The Excelsior

The News Magazine of The New York Regional Society of Plastic Surgeons

FALL 2010

WWW.PLASTICSURGERYNY.ORG

In this issue:

MIA TALMOR, M.D.

PRESIDENT'S MESSAGE

As summer draws to a close, I am pleased to have an opportunity to reflect upon my work as President of The New York Regional Society of Plastic Surgeons over the past six months.

As a group we spent a good part of the year discussing and planning our formal response to the healthcare changes that were thrust upon us this winter. We have actively and aggressively rallied to challenge the cosmetic surgery tax and the dental scope of practice bills, and have temporarily weathered the storm. We have been faced with new governmental restrictions, limiting our ability to solicit corporate sponsorship for our organization, and have been battling the economic downturn that has affected our individual members. Despite these challenges, our organization remains strong and focused on achieving our academic mission, and we continue to grow in numbers. We have reached unprecedented levels of attendance at our academic meetings, and continue to encourage young members to participate. Our leadership is stable and growing, and I encourage all those in our community who have an interest in becoming more involved to attend our quarterly Board meetings, which are open to our membership. The next meeting will be held at Lenox Hill Hospital on September 14th.

I'd like to thank the Executive Board, and particularly Drs. Alan Matarasso and Steven Wallach, who remain so committed to the academic mission of the organization. Alan and Steve have planned an exceptional winter meeting focusing on state of the art techniques in cosmetic surgery. We are thrilled to have an opportunity to learn from the leading national experts, Seth Matarasso, Arthur Swift, and Jeffrey Dover. In addition we are honored to welcome Dr. Gustavo Colon who has graciously accepted the honor of presenting our Biannual Masters Series Lecture. The meeting will be held on December 11th and I am looking forward to welcoming you there.

I am particularly proud to announce the topic of our spring 2011 meeting, a point counterpoint debate which will **focus on two of the most controversial issues facing our members today-VTE prophylaxis and social networking.** Dr. Neal Reisman has already agreed to participate in the social networking debate. I am sure the presentations will arouse a great deal of audience participation and discussion.

Social networking, advertising and professionalism in plastic surgery are important issues that are only rarely discussed in our literature and at our meetings. I think it is imperative that we change this. I was recently shown the website of a young plastic surgeon who had recently graduated from a prestigious plastic surgery training program. The surgeon's website (or blAUG as he referred to it) appraised celebrities who he believed had had cosmetic surgery. In one post on his blAUG it was suggested that the recent tragic death of a colleague and ASPS member might be a sign to his celebrity patient that she should down-size her implants. This was one of hundreds of tasteless posts on this blAUG, but it made me truly pause and think. At what point does our advertising and self-promotion cross the line from just distasteful to unethical and unprofessional?

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TRACY M. PFEIFER, M.D.

letter from the editor

Welcome back from a wonderful summer. So hot it is a miracle we did not have a serious blackout. After a nice respite, we are on track for a very busy fall season.

Normally, I keep politics out of my column, but at this point in time, it is impossible to do so. The intrusion by government and politicians into the practice of medicine is dangerous. The current health care law undermines a physician's ability to treat each patient as an individual, and therefore do what is best for that individual human being. Instead it compels us to treat patients in light of what is good for society as a whole. As trusted physicians, we are in a unique position to influence public opinion on the issue and affect what happens to the law. For the most part during the health care debate, we were silent. We must speak up now.

As physicians we took the Hippocratic Oath. The significance of the oath, gleaned from its history, is important. Margaret Mead describes it:

"For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world, the doctor and the sorcerer tended to be the same person. He with the power to kill had power to cure, including specially the undoing of his own killing activities. He who had the power to cure would necessarily also be able to kill... With the Greeks the distinction was made clear. One profession, the followers of Asclepius, we to be dedicated completely to life under all circumstances, regardless of rank, age or intellect – the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child...".

The health care law is in direct conflict with the Hippocratic Oath. There will be a panel of non-elected individuals who will decide what treatments will be paid for and those which will not. This strips the decision regarding an individual's health care from the patient and the physician. Patients will not be treated as individuals but rather will be lumped together into groups. The

SPRING MEETING 2010
Left to right: Tracy M. Pfeifer, M.D., David Abramson, M.D., John Vaccaro, M.D., Arthur Wise, M.D., Russell W. H. Kridel, M.D., William Rosenblatt, M.D., Steven Wallach, M.D., Mark B. Constantian, M.D., Scot Glasberg, M.D., Steve Fallek, M.D., Rollin K. Daniel, M.D., Alan Matarasso, M.D., Minas Constantinides, M.D., and Mia Talmor, M.D.

treatment of groups will be decided based on government gathered data, from our mandatory EMR systems (if you do not implement EMR your reimbursements will be reduced), which will dictate treatment protocols. If you, the physician, do not conform to the proscribed protocol, you will be financially penalized with a decreased reimbursement. This is all in the bill.

The delivery of medical care will be politicized even more than it is now. With limited resources, advocacy groups will be battling for health care $ for their disease. Naturally, with a fixed amount of health care dollars to spend, one group's "success" will be at the expense of another. For example, the ovarian cancer advocacy groups are already worried that drugs used "off-label" to treat ovarian cancer will not be covered. Consider the following events and their implications. Just prior to the passage of the bill, a government panel of mostly PhDs and 4 non-practicing physicians, recommended that mammograms were not required for women 40-49 years old. Never mind that the American Cancer Society and the physicians actually treating these patients think otherwise. The panels' reasoning was that it took 600 mammograms to detect one cancer. Digital mammograms were not included in the study and it did not take into account higher risk groups, such as African American women, who have a higher rate of breast cancer at younger ages than other populations. The important point is this: the resulting public outcry against this decision resulted in its reversal. Public pressure changed the government's decision regarding health care. Do we really want health care decisions, which affect our health and can literally mean the difference between life and death, being decided this way? What if the government panel makes a harmful decision regarding the treatment of a disease that affects only 10,000 people? No public pressure and patients with that disease are out of luck and out of treatment. An individual person with a rare disease could be treated differently from one with a more common disease. This violates the Hippocratic Oath.

Ezekial Emanuel, brother of Rahm Emanuel and health care advisor to the President, blames the Hippocratic Oath for driving up the cost of health care. He advocates the complete lives system. *"This system incorporates five principles: youngest-first, prognosis, save the most lives, lottery, and instrumental value. As such, it prioritises younger people who have not yet lived a complete life and will be unlikely to do so without aid."*

Emanuel, , wrote in 1996: *"Substantively, it suggests services that promote the continuation of the polity-those that ensure healthy future generations, ensure development of practical reasoning skills, and ensure full and active participation by citizens in public deliberations-are to be socially guaranteed as basic. Conversely, services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia. A less obvious example is guaranteeing neuropsychological services to ensure children with learning disabilities can read and learn to reason".*

"When implemented, the complete lives system produces a priority curve on which individuals aged between roughly 15 and 40 years get the most substantial chance, whereas the youngest and oldest people get chances that are attenuated."

This philosophy is very dangerous and, frankly, it scares the heck out of me. Someone in government is going to decide whose life is important/valuable enough to save. The complete lives philosophy is in direct conflict with the Hippocratic Oath. As physicians who swore to uphold the Hippocratic Oath, we believe that all life is valuable. We do not believe that one life is more valuable than another. We do not believe that the government should tell us who to treat and how to treat them.

Imagine this scenario: A drunk 18 year old driver hits a 75 year old man who is crossing the street. Both need prolonged, expensive medical treatment to survive. The 18 year old has many productive life years ahead of him; the 75 year old has Alzheimer's and lives on Social Security. Using the principles of the complete lives system to determine where the $ resources are best spent, the 75 year old would not receive treatment. It might take us a while to get to this point, but with no measures in the bill to actually control costs, there will be incredible pressure to make treatment decisions based on this type of algorithm.

Now let's say that you agree there are limited health care dollars and someone has to be prioritized; the government cannot pay for everything. Here are my concerns and objections. First, the current health care law makes it likely that many private insurers will go out of business. So, even if you agree that the government should not pay, the ability to purchase private insurance will be limited. Where will the parents of children with disabilities, etc. get health insurance coverage? This is a serious problem. My second argument against this line of thinking is this: what else is money for? Health, safety, shelter, etc. Personally I do not mind if my tax dollars are spent curing disease, relieving pain and suffering. Eliminate wasteful programs that line people's pockets and do nothing to improve the lives of people who are suffering. So the argument that this is too expensive does not sway me.

Life is valuable and we cannot compromise on this point.

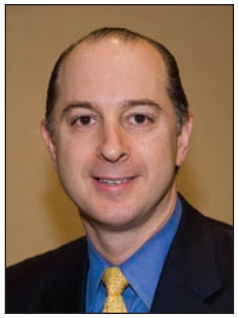
In my opinion, it is imperative that we stop the implementation of the health care law by whatever means necessary. We must elect only individuals who pledge to repeal the law and/or vote against funding this monstrosity. I am going to donate to campaign funds of people who pledge to repeal or defund the law, talk to as many people as will listen and encourage them to vote, take off election day to bring people to polls and do some telephone bank phone calls.

Please talk to your patients about these important issues and encourage them to vote. Write letters to the editor and let people know how you, as a physician, feel about this law. We can make a difference.

ALAN MATARASSO, M.D., CHAIRMAN
STEVEN WALLACH, M.D., CO-CHAIRMAN

SCIENTIFIC PROGRAM

The title of our Spring Meeting was "Advances in Rhinoplasty"



Our April 2010 meeting was a wonderful blend of rhinoplasty lectures presented by both plastic surgeons and facial plastic surgeons.

The first presenter was **Rollin Daniel, MD** who focused on tip plasty. He reviewed in detail the anatomy, tip aesthetics and operative planning. He reviewed the treatment of patients with both thick and thin skin. He performs more than 90% of his rhinoplasties using an open technique. For thick skin patients he cautioned against defatting the skin flap, and for thin skin patients he reviewed his use of fascial graft overlays. He also discussed his fondness for Gruber sutures to contour the lateral cartilages. In most straight forward cases he uses absorbable tip sutures in a simple fashion as described in his articles in PRS, and almost always used a columellar strut for support. He has also moved away from leaving a very thin lateral crural strip, leaving anywhere from 6-8 mms for most patients.

Dr. Russell Kridel lectured on Hispanic and African-American rhinoplasty. Ninety percent of his rhinoplasties are performed using an open technique. He often employs a "lateral steal" technique to increase tip projection in these often under-projected tips. He used "double" domal sutures to define the tip as well and routinely used a columella strut. In the many of his under-projected dorsums, he augments them with either autologous cartilage or irradiated homograft costal cartilage. He then reviewed his algorithm for alar base surgery treating flare and alar base width excess.

Dr. Minas Constantinides then gave a lecture on combining aesthetic and functional rhinoplasty. As he stated, and I think everyone in the audience agreed, the two are inseparable. He reviewed the anatomy of the external and internal valves as well as the septum. He demonstrated ways in which to test for valvular insufficiency and then he demonstrated his preferred techniques using an open approach for correcting the specific problem. He was a big proponent of batten grafts. A key distinction from the opinion of next speaker, Dr. Constantian, was that Dr. Constantinides does not believe that spreader grafts improves internal valve insufficiency.

Dr Mark Constantian was our last speaker of the day. He spoke about the top 5 things that helped him with rhinoplasty. He performs 100% of his rhinoplasties using a closed approach. He does not use struts or sutures in his procedure to create the shape that he desires. In contradistinction to Dr. Constantinides, he feels that spreader grafts significantly improve flow in patients that had internal valve incompetence. He also reviewed his experience with body dysmorphic patients-very enlightening.

What a great symposium and we look ahead to another great symposium in the Fall!

Submitted by:
Steven Wallach, M.D.

Elliot Jacobs, M.D.
and Malcolm Roth, M.D.

David Abramson, M.D., Suri Ponamgi, M.D and
Steve Fallek, M.D.

Highlights from Spring Meeting 2010

WILLIAM ROSENBLATT, M.D.

LEGISLATIVE UPDATE

The 2010 Albany legislative session has finally ended with the passage of a budget. It is months late but it is finally done. For plastic surgeons, there are a few items of importance that occurred during the last session.

Malpractice
As you have all seen by now, we received a minor change. Although there was a 5% increase in all rates, there was a reorganization which gave us a minor decrease. Still, no substantive reform.

Dentists Want to Do Plastic Surgery
Most importantly, we prevented passage of a bill supported by the dental PAC that would have allowed dentists, with no additional training, to do cosmetic surgery on any part of the face. This is another turf battle that never seems to completely go away. The dental PAC will probably be back in the fall, but I doubt if such a bill will survive.

Treatment of Automobile Accident Victims
If you treat automobile accident victims, Governor Paterson has signed into law legislation (S.7845, Breslin/A.11116, Dinowitz) that will at last assure that physicians will be paid for providing necessary emergency, often life-saving, care to an intoxicated person in a general hospital. Under the current "no-fault" insurance law, injuries to intoxicated motorists are not covered by their motor vehicle insurance, yet EMTALA requires health care providers to provide emergency medical services to all persons in need of such care. This new law will take effect January 26, 2011, and applies to all auto insurance policies issued, renewed, modified, altered or amended after that date.

Anti-trust legislation
Keep in touch - we might even the playing field with a bill allowing physicians to collectively negotiate later this year.

Health Care Credit Cards
Our Attorney General, Andrew Cuomo, is investigating various health care credit cards after receiving hundreds of complaints from consumers. Investigators will look into financial incentives providers receive for promoting the cards that can leave patients struggling with overcharges and high interest rates. Cuomo said providers have been urging cardholders to finance procedures including dental work, cosmetic surgery, and veterinary services not covered by insurance, even if they have enough money to pay in cash. CareCredit, for instance, charges medical providers a fee to offer the card and rebates part of the fee based on how much business the providers get consumers to charge.

Medicaid Audits
MSSNY has been informed that Medicaid is going to audit providers who are performing office-based surgery to make sure that the offices are accredited for deep sedation. Remember that you will be reported to OPMC if you are operating in an unaccredited facility and can summarily have your license to practice medicine suspended if you do surgery with deep sedation on patients in an unaccredited facility.

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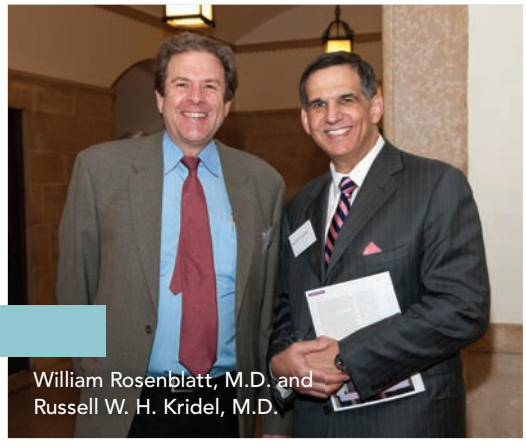
Brian Cohen, M.D., Melissa Doft, M.D., and Michelle Zweifler, M.D.



William Rosenblatt, M.D. and Russell W. H. Kridel, M.D.

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Prevention of Insurance Fraud
The federal Red Flag rules have once again been suspended; the new compliance date is December 31, 2010. We are currently awaiting a lawsuit by the ABA and the AMA to prevent the feds from using this rule against physicians and attorneys. For more information of what you have to do go to http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/practice-management-center/data-security/red-flags-rule.shtml

Increasing awareness of breast reconstruction
A state law signed on Sunday by Gov. David A. Paterson will require New York hospitals and doctors to discuss the options for breast reconstruction with their patients before performing cancer surgery, to give them information about insurance coverage and to refer them to another hospital, if necessary, for the reconstructive surgery.

Healthcare Reform
As the federal government figures out how to enact the new 2500+ page bill of health care reform, there are some issues you could talk to your federal representatives about that might help contain escalating costs. MSSNY's president Leah McCormack, MD has effectively written about this in her **Weekly Update for New York State Physicians Volume 10, Number 31:**
"As Congress struggles to deal with the Medicare Program and its Trust Fund, we should remind our legislators that there are solutions to its looming collapse:

- **Allow Medicare patients to privately contract with physicians without penalty.** It is just wrong that a Medicare beneficiary who chooses to see a physician that has opted out of Medicare cannot get any reimbursement.
- **Reform the Medical Liability System.** Caps on non-economic damages have been shown to decrease health care costs. Medical courts and other reforms need to be implemented.
- **Credit uncompensated care.** Physicians should receive tax credits or tax deductions for providing "free" care.
- **Encourage Health Savings Accounts.** Medicare beneficiaries should be able to contribute freely to health savings accounts and to use Medicare as catastrophic insurance.

Ultimately, it is not the government, not the politicians, not the laws, and not the programs that care for patients. Physicians care for their patients. The doctor-patient relationship is the bond that must not be broken. Before the Medicare program existed, doctors cared for their elderly patients. And if Medicare ceased to exist tomorrow, doctors would pick up the pieces and do what they have always done – care for their patients."

I hope you all had a restful, satisfying summer. It's time to go back to work, not only for your patients, but for your profession. And if you think you're getting to old or tired to make a difference in the next legislative session, check out what former Mayor Koch, now 85 years of age, is now doing --- waging a new campaign to vote out the current legislators who control our dysfunctional legislature. He calls this campaign New York Uprising. His mission is to shame NY politicians who are enemies of reform, such as tightening ethics rules, overhauling the budget process, and appointing an independent commission to redraw legislative districts. Take a look at the article in the New York Times on August 8, 2010, ***Koch at 85, Wages a New Campaign*** by Javier C. Hernandez, and get active! (http://www.nytimes.com/2010/08/09/nyregion/09koch.html?scp=4&sq=Ed%20Koch&st=cse)

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Berish Strauch, M.D. and Rollin K. Daniel, M.D.


John Vaccaro, M.D. and Art Wise, M.D.

MALPRACTICE NEWS FOR PLASTIC SURGEONS

This column will provide an overview of medical malpractice insurance. The information is provided by PriMed Consulting.

NY Guaranty Fund:

New York is one of the most regulated medical malpractice markets in the country, with the State regulating both premiums and policy features. The State Guaranty Fund provides coverage for the full $1 Million per claim in case any of these two carriers were to fail. The Guaranty Fund does not provide any coverage if a physician is insured with a non-admitted carrier, or an RRG.

Claims-made vs. Occurrence Policies:

There are pros and cons to both kinds of coverage. While the Occurrence policies provide permanent protection along with the ease of switching carriers or canceling the policy at any time, the Claims-made policy is discounted in the first few years because it does not include 'tail coverage' or the permanent protection that Occurrence polices do.

Claims-made:

This type of policy provides protection for claims that 'arise and are reported' while you have a policy in force. You are covered up to the policy limits in effect at the time the claim is reported. Therefore, a physician is only covered if the claim is actually filed while the policy is in force. To be protected for claims that are reported after the policy has been canceled, you must purchase 'tail coverage', (Extended Reporting Period endorsement), or obtain similar protection from a subsequent carrier. A claims-made policy must continue in force to provide protection, or be replaced by tail coverage. When you elect to change claims-made carriers, 'Prior Acts Coverage' must be obtained to cover your exposure from your first day of claims made coverage. For example: A physician had a claims-made policy from January 2008 to January 2009, at which time the policy was not renewed, and tail was not purchased. In February 2009, a patient treated in 2007 files a claim against the physician. The physician would have no protection against this claim, because the claim was not reported during the policy period.

Prior Acts or 'Nose' coverage:

A supplement to a claims -made insurance policy that may be purchased from a new carrier when a physician changes carriers and had claims-made coverage with the previous carrier. A prior acts policy, also known as 'nose' coverage, covers incidents that occurred prior to the beginning of the new insurance relationship, but for which no knowledge of any claim possibility exists. This allows a physician to switch coverage between carriers without the need to purchase tail coverage, which can cost up to 200% of their annual premium.

Tail coverage:

This coverage provides protection for covered claims that are first reported after the policy has been terminated.

Free Tail coverage:

A physician can qualify for free tail coverage under the following circumstances:

- Death, or permanent and total disability
- Permanent and total retirement from the practice of medicine after age 65 and being insured by an authorized NY insurer on a claims-made basis for 5 or more consecutive years; or after attaining the age of 55 and being insured by an authorized NY insurer on a claims-made basis for a period of 10 or more consecutive years.

Occurrence Coverage:

This kind of policy provides coverage for claims that may arise from incidents that may have occurred while you had a policy in force, regardless of when a claim is reported, even if the policy is no longer in force. Thus, occurrence coverage provides long-term continuing protection for the physician. ***For example:*** A physician had an Occurrence policy in effect from January 2000 to January 2008, at which time the existing policy was not renewed. In February of 2009, a patient treated in 2007 filed a claim against the physician. Since the physician had an Occurrence policy in effect in 2007, the company that insured him in 2007 would defend him, based on the 2007 coverage.

New premiums for 2010-11:

NY finally approved the new premiums for MLMIC, PRI, as well as the 'pool' MMIP. Here is a comparison between the two main NY carriers for Manhattan &

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Courtney McGroaty, Allergan representative, and Nicholas Haddock, M.D.

Courtney Welkis, Sculptra Representative, and Mia Talmor, M.D.

Alan Matarasso, M.D., Malcolm Roth, M.D., and Scot Glasberg, M.D.

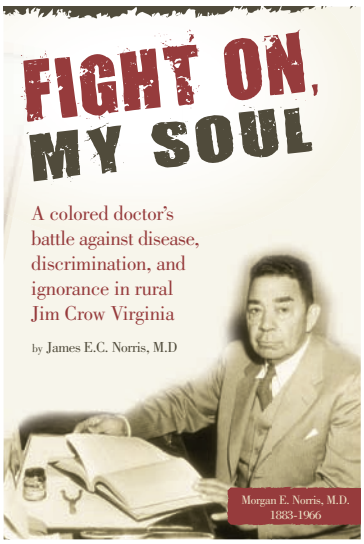
Robert Goldstein, M.D. and Armando Mata, M.D.

NYRSPS website

WWW.PLASTICSURGERYNY.ORG

- Stay updated on Society actions and initiatives
- Register online for NYRSPS meetings
- Read the latest newsletter
- Find a colleague
- Encourage a colleague to join NYRSPS - Applications can be completed and submitted online
- Find the latest meeting information

Book Release by James E.C. Norris, M.D.



James E. C. Norris, MD, known as Jim, a NYRSPS member and an Attending Emeritus Physician in plastic surgery at St. Luke's and Roosevelt Hospitals, recently published a book about his father's life and work as a country doctor in rural Virginia during the first half of the century. The work is entitled, ***Fight On, My Soul***.

Jim's father, Morgan E. Norris, was motherless at age three and fatherless at age seventeen. He was poor, barely educated and had survived a bout of childhood tuberculosis. In 1900 the US Census Bureau classified him as a laborer. By 1917 he had gotten a college education, a medical degree and completed an internship. He returned to his home in Lancaster County, a remote part of Virginia sandwiched between the Potomac and Rappahannock rivers.

The narrative chronicles Dr. Norris's experiences in the South, with all the political, cultural and social turmoil that took place during the Jim Crow period. Discrimination was systemic and securely ensconced in Virginia's legal code. Every facet of a black person's life – from birth to death - was regulated. Dr. Norris, an indomitable and resolute character, met these challenges by focusing on his vision of a better society, with an attitude that transcended race. He devoted his life's work to fighting for a more just society, to the control and eradication of disease and to stamping out illiteracy and ignorance.

About the author:

Jim was smitten with medicine when, at age fifteen, he began working in his father's office taking and developing x-rays. He graduated from Case-Western Reserve's medical school in 1957 and became a general surgeon. He served in the U.S. Navy and was Chief of Surgery at the Veterans Administration Hospital in Tuskegee, Alabama. He trained in plastic surgery at the University of Michigan and practiced in NYC from 1974 to 1997.

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Westchester: (RATES FOR THE OTHER BOROUGHS IN NY AND LONG ISLAND AVAILABLE). While PRI announced a rate increase of 5% for Plastic Surgeons in all territories, MLMIC announced a 3% rate increase for Plastic Surgeons in the Bronx and Staten Island. The premiums below are based on the new rates approved by NYS:

	PRI	MLMIC
Base Premium:	$64,691	$79,672
Additional discounts available:		
Risk management:	5%	5%
Magnacare discount:	7%	NA
Part-time practice discount:	50%	35%

To obtain pricing information for the other boroughs, you can contact PriMed Consulting.

Questions or more information:

Please contact PriMed Consulting at 800.528.3758, ext. 108 for Dana Vargo, or ext. 111 for Prem Belani.

PriMed Consulting is an independent medical malpractice insurance agency, with access to several carriers in NY & NJ. Their services are at no additional cost to you. PriMed can provide additional information, and help in getting comparative quotes from carriers. You can also email them at info@primedconsulting.com.

FALL MEETING 2010

"Cosmetic Medicine–State of the Art"

SATURDAY DECEMBER 11
8AM-1PM
LIGHT BREAKFAST
NEW YORK ACADEMY OF MEDICINE
1216 FIFTH AVENUE,
NEW YORK, NY

EDUCATIONAL OBJECTIVE:

The educational objective of this meeting will be to familiarize and update attendees on non-surgical rejuvenation. Lectures on botulinum toxins, including new toxins, fillers- including for nasal contouring and various lasers will be presented. Attendees will learn of advances in these areas, and the various indications and contradictions to their use.

In addition this year we will have the 13th biannual Masters Series lecture.

PRESENTATIONS

SETH MATARASSO, MD
Clinical Professor of Dermatology
University of California School of Medicine San Francisco
"Pearls for Using Botox and Dysport"

JEFFREY S. DOVER, MD, FRCPC
Co-Director of SkinCare Physicians, Chestnut Hill , MA
Associate Clinical Professor of Dermatology
Yale University School of Medicine
"Lasers, Lights and Energy Sources: New and Exciting Developments in 2010"

ARTHUR SWIFT, MD
Private Practice
Montreal, Canada
"Facial Beauti"phi"cation-Discussion of Fillers for Facial Contouring, Nasal and Lip Enhancement and Brow Positioning"

Masters Series
GUSTAVO A. COLON, MD
Clinical Professor
Plastic Surgery Department
Tulane University School of Medicine
"Presumed Dead-The Fear of Being Buried Alive"

This program is certified for three CME credits. There is no registration fee for member of the NYRSPS and residents. Non-member registration fee is $200.

Steve Wallach, M.D., Russell W. H. Kridel, M.D., Mia Talmor, M.D., Rollin K. Daniel, M.D., Mark B. Consantian, M.D., Alan Matarasso, M.D. and Minas Constantinides, M.D.

President's message continued

Mia Talmor, M.D.

How can we convey this to a generation of residents and students who grew up in the era of Facebook and YouTube?

To help answer these questions, I looked first at the ASPS Website Medical Professional Section and found the Guide to Advertising. Here it is written that a member may advertise through public communications media such as professional announcements, telephone and medical directories, computer bulletin boards, internet webpages, and broadcast and electronic media. While ASPS lists examples of useful information that could be included in ethical advertising (including address and phone number, office hours, board certification, services provided, education and publications), it specifically states that this list should not be interpreted as excluding other relevant information consistent with "the ethical guidelines established herein". In an effort to promote ethical behavior in advertising the ASPS has been very proactive in addressing what was considered false advertising through the use of "deceptive" photographs and members have been censured for this practice. It seems to me that our previously mentioned "blAUGer" violates none of the written guidelines, and would avoid censure or discipline despite the decidedly unprofessional nature or his posts.

Few would argue that the "blAUG" is unprofessional, but what are the rules of professionalism in the Age of Facebook? According to the Guiding Principal of Professionalism recorded in the ASPS Mission Statement, "members will adhere to the highest standards of training and practice to ensure that patients receive the safest and most effective treatment." But specific guidelines remain ambiguous. In her award-winning PSEF essay submission from 2007, NYRSPS member, Dr. Aviva Preminger suggested that we need to "better apprehend what is meant by medical professionalism and determine how to adapt objective standards to a field with subjective elements. Formalizing these norms into guidelines that Plastic Surgeons can affirm will help to counter the marginalization of plastic surgery and claims of non-professionalism." It is my final hope as President of The New York Regional Society of Plastic Surgeons that our Spring Meeting will bring us one step closer to achieving this lofty goal.

Finally I would like to thank my dear friend, Dr. Tracy Pfeifer, who stood by me and helped lead our executive board with the organization and determination that allowed her to function so effectively as President last year. Tracy covered for me when we were residents in general surgery. She encouraged me to become more involved with the New York Regional Society of Plastic Surgeons. She accompanied me to Haiti last winter. And she continues to be my most valued advisor and friend.

Mark B. Constantian, M.D. and his wife Constance Constantian, Richard Leinhardt, M.D. and Mauro Romito, M.D.

All Photos courtesy of Jane Hoffer

mjhoffer@mindspring.com

SAVE THE DATE

Resident's Night

Monday March 14, 2011
5pm-8:30pm
New York Academy of Medicine
1216 Fifth Avenue, New York, NY

5:00-5:45pm
Cocktails and registration

5:45-6:15pm
Buffet dinner is served
(the buffet will remain open after 6:30)

6:30-8:00pm
Resident presentations; dinner & dessert eaten quietly during presentations

8:00pm
Judges deliberate;
Present Lifetime Achievement Awards

8:30pm
Evening concludes

ABSTRACT SUBMISSIONS

January 10, 2011
Abstracts due. Information will be sent by snail mail and e-mail to all program directors by November 15, 2010. Program directors will be asked to forward e-mail calling for abstracts to all residents. Questions regarding abstract submissions can be emailed to nyrsplast@aol.com

February 14, 2011
Residents notified if abstract is selected.
1st Place $1000 **2nd Place** $500 **3rd Place** $250

Spring Meeting 2011

POINT-COUNTERPOINT:EXPERTS DEBATE THE ISSUES

- PATIENT SAFETY AND VENOUS THROMBOEMBOLISM
- PLASTIC SURGERY MARKETING IN AN AGE OF SOCIAL MEDIA

Saturday April 30, 2011
8am-1pm, Light Breakfast
New York Academy of Medicine
1216 Fifth Avenue, New York, NY

HOLD THE DATE!

Speakers:

NEAL R. REISMAN, M.D., J.D.
Clinical Professor of Plastic Surgery
Baylor College of Medicine
"A Tale of Privacy, Extortion and the Internet"

2nd speaker to be announced.

PATIENT SAFETY AND VENOUS THROMBOEMBOLISM
Speakers to be announced.

The Einstein Contingent: Barry Dolich, M.D., Berish Strauch, M.D., and Steve Wallach, M.D.

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