum

Tues., November 24, 2009

6:30 pm Social with food & beverage followed by Forum
Primary Children's Medical Center – Auditorium, 3rd Floor

Guest Speaker: Congressman Jim Matheson will discuss health care reform and answer your questions.

RSVP by Nov. 13th—IMPORTANT! Contact Cathy at office@aaputah.org or (801) 968-3411.

Two Utah Pediatricians Receive National Awards
2009 Calvin C.J. Sia Award Recipient
Robert Terashima, MD, FAAP



The American Academy of Pediatrics (AAP) Council on Community Pediatrics has named **Robert Terashima, MD**, recipient of the 2009 Cal Sia Community Pediatrics Medical Home Leadership & Advocacy Award.

This award is bestowed each year on a pediatrician who demonstrates clinical excellence, community action, and advocacy for children. The award honors those who have exemplified leadership and excellence by advocating for and providing a medical home for all children, especially children with special health care needs. Dr. Terashima will be honored on Sunday, October 18, 2009 during an award ceremony at the AAP National Conference and Exhibits in Washington, DC.

Since completing his residency at St. Christopher's Hospital for Children in Philadelphia, Dr. Terashima has provided general pediatric services in West Jordan, Utah, for thirty years. He participated as a trainee in the 2003 NICHQ Medical Home Learning Collaborative and, two years later, in the Utah Leadership Education Neurodevelopmental Disabilities program. With the help of a dedicated team of parents and office staff, his efforts have been largely collaborative, particularly involving the schools, with emphasis on providing support for individual families.

2009 Murray Davidson Award Recipient
Linda Book, MD, FAAP



The American Academy of Pediatrics (AAP) Section on Gastroenterology, Hepatology and Nutrition has named **Linda Book, MD**, recipient of the 2009 Murray Davidson Award. Each year the AAP recognizes an outstanding clinician, educator and scientist who has made significant contributions to the field of

pediatric gastroenterology and nutrition. Dr. Book will officially be presented the award at the annual meeting of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition on Friday, November 13, 2009 in National Harbor, MD.

Dr. Book is Professor of pediatrics and Chief pediatric gastroenterology, hepatology, and nutrition for the University of Utah School of Medicine, Department of Pediatrics. She developed the hepatology and liver transplantation service at Intermountain Healthcare Primary Children's Medical Center and serves as the medical director. She remains the region's most ardent herald and protagonist of the detection and appropriate management of celiac disease, once considered rare, but now recognized as a prevalent but under-diagnosed disease in children. She has written and lectured extensively about common pediatric gastroenterology and nutrition problems and the pediatrician's role in treatment.

Member Feedback

We Asked, You Answered

The Chapter's Board of Directors often receives requests to support programs or to take action on specific topics. Over the summer, the Chapter *asked* your opinion on two topics. The first, "Do you endorse a policy of comprehensive reproductive health education in Utah Schools?" Eleven members sent back emails; 10 were in favor and one opposed. The Board used this feedback and sent a letter to Representative Hemingway, who is proposing legislation that would allow schools to teach comprehensive reproductive health education with parental permission. The letter stated, "The Utah Chapter of the American Academy of Pediatrics Utah Chapter supports age-appropriate comprehensive reproductive health education and wants to ensure that State resources are allocated toward educational approaches that are science-based."

Another issue where the Board sought member input, "Do you support action to reinstate Medicaid payment to providers for neonatal circumcision?" Twenty members responded, with 14 for and 6 against. These responses have been forwarded to the Chapter's Utah Pediatric Council. The Council is actively working with Medicaid on several issues and the circumcision issue will be prioritized in relation to the other issues.

The Board appreciates the feedback of members when we seek it. We strive to make sure that we represent our membership well.



Improving Immunization Rates in Primary Care Project

ABP Credit Available

UPIQ is recruiting pediatricians to participate in an office-based quality improvement project aimed at increasing immunization rates over a 7-month period. Physicians who participate in this project and meet American Board of Pediatrics (ABP) completion requirements will receive 20 points toward the Performance in Practice component of Maintenance of Certification (MOC).

The project will begin with an in-office assessment of current immunization practices and development of an improvement plan. Support will be provided by UPIQ, the Utah Department of Health Immunization Program, and UPIQ's Peer Mentors throughout the course of the project.

To receive ABP credit, physicians must meet the following project requirements:

- Develop and lead a practice team (physician plus nurse/MA and office manager) that will actively work on improving immunization processes over the course of the project;
- Participate in at least 4 in-office QI design and/or implementation team meetings;
- Implement 2-3 improvement strategies aimed at increasing immunization rates;
- Collect monthly performance measures to track progress; and,
- Establish one "balancing" measure to identify unintended consequences of system changes.

Project participation is free (funded by the Immunization Program). Receipt of ABP MOC credit will cost \$250 per physician. To learn more about this project, contact **Dana Patterson**, UPIQ Program Manager, at dana.patterson@hsc.utah.edu or (801) 585-6480.

Practice Opportunities

For additional listings and those desiring jobs, click on the Utah Medical Educational Council's website: www.utahmed.org and the American Academy of Pediatrics website: www.PedJobs.org.

Seekers:

Aaron Weiss, MD, is currently looking for a full-time pediatric position in the Salt Lake Valley starting in July 2010. He is currently chief resident at the Medical College of Wisconsin in Milwaukee where he completed his pediatric internship and residency. He is a native of Logan, Utah and graduated from the University of Utah School of Medicine in 2006. His clinical and professional interests include asthma, school-based health education, community advocacy and medical informatics & information systems. Please contact Dr. Weiss at amweiss@mcw.edu or (414) 704-6907 if you are looking for an enthusiastic and motivated young physician to join your practice.

Employers:

Part-Time Pediatrician (1), Utah County. Large pediatric group seeks part-time BC pediatrician. Income guarantee with production bonus. Benefits include health, dental, life, LTD, generous 401K, profit sharing, CME. Call 1:10. Send CV to kmoffitt@uvpeds.com or fax to (801) 373-0308.

Pediatrician (1), Southwest Salt Lake Valley. Intermountain Healthcare needs one BC/BE pediatrician for full-time or ¾-time urgent care work. Physician will work 2-3 shifts 5-10 pm Monday-Friday and one week and day per week either Saturday or Sunday from 10-12. Work primarily in the Intermountain KidsCare Clinic in West Jordan and at the new Southridge KidsCare in Riverton, both walk-in clinics providing after-hours care urgent care. PALS certification required. Employment with the Intermountain Medical Group. Full Intermountain benefits. Send CV to Barbara Tarran at PhysicianRecruit@imail.org or fax to (801) 442-2999.

Neonatologist (1), Logan. Intermountain Healthcare needs one experienced BC neonatologist for a leadership position. Direct new NICU at Logan Regional Hospital. Others will take primary call for all evenings and weekends. This position will only cover as secondary call. Call coverage will be with other neonatologists from McKay Dee Hospital in Ogden. Shifts are Monday through Friday, 7 a.m. to approx. 5 p.m. Neonatologist will have ample opportunity to be involved in the research done at McKay Dee Hospital. Neonatologist will support an 18-bed NICU. Competitive salary commensurate w/experience and full benefits. Send CV to Wilf Rudert at PhysicianRecruit@imail.org or fax to (801) 442-2999.

Pediatrician (1), Layton. Intermountain Healthcare is seeking pediatrician to join a group of nine highly respected pediatricians based in Ogden. Office space is located in Layton at the Intermountain Layton Clinic. Call will be one in ten, and weekends are split, meaning Friday and Saturday are combined, and Sunday call is separate. All physicians work a four-day workweek. Pharmacy and urgent care provides a well-rounded facility to care for patients. All facilities have new rooms and new equipment. Send CV to Wilf Rudert at PhysicianRecruit@imail.org or fax to (801) 442-2999.

Pediatricians (2), Ogden/Layton. Intermountain Healthcare is seeking two BC/BE pediatricians to work in Intermountain Healthcare's KidsCare clinics: McKay Dee Pediatrics and Intermountain Healthcare Layton Clinic. KidsCare shift hours: Weekdays 5:00 p.m. – 9:00 p.m.; Weekends Noon – 6:00 p.m. The number of shifts one can work is flexible and totally up to the candidate whether it is part-time or full-time. Conscious sedation is also an option and training is available. Physicians communicate with primary care providers. PALS and NRP certification required. Employment with the Intermountain Medical Group. Competitive salary based on productivity. Full benefits. No call requirements. Send CV to Wilf Rudert to PhysicianRecruit@imail.org or fax to (801) 442-2999.

Pediatrician (1), Ogden. Pediatric Care of Ogden is seeking a full-time BC/BE pediatrician to join our team of 5 pediatricians, 2 certified nurse practitioners, and 20 dedicated staff. Competitive salary, opportunity for early partnership, liability insurance, disability insurance, licensing fees, association dues, CME allowance, medical and dental insurance, and 401K. One ½ weekend call per month, 1:7 weekday call ratio, and after-hours pediatric RN triage answering service. Send CV to Kathleen Vawter at pedsdocs@comcast.net or fax to (801) 393-9411.✚

Parents Want Help from Physicians in Discussing Sex with Teens

Marilyn Simister, Utah PTA President

Utah PTA is concerned about the recent rise in pregnancies and STDs among our youth. Our organization recently conducted a survey at the 2009 Utah PTA Leadership Convention to assess the attitudes among our members on addressing this problem. A total of 183 surveys were turned in, representing about 11% of the attendees, which leaders feel represents a good cross section of the organization. Thirteen questions were included, covering questions from what parents think are appropriate topics in a classroom setting, to their own knowledge of STDs, and to how they preferred handling a situation if their own child was experimenting with sex.

The vast majority of parents supported school curriculum with topics that align very closely with the current Utah State Office of Education curriculum, with 82% supporting a premarital abstinence focus. Parents also supported a variety of classroom topics of human anatomy and physiology, healthy relationships, date rape and violence, STDs, recognition of media messages, how alcohol and drugs affect decision making, and physical and emotional elements of human sexuality. A little less than half supported a general discussion of contraception with its benefits and limitations, and only 15% supported a “how to” discussion on contraception in the classroom.

Most parents felt somewhat comfortable talking about sex and STDs and were very protective of their responsibility as the primary sex educator of their own children. Based on two different questions, parents expressed their preference to receive information or assistance for a sexually active child from a private physician. Parents felt that contraceptive information prior to the onset of sexual activity, in or outside of marriage, should come from them as parents (82%) and/or a medical doctor (81%).

This provides an interesting perspective about the perception of parents regarding the role of private physicians in addressing teen sexual involvement. A private

physician is skilled in questioning techniques to help diagnose individual needs. These situations require good communication skills with both parents and teens to help ascertain the commitment level to abstinence. Teens may not divulge their sexual involvement in front of their parents. Physicians will need to develop strategies to overcome this barrier to begin an open dialogue. Care should also be taken not to automatically assume a teen is sexually active. During regular office visits, physicians are in the position to validate a teen’s decision to be sexually abstinent.

Utah PTA supports the strategy of individual counseling, with parents and other medical professionals working together to reinforce responsible sexual behavior that addresses both the physical and emotional consequences of early sexual involvement. Studies have shown that 2/3 of teens that have had sex, wish they hadn’t. In many cases, youth can return to abstinence with a supportive environment. Where needed, physicians should feel comfortable to refer parents to other counseling services if teens need more focused assistance to address a much broader range of potential negative behaviors and decision making issues.

One of the most important roles a physician can provide is to encourage teens who are sexually active to get tested for STDs. During regular office visits, they can also help to educate teens and parents about STDs. This can be done with a simple handout. If he determines future sexual involvement is likely, a physician is the key in providing contraceptive information in enough depth that correct and consistent use is more likely to occur. Consistent use is far more likely to occur if parents are involved. Although difficult, this conversation can be open and honest in addressing the individual child and the need for some protection while acknowledging that contraceptive use can be problematic for teens. Both parent and child should be fully aware that condoms have limitations and work better for some STDs than others. It is also important to address the use of drugs and alcohol because these are critical risk factors in sexual behaviors of abstinence or correct condom use.

Information on contraceptives, including correct condom use, can be accessed on

the Utah Health Department website www.catchtheanswers.net. Physicians can encourage and be a role model for parents on how to talk with their child about sex. A good resource for parents is www.4parents.gov. Various brochures are available for free and can be ordered from this site or copied from a pdf file if physicians wish to provide these for patients. Utah PTA’s goal is to reduce STDs, pregnancies, and early sexual involvement through cooperation with parents, schools, physicians, and the community. It is our hope the focus is not merely on absence of disease, but providing strategies that address the whole child as a healthy human being—physically, emotionally, and socially. For more information, Ms. Simister can be reached at marilyn@utahpta.org.

Legal Side Bar:

Utah Code Section 26-6-18, establishes the conditions under which a minor may give their own consent to treatment for a sexually transmitted disease.

It states: “A consent to medical care or services by a hospital or public clinic or the performance of medical care or services by a licensed physician executed by a minor who is or professes to be afflicted with a sexually transmitted disease, shall have the same legal effect upon the minor and the same legal obligations with regard to the giving of consent as a consent given by a person of full legal age and capacity, the infancy of the minor and any contrary provision of law notwithstanding. The consent of the minor shall not be subject to later disaffirmance by reason of minority at the time it was given and the consent of no other person or persons shall be necessary to authorize hospital or clinical care or services to be provided to the minor by a licensed physician. The provisions of this section shall apply also to minors who profess to be in need of hospital or clinical care and services or medical care or services provided by a physician for suspected sexually transmitted disease, regardless of whether such professed suspicions are subsequently substantiated on a medical basis.”

The Children's Center: *Help for Troubled Kids*

Tom Metcalf, MD

So what's a pediatrician to do? I have this 3-year old boy, with no diagnosed disorder, who has been evicted from two preschools for acting out, hitting, and biting other kids. At home, he can be loving one minute, then explodes the next, terrorizing his brother and sister, and when put into time-out has repeatedly destroyed his room. His parents have run out of strategies, patience, and have nearly run out of love.

There *is* a place for this child: The Children's Center. Started by Augey Plenk in the 1960's, it has continued as a mainstay in our community to help kids with emotional and behavioral problems and to help their parents cope with the children.

I think all of us refer children to the Center, knowing it will accept essentially any child up to age 7, on a sliding fee scale if the family is without insurance, CHIP, or Medicaid. It is privately funded, and relies on the community for its financial support.

So . . . are *we pediatricians* supporting this incredible pillar of support for our patients? I'm writing to ask simply that you consider sending a contribution to The Children's Center by contacting Courtney Garay at (801) 582-5534 and ask about attending the annual fundraiser at LaCaille. It's a lot of fun and great food, but I've seen only a few of my colleagues there any given year.

Please consider – The Children's Center needs our support! ✦

The National Children's Study

Pamela Silberman, Director of
Community Relations

The National Children's Study is the most comprehensive study of the effects of the environment on children's health ever done in the U.S. In the Study, the "environment" includes not only air, water and dust, but also what children eat, how they are cared for, the safety of their neighborhoods and how often they see a health care provider.

More than 100,000 children across the United States will participate in the Study.

Researchers will follow children from before birth through their 21st birthday. The Study is observational—no interventions will be involved. By collecting certain biological and environmental samples from participants, investigators will analyze how different factors interact with each other and what helpful or harmful effects they have on children's health.

The Study's key scientific questions address some of the most pressing health and development concerns for today's children including diabetes, injuries, asthma, obesity, autism, and learning and behavioral problems.

Salt Lake County is one of the first seven counties in the United States to begin the Study. The Department of Pediatrics at the University of Utah is leading the Study in Salt Lake County, with Edward B. Clark, MD, serving as principal investigator. We are working with Primary Children's Medical Center and birthing hospitals throughout Salt Lake County to ensure the Study's success.

Although participant recruitment is not being conducted through clinics, pediatricians can play a vital role in educating potential participants. We have heard from women who are eligible to participate that they would speak with their family pediatricians to confirm the value of participating and ensure that it is safe for their child to become a Study participant. Many families are unfamiliar with research, with the exception of clinical trials. It is important that they understand that the National Children's Study is an observational study with minimal risk involved. Of course, if the Study measures reveal any health conditions in the child, the family will be notified immediately and referred for the appropriate care.

We look forward to collaborating with community pediatricians, whose patients join the Study and encourage you to contact us with any questions or concerns. For more information about the National Children's Study in Salt Lake County, please contact the University of Utah Study Center at <http://SaltLake.NationalChildrensStudy.gov> or (801) 587-7373. ✦



Medical Home Corner

Recruiting Dental Practices

The Utah Collaborative Medical Home Project is in the second year of an MCHB grant to coordinate services for children with Autism Spectrum Disorders (ASD) through the Medical Home. The team is focusing on recruiting 6 dental practices to improve care for children with autism and other developmental disabilities and to coordinate care with pediatric medical homes. Goals include increasing the number of dental providers willing to care for children with these conditions, particularly in more rural areas, and increasing collaboration between dental homes and medical homes—developing the "Health Home," a term coined by Dr. Steven Steed, Dental Director, Utah Department of Health.

The project involves a half-day learning session for teams that include the dentist, their hygienist, and office staff member. The curriculum will include characteristics of autism, behavior management techniques, office and scheduling accommodations, case examples, and a panel presentation by pediatric dentists and a psychologist.

Do you know a dentist who may be interested in participating? If so, please contact Sandra Debry at sandra.debry@hsc.utah.edu or (801) 587-3023 or Barbara at barbaraward@utah.gov or (801) 584-8584.

The Medical Home Portal can help you find dentists and provides information about the "dental care level" (related to behavior and disability) with which each is comfortable. Go to www.medicalhomeportal.org and click on the tab at the top of the page *Services and Resources* then *Community and Professional Resources* and scroll to *Healthcare, Dental*. Look under *General Dentistry for CSHCN and Pediatric Dentistry*. For uninsured patients there is a list of providers under *Dental Care Assistance*.

Utah Pediatric History

George Durham, MD

A few weeks ago, Dr. L. George Veasy directed my attention to a very interesting book: [Medicine in the Beehive State 1940-1990](#). The book was edited by Dr. Henry P. Plenk and published in 1992 by the University of Utah Press and was underwritten by the Utah Medical Association, the LDS Hospital-Deseret Foundation, and the University of Utah Health Sciences Center. It is divided into forty-five separately authored chapters and has some 563 pages. I borrowed my copy from the Salt Lake City and County Library system.

Chapters of pertinence to those interested in Utah's pediatric history include:

- Chapter 7. Allergy by Lorimer T. Christensen, MD.
- Chapter 18. Child Psychiatry by Drs. Paul L. Whitehead and Merritt H. Egan.
- Chapter 20. Pediatric Surgery by Dale Johnson, MD.
- Chapter 22. Plastic and Reconstructive Surgery LDS Hospital and PCMC by Thomas Ray Broadbent, MD.
- Chapter 31. Department of Pediatrics by L. George Veasy, MD.
- Chapter 32. Primary Children's Medical Center by L. George Veasy, MD.
- Chapter 33. Pediatric Neurology by Jack A. Madsen, MD.
- Chapter 34. Neonatology by August L. Jung, MD.

From this remarkable collection of historical essays, I can add some additional information about the University of Utah's departmental history. For example, in the fall of 1943, the department had two faculty members: Drs. John Anderson and Robert H. Alway. They were both from Minnesota. Dr. Alway's wife, Sophie, was also a pediatrician and was instrumental in the well baby clinics. Dr. Alway ultimately became Dean of the Stanford University School of Medicine. Dr. Anderson went to Stanford as well from 1949-54 and completed his career in the late 1960's at the University of Minnesota.

From September 1949 through January 1950, Dr. John Waldo, a specialist in infectious disease, was acting chair. He and Dr. Eugene Lahey were the entire department.

In 1949, the state legislature authorized \$623,000 to build a Children's Hospital. Governor J. Bracken Lee vetoed this legislation in 1950. As a young boy growing up near the university in the early 1950's, I recall a road sign on the corner of University Street and South Temple pointing eastwards and stating "Children's Hospital."

Dr. James F. Bosma was recruited as chair of the U's Department of Pediatrics from the University of Minnesota and served from 1950-1958. He was apparently instrumental in recruiting cardiologist Harry Stoeckle and Lorin Ainger, as well as neurologists Neils Lowe and Patrick Bray. Because of on-going funding problems and some personal dissension within the department, nearly all the faculty left at the end of Bosma's period of leadership.

Dr. M. Eugene Lahey was then chair for most of the time from 1958-1972. He did take a one year's leave in 1964 and Dr. Patrick F. Bray served as chair for an academic year (August 1964-August 1965). During Lahey's tenure, many physicians were recruited including Jack Wilson from Cincinnati, Doug Heiner, Dr. Veasy in cardiology, Marv Rallison in endocrinology, and in 1968 Larry Jung was recruited from training in Colorado and began a five bed NICU at the University of Utah.

In January 1968, Dr. Veasy became director of pediatric education and residency training. Subsequently in the Glasgow years, he was Physician-in-Chief at Primary Children's and a vice-chair of the department.

Perusing the chapter on Primary Children's, I learned that there was a predecessor of today's PCMC that existed from 1911-1922 under the sponsorship of the William H. Groves LDS Hospital's orthopaedic ward. To this day, the rare and occasional pediatric (and non-nursery) admission to LDS Hospital has nearly always been assigned to the orthopaedic ward.

The Hyde home—across from Temple Square on North Temple—served as Primary Children's from 1922-1952. The 12th Avenue PCMC was built from 1949-1952 and opened in February 1952. I recall touring the facility as a seven year old.

The hospital was originally owned, sponsored and operated under the direction of the Primary Association of The Church of Jesus Christ of Latter-day Saints. The portraits of the various women who served as presiding officer of the LDS Church Primary Association can be found near the board room on the fourth floor of the hospital. Until the LDS Church transferred all of their hospitals to Intermountain Healthcare in the 1970's, the women of the General Board of the Primary Association also served as the board of the hospital.

Dr. Veasy tells a wonderful story about introducing Dr. Jack Wilson, an observant Roman Catholic, to the Primary Board. He told Dr. Wilson to say very little and to let Dr. Veasy do the speaking. He then told the Board of Dr. Wilson's large family AND that they lived across the street from the (LDS) ward house. Dr. Wilson was welcomed warmly and his appointment approved unanimously. Although having known many of the members of those early boards, I doubt Dr. Wilson's religious preference would have made any difference. The tradition of serving all children has deep roots. At the same time, it is a memorable story.

On April 23, 1990 the current Primary Children's Medical Center was opened and patients transferred from 12th Avenue to the current facility. A pictorial history of Primary Children's can be viewed on the first floor of the current hospital near the north elevators and related staircase. It is worth reviewing the history of a facility nearing a century of service.

Editor's Note: For those of you interested in more details, [Medicine in the Beehive State 1940-1990](#) is available to download in PDF format at no cost. Click on http://medicine.utah.edu/alumni/about/Medicine_in_the_Beehive_State.pdf. Our thanks to the Alumni Association, University of Utah School of Medicine!

Editorial: Uncertainty—a necessary part of all our lives

Louis Borgenicht, MD

In examining the costs of American health care one reality is rarely discussed: the role that our cultural inabilities to deal with uncertainty plays in driving up the costs of medical care.

In medicine, as in many other aspects of our life, certainty gives us the notion of control. When a child comes into my office with a fever due to a viral illness (approximately 60% of minor childhood illnesses are due to viruses), the news that it is likely a viral illness is hardly heartening to parents. My suggestion that symptomatic treatment and tincture of time are what is needed often provides little solace.

Uncertainty also dictates physicians' clinical behavior. Trained through medical school in linear thinking (algorithms) they are looking for a clear and appropriate end point both therapeutically and diagnostically. When it is not forthcoming, the technological imperative pushes them to do further procedures or order more tests in search of an answer.

The insistent need for certainty negates the value of intuition and experience in understanding medical problems. They can be as valuable as any medical tests and are without cost.

What is needed to alleviate the pressure for medical certainty and its consequent costs is a paradigm shift that permits us all to comprehend and accept uncertainty as a necessary part of all our lives.

The Growing Times

is a newsletter of the

American Academy of Pediatrics
Utah Chapter



Jeff Schunk, MD, Editor
Cathy Oyler, Associate Editor

Share your comments!

We invite members to comment on current issues, articles, editorials, or submit story ideas. Deadline for submission of articles published in the next issue is December 20, 2009. Send to:

Email: office@aaputah or Fax: (801) 968-2616.

Past editions of *The Growing Times* (2006-2009) are available online at <http://www.aaputah.org>, click on Newsletter. For older editions, contact Cathy at (801) 968-3411.

Welcome Aboard!

New members of the Utah Chapter of the American Academy of Pediatrics: **Jon Bartholomew, DO**, Pediatric Care, Provo; **Nordell Brown, MD**, Intermountain Budge Pediatrics, Logan; **Matthew Carter, MD**, Intermountain Holladay Pediatrics, Holladay; and **Sarah Winter, MD**, Division of General Pediatrics, Salt Lake.

In Memoriam

Kenneth O. Fishler, M.D. 1917 - 2009

Dr. Kenneth O. Fishler passed away July 7, 2009. He would have been 92 on September 22, 2009. A native of Ogden he graduated from Salt Lake's East High School in 1933 at the age of sixteen. Over the next fifteen years he attended the University of Utah and earned a Bachelor's degree in history, an M.S. in bacteriology, served honorably in World War II and ultimately graduated with an M.D. from the University of Utah in 1948.

He married a fellow bacteriology student, Patricia Fuerman, on December 1, 1944. Together they raised five children—three sons and two daughters. Prior to his return to Salt Lake City as one of Utah's first pediatricians, they lived in Evanston and Chicago, Illinois for graduate training in pediatrics and subsequently in Tuba City, Arizona where he served with the U.S. Public Health Service. Patricia passed away prior to Kenneth and at the time of his death they had twelve grandchildren and one great-grandchild.

He served in many areas of professional leadership including Chief of Staff at Primary Children's Medical Center. He had a special interest in juvenile onset diabetes. He was also on the clinical faculty of the School of Medicine at the University of Utah.

American Academy of Pediatrics Utah Chapter



Get involved, make a difference and better the lives of our nation's children!



UAAP Child Advocacy Forum

Tues., November 24, 2009

6:30 pm Social with food & beverage followed by Forum

Primary Children's Medical Center – Auditorium, 3rd Floor

Guest Speaker: Congressman Jim Matheson will discuss health care reform and answer your questions.

RSVP by Nov. 13th—IMPORTANT! Contact Cathy at office@aaputah.org or (801) 968-3411.

Plan to Attend!

Health reform must begin with, and include children's access to quality care. Our ongoing concern is that children's health care needs are often overlooked in the discussion of health care reform. As pediatricians, we can speak to the consequences of uninsurance and inappropriate care for children.

Join us on Tues. , Nov. 24th-- this is an excellent opportunity to share your views and ensure ALL children are provided with the appropriate services they need and deserve.

The Utah Chapter advocates that every child must have quality health insurance. The concept of quality health insurance includes portability, continuous coverage, streamlined and simplified administrative aspects, choice of clinician(s), and coordination with existing maternal and child health programs to ensure maximum health benefits to families.

Health care reform is happening. Get involved, make a difference and better the lives of our nation's children.



For every child:

- Health insurance coverage regardless of income.
- Comprehensive age appropriate benefits.
- Care delivered in a medical home.
- Access to pediatricians and pediatric specialists.
- Needed services assured by appropriate payment.

For more information about Utah Chapter legislative priorities or child health issues contact:

Jeffrey C. Schmidt, MD, FAAP
Past President & Legislative Chair
at
jeffrey.schmidt@imail.org
or
(801) 501-2150

Take Action!

Invite your State legislators to attend the Forum with you. Invitations from constituents have been extremely effective in the past.

Find your State legislator at www.votesmart.org and follow prompts. Personalize the invitation below:

Dear Senator/Representative:
I am one of your constituents residing at [insert address], as well as a pediatrician practicing in [insert area].

I would like to personally invite you to attend with me a Child Advocacy Forum hosted by the Utah Chapter of the American Academy of Pediatrics scheduled:

Date: Tues., Nov. 24, 2009
Time: 6:30 pm Social followed by Child Advocacy Forum
Place: Primary Children's Medical Center, Auditorium - 3rd Floor

This year, the Forum will bring together medical providers and their legislators to discuss health care reform with Congressman Jim Matheson. Will you join me to discuss how we can work together to better the lives of our children and their families?

Sincerely,
[Insert name & contact information]