

Inside

From the Editor	2
Thank you!	2
President's Letter	3
A Second Opinion	4
U of M Supports Students	5
Assembly Report	8
Calendar	8

Ideas of Reference

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association

One voice-many perspectives

What does being a psychiatrist mean to you? What does having access to a psychiatrist mean to your patients? How can the Minnesota mental health care system support better access and improved care coordination? What can we all do together to improve practice environments today and for future generations?

MPS leadership will team with you and the APA as a 2008 District Branch grant recipient. Together we will explore these issues and make a difference for psychiatry. ■

MINNESOTA PSYCHIATRIC SOCIETY

*Working on behalf of
psychiatric physicians
and their patients*

*Our vision is accessible,
quality mental health care for
the patients that we physician
psychiatrists serve.*

www.mnpsychsoc.org

What is a psychiatrist?

It seems like a simple question. In reality, it is not. MPS President Jeff Hardwig recently asked MPS members to respond to that question asking for more feedback on what you value most about being a psychiatrist and what future psychiatrists will need. The responses will inform strategic planning for MPS and to help identify current, ongoing and future needs to help MPS effectively represent psychiatry in this constantly changing environment.

Dr. Hardwig notes that for too long, others without psychiatric expertise have been shaping the profession in ways that have left many members disenfranchised. The implications are far-reaching. Psychiatrists have been leaving the state and quitting insurance networks to preserve their professional identity and to recapture a degree of control over their practices. It is very difficult for medical students to choose psychiatry when they do not have a more complete understanding of the psychiatrist's identity. Your own patients and non-psychiatric colleagues have come to define us in their own way, often as mere "prescribers." We must help patients sort fact from fiction in the media.

The initial responses reflect several focus areas. These areas follow along with some comments contributed by members. Please take a moment to review them, then share your thoughts as directed at the end of this article. We need to hear from as many members as possible to get as full a picture as possible. Your response will be carefully considered.

Specialist with whole patient perspective Physicians specializing in diseases of the mind. We have the big picture, both from a medical and psychosocial viewpoint. (Roger Kathol)

As a psychiatrist I feel like the "quarterback" of a team that provides behavioral medicine. Only a psychiatrist has seen and treated a full spectrum of medical/ behavioral problems. Psychiatrists are the few physicians that treat the whole person from the neck up and neck down. We treat the brain as a whole. We treat family systems.

The defining quality of psychiatric practice is the integration of multiple sources and types of information to understand and offer hope for change to persons with disturbances of emotions, thinking, and behavior.

A high-quality psychiatrist is able to assess multiple domains: health and lifestyle (sleep, exercise, diet, substance use/abuse), family of origin (both in terms of relationships and genetics), psycho-social and economic and community environment, the development of the brain, personality and thought patterns (including ego defenses and cognitive distortions), intelligence and cognitive processing strengths and weaknesses, and moral development (including attachment, abuse, and trauma).

A high-quality psychiatrist is diligent about assessing all of these areas regardless of the reason for the patient's visit. A high-quality psychiatrist will not agree to work in an environment in which time or contact with the patient is too limited to perform this type of work.

A high-quality psychiatrist will insist upon integrating his/her work with the patient with other professionals to avoid wasting scarce resources or having the patient subjected to unnecessary medical or therapy procedures.

A high-quality psychiatrist will advocate for the patient in the multiple systems that may impact their lives – employment, justice, education, social services, etc.

A high-quality psychiatrist soon realizes they have to cooperate and coordinate the work of many other people in order to accomplish their agenda.

This is a tough standard. (Susan C. Jenkins, MD; Owner, Medical Director, and Child and

Continued on page 7



2 Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editor.

Ideas of Reference accepts advertising. Rates follow:

Display ad	1 Issue	2 Issues	4 Issues
Full Page	\$500	\$400	\$350
1/2 page	350	300	250
1/4 page	225	200	175
1/8 page	125	100	75

Classified Rates: 25 words or less for \$50 with each additional word at 25¢ All advertising copy is subject to approval by the Editors. Meetings and events may be listed on the Calendar of Events free of charge. *Ideas of Reference* has a quarterly circulation of 500. Deadlines are the 15th of the month prior to publication.

Ideas of Reference

MN Psychiatric Society
4707 Highway 61, #232
St. Paul, MN 55110-3227
Phone: (651) 407-1873
www.mnpsychsoc.org

Editors

Eric Brown, MD
Eric Larson, MD

Managing Editor

Linda Vukelich

Executive Council

President
Jeff Hardwig, MD
President-elect
Jon Van Loon, MD
Past President
Roger Kathol, MD
Secretary/Treasurer
Julia Bell, MD
APA Representative
Judith Kashtan, MD
APA Dep. Representative
Michael Koch, MD
Early Career Rep.
Julie Petersen, MD
MSCAP Representative
George Realmuto, MD
Councilors
Eric Brown, MD
Julie Gerndt, MD
Helen Kim, MD
Michael Messer, MD
MIT Representatives
Christina Frazel, MD
Scott Orth, MD
Victoria Passov, MD
Kelsey Carignan, MD

Executive Director
Linda Vukelich
Legislative Affairs
Dominic Sposeto

MPS PAC

Robert Nesheim MD

Constitutional Committees

Constitution/Bylaws
Maurice Dysken, MD
Ethics
Maureen Hackett, MD
Amitabh Tipnis, MD
Membership/Fellowship
Nancy Raymond, MD
Nominating
Roger Kathol, MD
Program
Judith Kashtan, MD
Jeff Hardwig, MD

Standing Committees

Legislative
Jonathan Uecker, MD
Michael Koch, MD
Public Affairs
Dionne Hart, MD
Julie Petersen, MD
Private Practice
Floyd Anderson, MD
Awards/Research
Maurice Dysken, MD
Early Career Psychiatrists
Julie Petersen, MD
Disaster Preparedness
Alan Radke, MD
Correctional Caucus
Karen Dickson, MD
DHS Committee
George Realmuto, MD
Women Psychiatrists

From the Editor: The Business of Psychiatry

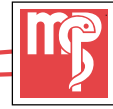
As many of you I'm sure are aware, a discussion has begun both within and outside the ranks of psychiatrists, touched off by a series of articles in the New York Times. These articles reported on one aspect of the relation between physicians and the pharmaceutical industry, specifically payments by drug companies to physicians for various services, including speaking engagements and clinical trials. The focus fell on Minnesota because of a previously little-noted disclosure law, dating to the early 1990s, requiring companies to disclose such payments, the names of specific physicians and amounts each received. Much was made of the fact that total dollar amount of payments to psychiatrists was higher than that for any other individual specialty.

To say this has touched off a firestorm might be an exaggeration, but at the very least it has led to much soul-searching among psychiatrists around the state, most of whom are, of course, included in our own membership. The MPS council has had serious discussions on this topic, and what at first seemed to be a consensus turned into a wide range of opinions on this multifaceted issue. In this issue of the newsletter, we have decided to present two views of the current controversy. One article summarizes a literature review done by current president Jeff Hardwig on the effect of pharmaceutical gifts and of physicians' attitudes about such gifts. I think you will find the results interesting and enlightening. We have included a thoughtful counterpoint from a past president, Eric Larson, who has served on speaker's bureaus of some pharmaceutical companies. I think you will find this to be a helpful companion article, and may help you, as it did me, keep the "big picture" in mind when considering your own opinions about the controversy. I am very pleased to have seen the collegial process that occurred between these two psychiatrists when preparing their articles for inclusion in the newsletter. Dr. Hardwig and Dr. Larson worked closely with each other while preparing their respective articles, and they have mentioned to me that each has learned from the other while laying down their own thoughts. We hope these articles will serve as a starting point for continued thoughtful dialogue about this important, and now very public, issue.

Eric Brown, MD

Thank you, John Simon!

MPS member and APA Distinguished Fellow, John Simon, MD has volunteered on the Department of Human Services Drug Formulary Committee since his appointment by the Governor in 2003. In that advisory position, he shared his expertise during discussions about a broad variety of pharmaceutical treatments and served psychiatric patients as the expert who knew how other pharmaceuticals interacted with medications commonly used to treat often co-existing psychiatric conditions. He is a serious patient advocate who never missed a meeting. Recently, Dr. Simon informed the office that an AP reporter was doing a story about members of the DFC who had contractual relationships with pharmaceutical companies, specifically Dr. Simon. He offered to step down and the MPS Council accepted his offer. The decision was made because of the appearance of a conflict of interest, not due to anything Dr. Simon did in the position. As MPS sorts through the issues around pharmaceutical relationships (see above and page 3), leadership is keenly aware that patients have concerns about these relationships and is putting into place definitive policies regarding appointments. This complex issue is a priority for leadership and we welcome member input. ■



A Research Perspective on A Divisive Issue



by Jeff Hardwig, MD
MPS President

Minnesota is one of two states keeping a public record of payments made to physicians by the pharmaceutical industry.

The availability of this information, in the context of a growing interest in the relationship between the business and clinical aspects of health care, has caught the attention of journalists. Over the past nine months, several newspaper articles have examined physicians' relationships with industry in general. For a variety of reasons, we, Minnesota psychiatrists, find ourselves in the middle of the discussion.

As president of the MPS Council, I intend to further explore the relationship between industry and medicine. A growing body of literature on this subject is available, and may help all psychiatrists better understand our necessary and complex relationship with the pharmaceutical industry.

When the pharmaceutical industry spends money on us, what are they trying to accomplish? How do their goals and our goals overlap? While our focus is on our patients, how important is it for us to understand our unwitting role as targets of expensive marketing campaigns? Please consider these important questions as I share what I have gleaned from the published literature on this complex subject.

Our patients trust us to process competing influences and make clinical decisions that put their interests first. Morris A. Fischer defined this very clear role and contrasted it with the role of industry.

"Medicine and industry have traditionally been two separate cultures. Physicians have considered themselves to be disinterested healers whose patients' interests are primary. This idea is central to physicians' image of themselves and forms the basis for public support of medicine. In contrast, the goal of industry is profit congruent with its primary responsibilities to shareholders. Whereas medicine has valued honesty and openness, industry may not view these traits as inherently desirable in themselves" Despite the conflict, medicine and industry are married." (Fisher M.A., Perspectives in Biology and Medicine 2007)

In an era when studies declare a decline in the public's trust of authority figures, patients' perception of gift giving should be a concern to us. "Patients believed gifts to be less

appropriate and more influential than did their physicians." (Gibbons RV, et al., J Gen Intern Med 1998; Wazano A, Prineau F, Psychiatric Clinics of North America. 2002).

There is evidence that we aren't as objective about our own susceptibility to marketing psychology. While doctors claim to be immune to the influence of gift giving, "The more money and gifts received by a physician in training, the more likely the physicians believed discussions with pharmaceutical marketing representatives had no effect on prescribing."

(Minnigan H., Chilsolm CD, 2006) According to the 2001 University of Wisconsin School of Medicine article, "Physicians and the Pharmaceutical Industry: A Growing Embarrassment", we tend

As MPS president, I hope to begin a respectful conversation with our general membership about this issue.

to think other physicians are more influenced by pharmaceutical representatives than we are.

In general physicians don't think much can come of a free informational lunch, and may even be offended at the suggestion that it could. However, "Food, and even small gifts, produce a subconscious obligation to reciprocate...Food by itself increases the receptivity of the recipient to the message being presented...Providing lunch has been shown to remove biases previously introduced to experimental subjects." (Wall LL, Brown D., 2007)

While pens, clocks and other small gifts are clearly meant to keep a product name in front of us, it should be noted that, from the pharmaceutical industry's perspective, accepting these gifts go a long way to making us more receptive to the marketing representatives. Consider how the deeply ingrained maxim "Don't bite the hand that feeds you" might reduce the likelihood that you would recognize inconsistencies or shortcomings in a brief "medication update" between patients.

Some "gift" issues are not so clear cut. Drug samples can help patients maintain adequate treatment though gaps in their insurance, but are we being fed by proxy? It should come as no surprise that, "Acceptance of samples by physicians is also a predictor of positive attitudes towards the pharmaceutical marketing representatives." (Minnigan, Chisholm, 2006) According to Whiteway, "when physicians give their patients free drug samples, they often choose a medication different from their drug of choice." (Whiteway DE. 2001) While we might be reluctant to accept that samples influence our prescribing choices, the pharmaceutical industry has studied the numbers and has decided it is in

Continued on page 6



4 Second Opinion on Drug Company-Sponsored Medical Education

by Eric Larson, MD

I am one of those doctors who speak for the drug companies. As a speaker, I receive world-class continuing education on psychiatric disorders and treatment, from the same well-respected academic psychiatrists who speak at our national conferences. I am privileged to share that knowledge with other physicians and my patients.

As a former Mayo Clinic staff physician, researcher, and teacher, and as a clinical faculty member of both psychiatry residency programs in the twin cities, I am aware of the potential for bias in drug company-sponsored education. Drug companies have shot themselves in the foot for being secretive about these activities, and for confusing advertising with education. Doctors who give biased presentations, and there must be a few, sabotage the credibility of the majority of speakers who work hard to give fair and balanced presentations that will improve patient care.

Advertisement needs to be differentiated from education.

Let us improve, not curtail, this important pipeline of information.

I am paid for my time and for factual presentations, more than for my opinions. I am not allowed to compare one drug to another unless I can quote two articles from peer-reviewed sources.

The current scrutiny of drug-company sponsored education is healthy and timely.

The rules are far more stringent for promotional presentations than for unrestricted continuing medical education forums. The payment rates for presentations represent the going rate for one-hour presentations in a continuing medical education forum. They are well below what top business speakers receive for presentations. Most one-hour presentations require 3-5 hours of preparation, administrative time, and travel time, in addition to the other continuing educational activities a speaker brings into a presentation.

All physicians and researchers- all people- have biases. Research sponsored by the National Institutes of Health has biases. Research from any single source needs to be balanced, in a doctor's perspective, with other sources of data. Speakers and their audiences share responsibility for broad-based development of medical knowledge, striving for objectivity and truth.

There is concern about bias against generic drugs due to drug companies. There is less public outcry about bias against brand-name drugs. For example, insurance companies forge contracts with primary care physicians in which physicians are paid bonuses for using a large percentage of generic drugs, whether or not a generic is the right drug for the patient.

Bias can occur in either direction with today's marriage of medicine and

business. Fee-for service reimbursement has won the day against capitation. However, neither system can claim an intrinsic moral high ground. Fee-for-service arrangements can lead to overutilization while capitation can lead to underutilization. As with drug companies and doctors, honesty and integrity are required.

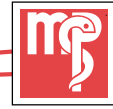
The current scrutiny of drug-company sponsored education is healthy and timely. I hope the drug companies will respond more openly. The media should be invited to speakers' training sessions. They would see the lengths to which the

Bias can occur in either direction with today's marriage of medicine and business.

companies work to avoid bias, and would further assure fairness and balance. Advertisement needs to be differentiated from education. Let us improve, not curtail, this important pipeline of information.

Speaking for the drug companies has made me a better doctor, and allowed me a valuable way to contribute to medical education. It has forced me to carefully consider where my biases have been and to try to balance them. I hope we will all do the same.

I want to thank the *Ideas of Reference* staff at MPS for their openness in publishing differing and complementary articles on this topic in the current issue. Special thanks go to Dr. Jeff Hardwig, a friend and colleague who gave me helpful feedback on this manuscript and allowed me to do the same for his companion article. ■



U of M Supports Students with Mental Illness

At the University of Minnesota, students with mental illness are finding support in a number of new ways. With leadership from the provost, an interdisciplinary and interdepartmental approach allows faculty and staff at the U to work together to help students with mental illness who are experiencing difficulty. The Provost Committee on Mental Health meets monthly and includes representatives from student housing, Boynton Health Services, University Police, and University Counseling & Consulting Services (UCCS).

Committee members have developed a website with information for students, faculty and staff, and parents. With tools for online assessment and links to any number of resources, students with concerns about themselves or their friends have access to information that can help them decide how to respond. Then they can search the same website for resources and support. As a collaborative effort, this website offers its visitors information about alcohol resources, counseling, disability accommodations, medication options and stress management.

Active Minds is a student-run peer-to-peer support group that hopes to get students to talk more about their mental illness.

According to Boynton Mental Health Clinic Director and MPS member Gary Christenson, MD, the U is so committed to stomping out stigma that they are launching a new awareness-building campaign. With a contest and prize money, students are encouraged to take part in an online quiz about mental illness and US presidents. (Did you know that 49% of US Presidents between 1776 and 1974 have had some kind of mental illness? Go to www.mentalhealth.umn.edu and learn more!)

The University's public health approach also supports a risk assessment team to share concerns and develop interventions when necessary. The Office of Student Affairs chairs the group which offers a place for staff, faculty, and other students to go if they have concerns about specific students. They have the authority to impose restrictions and will take action if necessary for the student's wellbeing and the University's security.

When the 35-W Bridge collapsed a short distance from campus, the website offered support and encouragement for those experiencing difficulty. The compassionate and consoling letter was signed by Vice Provost for Student Affairs Gerald Rinehart. ■

More than just medical malpractice insurance.

For 20 years, we've been the leader in medical malpractice insurance for psychiatrists and mental health professionals. You can depend on us to provide you with more than just insurance.

Our services include:

- Top-notch legal counsel with a proven track record
- Toll-free Risk Management Consultation Service (RMCS) helpline
- Complimentary risk management seminars
- *Rx for Risk* quarterly newsletter and risk management manuals
- Exclusive access to our Online Education Center (OEC)
- And, more!



Coverage for forensic psychiatric services and administrative defense benefits is included. Discounts available for groups, early career, child/adolescent, part-time, and moonlighting members-in-training.

Contact us and receive complimentary risk management tips designed specifically for psychiatrists.

The Psychiatrists' Program



(800) 245-3333, ext. 389

of California, db/a Cal-Psych Insurance Agency, Inc.

www.psychprogram.com



President's Letter *Continued from page 3*

their interest to provide drug samples.

"The industry claims that prices for new drugs are high because it must recoup its heavy research and development costs. As of 1990, 30% of sales revenues were spent on marketing, which is 2.5 times the amount spent on research and development." (Minnigan, Chisholm, 2006) The high cost of these medications pays for the ubiquitous direct to consumer television and print campaigns, sample medications, and supports the salaries of the pharmaceutical detail representatives, the fees paid to speaker's bureau presenters and to the industry supported "free" CME programs.

It is tempting to hope that the pharmaceutical industry would choose to spend less money on marketing in order to lower the cost of prescription medications. On the contrary, they appear determined to maintain their commitment to a sizable marketing budget. When forces attempt to limit spending in one area of marketing, a new marketing strategy emerges, and the same amount of money in simply spent in new ways.

Prompted by concern about physician-industry relationships, Pharmaceutical Research and Manufacturers of America (PhRMA) implemented a new code of conduct that discouraged much of the gift giving and other payments that could be construed as kickbacks. (Campbell EG, N Eng J Med, 2007)

"Impact-RX, a company that analyzes pharmaceutical marketing, conducted a survey of 2,000 physicians. Six months after the PhRMA code was instituted, the company found that drug company invitations for Continuing Medical Education (CME) seminars nearly doubled, while entertainment events decreased 90%." (Associated Press Oct 2002; Chimonal S., Health Affairs 2005) Physician CME quickly became a more important marketing tool.

While one could argue that "education" is good, a 2007 study demonstrated that "The mere offer to attend (a symposium) was highly effective in boosting prescriptions." (Wall LL, Brown D. Obstetrics & Gynecology. 2007).

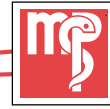
There is a growing venue for the pharmaceutical industry to be involved in CME. "Medical Education and Communication Companies (MECCs) now numbering over 100... These independent commercial CME companies, paid primarily by the drug industry, produce programs in hospitals and off campus... One company says to its pharmaceutical clients, 'Medical education is a powerful tool that can deliver your message to key audiences and get those audiences to take action that benefits your product'..." (Whiteway D.E., Wisc Med J, 2001).

Industry and medicine both have important roles in our society. We each have our own specific set of moral obligations. While our roles overlap in terms of improving the lives of our patients, our moral obligations are not shared. Thus, in the intertwined relationship between medicine and the pharmaceutical industry, the potential for conflict is rife. Some advocate a strict separation between medicine and industry while others advocate managing the conflict. Minnesota's psychiatrists are free to choose whether or not to develop ties with industry and how to manage those ties.

As MPS president, I hope to begin a respectful conversation with our general membership about this issue. This spring, our CME program will attempt to bring focus on the ways business practices impact the practice of medicine in our current society. We are fully aware that this is an exceedingly complicated subject. We want to be thoughtful and open in our approach, responsible to our mission, and receptive to the feedback of our members. ■

Bibliography

1. Lazarus A., The Role of the Pharmaceutical Industry in Medical Education in Psychiatry. 2006; 30:1; 40-44.
2. Fisher M.A., Medicine and Industry: A Necessary but Conflicted Relationship. Perspectives in Biology and Medicine; Volume 50, Number 1; 1-6.
3. Whiteway D.E., Physicians and the Pharmaceutical Industry: A Growing Embarrassment and Liability, Wisconsin Medical Journal, 2001; 100:9, 39-44.
4. Wall L.L., Brown D., The High Cost of a Free Lunch. Obstetrics & Gynecology. 2007; 110:1, 169-173.
5. Wazana A., Prineau F., Ethical Considerations in the Relationship between Physicians and the Pharmaceutical Industry. Psychiatric Clinics of North America; 2002, 25:647-663.
6. Chimonal S., Rothman D.J., "New Federal Guidelines for Physician-Pharmaceutical Industry Relations: The Politics of Policy Formations," Health Affairs. 2005; 24:4; 949-960.
7. Thase M.E., On the Propriety of Collaborations between Academicians and the Pharmaceutical Industry: An Alternative Viewpoint. World Psychiatry 2007; 6:1; 29-31.
8. Minnigan H., Chisholm C.D., Conflict of Interest in the Physician Interface with the Pharmaceutical Industry. Emergency Medicine Clinics of North America. 2006; 24: 671-685.
9. Campbell E.G., Gruen R.L., Mountforno J., Miller L.G., Cleary P.D., Blumenthal D., A National Survey of Physician-Industry Relations. N Eng J Med 2007; 356: 1742-50.
10. PhRMA Code on Interactions with Health Care Professionals, Revised Jan 2004 www.phrma.org
11. Gibbons R.V., Landry F.J., Blouch D.L., Jones D.L., Williams F.R., Lucey C.R., et al. A Comparison of Physicians' and Patients' Attitudes toward Pharmaceutical Industry Gifts. J Gen Intern Med 1998; 13: 131-4.
12. Associated Press, "I'm Selling to Doctors, Drug Companies Replace Entertainment with Education." Hannibal (MD) Courier Post, 4 October 2002, www.hannibal.net/news/stories/100402/new-100402045.html.



What is a psychiatrist? *Continued from page 1*

Adolescent Psychiatrist at Bluestem Center for Child and Family Development in Rochester, MN)

Our job description is to be experts in the diseases we treat, and to offer whatever treatments, pharmacologic or otherwise, that are helpful for ameliorating our patients' suffering. Even now, medicine is not simply the act of prescribing medications.

One of the reasons behind the conceptual "splitting" of mental health treatments seems to have come from our insecurity as to our membership in the medical profession, or the implication we sometimes perceive that we are not real doctors. Emphasizing our use of medications is a natural defense against this charge. But is the act of prescribing medication the defining characteristic of a physician?

Historically, psychiatrists (at least in the US) were those physicians who served as superintendents of the asylums of the 19th century. Certainly these doctors did not primarily prescribe medications to their patients. Treatment largely consisted of what would now be considered occupational therapy, along with the provision of humane living conditions.

I think the psychiatrist needs to remain at the interface between biology and psychology and should be supported for looking at the whole person. As a field, I personally think we have too easily followed the money attached to pharm companies and lost the moral higher ground we would have if we were really putting our patients first. (Mark Williams)

Professional Competence The useful center of good psychiatric practice resides in the fusion of three areas of professional competence: Basic medical knowledge/training

Specific skills in the psychiatric/psychological domains of human behavior, and competency in interpersonal relations through the clinical interview.

It is in the relational and interview skillset that psychiatry distinguishes itself from our fellow colleagues in clinical medicine. We are trained and skilled in gathering and interpreting personal and interpersonal information, and historically have been allowed the interview time, and the degree of confidentiality, to do so thoroughly with sensitivity and in depth. Sullivan's description of the psychiatrist as "an expert in interpersonal relations" becomes the descriptive antithesis of today's fast-and-short psychiatric prescribing where one knows neither the client, nor their milieu, nor much about their ability to attend beyond the ten minutes of superficial, phenomenological interrogation.

Medical Politics If psychiatrists want to affect the medical world in which we live, then psychiatrists must get involved in the dirty, unpaid, un-reimbursed world of medical politics. And I use the phrase 'medical politics' broadly. It includes MPS/APA,

MMA, the legislature, health plan consultants (for which there is some pay), DHS, etc.

Physician with Community Perspective My answer is different than it would have been years ago. I see this core identity as one of contributing to the reduction of the unnecessary burden of mental illness on my community, particularly in two areas; as it relates interventions that deliver disproportionate value for their expense, and were community leadership and collective will can overcome historic obstacles. (Paul Goering, MD)

Availability, Communication and Medical Integration The more I think about, and try to meet your challenge of "the one thing that I consider most central to my professional identity", it is that I am a physician, working together with others, to meet the health care needs of the community. Being seen as "not a real doctor" does not fit.

We also need to look at the way we practice. We want to be seen as part of the medical community, but many of us do not practice by 'accepted community standards'. The common perceptions are that we do not take, and often not return, phone calls when seeing patients, we will not see urgent/emergent patients, our records are somehow more secret/confidential than other med records, we are too busy (important) to go to those silly meetings, to name a few. Yet we expect that others are going to fight our battles for equity and image. I think that we need to demonstrate that we are what we wish to be perceived as.

Professional Autonomy Central to my professional identity: professional autonomy, treating patients as individuals with respect, collaboration, and within the mutual safeguards of professional boundaries, bringing the best of art and science to each clinical encounter. (Lee Beecher, MD)

I value the independence of practice, that I can be solo, and more importantly the quality of the relationship with the patient, particularly with my psychotherapy patients. I remember in medical school the power and awe of what we could ask people AND THEY WOULD ANSWER. Now as a psychiatrist, they tell even more and it is truly a special time/place/relationship with them in a healing way. I learn a lot from my patients.

I most value KNOWING my patients, which implies spending some time with them, so that I can treat them carefully and well. (Anonymous)

Now it is up to you. It is time for psychiatrists to take back the profession. And we must start by defining ourselves. Please email your thoughts and comments to <jhardwig@northwinds.net> and <l.vukelich@comcast.net> or call 651-407-1873 or fax 651-407-1754. Responses will be carefully considered and are essential to our success.

MINNESOTA PSYCHIATRIC SOCIETY

4707 Highway 61, #232
St. Paul, MN 55110-3227

Address Service Requested.

Presorted Standard
U.S. Postage Paid
Permit No. 1435
St. Paul, MN 55101

CALENDAR

Feb 10-13 2008 APA Advocacy Day
JW Marriott Hotel, Washington, DC
www.psych.org 703-907-7800

March 5 2008 Day on the Hill
Minnesota Legislative Network
annual advocacy day at the Minnesota State Capitol. Call MPS for more information, 651-407-1873 or email l.vukelich@comcast.net.

The following comes from a family friend of Eric Larson, MD, who can vouch for the quality of Dr. Pati's writing. All proceeds from book sales go to a school and children's rehabilitation center in Dr. Pati's home state of Orissa in India.

A Published Psychiatrist Retired Oregon Psychiatric Association member and long-time public psychiatrist Prasanna Pati, MD, was one of many Oregon colleagues to appear in the 1975 movie "One Flew Over the Cuckoo's Nest," where he was given the nom de cinema of Dr. Sonjee. He has now published "Adventures and Misadventures of Dr. Sonjee: A Collection of Short Stories." In these stories Sonjee is a private practice psychiatrist, originally from India, who practices in mysticism, pain, tragedy, and other cross-cultural themes. Dr. Pati offers his book for \$14.95, plus \$3.50 shipping charge. Send a check for \$18.45 to Snehalata Press, 1353 Heather Lane SE, Salem, OR 97302, or call him at 503-362-7426.

Assembly Report - November 1-4, 2007

Area 4 met prior to the Assembly. Many Midwestern states are struggling with the same issues: diminishing number of inpatient beds, formulary restrictions, etc. Ohio is facing a strong challenge by psychologists.

We are planning to have the next summer Area 4 meeting in Minneapolis. I hope we can combine this with an MPS meeting so local members can get together with other Midwestern psychiatrists.

We learned at the Assembly California psychologists are taking a new approach to getting prescribing privileges. Psychologists in public sector jobs there belong to a union, and the union--with a great deal of political power and money--has agreed to lobby the legislature on their behalf for prescribing privileges.

All past APA position statements are coming up for review. Many have not been revisited since they were written. The APA currently has a pro-choice position, which the women of the Assembly and others would like to retain. Right-to-life groups are using false data claiming that abortion leads to serious mental health problems. The Supreme Court accepted this premise in a recent ruling. Psychiatrists can educate legislators on the facts and data. Talking points are being developed.

The Communications/Public Affairs department of APA has gotten more funding and they are available to help any member who is giving a talk to the public or the media with talking points, etc. They will return all calls within one hour. Their number is: 703-907-8640 or e-mail them at press@psych.org.

Other action papers that were passed include: establishing an online news letter for residents; asking for further research into the benefits of medical marijuana as well as protecting doctors and patients involved in such research (Note-this action was controversial, as it has since been publicized to make it look like the APA supports the use of medical marijuana.); ensuring that psychiatric patients coming to emergency be appropriately medically cleared; various measures to enhance the use of technology such as telepsychiatry by individuals and the APA; and an updated position statement on the safety and efficacy of ECT. ■

Integrative Medicine Center located in Minnetonka, seeking psychiatric consultant 1-2 days per week to assist with assessment and treatment of Center patients.

Experience in, and comfort with, biomedical and alternative approaches desired. Work as part of collaborative, multi-disciplinary health care team. Presenting concerns of Center patients include more traditional "mental health" concerns as well as significant focus on chronic illness management (e.g., pain disorders, women's health issues, digestive disorders, headache patterns, fatigue/energy-based concerns). Teaching/writing opportunities. Internet-based service delivery model in development. Please contact Karen Hawkins at 763-546-5797 for additional information. www.partnersinpsych.com Ad