

WINTER 2021-22

THE message



A Newsmagazine of Spokane County Medical Society

SCMS MEMBER HIGHLIGHT

Rachel Safran, MD

**Facing Fear:
Virtue Despite the
Appeal of Anger**

**How to Ask About
Substance Use**





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When I met my Primary Care Practicum preceptor Dr. Norma Villarreal at Rockwood-Quail Run-Clinic, I knew we were a perfect match. Not only for myself, but any of Dr. Villarreal's patients can tell you she is the perfect match for them. Dr. Villarreal is knowledgeable, thorough, and personable. She truly listens and has a way of explaining pathology in easy-to-understand analogies. She has a hands-on teaching approach that enhances my learning. From Dr. Villarreal I learned the value of getting to know your patients. This is done by reviewing their charts ahead of time, taking time to really listen, and going a step beyond in asking questions often missed. This has made a positive impact in her patients' lives by feeling seen and heard. Dr. Villarreal, thank you for instilling in me the importance of building relationships and understanding that every patient has a story.

— Ana I. Sandoval Zazueta, MS2
University of Washington School of Medicine,
Spokane Foundations Site
Submitted December 2021

SCMS Mission

*Serving as the guardian of community health and wellness
while leading and promoting the professional practice of medicine.*

Outgoing President's Message



SWAN SONG

It has been an eventful year at the Spokane County Medical Society. We have spent our second year in COVID-19 response mode, holding most of our activities via Zoom meetings. But COVID-19 has not kept us from actively reshaping the SCMS as a vibrant organization that represents and

supports you, our members.

In 2022 we will have our first stable transition of leadership on our Executive Board in four years. I am happy to turn over the reins of the office of President to Dr. Dawn DeWitt. She has spent the past year preparing for her new role through her involvement in all the decision making of the Executive Board. Dr. Erin Rose Medina spent the last year as Secretary-Treasurer deepening her understanding of SCMS finances which keep us afloat. She will be ascending to the office of President Elect. Our newest member of the Executive Committee, Dr. Okechukwu Ojogho, a Cardiothoracic Surgeon, joins the Executive Board as Secretary-Treasurer, continuing our tradition of including members of medical specialties in leadership positions in the Society. Shelly Bonforti, our Executive Director, continues to bring continuity and historical understanding of the Society based on her many years of service to our organization. Dr. Stephen Pakkianathan will be leaving the Exec Board with our thanks for his leadership during these challenging times.

In 2022 we are poised to grow the organization and expand back into in-person events, barring any curve balls from the latest COVID-19 variant. We anticipate more interest and greater participation by SCMS members in the Board of Trustees. There is also growing interest in our Medical Education Committee, which is sponsoring another round of Arts and Humanities Awards focusing on mentoring by community providers. We are planning our second Golf Classic that will serve as a fundraiser for both the SCMS and the SCMS Foundation, which provides grants for a variety of community projects. We plan to do our first in-person CME event in two years, Medicine 2022, right before the WSMA Annual Meeting in downtown Spokane in the fall. We will also continue to be outspoken about local response to COVID-19 and are keeping a watchful eye on changes mandated by new legislation affecting the make-up of the Board of Health.

In 2022, I will be transitioning to the role of President of the SCMS Foundation for my final year of leadership in the Society. I leave office with a sense of gratitude to my colleagues on the Executive Board for their support and counsel, as well as to the members of the Board of Trustees, who keep us all grounded. I also leave with a sense of optimism that the SCMS will start the new year on firm footing with a renewed sense of vitality. ■

Barry Linehan, PA-C
2021 SCMS President



RENEW YOUR MEMBERSHIP OR JOIN TODAY!

Membership Has Meaning and Value

The SCMS is here to support you in your vitally important role in the family of medicine. Our mission is to fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine in our region. SCMS uses its resources and expertise, through collaboration and strategic partnerships, to facilitate the best community health possible for citizens of our region.

The need for an active county medical society has never been greater as we strive to carry a united voice on related healthcare issues in this region.

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or visit our website
to renew:
members.spcms.org/join



Incoming President's Message



THINK GLOBAL – ACT LOCAL: THE BENEFITS OF THE SCMS AS A “COMMUNITY OF PRACTICE”

I'm so honored to be able to serve as the President of the Spokane County Medical Society. I've been lucky enough to live all over the world, and to practice in Seattle (at UW); Dillon, Montana; rural Australia; Vancouver, Canada and more.

Wherever I go, I like to “get involved” locally – because we know that “being connected” is one of the most important determinants of wellbeing. Indeed, “communities of practice” are known to improve healthcare professional wellbeing, but also the practice standards and care of patients. Getting to know colleagues and being able to make things better in our daily work lives for both ourselves and for our colleagues and patients is an important contributor to career satisfaction.

So, when I moved to Spokane, I immediately looked for ways to get to know people. This included joining the SCMS and the Spokane Symphony Chorale (I love to sing, and we are lucky to have a wonderful symphony and chorale). I was sad to learn that the big health systems and hospitals had stopped supporting membership in SCMS. As I come into this year as President, I keep asking myself: why is it important to have the SCMS, how do we best sustain it, and how we can make SCMS more relevant for its membership (you)?

The pandemic has exhausted all of us, but even as a half-introvert I fondly remember the SCMS monthly get-togethers, the holiday dinner, and the annual cruise, as well as the annual CME event. They were times to meet new colleagues, make connections, enjoy conversations with our local medical/PA students and residents, and to enjoy discussing the incredible diversity of interests that is so typical of people in our profession(s). I have also really enjoyed, and been fascinated by, being part of the WSMA advocacy process. Advocacy for our patients and our profession is increasingly important lest we disappear into bureaucracy.

Think globally: as the new year starts to unfold, I still have hope that scientific discoveries and reason will triumph over the pandemic and we will be able to gather safely, in person, to reinvigorate ourselves, but even if we can't, having a fun and/or productive conversation with a colleague can certainly remind me why I went into medicine. Act locally: if you believe that being part of a “community of practice” that aims to support each other will improve our practice lives and the health of our patients, please consider reaching out. Get involved and, importantly, reach out to other local colleagues and invite them to join us. What would make you want to attend an SCMS event? Send us suggestions about things we could do that would help bring joy to your day or improve your connection as a health professional. ■

A handwritten signature in black ink that reads "D E DeWitt".

Dawn E. DeWitt MD, MSc, MACP, FRACP, FRCP-London
2022 SCMS President

SAVE-THE-DATE

Spokane County Medical Society presents

MEDICINE 2022

Friday, September 30, 2022

Watch for details!

Meet your 2022 SCMS Board of Trustees!

EXECUTIVE COMMITTEE



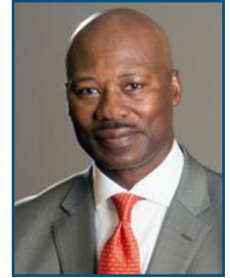
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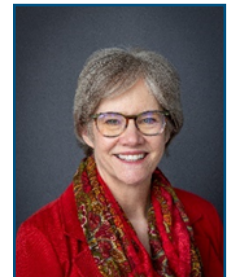
Laura Fralich, MD



Rosita Miranda, MD



Aaron Saunders, MD



Karen Wildman, MD

JANUARY**SCMS Medical Education Committee Meeting**

January 13, Thursday, 5:30 pm

SCMS Foundation Meeting

January 18, Tuesday, 5:30 pm

SCMS Board of Trustees Meeting

January 26, Wednesday, 5:30 pm

FEBRUARY**SCMS Executive Committee Meeting**

February 23, Wednesday, 5:30 pm

MARCH**SCMS Board of Trustees Meeting**

March 23, Wednesday, 5:30 pm

APRIL**SCMS Foundation Meeting**

April 12, Tuesday, 5:30 pm

Spokane Scholar's Foundation Banquet

April 18, Monday

SCMS Medical Education Committee Meeting

April 21, Thursday, 5:30 pm

SCMS Executive Committee Meeting

April 27, Wednesday, 5:30 pm

MAY**WSMA Leadership Dev. Conf.**May 20-21, Friday-Saturday
Chelan, WA**SCMS Board of Trustees Meeting**

May 25, Wednesday, 5:30 pm

JUNE**SCMS Executive Committee Meeting**

June 22, Wednesday, 5:30 pm

JULY**SCMS Foundation Meeting**

July 12, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting

July 21, Thursday, 5:30 pm

SEPTEMBER**SCMS Board of Trustees Meeting**September 28, Wednesday, 5:30 pm
(HOD Caucus)**SAVE THE DATE!****Medicine 2022**September 30, Friday,
7:00 am—5:00 pm
The Historic Davenport Hotel**OCTOBER****WSMA House of Delegates**October 1-2, Saturday-Sunday
The Historic Davenport Hotel
Spokane**SCMS Foundation Meeting**

October 11, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting

October 20, Thursday, 5:30 pm

SCMS Executive Committee Meeting

October 26, Wednesday, 5:30 pm

NOVEMBER**SCMS Board of Trustees Meeting**

November 16, Wednesday, 5:30 pm

DECEMBER**SCMS Executive Committee Meeting**

December 14, Wednesday, 5:30 pm

If you have any questions regarding an event, please call SCMS at (509) 325-5010 or email shelly@spcms.org.

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Rachel Safran, MD

Works at:

MultiCare Rockwood Clinics

Specialty:

My clinical work is focused on primary care Internal Medicine and HIV, but I also work part-time in informatics as a physician trainer for Epic!

Why SCMS:

I am an active member in professional healthcare associations because they provide unparalleled networking opportunities, continuing education and pathways for advocacy. But being part of the Spokane County Medical Society is uniquely important to me as it brings local

colleagues together for interdisciplinary collaboration and has served as the conscience of medicine for our community.

Top concerns in medicine:

The looming shortage of physicians, but particularly in primary care. The COVID-19 pandemic has certainly exacerbated and intensified what the AAMC has been predicting for several years – that by 2034 the United States will have significant shortage of physicians and nearly half of which will be in primary care. The concrete health harms of a physician shortage alone should distress all of us – but I am particularly concerned about the impacts on marginalized populations and how this will widen gaps in healthcare equity.

Why my specialty:

Internal medicine allows me to combine a love of complex thinking and problem-solving with longitudinal relationships. I feel privileged to care for entire families across the spectrum of adult health – internal medicine affords me the skills to manage chronic disease as confidently as disease prevention and public health.

When I'm not at work:

I am either enjoying the seasonal outdoors or traveling. In the spring and summer, we spend as much time hiking with our dog, Falcor, as possible (yes, he is named after the famous movie dragon!) and used lockdown to train for a long-time dream of completing the Enchantments thru-hike. In the winter every weekend when we are not on-call is dedicated to skiing – I grew up downhill skiing in Utah, but recently started exploring backcountry terrain as well.

Go-to unwind activity:

Watching cooking competitions – especially ones about baking.

What I read:

Crime thrillers – the more unbelievable the better.



What you might not know about me:

I was a two-time national champion in collegiate debate.

Proud moments in medicine:

As a primary care doctor there is no greater compliment than having a patient recommend you to their loved ones and even have several three-generation families in my practice. I was genuinely humbled to recently receive a picture of one holiday dinner labeled “The Annual Meeting of the Dr. Safran Fan Club”.

Best advice:

If you can't be generous with time and love, then don't bother being generous with money.

What's next:

I am thrilled to be adding clinical research into my practice and be part of expanding our collective knowledge about chronic diseases. And fingers crossed that travel safety will continue to spread as we are planning our next international trip to see the World Cup in Qatar. ■

Membership Recognition for January – February 2022

Thank you to the members listed below. Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

40 YEARS

James Numata, MD
01/25/1982
Jan Connelly, MD
01/26/1982

Steven Goodell, MD
01/26/1982
Halford Holte, MD
01/26/1982
Steven Silverstein, MD
01/26/1982

William Coleman, MD
01/26/1982
Alexander MacKay, MD
01/26/1982
Arnold Peterson, MD
01/26/1982

Robert Hander, MD
01/26/1982
Pamela Gee Silverstein, MD
01/26/1982
Gary Cantlon, MD
01/26/1982



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and to make sure they're safe and
comfortable along the way.”*

– ANGIE BETTS, RN
CASE MANAGING NURSE



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Facing Fear: Virtue Despite the Appeal of Anger

By Kyra N. McComas, MD
Transitional Year Resident 2021

Why is fear such a convoluted problem for humans? Why is it so hard to recognize? Why does it hide? Why is it so omnipresent? An elusive, opaque, ubiquity. Talk about a paradox. One that drives us into hiding while simultaneously bringing out the most vicious side of us, it rides into battle wearing the armor of pain, anger, hate, indignity, and entitlement, yet it harbors a deep longing for comfort, love, and belonging. It seeks empathy and fears itself. In truth, there is fear in the recognition of fear. No wonder it does such a good job of hiding behind superficial façades.

Interestingly, being in medicine has made it no easier to find. Often, we find that fear and pain are tightly linked. Pain is something that we have a stronger scientific grasp of... or do we? As physicians, we think of it as something that the body senses when a painful stimulus shoots down peripheral nerves and up axons of the spinothalamic tract in the white matter of the spinal cord (harkening back to Descartes' initial concept of pain pathways). The signal then hits the sensory part of the brain, which helps us interpret what we are feeling and react accordingly. But this fails to account for one of the biggest things that differentiates humans from other mammals: The frontal lobe. While pain signals travel in a theoretically objective pathway, in reality, they pass through this whole frontal lobe thing, which is relatively huge in humans. Every time we encounter pain, we also face a threat-appraisal prerogative. Either we interpret something as dangerous or safe, regardless of the actual physical harm. It's like a giant filter that interprets our pain based on our situation and past experiences. This threat assessment is how pain becomes valuable to us, telling us to slow down or stop because something hurts. But what if it fools us? What if it is clouded by fear?

The pain signal adapts the objective sensation of the pain to the subjective environment in which it is received, which is biased by our own self-driven perspectives. We know that one of the few things we control is our reaction to life, our emotions, our perspectives. So then it would seem we can control pain...

Think about it. A dog with severe arthritis may limp and hobble around, but he will still wag his tail and smile at you, bouncing around despite the fact that it objectively hurts.

But his frontal lobe is small; the filter is not so dependent on social constructs. So he sees you, and that is all that matters. How nice it would be, to be as present as a dog. To enjoy the moment you are in, to truly live for that moment, in love, peace, and pure simplicity, uncomplicated by the nuances of society and what is "supposed" to happen or what you "should" feel. In short, the dog forgets his pain, because his brain sees you and aligns with the joy. The objective pain becomes a footnote in his subjective world. Love fills the space.

In contrast, humans often give in to this objective pain and their individual perspectives hyperbolize it via their frontal lobe, giving it credence it does not deserve. Subsequently, the pain is enhanced, filling the space that love fills in the dog's brain. This supposed presence of pain in and of itself can be overwhelming and terrifying, thus promulgating the very fear that likely drives it (similar to a chicken-and-egg scenario). Outwardly however, this is often seen as anger, hate, and condescension, as human nature is inclined to avoid appearing weak (which is the social construct aligned with fear and pain), and instead to fight back at anything and everything when our sympathetic nervous system is revved up. Thus, flows irrationality and incongruity with principles, vicious speech and actions, a blurring of justice, and an erasure of the compassion that should underscore all human interactions (because social appreciation is our true nature). Pain becomes fear, fear becomes pain, and both manifest as derision and isolation. This is not the way. We humans are social. We must cherish each other; there is no excuse. You have to remember that you depend upon others and, more broadly, our species is an interdependent entity. As Alanis Morissette sings in her song, "Ablaze," "We seem to easily forget that we are made of the same cells." You must be resilient against your own brain and external social constructs. Why do you think there is an increasingly high rate of mental health disorders? Many of them are driven by ego and deep-seated trauma, aggravated by succumbing to the pretense of pain when there is really just fear, then further failing to recognize that fear. It is okay to be afraid. But it is not okay to destroy other people because you have failed to strengthen your own character. Keep your ego, your fear of rejection, in check and let your strength of character, your temperance, courage, justice, and wisdom flourish.

But the matter of embracing such virtues, while apparently simple to talk about, is not necessarily easy to demonstrate. Roman Stoic Musonius Rufus wrote, "Virtue is not simply theoretical knowledge. A man who wishes to become

good... must also be earnest and zealous in applying these principles." Doing so requires a selflessness that goes in direct opposition to the messages streaming from social media and advertisements and even our leadership. Moreover, it requires a lot of work; humans have a tendency to prefer that which is easiest. "It's easier to myopically focus on your own interests," writes modern Stoic Ryan Holiday. Caring about others takes work. But when we focus on ourselves exclusively, the world outside becomes unknown and propels us into a dialogue of fear. From this grows hate. This trend resonates throughout history and likely will continue because it is part of human nature. But it is also a part we should not be afraid to face, because once we face the fear, it abates and we can realize the arbitrary nuances that blend inter-human boundaries together. We are in fact quite similar. And ultimately, we want the same thing: Respite from the tumultuous prejudice that suffuses our society. We know deep down that much more can be accomplished when we work together rather than fight each other.

However, even philosophers struggle to live up to their own rhetoric. And yet that is a struggle we are meant to have. That is part of growing and being human. It helps us better emulate Stoic ideals, as well as broader paradigms of being a good human, thereby practicing what we preach. And most of all, it nurtures *sympatheia* – the idea that we are part of a whole, a larger world that we share, thus highlighting the undeniable truth that we are in this together. "If you live on this planet, you're a globalist. You have to be," says Holiday.

Everyone we meet is an opportunity for kindness. As Seneca said, "Happy is the man who improves other people not merely when he is in their presence but even when he is in their thoughts." When we give of ourselves to others, we enhance our own well-being. Science has shown time and time again the power of gratitude and kindness for others in improving our own joy and personal health and welfare. It again speaks to our social natures as human beings. We truly do need each other, both physically and emotionally. We are each of us the support for another. And in being that support, we strengthen our own ability to thrive.

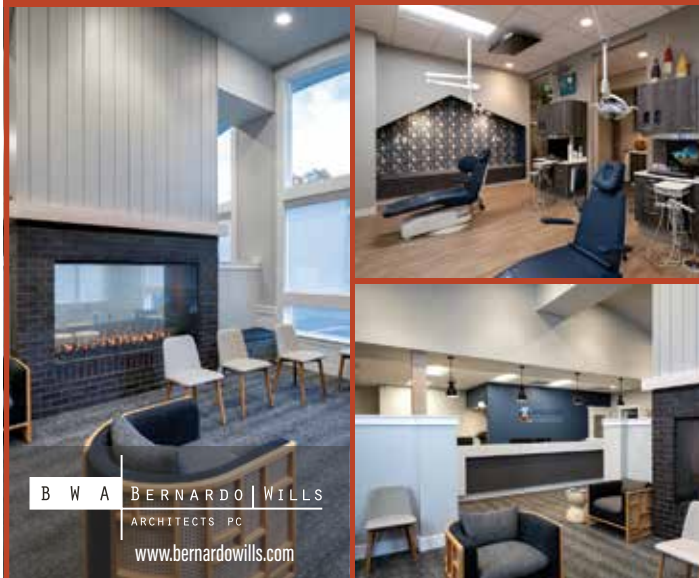
So when we are faced with adversity, why is it our tendency to turn in on ourselves, hide from the world, and lash out with fear-infused reactionism? Just as every human interaction is a chance for goodwill, every situation is an opportunity to demonstrate virtue. After all, as Epictetus so poignantly stated, "Circumstances don't make the man, they only reveal him to himself." If your values revolve around sympathy, kindness, and understanding, you embrace circumstances that challenge you and look to the tough lessons they may be teaching you. But if your values are marred with selfishness and prejudice, you only react to uncomfortable situations with an increased tolerance for violence. You condone it by blaming your circumstances. You skirt around your responsibilities as a human. And you inevitably chip away at your own support system, which will one day crumble around you and leave you lost and alone. There is no path where violence leads to the truth.

And yet our societal tendency towards violence continues to skyrocket. With each new situation, comes a surprising new level of discord. Whether it be storming the United States Capitol, protesting the presidency in Russia, or rioting over curfews in the Netherlands, we have shown time and again that we are a reactionary species. But what we have to realize is that being reactionary is entirely unhelpful. It serves the ego and is almost never virtuous.

"We don't control the moment we are in, but we do control what we do in the moment," as Holiday writes. We can decide to live it or live through it. Emotions are expected, but ideally we would not be ruled by them. It is less about expunging emotions and more about regulating them; as Nassim Taleb says, "Stoicism is about the 'domestication' of emotions, not their elimination." Getting absorbed in blood pressure-raising emotions does no good for you nor anyone around you. We cannot be controlled by the whims of every fleeting feeling that slips through our frontal lobes. The late Justice Ruth Bader Ginsburg remembered her mother's advice: "Don't lose time on useless emotions like anger, resentment, remorse, envy... [they] will just sap time; they don't get you where you want to be." So in fact, if we are really being as selfish as it sometimes seems, it would be more personally beneficial to embrace amity, joy, and charity (which would simultaneously help others). But why is it so hard to choose kindness in the moment? Why is human nature geared toward conflict?



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Perhaps this is one of the fundamental questions of being human. Saying it is fear-driven explains a lot, but I think there is more beneath the human psyche that drives us to discord. I think the simple fact that it is challenging to not give in to reactionary emotion, and to instead pause and think about things, makes it that much more of a deterrent to be thoughtful. Again, no one wants the hard way out.

Embracing Abraham Lincoln's ideal that "this too shall pass," is effective to a point, reminding us to pause and not be reactionary, but tough things only pass if we rally our compassion and understanding of our own differences. While being troubled by the outside world is one of our inner flaws, we must not avoid it. Rather, we are all called to make the most of any situation, be it a plague, a civil insurrection, or a natural disaster. Sustaine et abstine. Bear and forebear. And importantly, do not react based on your emotions.

We must come to terms with the fact that we are only "better" than one another based on the content of our character. No one is inherently more worthy than another. The judgments of others do not matter, despite what social media tells us, as much as our own. Living with virtue and integrity is truly a goal worth striving towards because at the end of the day, the only person you must face is yourself. Thus, it is only logical that, as Hecato writes, "If you wish to be loved, love."

And yet logical things often evade reality. "The source of our dissatisfaction lies in our impulsive dependency on our emotionally charged reflexive reactions rather than logic," pointed out elite athlete Ross Edgley in his book, *The Art of Resilience*. Rather than realize our mind is the one thing we control, we let it become overwhelmed by external uncontrollable events, which are more likely to throw us into

the cacophony of extreme emotion rather than the logic of a balanced perspective. Unfortunately, those extreme emotions are a lot more appealing to an unstable human mind, especially one that refuses to take responsibility for itself. Plus, as James Clear noted in *Atomic Habits*, "outrage compounds." Despite its futility, anger is an attractive excuse for humanity to ignore improving their own character. And anger is a cannibal; it feeds itself.

Stoicism is having strength of inner spirit such that we are enabled to face adversity and radically accept, endure, and embrace whatever the Universe gives us. Anger and hate destroy this strength. In his book *Trillion Dollar Coach*, Bill Campbell calls us to embrace Hecato's call to love: "If you've been blessed, be a blessing." The anger that flows from fear does nothing to spread the most powerful of virtues: Gratitude, kindness, patience, love. When everyone else is getting riled up about something, be it wearing a mask or protesting an election, it is far too easy to slip into the emotion of the crowd. And if you are at all hesitant, social media will push you the last step. But this is precisely where we must employ our resilience. We must look to what we can truly do in such situations: Control our perceptions, direct our actions properly, and willingly accept what is outside our personal control. Perception, action, and will must not be muddled by the unstable emotions of the collective. "Pain is neither unbearable nor unending, as long as you keep in mind its limits and don't magnify them in your imagination," said Marcus Aurelius. Pain is a construct, often rooted in fear and displayed as anger. We would do well to remember the temporality of heated emotions and instead, adhere to those that will see us through, time and time again: Appreciation, sympathy, patience, humility, love. ■

INTERESTED IN SERVING? Find the role that's right for you!

ALTERNATE DELEGATE TO THE WSMA'S HOUSE OF DELEGATES

(Meets one weekend a year) The Washington State Medical Association is governed by elected delegates from each county medical society, qualified state specialty societies and members of the WSMA Board of Trustees. All legislative power of the WSMA is vested in the House of Delegates. Delegates provide input, information and guidance to the WSMA Board of Trustees and Executive Committee. At the annual meeting the delegates attend the Reference Committees and participate in the resolution process and final voting. The time requirements at the meeting are Saturday and Sunday until around 1:00 pm. You must be a member of both the WSMA and SCMS. (Meets once prior to the WSMA HOD meeting to discuss resolutions.)

THE SCMS BOARD OF TRUSTEES

(Meets every other month at 5:30 pm) This is the advisory legislative body of the Society handling any major issue, established practice or binding policy. It enforces the preservation of the bylaws; it has the power to remit the entrance fee and/or local dues and assessments of any member for the current year; it has the power to extend the courtesies of the Society to non-resident visitors, and to arrange for the affiliation of the Society with other medical societies. The Board of Trustees has the authority to authorize additional budgetary expenses.

THE SCMS MEDICAL EDUCATION COMMITTEE

(Meets 4 times a year at 5:30 pm) Advocates, promotes and celebrates undergraduate and graduate medical education in Spokane/Eastern Washington; facilitates integration of local medical providers and health systems with medical education; encourages and supports collaboration among the medical community, civic and business leaders, academic programs/institutions and elected representatives to build, strengthen and expand medical education locally.

THE ANNUAL SCMS MEDICINE CME PLANNING COMMITTEE

(Meets 2-3 times early in the year) Provides Category 1 CME for a wide variety of primary care providers. Physicians and other clinicians need current, state-of-the-art education to assist them in developing the necessary skills to evaluate and manage patients. This CME program features nationally recognized speakers that cover important advances in clinical management of common disorders seen by internists, primary care practitioners, and hospitalists. Topics focus on the more challenging management issues. Interactive case presentations will provide attendees with take-home strategies for improved evaluations and treatments.

Email Shelly Bonforti at shelly@spcms.org for more details!



SCMS Foundation Donates \$10,000 to Area Nonprofits in 2021

The Spokane County Medical Society Foundation is pleased to announce that it donated a total of \$10,000 to local nonprofit organizations as a demonstration of its ongoing commitment to the Spokane community, a rewarding way to close 2021 according to the Foundation board.

Included on the list of donation recipients are:

- **STIX Diabetes Programs** is a unique non-profit organization which enhances the lives of children affected by diabetes. Their unparalleled programs empower, educate, uplift, and promote community. They have multiple summer camps which are 100% volunteer run and foster the ability of youth to build relationships and realize they are not alone in living with diabetes.
- **National Alliance on Mental Illness (NAMI) Spokane** provides NAMI Peer-to-Peer courses, NAMI Family-to-Family Courses, a NAMI Basics Course, and six support groups each month for individuals and families whose lives have been affected by mental illness. All courses are free of charge to the public.

There's an opportunity where people are asking for help where the SCMS Foundation (SCMSF) can potentially fill the need and that's what continues to drive the Foundation today. The Foundation was established in 1996 by physician and physician assistant members to identify, promote, receive, and manage projects that provide leadership in scientific research, education, medical economics, public health, public interest, and healthcare. Its mission continues to be focused on developing and operating programs that serve the health needs of our community.

Its mission of "promoting and supporting the development of future physician and physician assistant leaders within our community and identifying and funding important and innovative projects that advance the health of our community" is still driven and preserved today by the physician and physician assistant members of the Spokane County Medical Society.

For more information on the SCMS Foundation's grant application and award process, how to donate, or how you can get involved with the Foundation, please contact Shelly Bonforti at shelly@spcms.org. ■

YOUR 2022 SCMS FOUNDATION BOARD



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The New Public Health Law and How to Make Change in Our Community Redux



By Dr. Deborah Harper

Our Spokane County Commissioners have chosen to make the Spokane Regional Health Care board smaller with no elected representatives from the cities of Spokane and Spokane Valley.

In the 2021 legislative session HB/ESR 1152 was passed with

support from physicians, PA-Cs, the SCMS, the WSMA and a variety of interested other parties in the community.

This bill did two things: it changed the governance of local health districts and it provided stable funding for public health in our state.

The legislation called for health boards to be made up of 50% elected officials and 50% other folks including those with health care backgrounds, local tribal nations, lay people affected by healthcare, and others. The process to pick those members was to be public.

I wrote about the process of getting this bill passed in the summer edition of the Spokane County Medical Society magazine. At that time, I wrote that it is important to keep trying with legislation important to you, to watch it carefully as the bill makes its way through our two legislative chambers and then to the governor's office. Also important is to have a broad coalition of community members working with you and it is most important to stay focused on what you want as the bill makes its way through the legislative process.

The bill passed this summer. Now, as we continue to watch how it rolls out, the rulemaking process in the state becomes important. Here is where the details on how the changes the legislation contains are put into basic, boots on the ground, practice.

Rulemaking for HB/ESR 1152 has not finished at this time. Some testimony has been given and another opportunity to testify via Zoom will be scheduled soon. In the meantime, our County Commissioners have taken the chance to use the time between a law passing and completed rulemaking to change the makeup of the SRHD board.

I encourage you to read the editorial written by Pamela Kohlmeier, MD, JD, in the Spokesman-Review, Wednesday, December 8 (<https://www.spokesman.com/stories/2021/dec/08/pam-kohlmeier-md-were-city-of-spokane-and-spokane-/>).



When the opportunity to testify about the rulemaking is scheduled the SCMS will let you know.

It remains important for physicians and PA-Cs to stay vigilant and to hold our elected officials accountable for their decisions. I hope all of us, no matter our political inclinations, will research each candidate for office, ask questions of the candidates, and find a way to support those who will work for us and our patients' best interests. This is true at the city, county, state and federal levels.

Remember, stay focused and stay involved. ■

How to Ask About Substance Use

If you struggle with asking patients about their alcohol and/or drug use, you are not alone. Asking sensitive questions in a way that makes it more likely a patient will respond honestly can be challenging, and defensiveness or resistance to answering are not uncommon. Complicating this is the need to build a connection with your patient, and fear that a negative response to being asked will alter your rapport. For some, the challenge lies in asking the question; for others, it is what to do if you suspect a patient has a substance use issue.

There are over a dozen evidence-based screening tools for substance use, including the DAST, AUDIT-C, and CAGE. While the screening tools set a clear framework for what to ask, it's important to know how to ask — how to set the stage — so the patient's answers are more likely to be reliable and valid.

To begin, be aware of your own anxiety and fears about asking sensitive questions. What's driving them? What feels uncomfortable about asking these questions? To quell their own anxieties, some people find it helpful to practice and to ground themselves in the reasons why the answers are so important.

The words you use to ask sensitive questions, and how you set up the structure of asking, is key. Where does asking about drug and alcohol use fall in your assessment? Your psychosocial



assessment should have flow, and it can be helpful to ask less loaded habit questions before asking about drug/ETOH use. Starting off with questions about more socially acceptable substances like caffeine, tobacco, and then alcohol can be helpful in normalizing this line of questions.

The nation's #1 medical school is in Spokane.

U.S. News & World Report has ranked the **UW School of Medicine #1 in the U.S. for Primary Care Education** in their 2022 Best Graduate Schools.

Thank you to the community, our healthcare partners, and the hundreds of physicians and residents in Spokane and eastern Washington who helped us achieve this honor.

UW SCHOOL OF MEDICINE GU HEALTH PARTNERSHIP

gonzaga.edu/healthpartnership

As you head into the more sensitive questions, it can be helpful to start with close-ended or fixed choice questions. “Have you ever drank alcohol?” or “Have you ever used any drugs or Cannabis?” This can then be followed up by asking “How often do you use?”, “How much do you use?”, and “How do you use?” if appropriate. Asking additional questions to identify potential harms associated with their use can identify potential areas of intervention and education. “How often do you use a fresh needle when you inject...never, sometimes, almost always, always?” Asking about access to Narcan is important if the patient is using opioids or methamphetamine which may have opioids like fentanyl mixed in.

After you have a thorough substance use history from your patient and it turns out they have some concerning use patterns, what do you do now? Behavioral interventions have shown effectiveness in reducing substance use in those who are at risk for developing dependence. Commonly used elements for engaging in behavioral interventions are described in the FRAMES acronym—Feedback of risk, encouraging Responsibility for change, Advice, a Menu of options, therapeutic Empathy and enhancing Self Efficacy. Motivational interviewing can help you engage with patients who have more problematic use, but who are not yet expressing interest in change, or are contemplating change but not stating a readiness to change.

The Psychiatry Consultation Line staffed by UW adult and addiction psychiatrists is a free, state-funded resource where you can get advice on what to do once you have determined a patient does have some concerning substance use habits. The consult line is available 24/7 at 1-877-WA-PSYCH (1-877-927-7924). ■

What Happens When the Doctor Can't See You Now?

We are the physicians and physician assistants who care for you, come what may.

We've stood strong against the COVID-19 pandemic since its onset nearly two years ago, but we can't run this marathon indefinitely. We are exhausted and our spirits are flagging as we continue to see preventable illness and death from this disease.

We're dedicated to providing care to you—our patients—when and where you need it, but with a health system at or over capacity, that gets harder every day.

What does a crowded system mean to you? Imagine this: You have a suspicious lump in your breast, but you can't get an appointment to be seen. Your child breaks her arm, but the local emergency room is too crowded to treat her. A friend needs a heart procedure, but their surgery is canceled because the hospital has no beds for post-op patients.

These aren't imaginary scenarios—they are happening right now in Washington state. Real people are facing real delays in care due to Washington state's overtaxed health system. But no matter, life still happens. Heart attacks, car accidents, and strokes still happen. Those traumas can't wait for care.

While the capacity issues our hospitals and emergency departments are facing are not solely due to the COVID-19 virus, you can help. If you're able and your health permits, get vaccinated against COVID-19. If you're eligible for a booster, get it today. Encourage your family and friends to do the same. And until we get out of this pandemic, mask up.

By taking these steps, the greater our chances of keeping health care available to everyone.

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MEETINGS/CONFERENCES/EVENTS

AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS

Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact District2AlAnonOutreach@yahoo.com or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

seeking additional volunteer providers that could work 4 hours a week seeing patients. The work is very gratifying, and the staff are dedicated to their mission helping this underserved population to climb back to a normal life. If you are aware of any providers looking for a meaningful volunteer opportunity, please contact me: Michael Mainer, M.D., Medical Director, michael.mainer46@gmail.com, (509) 951-3877.

COMPASSIONATE ADDICTION TREATMENT (CAT) SEEKING VOLUNTEER PROVIDERS

I am the medical director for Compassionate Addiction Treatment in downtown Spokane. CAT is a low barrier facility that provides medical assisted treatment with Suboxone for opioid addicted individuals and provides counseling and social services assistance. We are

OVEREATERS ANONYMOUS is a free 12 step program for people who wish to stop eating compulsively. If you would like more information, including no cost workshops for your staff, please contact: 509-328-9972. www.oaregion1.org

SAVE THE DATE! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2022: Friday, September 30, 2022, Historic Davenport Hotel. Mark your calendar now!

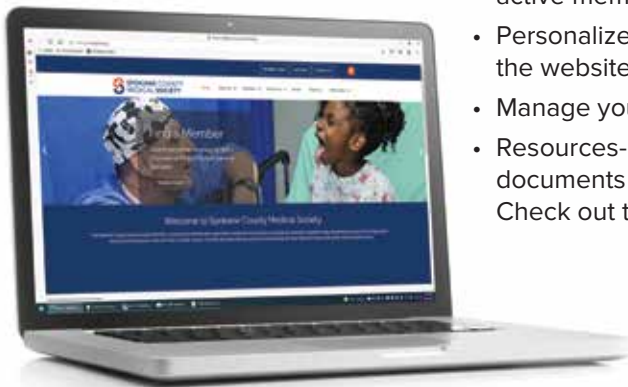
Interested in placing a classified ad?

Contact Shelly Bonforti, SCMS Publications
Phone: (509) 325-5010, Fax: (509) 325-5409
or Email: shelly@spcms.org

SCMS Member Directory

AVAILABLE ON OUR WEBSITE AT SPCMS.ORG!

New SCMS member-only portal, GrowthZone's The Info Hub!



- Search the member directory listing - your contact information and our other active members are available in The Hub.
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- Manage your membership and payments.
- Resources- being part of our association includes access to key sites, documents and other information to help you thrive in our community. Check out the resource area to learn more.



Have Questions? Call Us! (509) 325-5010

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Providers with patients under 18 will be directed to the Partnership
Access Line (PAL); providers caring for pregnant or new moms will be
directed to the PAL for Moms line. The UW Psychiatry Consultation
Line is funded by the State of Washington.



**“You provide
a great service
for the communities
in Washington.”**

– provider in Okanogan County