NMA Head Looks At The Future Of Medical Practices And Impact On Minorities

WASHINGTON, D.C. — imary care medicine — pecially family practice and neral internal medicine — must emphasized for future physician velopment and better delivery of alth care, Dr. Vivian Pinn-iggins states in the June 1990 ue of the Journal of the National edical Association.

Dr. Pinn-Wiggins, of shington, D.C., is president of National Medical Association MA), and her article is a odification of a presentation de at the 1990 Conference on inority Participation in Graduate edical Education in New York y."

She quotes Dr. Robert tersdorf, president of the sociation of American Medical lleges, who gives the following asons for the need for more mary care physicians:

* Managed health care systems quire more primary care ysicians. High technology edicine, as practiced by specialists, is escalating health e costs.

* Even with an increase in ysician supply, problems in ess to health care persist.

* The Council on Graduate edical Education has categorized mily medicine and global internal edicine as specialties in dersupply.

* There is a growing conviction at individuals should have as ir principal contact with the alth care system a physician who oncerned about their total well-ng rather than a specialist.

"It is also obvious that the major nditions that are disparately fecting blacks and other norities are those which access the health system through mary care medicine would dily abate," Dr. Pinn-Wiggins erts.

The major diseases contributing the disparity of black and nority Americans are: cancer, diovascular disease, chemical pendency, diabetes, homicide d accidents and infant mortality. her diseases which affect blacks re than whites are AIDS and V related disease, tuberculosis 3 of the cases are in the minority pulation), and blindness and sion impairment due to aucoma, diabetes and retinal eases.

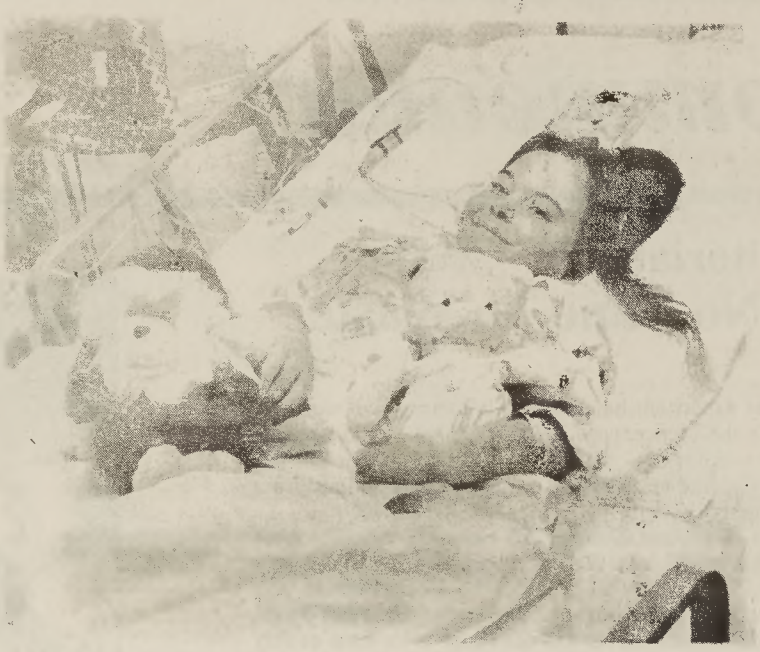
Yet all these conditions can be dily addressed by primary-care ysicians. The author notes that 1985 Task Force on Black and nority Health reported that more than 60,000 black and minority excess deaths occur yearly. One example is infant mortality; in 1987 black infants died at twice the rate of white infants — 17.9 deaths per 1000 births vs. 8.6 deaths per 1000 for white infants.

Despite this crucial need for primary-care physicians, the number of medical students choosing primary care specialties declined in the years 1986-1990:

	1986	1990
Family Practice	1680	1418
Categorical internal Medicine Programs	3776	2829
Pediatrics	1366	1288

In conclusion, Dr. Pinn-Wiggins said: "We, as minority physicians, must participate in the administration of health care, in the planning of health care, in the formation of health care laws and regulations, and in the delivery of health care such that our families, our communities, and all Americans have equal access to health care and enjoy improved health status. We must call upon our elected officials to assist us in these endeavors."

Dr. Pinn-Wiggins is chairman of the Department of Pathology at Howard University College of Medicine in Washington, D.C. The Journal of the National Medical Association is a monthly publication of the 95-year-old NMA, a national organization comprised of some 16,000 minority physicians, with headquarters in Washington.



CLEVELAND, OHIO — Beckilyn Doland, 14, who has a rare disease called primary oxalosis, is recovering from a liver-kidney transplant at Rainbow Babies and Children's Hospital. It was the second liver-kidney transplant since her defect was discovered in 1983. (UPI Photo)

Durham County General Receives Grant to Improve Indigent Health Care

Durham County Hospital Corporation received a $21,900 grant from the Kate B. Reynolds Health Care Trust to develop effective strategies to address medical care of the indigent during an 18 month project. The study is expected to cost $54,990.

The medically indigent are defined as those who are uninsured or underinsured. They are divided into two categories: those who are unable to pay and those who are able to pay, but refuse to do so.

Indigent care, a hotly debated national and local issue, "is at the heart of the discussion on Medicaid reform," DCHC President Richard L. Myers said in a letter to the health care trust.

"Since North Carolina hospitals spent $1.1 billion in 1988 on uncompensated care, it is a top priority for the North Carolina Hospital Association," according to the letter. Estimates put that figure at $1.5 billion for 1989. DCHC spent nearly $1.3 million on uncompensated care last year.

In light of the recent Supreme Court decision giving hospitals the right to sue states, this project may result in limiting legal action by giving hospitals methods to avert huge losses, thus avoiding potential problems before they occur.

According to a June 17 article in the Durham Morning Herald, "Although some states have come to blows with hospitals over Medicaid payments, the N.C. Hospital Association and state division of Medical Assistance in North Carolina are working together to improve the Medicaid payment system."

According to a March 14 article in The Durham Sun, "North Carolina's working poor are caught between two extremes when it comes to medical care, with paychecks too large to qualify for Medicaid but too small to afford health insurance.

"They let medical problems accumulate, and they don't want to beg for care, but once the problems reach a certain point, they're going to be in the hospital," said Christopher J. Conover, a research associate with the Center for Health Policy Research and Education.

"The irony is that the most expensive component of the health-care system--a visit to the hospital--is accessible, and the least expensive--a visit to a doctor's office--is the most difficult to get," he said.

According to the Durham Morning Herald as many as 68,000 poor North Carolinians are unable to qualify for Medicaid and therefore are under- or uninsured. One problem is that the six month deductible is often too high for low-income individuals to pay. If the deductible is not paid, those individuals do not get coverage. Thus a cycle of not being able to afford the deductible and not receiving benefits continues, possibly resulting in people going without needed medical care.

"This project represents an important effort on behalf of hospitals to improve indigent care. There are no simple solutions to a problem of this magnitude, but with this grant, Durham County Hospital Corporation is attempting to develop long-term solutions that will benefit patients, hospitals and the state," said Myers.

DCHC plans to utilize Lincoln Community Health Center, whose mission is to provide primary care to underserved populations in the Durham community, as a resource to develop the strategies.

Specifically, DCHC has three goals for the indigent care project. The first goal is to provide policy makers with a workable definition which enhances the understanding of the scope and intensity of indigent care provided by community hospitals.

The second goal is to demonstrate appropriate initiatives which hospitals can independently undertake to develop solutions to the problem.

The final goal is to illustrate the potential impact of alternative health insurance structures on large employers in terms of coverage demographics and costs.

The Kate B. Reynolds Health Care Trust, of Winston-Salem, was created to help improve health care for the people of North Carolina. Approximately $10 million is awarded annually in grants to nonprofit organizations around the state.

Exercise, Diet Key To Weight Loss

By the UNC School of Pharmacy

Up to 80 percent of adult women in the United States say they are watching their weight or dieting every day. The desire to maintain or reach an "ideal" weight has led to a large market for appetite suppressants: anything that will make that Twinkie a little harder to resist.

"To lose weight, you have to do two things," said June McDermott, clinical assistant professor at the University of North Carolina at Chapel Hill School of Pharmacy. "You have to cut down on the calories you eat and you have to increase the number of calories you spend by exercising."

Some people use diet aids, or appetite suppressants, to help keep from feeling hungry while they change their styles of eating, McDermott said. "You really need to make mental adjustments about the way you eat — how much, what kinds of foods — and how you feel about exercise.

"People don't always eat because they are hungry. They eat because they are depressed or frustrated, then just become more depressed because they have eaten too much, and the whole cycle begins again," she said. "You can't eat fast food for lunch every day and expect to stay thin."

McDermott said losing a pound or two a week was ideal; any faster than that and you probably won't keep the weight off.

"You don't gain weight overnight, so you can't expect to lose weight overnight."

Most drug stores and some grocery stores carry over-the-counter appetite suppressants such as Dexatrim, which contain the ingredient phenylpropanolamine (PPA), which is used in many cough and cold products.

"It's important to remember that 75 milligrams is the maximum amount of PPA you should take in a day," McDermott said. "These products should be used only as an aid, to help break the cycle of needing food at certain times of the day."

Taking PPA alone will not make you lose weight, she said. You have to change your eating habits and increase your exercise.

Although PPA has a long record of safety, McDermott said she still does not recommend it for people who have diabetes, heart disease, high blood pressure, glaucoma or depression.

If you are more than 40 percent above your ideal body weight for your height, be sure to talk to your doctor before starting a diet regimen, especially if it includes taking a appetite suppressant.

Besides products with PPA, other appetite suppressants include fiber and products with benzocaine.

"Fiber products, when used followed by a glass of water, bulk up in the stomach, giving a feeling of fullness," she said. These products have not been medically proven to help with weight loss.

YOU AND YOUR HEALTH

By Dr. Robert DeMarco

Dear Dr. DeMarco: After a long period of testing and examining, our doctor has decided my mother's problems were not caused by Alzheimer's Disease, but by something he classified as "infarcts." He now feels treatment may permit Mother to be cared for at home. We're confused and would appreciate your help in explaining this.

Answer: I realize you must be in a difficult situation as you try to understand a complex diagnosis, and the implication it has for you and your family. A few definitions may help.

The condition your mother is suffering from is called "multiinfarct dementia" (MID). Dementia is defined as a decline in intellectual function as seen in the loss of memory, loss of language, impaired judgment or mathematical abilities, as well as other mental activities. An infarct is an area of dead tissue that results when the blood circulation to the area has been closed off or obstructed. As the number and size of these areas increase, and more brain tissue is lost, the symptoms become more evident.

Alzheimer's Disease is certainly the most common cause of dementia and is responsible for 25 percent to 55 percent of the cases, while MID is the second most common cause and is diagnosed in from 10 percent to 30 percent of patients with dementia. If there is a history of small or large strokes, the chances that the cause of the mental decline is MID increases. High blood pressure is another risk factor. So are diabetes, high cholesterol levels and smoking.

An important consideration in your mother's case is the hope that appropriate treatment can stop the progression of the disease, by stopping the development of small clots in her brain that are causing the condition. If this can be accomplished, than caring for her at home permits her to remain in familiar surroundings, where she is best able to function. Another common complication of MID is a mild to serious depression, with loss of appetite, insomnia, feelings of guilt and suicide. This may occur up to 70 percent of the time and requires additional care and treatment. You will need frequent consultations with your mother's physician, so each decision about care may be based upon a thorough understanding of this condition.

Dear Dr. DeMarco: With "crack" all over the place, do people still use drugs like PCP?

Answer: Unfortunately, yes. In some areas of the country, PCP is used by teen-agers of all races and economic groups. It seems a majority of them are from middle or upper-middle class, two parent families.

Of any of the abused drugs, PCP produces the highest incidences of terrible effects. Those who use it, even a few times, can suffer memory damage that can never be repaired, violent and reckless behavior, and harmful — to themselves and to others — aggressive actions.

PCP users say they usually buy a small envelope of loose, PCP impregnated, crumbled dry marijuana. Some smoke it laced with dried mint or parsley. It also is available in particle form (called dust), as a liquid, or disguised as psilocybin mushrooms or mescaline.

Believe me, what PCP can take from you, can NEVER be returned.

Your heart beats more than 85,000 times a day as it sustains life, yet most people don't think about this vital organ until illness strikes. Learn how to maintain a healthy heart in a new booklet, THE HUMAN HEART: AN OWNER'S MANUAL. To order your copy, send $2.95 to HEART, P.O. Box 4406, Orlando, Fla. 32802-4406. Make checks payable to Newspaperbooks.

Medicines, Sunlight, and Photosensitivity

Several medicines are capable of causing skin reactions referred to as *photosensitivities*. There are two types of photosensitivities. The more common type is called *phototoxicity*. Phototoxic reactions are thought to occur when exposure to the sun or ultraviolet rays, such as those produced by tanning beds, causes a release of energy from the medicine. This reaction, which may occur following a few minutes of exposure, often results in acute redness and localized swelling.

The second type of photosensitivity is called *photoallergy*. This is an allergic response that requires at least one previous exposure to the sensitizing medicine. Photoallergies may cause an immediate redness to the skin or a delayed inflammatory response to sun-exposed areas of the skin.

A partial list of medicines which may be involved in photosensitivities include *diuretics*, the *tetracyclines*, *oral diabetes medicines*, *antidepressants* (e.g., amitriptyline and desimpramine), and certain *anticancer medicines*, such as methotrexate. *Topical acne medicines* (e.g., benzoyl peroxide and tretinoin) and *topical psoriasis medicines* (e.g., coal tar) may cause the most severe reactions because they also dry the skin.