

Texas Psychiatrist

Fifty Years and More Highlights of Our Organization

George A. Constant, MD

By now, I am sure you all know that we are celebrating our 50th Anniversary as the Texas Society of Psychiatric Physicians. Since my memory has become a bit spotty, TSPP's excellent staff have provided many of the details that you are about to read., for which I am most grateful.

A Brief History

1928

Organized psychiatry in Texas pre-dates the formation of TSPP. In many regards, we could be celebrating our 76th anniversary because the first group to organize as a society was the Texas Neurological Society, organized in Galveston in 1928 under the leadership of Titus H. Harris, MD, the first Chairman of the Department of Neurology and Psychiatry, University of Texas Medical Branch in Galveston, Texas.

1946

In 1946, the Texas Neurological Society changed its name to the Texas Neuropsychiatric Association.

1956

In April 1956, a group of 40 Texas Psychiatrists, many of whom were members of the Texas Neuropsychiatric Association, petitioned the American Psychiatric Association to be recognized as a District Branch. When this was finally accomplished in May 1956, both the Texas Neuropsychiatric Association and the new Texas District Branch of the American Psychiatric Association co-existed for many years. They even held meetings together and shared officers together. It seems fitting at this time to acknowledge and pay tribute to

that group of physicians that had the courage to ask for the formation of the Texas District Branch. These doctors were:

James R. Blair, MD (San Antonio); Charles H. Brown, MD (Wichita Falls); E. Ivan Bruce, Jr. MD (Galveston); Dorothy A. Cato, MD (Houston); Irvin M. Cohen, MD (Galveston); Melbourne J. Cooper MD (San Antonio); Giles W. Day, MD (Fort Worth); F. T. Harrington, MD (Dallas); Titus H. Harris, MD (Galveston); Abe Hauser, MD (Houston); Clarence S. Hoekstra, MD (Dallas); R B. Holmgren, MD (Fort Worth); Grace K Jameson, MD (Galveston); Vernon Kinross-Wright, MD (Houston); Brooks W. Mullen, MD (San Antonio); Grady Niblo, Jr. MD (Dallas); John L. Otto, MD (Galveston); Alex D. Pokorny, MD (Houston); Howard C. Reid, MD (Amarillo); Marion B. Richmond, MD (Dallas); Roy C. Sloan, MD (Big Spring); I. Ronald Sonenthal MD (Houston); P. C. Talkington, MD (Dallas); Harry Leaffer, MD, (Fort Worth); Martin L Towler, MD (Galveston); David Wade MD, (Austin) E. C. Winkelmann, MD (San Angelo); Bruce H. Beard, MD (Wichita Falls); Stephen Weisz MD (Dallas); Hamilton Ford, MD (Galveston); Charles L. Bloss, MD (Dallas); Howard Burkett, MD (Dallas); James K Peden, MD (Dallas); Edgar S. Ezell, MD (Fort Worth); E. James McCranie, MD (Dallas); Thomas W. McDaniel, Jr. MD (Fort Worth); Alono J. Beavers, MD, (Fort Worth); Claude Uhler, M.D. (Dallas); Lazard S. Brener, MD (Houston); and W. S. Williamson, MD (Galveston).

The first Officers of the new organization were:

President John L. Otto, MD
 President Elect- Bruce Beard, MD
 Secretary/Treasurer- C.S. Hoekstra, MD
 APA Delegate- Hamilton Ford, MD
 APA Alt. Delegate- Edgar Ezell, MD

1957

In 1957, House Bill 634 reared its ugly head. Representative W. H. Miller, sponsored HB 634 which stated that anyone committed for medical care for mental illness by an order of temporary hospitalization, may appeal the order within five days and that the County Judge must release that person from care and custody. He or she should then obtain a trial with or without a jury. This did not become

law until 1963.

The State Legislators appeared to distrust physicians in general and psychiatrists in particular. The Legislators apparently felt the need for emergency measures to protect citizens from being "railroaded" into mental hospitals by unscrupulous relatives and untrustworthy physicians.

1958

Then in 1958, there was a lot of discussion and talk about the two organizations (The District Branch and The Texas Neuropsychiatric Association). Most everyone seemed to agree that that they both should continue, since they were both very important to Psychiatrists in Texas.

1959

In 1959, there was more talk about HB 634. In addition, it was announced in the APA Council Meeting, that the success of the District Branch movement, had eliminated the need for Affiliate Societies and that the APA should discontinue all affiliates. There were still a lot of members, however, who felt that eliminating the affiliates could be very harmful.

1960

In 1960, we were reminded this was the 115th Annual Meeting of the American Psychiatric Association. It was also the year for our incoming President. Hamilton Ford MD, and his alternate Perry C. Talkington, M.D.

1961

Again, there was much talk about our siamese twin organizations.

1962

In 1962 the Committee on Public Relations of the Texas Neuropsychiatric Association and the Texas District Branch of the American Psychiatric Association endorsed our joint enterprise with the Texas Academy of General Practice.

This series was devoted to the discussion of psychiatry and general practice. Also, an amendment was passed, unanimously, that any member of the APA residing and practicing psychiatry in Texas may become a member of the Texas District Branch. This would



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increase our voting strength in the assembly of District Branches, the governing body of the APA.

1963

UTMB in Galveston opened the new hospital for the care and treatment of patients between the age of two and twelve, with mental illness that require intense hospital care. Henry Burkes, MD, was named its director.

Also in 1963, the Texas District Branch was incorporated as a nonprofit organization. Therefore a new name was secured. This time it was called the Texas District Branch Society of the American Psychiatric Association.

1964

It wasn't until 1964, that Representative H.W. Miller saw the error of his ways, and agreed to amend HB 634. In the same year, the question of privileged communication arose in a Houston litigation situation. It was found that privileged communication is only allowed by law, between a lawyer and his client. And that this is not so between doctor and patient, priest or minister and parishioner.

The Houston Psychiatric Society voted to assess its membership, whatever it would take to draft a bill on privileged communication. This bill was scheduled to be introduced to the State Legislature in 1965, however, other matters superseded this action, so nothing was done on this matter in 1965 as far as I know.

Also, 1964 was a very active year. There were many highlights. The biggest highlight

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Celebration!

50th Anniversary Convention & Scientific Program

November 3-5, 2006 • Westin Galleria Hotel • Dallas, Texas

See Pages 4-5



Your Vital Role in Political Advocacy

Leslie H. Secrest, MD, President, Texas Society of Psychiatric Physicians



Leslie H. Secrest, MD

We are now in the last thirty days before the final votes will be cast and counted for this election cycle. As many of you know I am convinced that the election cycle is the most critical point in preparing for a successful legislative session. There are multiple ways that we can contribute to a candidate's bid for election. Financial support is frequently thought to be the most valued factor in a campaign but dollars can only buy the things such as advertising that can create a platform from which a message can be delivered. A candidate's message must be very compelling to deliver voters and their votes. Votes are cast, in my opinion, based upon relationships. Most of our relationships with a candidate are through an intermediary. Each of us can become an intermediary by becoming a volunteer in a campaign. Successful politicians understand the importance of having campaign volunteers and if possible having a personal relationship with each volunteer. Each of us can have a relationship with our favorite candidate by volunteering to do anything that requires a little sweat and effort. It is the volunteers that ensure that a message is secure and will deliver votes on Election Day. Often it is the relationship with a volunteer that will cause a potential voter to take time to cast their vote.

Once the votes are counted, the winner sworn in and the legislature begins its work, TSPP and others will begin to implement their legislative agenda. Already, this leg-

islative session appears to be shaping up to be a challenge. The effort to expand the scope of practice will affect all medical spe-

Psychiatry can expect many efforts to trivialize our services and the importance of medical training.

cialties. Organized Medicine has begun to realize that scope of practice issues are important to everyone in medicine and requires a maximum effort by all physicians to educate legislators that scope of practice has significant implications for patient safety and quality of patient care.

Psychiatry can expect many efforts to trivialize our services and the importance of medical training. There may also be efforts to restrict access to pharmacological therapy and other somatic treatments. Opportunities to seek parity may develop as more evidence emerges that mental health parity reduces the need for other medical services. There will be opportunities to seek the return of mental health funding that was taken away during the last legislative session. It should be pointed out that Texas often doesn't get its share of fed-

eral matching dollars in programs such as Medicaid. The legislature should reverse this phenomenon as the failure to capture federal tax dollars restricts the availability of services and shifts funding to counties who have the lowest revenue and taxing opportunities. It is ironic that county citizens have paid federal taxes that didn't return to them and are being asked to pay again.

As my wife and I walk our precinct in support of our candidates, I wonder how many other TSPP members are doing the same thing and are making other contacts that will solidify relationships? Volunteering is easy and everyone appreciates your participation even the opposition. It has amazed me how many people thank me for walking our precinct even those who support the opposition. A candidate for office recently told me that people who invite a candidate to a reception in their home and invite their neighbors gives one of the most powerful endorsements a candidate can have. The number of people who attend is not as important as the endorsement. It recently occurred to me that psychiatrists who come together to volunteer as a group for a candidate also make a powerful statement that is not forgotten. There are other elections in addition to our legislators that need our attention. Our county commissioners are elected and they often have a major influence on the health in our counties particularly the uninsured men-

tally ill person. Often we forget our legal system relies upon the election cycle to provide qualified and effective judges. Too many times I am in the voting booth before I realize that I am not as informed as I should be and have not been involved helping others to be informed about the qualifications for a candidate in a judicial race. Volunteer with a candidate. We will need all our members' participation and the ability to make alliances in the next legislative session to develop and implement public policy that will bring effective prevention and treatment of mental illness. To those of you who have already been volunteering and those of you who will volunteer, thanks, you make a difference.

As you know, TSPP is celebrating its 50th Anniversary this year. The culmination of our Golden Anniversary celebration will take place during TSPP's 50th Anniversary Convention and Scientific Program on November 3-5, 2006 at the Westin Galleria Hotel in Dallas. I hope each of you is planning to attend this very special program and meeting and participate in an outstanding educational program and the festivities celebrating TSPP's 50 years of service to psychiatry and our patients. ■

TSPP Elections 2006

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 5, 2006 in Dallas at the Westin Galleria Hotel during the Annual Convention and Scientific Program. The Nominating Committee, composed of Gary Etter, MD, Clay Sawyer, MD and Priscilla Ray, MD, submit the following slate of candidates for consideration:

President-Elect 2007-2008

Martha L. Leatherman, MD (San Antonio)

Vice President/

Scientific Program Chair 2007-2008

George D. Santos, MD (Houston)

Secretary-Treasurer 2007-2008

Richard L. Noel, MD (Houston)

APA Representative 2007-2010

A. David Axelrad, MD (Houston)

Councilor-at-Large 2007-2010

Patrick Holden, MD (San Antonio)

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 5, 2006,

elections will be governed by the TSPP Bylaws, Chapter Nine, as follows:

Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting members.

Section III. The election of officers shall be conducted by mail ballot whenever more than one slate of officers is nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor,

the slate submitted by the Nominating Committee will be considered to be elected by acclamation by those members at the annual business meeting.

Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting...

As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.

Elective positions are currently held by the following members:

Officers 2006-2007:

President - Leslie H. Secrest, MD (Dallas)

President-Elect - William H. Reid, MD (Horseshoe Bay)

Vice President - J. Clay Sawyer, MD (Waco)

Secretary-Treasurer - George D. Santos, MD (Houston)

Immediate Past President - Gary L. Etter, MD (Fort Worth)

APA Representatives:

A. David Axelrad, MD, Houston (2004-2007)

Priscilla Ray, MD, Houston (2006-2009)

J. Clay Sawyer, MD, Waco (2005-2008)

Councilors-at-Large:

Leslie H. Secrest, MD, Dallas (2004-2007)

Lynda Parker, MD, Lubbock (2005-2008)

Franklin D. Redmond, MD, San Antonio (2006-2009)

Representative to the APA Division of Government Relations:

Leslie H. Secrest, MD, Dallas (2006-2009)

Representative to the APA Division of Public Affairs:

Debra Kowalski, MD, Fort Worth (2006-2009) ■

Congratulations....

New Life members as of January 1, 2007:

Life Members: Robert O. Collier, MD (Harlingen), Davinder H. Dhingra, MD (Bedford), Jerry W. Dodson, MD (San Angelo), Frank L. Giordano, MD (El Paso), Terry W. Hugg, MD (Bellaire), Carlos A. Macedo, MD (San Antonio), Barry A. Rosson, MD (Austin), and Ingrid E. Schmidt, MD (Austin).

Distinguished Life Fellows: Mark J. Blotcky, MD (Dallas), Robert W. Guynn, MD (Houston), Rodger D. Kobes, MD (Dallas), James W. Lomax, MD (Houston), Alexander L. Miller, MD (San Antonio) and Stuart C. Yudofsky, MD (Houston).

TSPP Bylaws Amendments

Amendments to the TSPP Constitution and Bylaws will be presented to the membership for consideration at the TSPP Annual Business Meeting on November 5, 2006 at the Westin Galleria Hotel. The amendments, mostly administrative housekeeping, were developed by the Constitution and Bylaws Committee and endorsed

by the TSPP Executive Council on April 23, 2006.

For a copy of the proposed amendments, visit the Federation's website (www.txpsych.org) and click on the TSPP tab on the home page. Or, contact the TSPP Office for a copy (TSPPofc@aol.com).

Prescribing Medications: the True Brass Tacks

R. Sanford Kiser, MD, President, Texas Academy of Psychiatry

What is “evidence-based medicine?” Nowadays that phrase seems to surround us. As you practice psychiatric medicine and prescribe medications for your patients, do you find yourself feeling nervous that you might be screwing up? Do you feel guilty because you don’t include a bibliography with your prescriptions?

Relax. Things aren’t that bad. People are even starting to make jokes about evidence-based medicine. Some of them are actually dirty jokes. For example,

QUESTION: What is the difference between horse-hooey and evidence-based medicine?

ANSWER: Horse-hooey is regular hay that has passed through the inner sanctum of the horse. Evidence-based medicine is regular medical practice that has passed through the inner sanctum of statistics.

Seriously though, recent amazing technological developments have created a vast array of databases in all areas of medicine, including the prescribing of medications. The advances in computer hardware and software, improvements in transportation and communication, and the creation of the internet have not only accelerated drug development, but also enhanced clinical information regarding the benefits and side effects of the drugs themselves.

With all this data now available, the recurring theme that we encounter has become the magical mantra of “evidence, more evidence, still more evidence, and even still more evidence.” Unfortunately evidence-based medicine has too often become a confusing catchphrase, almost without meaning, or even worse, it can be a platitude with different meanings to different people.

Fortunately we now have a multitude of resources to consult for authoritative information. One excellent resource is the National Guideline Clearinghouse (NGC), which can be found at <http://www.guideline.gov/>. The NGC, which is a continuously updated resource for evidence-based clinical practice guidelines, is a function of the Agency for Healthcare Research and Quality (AHRQ), which in turn is a component of the U.S. Department of Health and Human Services. The homepage of the AHRQ itself (<http://www.ahrq.gov/>) contains additional information for definitions of evidence-based clinical practice guidelines.

Practice guidelines in general have encountered the sobering fact that medicine is an art as well as a science, and consequently medication prescribing decisions in many cases require an artful expertise that transcends black-and-white simplicity. For this reason practice guidelines are usually generated by combining

information from several levels of evidence, which include:

1. Consensus of experts
2. Anecdotal reports
3. Open design studies
4. Single-blind studies
5. Double-blind studies
6. Multi-center double-blind studies
7. Meta-analyses, combining and comparing data across multiple studies

As you can imagine, with the technology of our time, this list can generate tremendous quantities of data for evidence-based clinical practice. Unfortunately this list, which superficially seems so impressive yet benign, contains an ugly, pernicious flaw, i.e. ITEMS 3 THROUGH 7 USE STATISTICS! (Remember the bowels of the horse!)

Now the field of statistics, in and of itself, is quite useful, particularly if you want to torture yourself with a calculator on a boring Saturday afternoon. The big problem with statistics is that it is very heavy on concepts like “mean, median, mode, standard deviation, significance, etc., etc.” But if we then attempt to utilize statistics to define the proper treatment of the average patient, we rapidly run into major problems, because none of us has ever seen, much less treated, the mythological “average” patient. Instead we treat one patient at a time, rather than the average of a bunch of patients. What are we to do?

Fortunately a straightforward solution is available, because another type of research design, called the “N of 1” or “single subject” design, more closely approximates the way we actually practice medicine. In the above studies that utilize statistics, a large number (N) of subjects is required for the math to work out properly in order to

establish whether the results are meaningfully different from random chance.

In the N of 1 design, however, only a single subject is involved, and multiple courses of treatments or non-treatments are administered over a period of time, with efficacy and side effects being measured, just as in large population studies. The single patient essentially is used as a control against self. N of 1 studies can be set up in formats of an open study, a single-blind study, a double-blind study, or a multi-center study, just like the large population studies. An N of 1 study can even be set up as a subcomponent of one of the large population study designs!

The primary importance of the N of 1 design is that it best parallels the actual practice of medicine, and it defines the best treatment for one particular patient — your patient. (A good annotated bibliography for N of 1 study designs can be found at http://silcom.com/~dwsmith/Critical_Assessment/annobib.html).

Further indication of the importance of the N of 1 study design can be found in new findings now emerging from another branch of medical research. Studies of the human genome are demonstrating the obvious fact that we are genetically diverse. Those studies are increasingly identifying individual DNA coding variations in drug absorption, transport, receptor activity, and metabolism, thus giving rise to the



R. Sanford Kiser, MD

new fields of pharmacogenetics and pharmacogenomics. (For excellent overviews of this area, see the journal articles at <http://content.nejm.org/cgi/content/full/348/6/529?ck=nck> and http://www.who.edu/science/B/people/mhahn/Evans_Relling_Science.pdf).

We can speculate that the day will come when a simple blood test or saliva sample will provide a genetic profile of our patient, which will define the proper drug at the proper dose for the proper cure. Our world will be a Valhalla of perfect evidence-based medicine.

I only ask that no one remind me of the massive statistics that will be required to calculate the virtually infinite combinations and permutations of gene sequences that can code for drug absorption, transport, distribution, receptor site affinity and activity, metabolism, and excretion in a given patient. That would put me back in the horse-hooey all over again. ■

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Texas Society of Psychiatric Physicians 2006 Annual Convention and Scientific Program

JOIN US!

It's not too late to join in the fun and excitement of celebrating TSPP's 50th Anniversary, past, present and future! Send in your registration today!

Convention Meeting Site

Located within the impressive Galleria (13340 Dallas Parkway), the Westin Galleria Dallas Hotel is the site of TSPP's 50th Anniversary Convention and Scientific Program. For room reservations call 1/888/627-8536 or 972/934-9494.

Special Program for MIT Members

Dr. William C. Streusand of Austin will be presenting a special program for members in training on "How to Set Up a Successful Private Practice with Minimal Pain and Terror". The complimentary program is scheduled for Friday, November 3, 3:00-4:30 pm. Then, make plans to stay and enjoy the complimentary welcome reception!

Welcome Reception / Exhibitor Prize Drawings / Photographic Display

The convention officially kicks off with a complimentary welcome reception with Exhibitors on Friday, November 3 from 6:30-8:00 p.m. Meeting registrants are encouraged to pick up an Exhibitor Drawing Form at the TSPP Registration Desk and visit with the exhibitors to obtain stickers that when completed and turned in to the TSPP Registration Desk by 10:30 a.m. on Saturday will make them eli-

gible for the numerous drawings to be held at the Scientific Program on Saturday.

A historic "Family Album" photo display will depict members' participation in TSPP activities and the core issues of TSPP Membership: Advocacy, Education, Service and Fellowship.

Seeking Employment? Looking for answers to your malpractice insurance needs? Want up to date information about pharmaceutical products for your patients? NEW to the exhibit hall this year are hospitals and organizations providing employment opportunities within the State of Texas; malpractice carriers and a variety of pharmaceutical companies! Leisurely visit with the exhibitors Friday evening during the welcome reception and for a brief time on Saturday during the continental breakfast and A.M. refreshment break. All while enjoying complimentary hors d'oeuvres and refreshments!

Scientific Program

This year's Scientific Program "Update 2006: Advances in the Clinical Management of Psychiatric Disorders" features an outstanding program offering 10 hours of Category 1 CME credit on the topics of: Post Traumatic Stress Disorder; Bipolar Disorder; Risk Factors Associated with Violence in Pediatric Patients in a Psychiatric Emergency Room; Alcohol & Substance Abuse; Eating

Disorders; Medical, Legal & Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses and Depression.

Limited Seating Available - History of Texas Psychiatry Luncheon/Saturday

If you have already registered for the Scientific Program but did not register for the Saturday luncheon but would like to attend - please contact the TSPP office immediately to register. Seating is limited and may not be available for registrants on-site. Dr. Daniel Creson from Houston has videotaped interviews with the pioneers and leaders of Texas Psychiatry and will present highlights from these video interviews which will reflect on the development and growth of psychiatry in Texas.

Anniversary Gala Banquet - SOLD OUT! Waiting List Available

The Saturday evening 50th Anniversary Gala Banquet is officially sold out! Thank you to all of the members and guests who registered in advance and are joining TSPP in celebration of its' 50th Anniversary! A waiting list is available for those who would like to attend the banquet, please contact TSPP at tsppofc@aol.com or telephone 512/478-0605.

Annual Business Meeting Luncheon

The Annual Business Meetings of TSPP and the Texas Foundation for Psychiatric

Education and Research will be held on Sunday following the conclusion of the scientific program. ■

50th Anniversary Gala

A highlight of the festivities during the 2006 Annual Convention will be a special 50th Anniversary Gala Dinner. This black tie optional dinner will be held on Saturday, November 4, beginning at 7:15 pm. The dinner will be preceded by a reception beginning at 6:30 pm. TSPP's members including Past Presidents and previous Award Recipients will all be recognized for their contributions to TSPP. Following a champagne toast, the festivities will continue with a "Blast from the Past," musical entertainment featuring Elvis and the Beatles (recreated by Johnny Mandell & the Muddcats). Please join us for a fun and memorable celebration!

The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for their participation as an exhibitor at the Annual Convention:

DIAMOND

Texas Foundation for Psychiatric Education and Research

GOLD

Janssen
McNeil Pediatrics
Division of McNeil-PPC, Inc.
Millwood Hospital
Sanofi-aventis
Sepracor
The Doctors Company

SILVER

Abbott Laboratories
Acadia Healthcare
AstraZeneca
Bristol-Myers Squibb Company
Cephalon, Inc.
Cyberonics, Inc.
Eli Lilly & Company
Forest Pharmaceuticals
GlaxoSmithKline
JDS Pharmaceuticals, LLC
Medical Doctor Associates
North Texas State Hospital
Padre Behavioral Hospital
Pamlab, LLC
Pfizer Inc.
Presbyterian Hospital
Reckitt Benckiser Pharmaceuticals
Santé Center for Healing
Takeda Pharmaceuticals
Timberlawn Mental Health System

COMPLIMENTARY

Depression and Bipolar Support Alliance (DBSA) Texas

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS 50TH ANNIVERSARY CONVENTION & SCIENTIFIC PROGRAM

November 3-5, 2006 • Westin Galleria Hotel, Dallas, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 12 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

NAME _____		E-MAIL _____		
ADDRESS _____	CITY _____	STATE _____	ZIP _____	PHONE _____
NAME(S) GUEST(S) ATTENDING (for name badges) _____				

REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT

MEMBER LUNCHEON - Friday

Member Luncheon \$20

MIT / ECP PROGRAM - Friday

MIT/ECP Program No Chg

WELCOME RECEPTION - Friday Evening

NOT Registered for Scientific Program \$50

Registered for Scientific Program No Chg

PROGRAM LUNCH Profiles of Texas Psychiatry - Saturday

Program Luncheon \$20

50th ANNIVERSARY BANQUET

Saturday Evening/ Black Tie Optional

50th Anniversary Gala Dinner \$55

ANNUAL BUSINESS LUNCHEON - Sunday

Annual Business Luncheon \$20

NUMBER ATTENDING EVENT

SCIENTIFIC PROGRAM - Saturday and Sunday

TSPP/Academy Member \$235

MIT (TSPP/Academy) \$ 35

Non-Member Physician \$290

Non-Member MIT \$ 50

Allied Health Professional \$130

Spouse \$120

Advocacy Organization \$ 20

TOTAL REGISTRATION FEE \$

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

Vegetarian Plate Requested. No additional fee if requested prior to 10/12, otherwise there will be an additional fee of \$15.00.

METHOD OF PAYMENT

Check - Make checks payable to "Texas Society of Psychiatric Physicians"

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Signature _____

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CANCELLATION POLICY: In the event of cancellation, a full refund will be made if **written notice is received in the TSPP office by October 12, 2006, less a 25% handling charge. No refunds will be given after October 12, 2006.**

Return to: TSPP • 401 West 15th Street, Suite #675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223



Texas Society of Psychiatric Physicians
2006 Annual Convention and Scientific Program

D A I L Y S C H E D U L E

Thursday, November 2

2:00 PM Golf Outing Arranged by Dallas Members

Friday, November 3

7:30 AM - 8:00 PM	Registration / Information	Galleria Foyer
7:30 AM - 8:55 AM	Foundation Board of Directors Breakfast Mtg	Ellis
8:00 AM - 5:00 PM	DBSA Texas 1st Annual Conference "Transformations"	Governors
8:30 AM - 4:00 PM	Committee Hospitality Complimentary Refreshments & Light Hors D'oeuvres For Cmte Mbrs	Johnson 2
9:00 AM - 10:30 AM	Socioeconomics Academic Psychiatry Finance Physician Advocacy	Dallas Collin Johnson 1 Fannin
10:30 AM - 12:00 PM	Professional Practices Fellowship Strategic Planning & Coordinating Texas Academy of Psychiatry Membership	Dallas Fannin Johnson 1 Collin
12:00 PM - 1:30 PM	Federation of Texas Psychiatry Delegate Assembly Lunch Mtg Committee / Member Luncheon	Ellis Galleria 3
1:30 PM - 3:00 PM	Public Mental Health Services Ethics Constitution & Bylaws	Dallas Fannin Collin
3:00 PM - 4:30 PM	Continuing Medical Education Forensic Psychiatry Children and Adolescents Members in Training/ECP Program: "How to Set Up a Successful Private Practice with Minimal Pain and Terror" William C. Streusand, MD, Austin, Presenter	Fannin Dallas Collin Johnson 1

4:35 PM - 6:00 PM	Government Affairs	Johnson 1 & 2
6:30 PM - 8:00 PM	Welcome Reception w/Exhibitors	Galleria 2 & 3
8:00 PM -	Members in Training After-Hours Social Arranged by MIT Members	

Saturday, November 4

7:00 AM - 6:00 PM	Registration / Information	Galleria Foyer
7:30 AM - 8:30 AM	Complimentary Continental Breakfast for Program Registrants With Exhibitors	Galleria 2 & 3
8:30 AM - 5:00 PM	Scientific Program	Preston Ballroom
10:15 AM - 10:30 AM	Refreshment Break with Exhibitors	Galleria 2 & 3
12:00 PM - 1:30 PM	History of Texas Psychiatry Luncheon Program Daniel Creson, MD, Houston, Presenter	Galleria 2 & 3
2:00 PM	Exhibits Tear Down / Depart	
2:30 PM - 2:45 PM	Refreshment Break	Preston Foyer
5:00 PM - 6:30 PM	Executive Council	Johnson 1 & 2
6:30 PM - 7:00 PM	50th Anniversary Gala Reception	Governors
7:15 PM - 12:00 AM	50th Anniversary Gala Banquet with Entertainment	Galleria 3

Sunday, November 5

7:30 AM - 1:00 PM	Registration / Information	
7:30 AM - 9:00 AM	Complimentary Continental Breakfast for Program Registrants	Preston Foyer
8:00 AM - 12:30 PM	Scientific Program	Preston Ballroom
10:15 AM - 10:30 AM	Refreshment Break	Preston Foyer
12:30 PM - 2:00 PM	Annual Business Meeting Luncheon & DVD Presentation	Galleria 3

The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for the educational grants provided in support of the Scientific Program:

DIAMOND

Abbott Laboratories
 Bristol-Myers Squibb Company
 Eli Lilly and Company
 Forest Research Institute
 GlaxoSmithKline
 Pfizer, Inc.
 Wyeth Pharmaceuticals

PLATINUM

AstraZeneca

SILVER

Cyberonics, Inc.

SCIENTIFIC PROGRAM SPEAKERS

Jonathan R.T. Davidson, MD

Professor, Dept of Psychiatry and Behavioral Sciences
 Duke University Medical Center South
 Durham, North Carolina

Robert L. Fine, MD, FACP

Director, Office of Clinical Ethics
 Baylor Health Care System
 Director, Palliative Care Consultation Service
 Baylor University Medical Center
 Dallas, Texas

Marisa A. Giggie, MD, MPAff

Forensic Psychiatry Fellow, University of Texas
 Health Science Center San Antonio
 San Antonio, Texas

Ursula B. Kelley, MD

Clinical Director, Eating Disorders Program
 Presbyterian Hospital
 Dallas, Texas

Edgar P. Nace, MD

Clinical Professor of Psychiatry
 University of Texas Southwestern Medical School
 Dallas, Texas

A. John Rush, MD

Vice Chair for the Department of Clinical Sciences
 Betty Jo Hay Distinguished Chair in Mental Health
 Rosewood Corporation Chair in Biomedical Science
 Professor of Psychiatry
 University of Texas Southwestern Medical Center
 Dallas, Texas

Trisha Suppes, PhD, MD

Associate Professor of Psychiatry
 Director, Bipolar Disorders Clinic & Research Program
 UT Southwestern Medical School
 Dallas, Texas

SCIENTIFIC PROGRAM SCHEDULE

SATURDAY, November 4, 2006

(Six Hours Total Category I Credit)

8:30am-8:45am	Opening Remarks
8:45am-10:15am	Post Traumatic Stress Disorder: The Latest Developments <i>Jonathan R. T. Davidson, M.D., Duke University, North Carolina</i>
10:15am-10:30am	Refreshment Break
10:30am-12:00pm	The Current Essentials in Diagnosing Bipolar Disorder Today <i>Trisha Suppes, PhD, MD, UT Southwestern, Dallas, TX</i>
12:00pm-1:30pm	Lunch Break
1:30pm-2:30pm	Resident Paper Competition Winner: Screening for Risk Factors Associated with Violence in Pediatric Patients Presenting to a Psychiatric Emergency Room <i>Marisa A. Giggie, MD, MPAff, UT Health Science Center San Antonio, San Antonio, TX</i>
2:30pm-2:45 pm	Refreshment Break
2:45pm-3:45 pm	Alcohol and Substance Abuse: Realistic Treatment Options and Pitfalls to Avoid <i>Edgar P. Nace, MD, UT Southwestern, Dallas, TX</i>
3:45pm-4:45pm	Obesity in our Child and Adult Patients <i>Ursula B. Kelley, MD, Presbyterian Hospital, Dallas, TX</i>
4:45pm-5:00pm	Closing Remarks

SUNDAY, November 5, 2006

(Four Hours Total Category I Credit)

8:00am-8:15am	Opening Remarks
8:15am-10:15am	Medical, Legal, and Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses <i>Lecture for Ethics Credit: Robert L. Fine, M.D., Baylor Health Care System, Dallas, TX</i>
10:15am-10:30am	Refreshment Break
10:30am-12:30pm	Toward the Optimal Treatment of Depression <i>A. John Rush, MD, UT Southwestern Medical Center, Dallas, TX</i>

Scientific Program Accreditation

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten *AMA PRA Category I Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The presentation "Medical, Legal, and Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES

This CME program is proudly sponsored by the Texas Society of Psychiatric Physicians on the occasion of the Society's fiftieth anniversary of service to psychiatrists and their patients. Designed in a format consisting of lectures and direct discussion, the program is designed to provide its' primary target audience of Psychiatrists, as well as other specialties of medicine with clinically-relevant information regarding ethics, new developments in treatment, and new directions in research.

At the conclusion of the program, CME participants will be able to explore, to describe, and to discuss the following areas and topics:

- Causes of PTSD, with an improved ability to accurately diagnose and to implement appropriate treatment
- The diagnosis, prognosis, and current effective treatments for bipolar disorder.
- Evaluation and treatment of alcohol abuse and abuse of other substances, with emphasis on realistic treatment outcomes.
- Recognition of obesity in child and adulthood and effective means of intervention.
- The various classes of coma and the implications of each on treatment and prognosis.
- Dealing with ethical dilemmas faced by the families, and the physicians, of patients in coma.
- Current strategies for achieving symptom remission and recovery in major depression.
- Documentation of risk assessments for violence in pediatric patients in an emergency room

Fifty Years and More Highlights of Our Organization

continued from page 1

was probably the fact that David Wade, MD of Austin was elected as the President Elect of the Texas Medical Association. This is the first time that a Psychiatrist had been so honored. He was given a standing ovation by us.

1965

In 1965, Hamilton H. Ford MD was nominated for the Speakership of the Assembly of District Branches of the American Psychiatric Association. Perry C. Talkington, MD, President Elect of the Texas Neuropsychiatric Association and the Texas District Branch was nominated for a position on the Council of the American Psychiatric Association.

The amendments to HB 634 were introduced to the State Legislature. There was no certainty, however, according to E. Ivan Bruce, Jr. MD, that the Privileged Communication issue would be introduced. There was some discussion about resuming the joint meetings between the Texas Neuropsychiatric Society and the Mexican Neuropsychiatric Society. This series of meetings was bypassed in 1964 because of being preempted by two other national meetings. This resolution did pass.

1965 was really a banner year. In 1965, House Bill 3 was passed by the State Legislature. Many of our members were involved formulating the "Texas Plan" under Governor John B. Connally. This bill established a new Texas State Board on Mental Health and Mental Retardation.

It set up a whole idea of psychiatric centers throughout the state. It also set up all sorts of ways to improve mental health and mental retardation. There was a problem about whether or not to combine these two agencies. This was resolved, however, because it was felt that one administration could handle both agencies. So in interest of economy, the Texas State Board of Mental Health and Mental Retardation was born.

1966

The first program of the Section on Nervous and Mental Diseases of the TMA was scheduled for April 15, 1966, as a scientific section of the TMA. It was a huge success.

1967

The Houston State Psychiatric Institute for Research and Training was renamed the Texas Research Institute for Mental Sciences, and given a broader mandate in the implementation of House Bill 3. Dr. Spencer Bayles served briefly as its first director followed by Dr. Bill Lhamon and then Dr. Sherv Frazier. Dr. Kinross-Wright took over HSPI when Dr. Frazier became the first Executive Director of the new Department of MH and MR.

1969

In 1969, nine (9) Community Mental Health-Mental Retardation Boards of Trustees received state grants. This number increased to 21 by the end of the year, with another six to begin operating in the next fiscal year. The state hospital population dropped from 14,921 in 1964 to 9,407 by August 1973 and to 8,000 by 1975.

1973

In 1973, our name was changed again, this time to the "Texas District Branch of the

American Psychiatric Association."

1980

In 1980, each State was given a federal block grant. This gave each State more control over the distribution of federal funds. This move, however, created several conflicts; therefore, more problems were generated by disagreements among different agencies dealing with mental health issues.

Nevertheless, some good things have occurred from the block grants; for example, the new prison psychiatric hospital in Sugarland.

1986

In 1986, our name was finally changed one more time to the Texas Society of Psychiatric Physicians.

1987-1990

It should also be mentioned that for many years, the Texas Society of Psychiatric Physicians maintained many of its administrative functions by individual members before contracting for administrative services provided by a division of the Texas Medical Association.

In 1987, TSPP established its own office and hired its first two employees. Sheryl Harding was the first Executive Director and Debbie Sundberg was the Assistant Director. Charles Stewart was Executive Director in 1989. In 1990, John R. Bush became our Executive Director.

1991

Many new issues were addressed. Third party insurance, special needs of minorities, homelessness and many other issues were reviewed.

In 1991, the TSPP began lobbying for insurance parity for patients with psychiatric illness. The initial results that were passed limited insurance parity for mental illnesses only for employees of the State Government of Texas.

1992

In 1992, there were nine State Hospitals with 57 outreach clinics mandated by the State Hospitals and 10 outreach clinics under the jurisdiction of the State Centers. Eventually 35 local comprehensive MHMR centers began operating under local Boards of Trustees.

25,277 patients were cared for in MHMR centers. In addition, TSPP managed to get a bill passed by the Texas State Legislature that codifies that only physicians can admit patients to Psychiatric Hospitals.

1995

In 1995, TSPP formed the Mental Illness Awareness Coalition, which included the major mental health advocacy organizations: NAMI Texas, Mental Health Association in Texas, Depressive and Manic Depressive Association, (now known as the Depression and Bipolar Support Alliance), the Texas Mental Health Consumers, in addition to the Texas Medical Association. Every summer, the Coalition hosts a conference which allows the organizations to share their legislative priorities and to build competence in advocating their positions. "Capitol Day" is another venture sponsored by TSPP so that Psychiatrists and other mental health advocates can visit

with their legislative representatives.

1997

In 1997, the Legislature passed a parity bill for all persons with Psychiatric Disorders, but limited to six major diagnoses. TSPP continues to lobby for full parity. Many attempts by "do gooders" to ban electroconvulsive therapy (ECT) to oblivion have been thwarted by the Texas Society of Psychiatric Physicians. TSPP has also defeated all attempts by these "do gooders" to ban certain psychotropic medications. In addition to that, the TSPP has managed to defeat the efforts of many to allow non-physicians to practice medicine and write prescriptions for psychotropic medications.

Also in 1997, TSPP sponsored the Political Action Task Force to encourage Psychiatrists to become involved in the political process during the interim period between legislative sessions. This program is designed to encourage Psychiatrists to visit with Legislators and to know them by name and educate them about psychiatric issues. This has proven to be beneficial in promoting psychiatric legislative agendas.

2003

The Texas Legislature consolidated 12 agencies into the Texas Health and Human Services Commission. This reorganization placed the mental health component of the Department of Mental Health and Mental Retardation within the newly formed Department of State Health Services.

TSPP Leadership

Members who have provided outstanding leadership of TSPP as President include: John L. Otto, MD (1956); Bruce Beard, MD (1957); William Cantrell, MD (1958 & 1980); Hamilton Ford, MD (1959); Clarence Hoekstra, MD (1960); Robert Stubblefield, MD (1961); Cy Ruilmann, MD (1962); H. Harlan Crank, MD (1963); E. Ivan Bruce, Jr., MD (1964); Perry Talkington, MD (1965); Alfred Hill, MD (1966); James K. Peden, MD (1967); Alexander Bankhead, MD (1968); Pete C. Palasota, MD (1969); Marshall L. Fowler, Jr., MD (1970); Irvin M. Cohen, MD (1971); Wade H. Lewis, MD (1972); E. Winston Cochran, MD (1973); Harry K. Davis, MD (1974); Thomas H. Allison, MD (1975); Walter E. Reifslager, MD (1976-77); Laurence C. McGonagle, MD (1978); Jane H. Preston, MD (1979); Tracy R. Gordy, MD (1981); Keith Johansen, MD (1982); Grace K. Jameson, MD (1983); Frank P. Schuster, MD (1984); Spencer Bayles, MD (1985); Myron F. Weiner, MD (1986); Robert L. Zapalac, MD (1987); Victor J. Weiss, MD (1988); Doyle I. Carson, MD (1989); Paul H. Wick, MD (1990); Edward L. Reilly, MD (1991); David F. Briones, MD (1992); Bernard M. Gerber, MD (1993); Larry E. Tripp, MD (1994); Arthur J. Farley, MD (1995); Conway L. McDanald, MD (1996); Robert G. Denney, MD (1997); Jefferson E. Nelson, MD (1998); A. David Axelrad, MD (1999); Deborah C. Peel, MD (2000); Charles L. Bowden, MD (2001); R. Sanford Kiser, MD (2002); Priscilla Ray, MD (2003); J. Clay Sawyer, MD (2004); Gary L. Etter, MD (2005), and Leslie H. Secrest, MD (2006).

In Summary

The best summary that I can come up with,

and that I can think of, is Senate Resolution 940, passed by the Texas Senate on May 18, 2005.

WHEREAS, The Texas Society of Psychiatric Physicians has been the professional organization in Texas representing psychiatry since 1956 and will celebrate its 50th Anniversary in 2006; and

WHEREAS, The Texas Society of Psychiatric Physicians is recognized for its role in defining quality psychiatric care for patients in Texas in all practice settings, including both the private and public sectors; and

WHEREAS, The Texas Society of Psychiatric Physicians has encouraged and supported the active involvement of patient and mental health advocacy organizations in the public policy arena through the establishment and nurturing of the Mental Illness Awareness Coalition; and

WHEREAS, The Texas Society of Psychiatric Physicians has taken a leadership role in educating policymakers and the general public about mental illnesses and psychiatric treatments; and

WHEREAS, The Texas Society of Psychiatric Physicians has been since 1986 the first and only medical specialty society in Texas accredited for continuing medical education by the Texas Medical Association; and

WHEREAS, The Texas Society of Psychiatric Physicians is recognized for its leadership role in providing quality continuing medical education for its members and other physicians in Texas; and

WHEREAS, The Texas Society of Psychiatric Physicians has consistently advocated for the interests of patients and the eradication of discrimination and stigma against persons with psychiatric illnesses; and

WHEREAS, The Texas Society of Psychiatric Physicians has had a long and effective participation in the legislative process and been proactive in advancing quality medical and psychiatric care for the citizens of Texas based on the latest advances in science; and

WHEREAS, The Texas Society of Psychiatric Physicians helped in the establishment of the Legislative Mental Health Awareness Group, a group of legislators with an interest in better understanding mental illness and its treatment; and

WHEREAS, The Texas Society of Psychiatric Physicians is recognized for its role in encouraging the establishment of the Federation of Texas Psychiatry, an umbrella organization that will bring together medical organizations in Texas representing some 50,000 physicians to form a united voice advocating for patients and quality psychiatric care; now, therefore, be it

RESOLVED, the Senate of the State of Texas, 79th Legislature, commends the Texas Society of Psychiatric Physicians for bringing together many diverse groups of physicians, patients and mental health advocacy organizations in the service of the mental health of Texans of all walks of life; and be it further

RESOLVED, That a copy of this Resolution be prepared in honor of the Texas Society of Psychiatric Physicians' 50 years of service to Texas and as an expression of esteem from the Texas Senate.

Have a Happy 50th Anniversary Texas Society of Psychiatric Physicians! ■

Liability Reforms Helping Sick and Injured Texans

Ladon W. Homer, MD, President, Texas Medical Association

Sick and injured Texans now have more physicians who are more willing and able to give them the medical care they need, closer to home thanks to the state's 2003 health care liability reforms, according to the results of a new Texas Medical Association survey.

We announced these results on the third anniversary of the liability reforms and Proposition 12. This is our 'anniversary present' to the people of Texas: The reforms have worked. They've lived up to their promise.

This is also a reminder to all Texas physicians. It reminds of what we can achieve when the many voices of medicine speak out clearly with one message on behalf of our patients.

It reminds us that the 2003 liability reforms were good medicine, the right medicine, for Texas. Gov. Rick Perry, the Texas Legislature, and the voters reined in the epidemic of health care lawsuit abuse. We now have a much healthier and robust system that is much better able to give

Texans the medical care they need.

The online survey of 1,154 physician members of TMA found that since September 2003:

- Doctors find it much easier to recruit new physicians to their communities, even among high-risk specialties and in the "lawsuit war zones" of south and east Texas.
- Texas physicians are much more likely to accept patients with complex or high-risk problems, and many feel comfortable offering their patients new services.

From the Uvalde family physician who is still delivering babies to the Tyler ophthalmologist providing charity care to the huge Houston clinic that has invested millions in a state-of-the-art electronic medical record system, Texas physicians rushed to tell us how the liability reforms have helped them help their patients.

As it should be, Texas physicians' No. 1 challenge is how to cure the patient, not how to avoid a frivolous lawsuit.

The Texas Medical Board is anticipating a record 4,500 applications for new physician licenses this year. That is more than 40 percent greater than in 2005, which had been the board's busiest year on record. Texas Medical Board Executive Director Donald Patrick, MD, JD, said the success of Texas' liability reforms is the "only one viable hypothesis" to explain the huge increase.

The TMA survey bolsters that analysis. Of the 117 survey respondents who were not practicing in Texas in September 2003, 90 percent say the Texas professional liability climate was "very important" or "somewhat important" in their decision to begin practicing in Texas. And 83 percent say the current liability climate for physicians in Texas is "much better" or "better" than the state from which they came.

Other key findings from the survey include:

- Texas physicians say the 2003 liability reforms have made it much easier for them to recruit new physicians to their



Ladon W. Homer, MD

communities, even among high-risk specialties.

- Since the 2003 liability reforms and the passage of Proposition 12, Texas physicians are much more likely to accept high-risk patients and offer new services or procedures.
- The professional liability climate for Texas physicians has improved significantly since the passage of the 2003 liability reforms and Proposition 12.

Things Trial Lawyers Hope You Don't Learn

In a website article written by Andrew Schlafly, Esq. of the Association of American Physicians and Surgeons, the author provides the following list of things trial lawyers hope doctors won't find out.

- Physicians cannot rely on insurance company lawyers for a full defense. Insurance companies impose limits on the lawyers they provide, and neither the insurer nor the lawyer cares if you are slapped with a huge judgment. The

insurance company will just raise its rates to cover its losses. But when you pay off a malpractice claim, you will be reported to the National Practitioner Data Bank. A single report can damage all future applications for a job or hospital privileges. Successful physicians take affirmative steps both before and after being sued. They do not just rely on the malpractice carrier.

- It often helps to attend the deposition

of the plaintiff's medical expert. In litigation, a party has the right to attend all depositions. The plaintiff's expert will not lie as much about someone who is sitting across the table. Also, physicians can strengthen their case by feeding questions to their attorney during depositions of their opposing expert.

- Beware when seeing patients who were mistreated by other physicians. In malpractice lawsuits, all the doctors are sued, even ones who tried to help. Before seeing a problem patient who might bring a lawsuit, a physician should consider obtaining a fully informed release from the patient first.
- Most malpractice lawsuits are for "failure to diagnose," so your advice to obtain diagnostic tests should be documented. If a patient still refuses to have a test despite your warning, then consider having the patient sign an acknowledgment.
- Special laws allow trial attorneys to pay for successful referrals. The public is unaware of this practice, which is prohibited as "fee-splitting" in the medical profession. The malpractice crisis would end overnight if a referendum or

statute prohibited compensation for referrals among attorneys.

- Screening techniques can greatly reduce the odds that a physician will be sued. Office waiver forms, even if not fully enforceable, are useful in screening out litigious patients from a practice.
- Develop a list of good defense experts in your specialty. Malpractice cases are won or lost based on expert testimony. Having a good expert means you will win; struggling to find one at the last minute means you may lose.
- Make sure you depose everyone who might be called as a witness against you. Even the billion-dollar pharmaceutical giant Merck recently made the fatal mistake of not deposing a potential plaintiff's witness in the Vioxx trial. That \$5,000 economy cost Merck \$253.4 million in the end, as the never-deposed witness sank Merck at trial.
- Protect your assets beforehand so your exposure is limited. Even though malpractice insurance covers you (up to a limit), you will handle the stress of litigation far better knowing your assets are secure no matter what happens in court. ■



Political Advocacy Task Force

"If you do not do politics, you will be done in by politics."

The Federation's Political Advocacy Task Force encourages every psychiatrist in Texas to form relationships with Legislators and candidates during the current election cycle, which concludes with the General Election in November. This essential grassroots effort by psychiatrists will help Texas Psychiatry have another successful legislative session when the Legislature convenes in January. For information about Legislative races and candidates, visit the Federation's website, www.txpsych.org, and use the "Public Policy" tab and then select "Texas Senate Races-2006" and "Texas House Races-2006." To identify your legislative representative, select "Locate Your Legislator" and simply enter your address. It is our goal for every member of the Texas Legislator to know a psychiatrist in his/her District by name.

MEMBERSHIP CHANGES

Texas Society of Psychiatric Physicians New Members

The following membership applications have been approved by the TSPP Executive Committee and have been transmitted to the APA.

Member in Training

Chang, Xiaoying, MD, San Antonio
Diaz, Daniel L., MD, San Antonio
Gonzalez-Vega, Lizmarie, MD, Helotes
Hernandez, Brian, MD, San Antonio
Iqbal, Finza, MD, Houston
Khan, Farhan M., MD, El Paso
Lee, Tae Y., MD, Euless
Nallamothu, Bhuvaneshwari, MD, Houston
Ostadian, Mahta, MD, Houston

Pradhan, Amit, MD, Dallas
Roshanaei-Moghaddam, Babak, MD, Dallas
Russo, Rachel, MD, Dallas
Taylor, Tolleson C., MD, Dallas
Tobis, Jr., John, MD, San Antonio

Member in Training to General Member Status

Fermo, Victor M., MD, Nederland

An Opportunity to Participate Annual Campaign 2006

The Texas Foundation for Psychiatric Education and Research is launching its fifteenth Annual Campaign conducted each Fall to encourage charitable contributions to support the Foundation's goals: fighting stigma and discrimination; ensuring that patients have access to quality psychiatric treatment; and improving treatment through innovative research.

The Magnitude of Mental Illnesses

- Mental illnesses, including suicide, ranks second in the burden of disease internationally.
- The World Health Organization identified mental illnesses as the leading causes of disability worldwide.
- In the U.S., mental disorders collectively account for more than 15% of the overall burden of disease for all causes and slightly more than the burden associated with all forms of cancer.
- For about one in five Americans, adulthood is interrupted by mental illness.
- About one in five children and adolescents experience the signs and symptoms of a psychiatric disorder during the course of a year.
- In the U.S., the annual economic indirect cost of mental illnesses is estimated to be \$79 billion, including loss of productivity as a result of illnesses, lost productivity resulting from premature death by suicide, and incarcerated individuals and the time for those who provide family care.

Barriers to Care: Stigma and Discrimination

- Nearly two-thirds of all people with diag-

nosable mental disorders do not seek treatment. Sadly, only 50% of people with a serious form of mental illness seeks treatment for their illness. Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.

- Mental health insurance benefits traditionally have been more limited than other medical benefits. Insurance plans that place greater restrictions on treating mental illnesses prevent some individuals from getting care that would dramatically improve their lives.
- Demonstrations that mental disorders are real and treatable forms of illness, just as heart disease and cancer are real and treatable illnesses, will greatly diminish the stigma that often dissuades people from seeking care for mental illness and leads to

policies that discriminate against people who have mental illness.

The Foundation's Annual Campaign Goals

- A major focus of the Foundation is to educate the public and policymakers about mental illnesses with the goal of ending stigma and eradicating discriminatory practices that impose unnecessary barriers to accessing and receiving quality psychiatric care.
- The Annual Campaign encourages unrestricted charitable contributions to be allocated by the Foundation to programs in Texas that address the Foundation's goals of fighting stigma and discrimination against persons diagnosed with psychiatric disorders; ensuring that patients have access to quality psychiatric care; and improving treatment through innovative research.

- The Foundation during its 14 years of operation has awarded 92 grants amounting to \$132,996 to support programs addressing its goals by various Texas organizations.
- Historically, 91% of funds contributed to the Foundation have been available to directly support programs in Texas, as the Foundation's administrative costs consist of only 9% of expenditures.
- The Foundation's Annual Campaign 2006 offers a unique opportunity for psychiatrists and others to allocate their charitable contributions to an organization led by psychiatrists and mental health advocates who make decisions regarding the funding of programs that address the Foundation's goals.

Will you participate in this opportunity to help people diagnosed with psychiatric illnesses?

TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH

I am pleased to support the Foundation with a contribution of:

\$50 \$100 \$250 \$500 \$1000 \$ _____

I am pleased to commit a pledge of \$ _____ payable _____

DONOR INFORMATION

Name _____

Address _____

Telephone () _____

Contact me about a PLANNED GIFT.

A Bequest

A Gift of Insurance

A Charitable Trust

Please make your check payable to "Texas Foundation for Psychiatric Education and Research"
401 West 15th Street, Suite 675, Austin, Texas 78701.

Your contribution is tax deductible to the full extent of the law. Thank you for your support!

Candidates for Foundation Board Announced

Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Arthur Farley, MD, Clay Sawyer, MD, and Leslie Secrest, MD, submit the following slate of candidates for positions on the Foundation's Board of Directors:

Three Year Terms (May 2007-May 2010)

- ★ Re-appointment of Paul Wick, MD (Tyler)
- ★ Re-appointment of Larry Tripp, MD (Mesquite)
- ★ Appointment of Harry K. Davis, MD (Galveston) to succeed Grace Jameson, MD
- ★ Re-appointment of Linda Rhodes, MD (San Antonio)
- ★ Re-appointment of Diane Batchelder (San Antonio)

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Westin Galleria Hotel in Dallas on November 5, 2006 during the TSPP/Foundation Annual Business Meeting. Foundation members, which include all TSPP members in good standing, may submit names of candidates for the position of Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.

The Foundation's Board of Directors are

charged with supervising, managing and controlling all of the policies, activities and affairs of the Foundation. There may be as many as 25 individuals holding a position of Director. There are three classes of Directors.

Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSPP, Secretary-Treasurer of TSPP, Immediate Past President of TSPP, President of the NAMI Texas, Chairman of the Mental Health Association in Texas, and President of the Depression and Bipolar Support Alliance - Texas). There are currently 6 Designated Directors: Marilyn Nolin (DBSA), Linda Groom (NAMI), Molly Van Ort (MHAT), George Santos, MD (TSPP), Gary Etter, MD (TSPP) and Bill Reid, MD (TSPP).

Honorary Directors are elected by the Board and are individuals who have demonstrated sustained support of the Foundation's mission. Honorary Directors include: Alex Munson, MD (Georgetown) and Charles Bowden, MD (San Antonio).

The Board may be composed of not less than 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be Past Presidents of TSPP. Current Elected Directors include Diane Batchelder, David Briones, MD, Jacque' Collier, Arthur Farley, MD, Miriam Feaster, Charles Gaitz, MD, Hal Haralson, Grace Jameson, MD, Shirley F. Marks, MD, Conway L. McDanald, MD, Mohsen Mirabi, MD, Edgar Nace, MD, Edward Reilly, MD, Linda Rhodes, MD, Clay Sawyer, MD, Larry Tripp, MD, and Paul Wick, MD.

FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

- to promote the common professional interests of psychiatrists;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

EDITORIAL BOARD

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Edward L. Reilly, MD

MANAGING EDITORS

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