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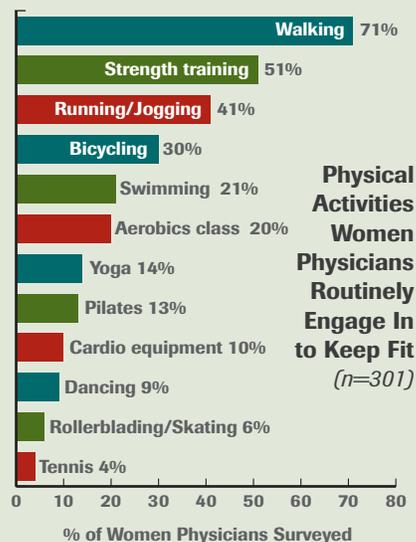
Volume 48 Issue 2 February 2004

*Personal health practices,
views on major health issues probed*

ACOG unveils survey of women ob-gyns at media briefing

Women ob-gyns largely practice what they preach regarding health behavior, according to a survey of female Fellows and Junior Fellows conducted for ACOG by the Gallup Organization. ACOG's Office of Communications released survey results at a December news briefing in New York City for editors and writers of the leading women's magazines.

Most women ob-gyns report getting regular exercise and maintaining a healthy weight. Seventy-two percent of those surveyed report that they regularly exercise, 68% say their weight is about right, and 81% rate their own physical



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Medical liability reform: The future of our specialty rests with us

By John M. Gibbons Jr, MD
ACOG President



As 2004 begins, we are confronted with a predicament that few of us would have imagined. The medical liability crisis gets worse by the minute, threatening not only today's ob-gyns, but also the future of our specialty.

I am devoting my year as president of ACOG to stressing the consequences of this crisis and doing everything I can to direct the energies and resources of the College toward its solution. As I travel across the country, conversations with Fellows in every practice setting in every state are focused on the problem of runaway premiums. We must win this fight.

I have learned that success is often measured in baby steps. We've had a few victories in state legislatures, and we've made some progress in Congress. But we're far from a national solution to what has become a national problem.

I have also learned that we cannot entrust this battle to anyone else. We, and only we, can take responsibility for the survival of our specialty. We have a solemn duty to ourselves and to those who follow us to determine our own future.

"We will not quit until the job is done. And we will not rely on anyone else to do it for us."

We cannot expect that any other group will look after our interests. We will always be a valuable ally and a willing, cooperative partner, but we understand clearly that *our* future is *our* fight.

Backing our top priority with strongest possible initiatives

Medical liability reform will remain ACOG's top priority. This crisis is crushing our specialty and depriving our patients of their doctors. We have made great strides in the last two years, moving this issue forward with members of Congress, with President Bush, and with the American people. But the goal is far down the field. We must redouble our efforts and bring new and powerful weapons to the struggle.

Only a handful of votes stand between us and victory in the US Senate, and we have an important opportunity in the number of seats up for election. So ACOG has taken two new initiatives designed to give us strategic capabilities that we lacked before.

New partnerships amplify effectiveness of College efforts

First, the College has joined the Alliance of Specialty Medicine, a strong coalition of 14 societies representing more than 200,000 physician specialists, dedicated to achieving

continued on back cover

Elective cesarean delivery: ACOG's position



executive desk

Patient education and counseling have always been a part of ob-gyn practice. How should ob-gyns respond to the patient who requests a specific surgery or medical treatment? In Committee Opinion 289, *Surgery and Patient Choice: The Ethics of Decision Making*, issued November 2003, ACOG's Committee on Ethics provided Fellows with an ethical framework for addressing such requests. The committee used elective cesarean delivery only as an example of how this process could work.

Following the publication of that document, patients and Fellows have been confused by reports suggesting that ACOG is promoting elective cesarean delivery. This is not the case. In fact, the Committee Opinion stated that in the absence of significant data on the risks and benefits of cesarean delivery, the burden of proof should fall on those who are advocates for elective cesarean delivery.

The issue of elective cesarean delivery has been of interest to the Committee on Obstetric Practice. At its November 2003 meeting, the committee reiterated its position that thoughtful and cogent arguments have been made on the potential risks and benefits of elective cesarean delivery. However, on the basis of ethical and medical arguments as well as the health care cost to society, the Committee on Obstetric Practice maintains that cesarean delivery should be performed only for acceptable clinical indications.

The purpose of Committee Opinion 289 is to give Fellows an ethical framework for responding to patient requests for care. It does not reflect new guidance on elective cesarean delivery. ♀

Stanley Zinberg, MD, MS, FACOG
Vice President, Practice Activities

Free booklet available: *What to Do If You Are Sued*

Special sections cover settlement, discovery procedures, and depositions

ACOG's 27-page booklet, *What to Do If You Are Sued*, is a concise, easy-to-read explanation of the entire litigation process—from knowing how to recognize signs of a potential lawsuit to understanding how to be an effective witness at trial.

The booklet has recently been reprinted and now includes ACOG's Qualifications for the Physician Expert Witness. ♀

info

- ▶ Request your free copy: 800-673-8444, ext 2560; communications@acog.org
- ▶ If you have the booklet and want only "Qualifications for the Physician Expert Witness," download at www.acog.com/departments/download/ExpertWitnessQualifications.pdf (you will be prompted for your ACOG website password)

Submit your nomination for national office

Timetable for election of national officers

February	ACOG sends letter outlining nomination process to Fellows
March	Candidates are announced on the ACOG and district websites
April 1	Nominations deadline
May 5	Committee on Nominations interviews candidates at the ACM in Philadelphia
July	Personal statements and brief bios of candidates are published in <i>ACOG Today</i> and on the ACOG and district websites
Fall	Candidates are discussed at Annual District Meetings
November	Committee on Nominations selects slate of candidates
February 2005	Executive Board receives and accepts final slate
March	Slate and proxy ballot are mailed for use by Fellows who do not plan to attend Annual Business Meeting
May 9	Slate voted on at 2005 Annual Business Meeting in San Francisco

All voting members of ACOG will receive a letter from ACOG later this month, outlining the process for nominating national officers. **Participation in national, district, or section activities is an important prerequisite to serving as a national officer.**

April 1 deadline

Individuals may nominate themselves or someone else; ACOG districts and sections also may nominate individuals. Nominations for the offices of president elect, vice president, assistant secretary, or Fellow-at-Large (restricted to qualified applicants for a two-year term) must be submitted by April 1 and contain the following:

1. A letter stating the office(s) of interest
2. A one-page CV in a specified format
3. A complete CV

Candidates must be prepared to make a presentation about their qualifications for office at the National Officer Candidates Forum on May 5 during the Annual Clinical Meeting in Philadelphia. ♀

info

- ▶ For a position description of each office, contact Elsa Brown at 202-863-2517 or ebrown@acog.org, or download from the member-access side of ACOG's website at www.acog.org

Live telesurgery session to be offered at ACM

See pages 10-13 for more about this year's ACM.

Don't miss a "first-of-its-kind" telesurgery session to be presented at the Annual Clinical Meeting in Philadelphia. At a live telesurgery session offered Tuesday morning, May 4, course attendees will watch three different surgical procedures being performed at two different sites:

▶ **Tension-free vaginal tape procedure:**

Vincent R. Lucente, MD, MBA, will demonstrate the original retropubic transvaginal approach to TVT. He will be performing the procedure at a hospital in Allentown, PA.

▶ **Laparoscopic total hysterectomy:**

At a hospital in Chicago, Andrew I. Brill, MD, will demonstrate a laparoscopic supracervical hysterectomy for symptomatic uterine fibroids. He will use electrosurgical and mechanical dissection up to the uterine vasculature, followed by ultrasonic amputation and electromechanical morcellation for complete removal from the abdominal cavity.

▶ **Tension-free vaginal tape—obturator**

procedure: Dr. Lucente will perform this unique inside-to-outside obturator approach to TVT.

"Individuals attending the session will be able to ask questions of the surgeons in real time," says Russell R. Snyder, MD, Scientific Program chair. "This session is an opportunity for ob-gyns to receive education on some state-of-the-art procedures in a way that's second only to being scrubbed up and in the surgical suite."

The telesurgery session, scheduled for 8-11:30 am, is offered at no additional charge to ACM registrants. The course has limited seating, however, so tickets are required, and individuals must register in advance.

"We're very excited about offering this groundbreaking approach to education at the ACM," Dr. Snyder comments. "This format demonstrates how advances in instructional technology can interact with advances in the specialty in making CME come alive." ♀

Photo courtesy of Philadelphia Convention and Visitors Bureau.



▲ The Philadelphia Marriott, headquarters hotel for the 2004 ACM.

The ACM in Philadelphia: be part of it

May 1-5, 2004

Registration deadline for early-bird discount: March 26

Make course selection easy by registering online: www.acog.org/acm2004

- ▶ Registering online is the easiest way to select courses, because when you choose a course, you know immediately if it is available, so there is no need to list second and third choices.
- ▶ Philadelphia hotel reservations can also be made on the ACM website: www.acog.org/acm2004.
- ▶ ACM preliminary programs have been mailed to members who have attended an ACM in the last four years. If you have not attended an ACM in the last four years and would like to receive a printed copy of the preliminary program, please email your request to acm@acog.org.

Rates drop on loans for residents

Good news for residents and fellows in training! Interest rates on loans from ACOG have gone down, while the maximum amount that can be borrowed has gone up.

The ACOG HELP loan is now available at 4.5% interest, and the maximum loan amount has increased to \$10,000. ♀

info

- ▶ Tonya Smith:
800-673-8444,
ext 2595; email
tsmith@acog.org

Deadline
to submit
names is
May 1



Mark your calendar for the ACM: May 1–5

Junior Fellow program at ACM announced

Join your colleagues from across the country at the Annual Clinical Meeting. Be sure to stop by the Junior Fellow section of the ACOG booth in the exhibit hall, Monday–Wednesday.

Monday, May 3

- ▶ **Medical Student Reception** • 5:30–6:30 pm • Philadelphia Marriott

Tuesday, May 4

- ▶ **Junior Fellow Business Meeting** • 7–9 am • Philadelphia Marriott

Join your Junior Fellow colleagues for a complimentary breakfast and a great opportunity to share challenges and ideas

- ▶ **Stump the Professors** • 9:30–11 am • Pennsylvania Convention Center

- ▶ **CREOG Luncheon** • 12:15–2 pm • Philadelphia Marriott

Professionalism: From Hippocrates to the RRC and into the Future

Presented by Peter A. Schwartz, MD, Reading Hospital and Medical Center, West Reading, PA

The registration fee for the CREOG luncheon is \$40. Please register for the luncheon when you fill out your advance registration form for the ACM. Your ticket(s) will be in your ACOG registration packet. ♀

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- ▶ See page 3 for registration details.

Get involved—run for office!

Nominations sought for Junior Fellow district officers

There's no better time than the present to be an active leader and an energetic voice for Junior Fellows in your district. Every year each district elects a Junior Fellow district vice chair and district secretary/treasurer. Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years of service).

If you are interested in an office or in nominating someone else, contact Bethany Snyder at 800-673-8444, ext 2532; 202-863-2532; or bsnyder@acog.org. For more nominations information, go to the member-access side of ACOG's website at www.acog.org and click on "Junior Fellows" in the column on the right. ♀

Qualifications for Junior Fellow district officers

Vice chair

- ▶ Junior Fellow member of the district (but may become a Fellow during term of office)
- ▶ History of service to ACOG at section, district, or national level as an officer or committee/task force member
- ▶ Able to attend required national and district meetings (about three per year)

Secretary/treasurer

- ▶ Junior Fellow member of the district

Process for submitting nominations

Send 10 copies of the following:

- ▶ Letter stating the office you are seeking
- ▶ One-page summary of your CV in a specified format (see Junior Fellow website)
- ▶ Complete CV

Where to send nominations:

ACOG Department of Junior Fellow Services
409 12th St, SW
Washington, DC 20024
Email: bsnyder@acog.org

Schedule

May 1:	Nominations due
May:	District Nominating Committee develops slate of up to three candidates for each office
Jul:	Junior Fellows receive ballots
Aug 31:	Ballots due
Annual District Meetings:	Elected officers installed

AMA young physicians tackle professional liability issues



By Erin E. Tracy, MD, MPH
ACOG representative to the AMA Young Physicians Section

The AMA Young Physicians Section met in December in Hawaii. There were 59 credentialed delegates from across the country, in addition to many alternate delegates and guests. Some of the more interesting issues debated included changing the definition of a young physician (to enable greater section participation) and establishing guidelines for expert witnesses.

Expert witness behavior addressed

The following are some of the guidelines for expert witnesses adopted by the YPS:

1. The physician expert witness should testify fairly and honestly about the medical information in the case and should apply the same standards of fairness and honesty if called on to draw an inference or state an opinion based on the facts of the case
2. The physician expert witness should be prepared to distinguish between actual negligence and an unfortunate medical outcome
3. The physician expert witness should review the standards of practice prevailing at the time of the alleged occurrence
4. The physician expert witness should be prepared to state whether the basis of his or her testimony or opinion is personal experience, specific clinical references, evidence-based guidelines, or a generally accepted opinion in the specialty
5. Compensation of the physician expert witness should be reasonable and commensurate with the time and effort given to preparing for deposition and court appearance; it is unethical for a physician expert witness to link compensation to the outcome of a case
6. The physician expert witness is ethically and legally obligated to tell the truth; transcripts of depositions and courtroom testimony may be public records and subject to independent peer reviews; failure to provide truthful testimony may expose the physician expert witness to sanctions and liability

ACOG urged AMA to adopt resolution on medical liability reform strategy

The House of Delegates also addressed medical liability issues, and ACOG's delegation to the House focused much of its activity on tort reform.

Along with 22 other specialty societies, late last fall ACOG had been supporting a tactic suggested by the US Senate leadership: incremental legislative reform, meaning legislation addressing just one specialty at first, with the eventual goal of professional liability reform for all physicians.

A resolution was introduced in the House of Delegates that would have resulted in the AMA's never pursuing specialty-specific legislation. After much debate and consensus building, the House approved a resolution that the AMA "not pursue federal medical liability reform legislation that would divide or diminish the voice of the House of Medicine." This language allows the AMA Board of Trustees and legislative staff to be flexible in determining which medical liability reform strategy to pursue.

YPS shortens semiannual sessions, allows premeeting commentary online

One significant change occurred in the way the YPS meeting was conducted. The meeting duration was shortened. Participants and interested young physicians unable to attend could provide commentary regarding each of the resolutions before the meeting. The online commentary served as the basis of discussion during one day of deliberations, and thus all of the policy development occurred in one day. This approach enables young physicians to be more effective in influencing House of Delegates policy, because it affords them more time to participate in state and specialty-society caucuses.

The House of Delegates considered a number of other issues of importance to young physicians, including the following:

- ▶ US physician shortage
- ▶ Solutions to medical student debt
- ▶ Preservation of the National Residency Match Program
- ▶ Direct-to-consumer advertising
- ▶ Misuse of DEA registration numbers
- ▶ Grants to serve medically underserved areas
- ▶ Improving regional preparedness and response to terrorism and disaster
- ▶ Vaccine safety

If anyone is interested in participating in policy development or has any issues for the AMA to pursue, please don't hesitate to contact me. ♀



- ▶ AMA YPS: www.ama-assn.org/ama/pub/category/16.html
- ▶ Dr. Tracy: eetracy@partners.org

ACOG leaders address journalists in New York City



▲ Laura E. Riley, MD



◀ Vivian M. Dickerson, MD



▲ Sharon B. Mass, MD

Survey continued from page 1

fitness as good or excellent. Most also get regular breast and cervical cancer screening.

Noting that the survey respondents also rate obesity and heart disease as the top concerns they had for their patients' health, ACOG President Elect Vivian M. Dickerson, MD, adds, "The challenge now is to transfer our knowledge and healthy behavior to more of our patients."

Survey addresses a range of issues

"ACOG was curious to see what its female members believe about key women's health issues and how they maintain their own health," notes Luella Klein, MD, ACOG vice president of women's health issues. She and ACOG Fellows Laura E. Riley, MD, and Sharon B. Mass, MD, joined Dr. Dickerson to discuss results with journalists.

"Female ob-gyns were asked their views on a number of topics, from their preferred exercise regimen to whether they took hormone therapy during menopause. Their responses gave journalists a unique perspective on the health and lifestyle issues facing their women readers today," says Penny Murphy, ACOG's director of communications.

Diet and supplements play a role

Most female ob-gyns report eating a healthy diet, with 40% saying their diet is very healthy and 52% saying it is somewhat healthy. Two-thirds (68%) say their weight is about right. Twenty-six percent say they are slightly overweight, and only 3% describe themselves as very overweight. In contrast, the CDC estimates that about 65% of Americans are either overweight (generally, up to 30 pounds over a healthy weight) or obese (overweight by 30 or more pounds).

More than half (55%) of the female ob-gyns take a daily multivitamin. Forty-four percent take a calcium supplement daily, although 68% of women age 48 and over do so. "We still have a way to go in modeling and encouraging life-long, adequate calcium intake," says Dr. Dickerson.

Score card on screening

As might be expected, women ob-gyns were more likely than women in the general US population to have been screened recently for cervical or breast cancer.

Ninety percent of women ob-gyns have had a Pap test within the past two years.

Among female ob-gyns age 48 and over, 73% have had a mammogram in the past year. Eighty-six percent had one within the past 2 years—compared with 70% of women age 40 and older in the general US population.

Fewer women ob-gyns report they ever had certain colorectal cancer screening tests, however. Only 6% overall have ever had a sigmoidoscopy. Thirteen percent overall have had a colonoscopy, although this increased to 39% among women age 48 and over. About 60% of the eligible US population is never screened for colorectal cancer

99% support menstrual suppression

Virtually all the women ob-gyns surveyed believe that menstrual suppression is safe, including 69% who feel it is safe for long-term use and 30% who say it is safe if used occasionally. Only 1% believe it is unsafe.

When asked if they themselves have ever used menstrual suppression, slightly more than half (53%) say they have. Women ob-gyns under age 40 are more likely than those 40 years and older to have tried menstrual suppression (59% versus 44%).

The Pill tops birth-control methods, but IUD gets recommendations

Oral contraception was mentioned by one in every two (49%) of the women ob-gyns surveyed, when asked which contraceptive they preferred for postponing pregnancy. The pill is also the most popular reversible method of birth control among the general population of US women, used by nearly 27% of childbearing-age females.

Among other birth-control methods for postponing pregnancy are the IUD (mentioned by 18%), followed by the flexible vaginal ring (10%), the contraceptive patch (8%), and diaphragm (7%).

For the method they would select if they didn't want any (or any more) children, women ob-gyns mention the IUD most often (cited by 28%), followed by tubal ligation/surgical sterilization (22%), oral contraceptives (20%), and vasectomies for their partner (13%). In contrast, among the general population of US women, tubal ligation/surgical sterilization is popular, but the IUD is rarely used.

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Pregnancy rate: higher than average

“Despite the rigors and long hours of our profession, women ob-gyns are still having families of their own at a rate greater than that of women in the general population,” notes Dr. Riley.

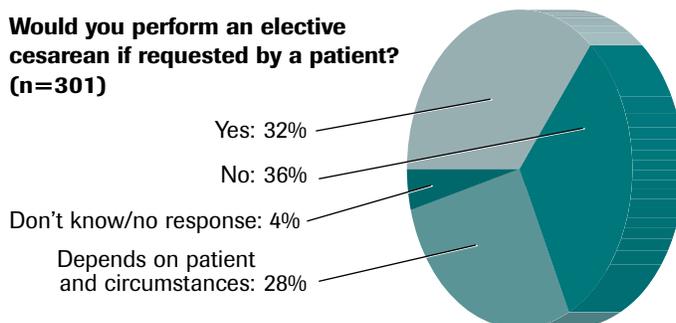
A large majority (78%) of the women ob-gyns report having had at least one pregnancy, compared with 67% of women in the general US population.

The elective cesarean controversy: far from resolved

Twenty-seven percent of the doctors who have had a pregnancy have had at least one cesarean delivery. Among those who report having a cesarean delivery, 22% say it was elective.

Over one-third (36%) of women ob-gyns say they would not perform an elective cesarean if their patient requested it, and women ob-gyns under age 40 are the most likely age group to say they would not do so (at 41%). Nevertheless, 32% of all the doctors surveyed say they would perform one if asked, and another 28% say it would depend on the circumstances and the patient.

Would you perform an elective cesarean if requested by a patient? (n=301)



Survey reflects ACOG female members

Using telephone interviews during September 2003, Gallup surveyed 301 women ACOG members in practice. The final results are representative of all female Fellows and Junior Fellows who practice in the US, with $\pm 7\%$ margin of error. ♀

Screen your patients for problem drinking



National Alcohol Screening Day is April 8; order free materials now

ACOG encourages members to participate in the program by screening patients, using a validated one-page tool that addresses the full range of alcohol disorders. Request the free NASD primary care kit by March 29 to receive screening forms and a range of educational materials.

Last year, 12% of women in primary care settings screened positive for problem drinking. At-risk alcohol use is prevalent across ethnic and socioeconomic backgrounds. Among participating women who were pregnant, breastfeeding, or planning a pregnancy, 14% screened positive.

CME credits are available to physicians who hold a screening event and complete a brief self-test. ♀

info

- ▶ Order materials online: www.NationalAlcoholScreeningDay.org or call 800-253-7658

info

- ▶ ACOG Office of Communications: 800-673-8444, ext 2560; communications@acog.org

Specific patient health issue	% of women ob-gyns with great concern
Obesity	78
Menopausal symptoms	61
Stress	57
Depression	56
Smoking	53
Heart disease	52
Cancer	50
STDs	37
Unplanned pregnancies	36
Diabetes	31
Domestic violence	24
Drug/alcohol abuse	17

Surveyed ob-gyns rank obesity, heart disease as top health threats to patients

Obesity:

In a question about patients in their own practice, female ob-gyns were asked to indicate their level of concern (great, some, or not much) regarding each of a number of listed health issues. Obesity evoked the greatest concern among ob-gyns; 78% said that it was of great concern, and an additional 22% said it was of some concern (see chart).

Asked in a separate question to name the most serious health problem facing women under age 50 today, 38% of the female ob-gyns named obesity; the next most-named problems (heart disease and smoking) were each named by only 7% of the respondents.

Heart disease:

This was considered the most serious health problem facing women age 50 or older—named by 52% of female ob-gyns interviewed. Obesity/overweight was the next most frequently named health problem for this age group, cited by 12% of the ob-gyns.



How can I ensure that my practice and personal assets are well managed and shielded from legal actions?

You Asked/We Answered

Financial advisors and estate planners are excellent resources to help you integrate personal and business planning. Ideally, financial planning will enable you to meet personal and professional goals related to monetary health. You can plan for your practice's growth, sabbaticals, vacations, education, and retirement.

An excellent, comprehensive plan can also protect assets from lawsuits. The following are some of the major components to be considered in financial planning:

- ▶ Your choice of business entity
- ▶ Insurance
- ▶ Financial vehicles
- ▶ Legal documents (eg, wills, powers of attorney, and trusts)
- ▶ Investments
- ▶ Debts
- ▶ Tax liabilities

Different types of services offered

The following are the three most common types of professionals that offer financial planning services:

- ▶ **Financial planners:** Persons holding this title may have little education, or they can hold several degrees. The Certified Financial Planner Board of Standards credentials planners who pass an examination; to sit for the exam, individuals must have at least three years' experience plus a bachelor's degree, or five years' experience without a degree. A comprehensive list of financial planners' credentials is on the CFP board's website: www.cfp.net.

- ▶ **CPAs:** CPAs are accountants, state-licensed by examination. They keep books, do audits, and give advice on financial issues. A bachelor's degree is nearly always a prerequisite; some states require graduate work.
- ▶ **Trust-and-estate attorneys:** Only attorneys can draft legal documents and provide legal advice about corporations, wills, trusts, powers of attorney, etc. Licensing in most states requires graduation from an accredited law school, passing a background check, and passing comprehensive state bar and national professional responsibility examinations.

Choosing your financial planner

Before selecting and meeting with any financial planner, think about what you want to accomplish. Take some time to evaluate the following:

- ▶ Your personal and professional goals
- ▶ The financial requirements to accomplish these goals
- ▶ Your expenses, debts, and income across categories

In light of your goals, consider the services you will require. For example, trusts—which require an attorney—sometimes shield assets from lawsuit judgments, but they are complex, with many ramifications.

Financial planners differ in communication styles, work methods, priorities, and philosophies. A good rapport with your planner will let you be more candid and work better with him or her. You may benefit from short initial consultations with several people to see what they offer and how their style strikes you. Find one compatible with your preferences and expectations.

Some planners sell financial instruments on commission. Payment arrangements vary widely, from hourly fees and flat rates to percentage commissions on income or assets. The key is to understand exactly what you are buying. Services and payment details should be in writing.

Whatever your financial status, you can benefit from financial planning. Money spent on planning is an investment that will be offset by an enhanced lifestyle, a better connection between assets and goals, possibly more available money, and general peace of mind. ♀

Do you have a coding question?

Facing a coding conundrum? Help is available. Fellows or their staff can submit specific questions to ACOG's coding staff. Submit questions by email to Terry Tropin at ttropin@acog.org or Savonne Alford at salford@acog.org or by fax to 202-863-5417 or 202-484-7480.

Please do not include any identifiable Protected Health Information in your email or fax. Questions are answered in approximately four to five weeks. ♀



▶ liability@acog.org

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorney about legal requirements in their jurisdiction and for legal advice on a particular matter.

FDA advisory panel recommends OTC status for emergency contraception

An FDA advisory panel voted 23-4 in December to recommend that Plan B, (levonorgestrel), one of two FDA-approved emergency oral contraception products, be given over-the-counter status. President elect Vivian M. Dickerson, MD, represented the College at the hearing, strongly supporting over-the-counter availability of the product.

In 1999 the FDA approved Plan B as a prescription product. Because studies have shown that women have difficulty gaining access to both physicians and pharmacies to obtain emergency contraception when it is most needed, ACOG has supported OTC status for emergency contraception since 2001.

ACOG's testimony also asserted that Plan B meets the criteria established by the FDA for an OTC switch: it is safe and effective, it is not teratogenic, it has no potential for overdose or addiction, and it does not require medical screening. Data also indicate that women are unlikely

to use emergency contraception as an ongoing method of contraception.

If the first dose of Plan B is taken within 72 hours of unprotected intercourse, it lowers the risk of pregnancy by 89%. If used within 24 hours after unprotected intercourse, it lowers the risk of pregnancy by 95%. "Access and speed are crucial if emergency contraception is to be the most effective," Dr. Dickerson pointed out.

Number of unintended pregnancies could be halved by OTC availability

ACOG estimates that making emergency contraception available over-the-counter has the potential to prevent at least half of unintended pregnancies in the US (or about 2 million pregnancies annually) and half of US abortions (or nearly 500,000 abortions per year).

"This is a last-chance method of contraception that works before a pregnancy is established, not afterwards," Dr. Dickerson stated. If a woman is already pregnant, EC will not work."

Dr. Dickerson told the FDA panel, "If we are truly dedicated to lowering the number of unwanted pregnancies and abortions in this country, let's prove it by making emergency contraception available over-the-counter."

Several groups asked the FDA panel not to allow over-the-counter status for Plan B. At least 44 members of Congress signed a letter to the advisory panel opposing the application for OTC status. The US Conference of Catholic Bishops and Concerned Women for America, a large antiabortion group, were also among the groups in opposition.

The AMA, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Planned Parenthood Federation of America were among the many groups who joined ACOG in supporting OTC status.

The panel's recommendation is not binding, but the FDA usually follows the advice of its expert panels. A decision by the FDA is expected in early February. ♀

info

- ▶ Patient Education Pamphlet AP114, *Emergency Contraception*: order online at sales.acog.org
- ▶ ACOG Practice Bulletin 25, *Emergency Oral Contraception*: on the member-access side of www.acog.org

"If we are truly dedicated to lowering the number of unwanted pregnancies and abortions in this country, let's prove it by making emergency contraception available over-the-counter."

A. Eugene Washington, MD, MSc, named UCSF executive vice chancellor



ACOG Fellow A. Eugene Washington, MD, MSc, is the new executive vice chancellor of the University of California at San Francisco, the only UC campus dedicated exclusively to the health sciences. UCSF comprises professional schools in dentistry, medicine, and nursing and pharmacy; a graduate division; and three hospitals.

On the staff of UCSF School of Medicine since 1989, Dr. Washington was appointed chair of the Department of Obstetrics, Gynecology and Reproductive Sciences in 1996. His appointment to executive vice chancellor is effective February 1, and in addition he will assume the responsibilities of UCSF vice chancellor for academic affairs on July 1. Dr. Washington is a graduate of UCSF's medical school and completed his ob-gyn residency training at Stanford University.

Dr. Washington is an internationally known clinical investigator and health policy analyst who has served on numerous panels for the US Department of Health and Human Services. He has been a consultant for the World Health Organization on AIDS in mothers and infants, among numerous other issues. Dr. Washington was elected to the Institute of Medicine in 1997.

As an epidemiologist for the CDC before beginning his residency, Dr. Washington developed the first comprehensive national STD treatment guidelines as well as the first national policy guidelines for preventing and managing chlamydia infections. In 1986 he was awarded the Public Health Service's Outstanding Service Medal for this work. ♀

More Scientific Sessions

Current Issues Updates

- 1. Current Management of Diabetic Pregnancy:** The use of oral antidiabetic agents during early and late pregnancy, screening for gestational diabetes, and when to perform a cesarean delivery. Donald R. Coustan, MD.
- 2. The State of the Specialty—Update:** Three key task forces appointed by ACOG President John M. Gibbons Jr, MD, will report on medical student recruitment into ob-gyn, challenges during ob-gyn residency, and enhancing practice satisfaction. Douglas W. Laube, MD; John R. Musich, MD; and Gerald F. Joseph Jr, MD.
- 3. Late-Breaking News:** Hot topics in ob-gyn and its subspecialties. George Macones, MD; Christos Coutifaris, MD; and Daniel L. Clarke-Pearson, MD.
- 4. Synthetic Midurethral Slings—Past, Present, and Future:** The history of the tension-free vaginal tape and efficacy of the sling compared with newer midurethral slings. Mickey M. Karram, MD.
- 5. Computer-Enhanced Telerobotic Gynecologic Surgery:** Applications of the computer-enhanced telerobotic surgical system to gynecologic surgery. A wide range of procedures reported, from reproductive to oncologic surgery. Operating room set-up and instrumentation described. Concepcion R. Diaz-Arrastia, MD, and Sejal Dharia, MD.



See page 3
for registration details.

2

Prematurity Prevention Update

Topics will include predictors of preterm delivery; therapy for bacterial vaginosis, trichomonas vaginalis, and fetal fibronectin; and prophylactic medical interventions including the progesterone trials. Catherine Y. Spong, MD; Jay D. Iams, MD; Paul J. Meis, MD; and Robert Goldenberg, MD.



Colorectal Cancer

Television personality Katie Couric, whose husband died of colorectal cancer at a young age, is a featured speaker. In addition, a panel of clinical scientists will discuss strategies to prevent and treat this common malignancy.

3

4

The Disease of Theories—Preeclampsia

The classification, diagnosis, complications, and management of preeclampsia will be addressed. Larry C. Gilstrap III, MD.

5

Changes in Cytology Screening and the Role of HPV-DNA Testing

The session will cover the many changes in the guidelines for cytology screening, including the role of HPV-DNA testing. Kenneth L. Noller, MD.

6

Stump the Professors

Junior Fellows will once again challenge their wise elders with unique cases in ob-gyn. The panel of professors: Haywood L. Brown, MD; Ronald S. Gibbs, MD; Johanna Cain, MD; and Sarah L. Berga, MD. Sandra Ann Carson, MD, will moderate.

7

Hormone Therapy 2004

Topics will include the history of HT and recommendations for current therapy of postmenopausal women in light of the recent findings of the Women's Health Initiative. Isaac Schiff, MD.

8

Obesity—Implications in Gynecologic Surgery and Surgical Treatments for Obesity

Experts will review a number of issues pertinent to treating obese patients, including incisions and closures in obese patients, laparoscopic surgery in the obese, perioperative management of obese patients, and bariatric surgery to treat obesity. Thomas E. Nolan, MD, MBA; Donald G. Gallup, MD; Thomas L. Lyons, MD; and J. Patrick O'Leary, MD.

9

Obstetrician at Risk—Neonatal Encephalopathy and Cerebral Palsy

The session will address the criteria for defining an acute intrapartum hypoxic event sufficient to cause cerebral palsy and will review the steady progression toward defining the pathogenesis and pathophysiology of these serious infant disorders. Gary D.V. Hankins, MD.

10

Permanent Sterilization 2004

The relativity of opportunity and risk in current practice, including failure, regret, and long-term effects, will be presented, along with a report of clinical trials of and experience with the new transcervical method. Amy E. Pollack, MD, MPH, and Rafael F. Valle, MD.

ACM President's Program all about patient safety

Don't miss this outstanding **1st Scientific Session**
Monday, May 3 • 8:45-10:30 am



▲ Dr. Gibbons

This year's President's Program, titled *Patient Safety: The "Tipping Point,"* will focus on patient safety and reducing avoidable medical errors. ACOG President John M. Gibbons Jr, MD, notes, "Three of the country's top leaders in patient safety are on the program. We have the guru of patient safety, Dr. Lucian Leape, along with Dr. Carolyn Clancy, who specializes in the quality of medical care. Dr. Benjamin Sachs, who is working on a clinical study to test a new approach to improve patient safety in obstetrics, rounds out the panel. They have a lot of new information to share with us."

Cosgrove Lecture to focus on role of practicing physician

Samuel A. Cosgrove Memorial Lecturer Lucian L. Leape, MD, MPH, from the Harvard School of Public Health in Boston, is well known as an advocate of improved patient safety. He served on an Institute of Medicine panel on the subject and testified before the US Senate in support of a national center for patient safety. He has also developed highly regarded error-prevention principles.

"The patient safety 'movement' is accelerating, and hospitals all around the country are implementing new safe practices," says Dr. Leape. "The pressure on hospitals and physicians to address the problem of avoidable errors is strong. Risk managers and regulators are not the only ones applying pressure. Accrediting bodies, federal agencies, professional societies, patient advocacy groups, and purchasers of health care have also become involved. But there are many barriers to making substantial reductions in medical errors, and progress continues to be slow. In my lecture, I will be addressing this problem from the point of view of the average physician, who may wonder what he or she should or can do."

Findings about quality of care for women to be presented

Following the Cosgrove Lecture, Carolyn M. Clancy, MD, of the Agency for Healthcare Research and Quality, will speak about two reports recently published by AHRQ: the first annual *National Healthcare Quality Report* and the *National Healthcare Disparities Report*. Both reports were mandated by Congress.

Dr. Clancy will present findings specifically about quality of care for women.

"These reports offer the most comprehensive picture to date of how the health care system is doing with respect both to quality of care overall and to quality of care provided to individuals who are members of racial- or ethnic-minority groups, low-income or low-educational-attainment groups, and groups living in isolated areas," says Dr. Clancy.

"These reports offer a roadmap for improvement, and physicians are essential to any serious improvement effort. My hope is that presenting selected findings relevant to women will stimulate discussion about strategies for assessing—and improving—quality of care for women."

Can medical errors be reduced by using a successful aviation teamwork approach?

ACOG Fellow Benjamin P. Sachs, MD, of Beth Israel Deaconess Medical Center in Boston, will discuss a study funded by the US Department of Defense that is applying error-reduction approaches used in aviation to clinical care.

"The approach, called 'crew resource management,' was developed in the 1970s and '80s as a way to reduce errors in aviation and the three armed services," explains Dr. Sachs. "Since 1997 CRM has been mandated by the FAA for all commercial airlines. The Institute of Medicine report on medical errors speculated that individual instruction in teamwork skills and system implementation of teams would reduce medical errors and improve patient safety. However, this has never been tested. We have adapted CRM techniques for obstetrics. I'll be reporting on the results of a national randomized trial including 15 hospitals to see whether CRM can improve patient safety."

The goal of the study, which will be completed in March 2004, is to demonstrate a reduction in medical errors, improvements in both process measures, and patient and staff satisfaction.

Dr. Sachs points out, "If we can demonstrate improvement in patient safety, then these techniques could also be used for other clinical areas such as operating rooms, intensive care units, and emergency departments. If the field of obstetrics can find a way to improve patient safety, then we may have more success in achieving tort reform." ♀



▲ Dr. Leape



▲ Dr. Clancy



▲ Dr. Sachs



See registration information on page 3.

Clinical seminars made to order

Monday, May 3 • 11 am–12:15 pm

- ▶ Conservative Management of Ectopic Pregnancy CMA01
- ▶ Cervical Cancer Prevention in Low-Resource Setting: Notes from the Field CMA02
- ▶ Managing Abnormal Pap Tests: The Latest National Guidelines CMA03
- ▶ Choosing Incision and Wound Closure Techniques CMA04
- ▶ Cervical Cancer Screening 2004: It's Not Your Mother's Pap Smear CMA05
- ▶ Nausea and Vomiting During Pregnancy CMA06
- ▶ The Changing Practice of Obstetric Anesthesia: Current Controversies and Future Trends CMA07
- ▶ Facing Ethical Challenges in Ob-Gyn Clinical Practice CMA08
- ▶ Update on STDs and Associated Vaginal Conditions CMA09
- ▶ Obstetrical Anal Sphincter Lacerations: An Evidence-Based Approach CMA10
- ▶ VBAC in the New Millennium: Where Do We Go from Here? CMA11
- ▶ Controversias en el Manejo de Rupture de Membranas Antes de las 32 Semanas de Gestacion CMA12

Monday, May 3 • 2:30–4 pm

- ▶ Current Concepts in the Management of Gestational Diabetes CMP13
- ▶ Botanical Medicine in Women's Health: Real Treatment or Mere Rip-Off? CMP14
- ▶ Estrategias Preventivas Contra Canceres Ginecologicos CMP15
- ▶ Hypertension, Pregnancy, and Beyond CMP16
- ▶ Course and Treatment of Depression During Pregnancy, Postpartum, and Lactation CMP17
- ▶ Surgical Options for Stress Urinary Incontinence CMP18
- ▶ Surviving the Despair of Liability Litigation CMP19
- ▶ "State-of-the-Art" Examination of the Adult Female Sexual Assault Victim CMP20
- ▶ Minimally Invasive Approaches to the Diagnosis and Management of Submucosal Leiomyomas CMP21

Tuesday, May 4 • 2:30–4 pm

- ▶ Thyroid Disease and Pregnancy CTP22
- ▶ Preeclampsia: Rompecabezas Etiologico y Terapeutico CTP23
- ▶ Female Sexual Dysfunction—The Challenge of Treatment CTP24
- ▶ Key Moments in the History of Obstetrics and Gynecology—A Flux of the Reds: Evolution of the Management of Placenta Previa CTP25
- ▶ Tales from the Witness Chair CTP26
- ▶ HIPAA 2004—What's Next? CTP27

Stay abreast of clinical management in ob-gyn

Attend the ACM clinical seminars

From botanical medicine and VBAC to being sued and nausea in pregnancy, 27 clinical seminars at this year's Annual Clinical Meeting offer the most up-to-date and relevant information for your practice. Here are four examples:



1. *Managing Abnormal Pap Tests: The Latest National Guidelines* Monday morning • Richard S. Guido, MD

Reviews the guidelines from the American Society for Colposcopy and Cervical Pathology for managing abnormal Pap tests and biopsies. Specific focus on the use of HPV testing and appropriate follow-up of cervical abnormalities.

Dr. Guido: *We are now one year from the introduction of these guidelines, and it is a great opportunity to look at the evidence that supported their introduction, and their limitations. Now that most clinicians have had an opportunity to use them, I'm sure there will be many questions. I'll also touch on the HPV vaccines, and how they may alter the future of cervical cancer prevention and screening in our country.*



Dr. Kammerer-Doak



Dr. Rogers

2. *Surgical Options for Stress Urinary Incontinence* Monday afternoon

Dorothy N. Kammerer-Doak, MD, and
Rebecca G. Rogers, MD

Emphasizes the basic pathophysiology and anatomy of stress incontinence. Also addresses intrinsic sphincteric deficiency and the efficacy of urethral injections.

Dr. Rogers: *We will cover retropubic procedures, suburethral slings, and newer therapies such as urethral bulking procedures and tension-free vaginal tape. Additionally, we will focus on how to choose the appropriate incontinence procedure for your patient.*



3. *"State-of-the-Art" Examination of the Adult Female Sexual Assault Victim* Monday afternoon • Bonnie J. Dattel, MD

Addresses what ob-gyns need to know to sensitively examine and support patients who have been sexually assaulted. Covers forensic evidence gathering and reporting.

Dr. Dattel: *Most ob-gyns will encounter women survivors of sexual assault. I'll discuss factors to help identify patients who may have been assaulted and resources available for ob-gyns to help patients.*



4. *HIPAA 2004—What's Next?* Tuesday afternoon • Allan T. Sawyer, MD

Offers help on coping with HIPAA implementation and clarifies what's really required. Gives advice on how to deal with other physicians' offices, hospitals, and laboratories.

Dr. Sawyer: *I'll address how HIPAA will affect a practice's cash flow, both in the Medicare arena and when dealing with payments from third-party payers, who might use HIPAA as an excuse to delay claims processing.*

See ACM registration information on page 3.



Philly puts the "A" in ACM!

Art, Activities, and Amazing Attractions your family will love

Whether you explore the city on your own or participate in the outstanding scheduled tour program, you're guaranteed to have a wonderful time during your visit to this year's ACM location—Philadelphia! The wide variety of all-day and half-day tours, educational sessions, and evening events allow for plenty of time to enjoy all the "City of Brotherly Love" has to offer. ♀

info

- ▶ Complete descriptions are in the Preliminary Program at www.acog.org/acm2004; email requests for a written copy to acm@acog.org

▼ Photo by Bob Krist ▶



Isaiah Zagar Murals: Philadelphia artist Isaiah Zagar uses ceramic tile, mirrors, and found objects to create his unusual murals.



The Amish Experience: Visit an Amish homestead, tour Amish farmlands, and learn about the Amish lifestyle and culture.

The Wilma Theater on the Avenue of the Arts has earned an international reputation for its eclectic mix of new works, classic drama, and innovative musicals.



Photo by Bob Krist

Photo by Bob Krist



LOVE, a sculpture by Robert Indiana, sits in the Plaza at 15th and Kennedy Blvd and is the symbol for the city's tourism marketing slogan, "Philadelphia: the place that LOVES YOU BACK."

Mother Bethel A.M.E. Church, in the Society Hill section of Philadelphia, was a stop on the Underground Railroad and is the second oldest African-American congregation in the country.



Photo by G. Widman



Photo by Bob Krist

PECO Energy Lights of Liberty show: American history, the 21st century way! This exciting interactive experience makes the audience feel like part of the action.



Photo by Bob Krist

Claes Oldenburg's 45-foot-high, 10-ton **Clothespin sculpture** stands in front of the Center Square Building at 15th and Market Streets. Philadelphia, known for its extensive collection of public art, has more murals than any other American city.

Spouse/Guest Activities

Saturday, May 1

9 am–5 pm *Tour: Amish Experience*
 12:30–4:30 pm *Tour: Historic Philadelphia*
 1–3 pm *Tour: Mural Arts*
 3:30–11:30 pm *Tour: Atlantic City*

Sunday, May 2

9 am–4 pm *Tour: Winterthur—Racing Day*
 9 am–4:30 pm *Tour: Bucks County*
 10:30 am–1:30 pm *Brunch: Jazz Brunch—Zanzibar Blue*
 12:30–4:30 pm *Tour: Historic Philadelphia*
 1–4 pm *Brunch: Jazz Brunch—Zanzibar Blue*
 1:30–3:30 pm *Tour: Academy of Fine Arts*

Monday, May 3

5:30–9:30 pm *Dinner and walking tour: Crime and Cuisine*
 2–4 pm *Reception: Afternoon Tea for All Spouses*
 6–10:30 pm *River cruise and dinner: Dinner Cruise—Spirit of Philadelphia*

Tuesday, May 4

9 am–1 pm *Tour: Valley Forge and Philly*
 9 am–4 pm *Tour: Shop 'Til You Drop—Franklin Mills*
 9 am–4:30 pm *Tour: Mansions and Masterpieces: Manet, Rodin, and Cedar Grove*

Tuesday, May 4

10 am–Noon *Seminar: Talking with Your Children about Sexuality*
 Noon–4 pm *Tour: Longwood Gardens*
 1:30–3:30 pm *Seminar: Retirement Planning: Will Your Money Be Ready When You Are?*

Wednesday, May 5

9 am–4 pm *Tour: Brandywine Valley*
 9 am–5 pm *Tour: Amish Experience*
 9:30 am–12:30 pm *Tour: Fairmount Park Mansions*
 1–5 pm *Tour: Colonial Churches*
 1:30–3:30 pm *Seminar: Financial Planning*

ACOG Grievance Committee reports on actions

In memoriam

- ▶ John W. **Choate**, MD
Austerlitz, NY • 12/03
- ▶ Tungvan **Dinh**, MD
Galveston, TX
- ▶ Daniel J. **DiTroia**, MD
Rockville Centre, NY • 7/03
- ▶ Michael Edward **Doell**, MD
Colorado Springs, CO • 5/03
- ▶ Gail L. **Hydoski**, MD
San Diego, CA • 8/03
- ▶ Victoriano **Llaca**, MD
Mexico City, Mexico • 11/03
- ▶ J. George **Moore**, MD
Malibu, CA • 10/03
- ▶ Katherine E. **Shelby**, NP
Universal City, TX • 11/03
- ▶ Stephen I. **Sipos**, MD
Beach Park, IL • 5/03
- ▶ Peter A. **Vargas**, MD
Denver, CO
- ▶ Gordon C. **Wolf**, MD
Salem, OR • 7/03

Douglas W. Laube, MD, chair of ACOG's Grievance Committee, provides this report to the Fellowship in accordance with the College complaint process. Under ACOG's Code of Professional Ethics, a Fellow can be issued a warning, censured, suspended, or expelled from the College for unethical behavior. To determine whether a Fellow has engaged in a violation of the ACOG Bylaws or Code of Professional Ethics, the Grievance Committee reviews complaints submitted by ACOG Fellows and reviews severe disciplinary actions taken by state medical boards.

Final decisions in five cases

Last year, one Fellow was expelled from the College. The Executive Board took this final action on recommendation of a Grievance Committee hearing panel; the action was based on the revocation of the Fellow's medical license by a state. As required, the College

2003 Actions

Final Decisions

- ▶ 1 expulsion
- ▶ 1 warning
- ▶ 1 censure
- ▶ 2 suspensions

New Cases

Reviewed 9 complaints from Fellows

- ▶ 1 letter of concern
- ▶ 4 scheduled for hearings
- ▶ 4 pending recommendation

Reviewed 5 medical board actions

- ▶ 1 scheduled for hearing
- ▶ 2 dismissed
- ▶ 2 regarding nonmembers

reported this expulsion to the National Practitioner Data Bank.

Following hearings on four complaints involving state medical board actions, the Grievance Committee hearing panels recommended one warning, one censure, and two suspensions. These decisions were approved at the July 2003 Executive Board meeting. The two Fellows who were suspended were also reported to the NPDB.

Grievance Committee considers complaints against 14 Fellows

The committee also reviewed 14 new complaints—9 from Fellows of the College and 5 stemming from state medical board actions. Of the 9 complaints filed by Fellows, 8 involved expert witness testimony. Four of these will proceed to hearing panels early this year.

Of the five state medical board action complaints, one will proceed to a hearing panel, two were dismissed, and two involved Fellows who are no longer members of the College. ♀



▶ Office of the General Counsel: 202-863-2584

College ethics code revised

ACOG recently revised the Code of Professional Ethics. The new version is posted on the member-access side of the ACOG website at www.acog.org and is included in *Ethics in Obstetrics and Gynecology*, 2nd edition, being mailed this month to all Fellows and Junior Fellows in practice. ♀

ACOG leader John W. Choate, MD, dies at age 70



Former District II Chair John W. Choate, MD, died suddenly at his home in Austerlitz, NY, on Dec 22, 2003. He had practiced privately in Rochester, NY, for 25 years and had held numerous teaching positions at the State University of New York Health Science Center in Buffalo, the University of Rochester, and elsewhere.

Dr. Choate was vice president of ACOG, 2000–01, and at the time of his death was serving on ACOG's Grievance Committee and was an ex-officio member of the Committee on Continuing Medical Education, a legislative key contact, and a reviewer for ACOG's Voluntary Review of Quality Care program.

"John made outstanding and significant contributions to the College and to women's health in many ways," comments Ralph W. Hale, MD, ACOG executive vice president. "He brought wisdom and thought-

fulness to so many issues and was respected and liked by everyone who knew him. He will be missed by patients, colleagues, and ACOG."

A long-time leader in ACOG, he was chair of the Council of District Chairs, was the Executive Board advisor to the Junior Fellow College Advisory Council, was a McCain Fellow, and served on ACOG's Committees on Quality Assurance, Nominations, and Professional Liability, and the Finance Subcommittee for Development.

Dr. Choate earned his medical degree at Johns Hopkins University in Baltimore and completed residency training at the University of Rochester in Rochester, NY.

Dr. Choate developed and served as cochair of the Safe Motherhood Initiative, reviewing hospital-based maternal deaths in New York State. He was also a member of the New York State Board of Professional Medical Conduct and the New York State Board of Midwifery and was an active member of the International Society for the Advancement of Humanistic Studies in Medicine. ♀

2004 calendar

Please contact individual organizations for additional information.

february

SMFM: Soc for Maternal-Fetal Medicine

2-7
New Orleans, LA
202-863-2476
www.smfm.org

SGO: Soc of Gynecologic Oncologists

7-11
San Diego, CA
312-644-6610
www.sgo.org

Practical Aspects of Ob-Gyn Ultrasound: Optimize Your Skills

Sponsor: Amer Institute of Ultrasound in Medicine
13-15
Las Vegas, NV
301-498-4100 or 800-638-5352
www.aium.org

march

APGO and CREOG Annual Meeting

3-6
Lake Buena Vista, FL
CREOG: 202-863-2554
dnehra@acog.org
APGO: 410-451-9560

ACOG Legislative Workshop

14-16
Washington, DC
800-677-8444, ext 2505
keycontact@acog.org

ASCCP: Amer Soc for Colposcopy and Cervical Pathology

15-19
Lake Buena Vista, FL
800-787-7227
www.asccp.org

march

World Congress on Women's Mental Health

17-20
Washington, DC
703-449-6418
www.womenmentalhealth.com

SGI: Soc for Gynecologic Investigation

22-27
Houston, TX
202-863-2544
www.sgionline.org

april

SSTAR: Soc for Sex Therapy and Research

1-4
Arlington, VA
202-863-1648

JSOG: Congress of the Japan Soc of Ob-Gyn

10-13
Tokyo, Japan
www.jsog.or.jp
+81-3-3261-2296

PCRS: Pacific Coast Reproductive Soc

27-May 2
Rancho Mirage, CA
562-947-7068

may

ACOG Annual Clinical Meeting

1-5
Philadelphia, PA
800-686-7295
www.acog.org/acm2004

Practical Ob-Gyn Update

15-16
Sponsor: Medical Educational Council of Pensacola
Pensacola, FL
850-477-4956
www.mecop.org

may

NASPAG: North Amer Soc for Pediatric and Adolescent Gynecology

20-24
La Jolla, CA
215-955-6331
www.naspag.org

WAGO: Western Assn of Gynecologic Oncologists

26-29
Monterey, CA
202-863-1648

june

AIUM: Amer Institute of Ultrasound in Medicine

20-22
Phoenix, AZ
301-498-4100 or 800-638-5352
www.aium.org

SOGC: Soc for Ob-Gyns of Canada

24-29
Edmonton, Alberta
613-730-4192
www.sogc.org

july

GOG: Gynecologic Oncology Group

16-18
Garden Grove, CA
215-854-0770
www.gog.org

AUGS and SGS: Amer Urogynecologic Soc and Soc of Gyn Surgeons

29-31
San Diego, CA
SGS: 901-762-8401
www.sgsonline.org

ACOG Postgraduate Courses

Two ways to register:

- 1 Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am-4:45 pm ET
- 2 Go to www.acog.org and click on "Postgraduate Courses" under "Meetings and Events"

Registration must be received one week before the course. Onsite registration subject to availability.

February

Special Problems for the Advanced Gynecologic Surgeon (twin offering with course below)

16-18 • Cancun, Mexico

Best Practices in Obstetrics

(twin offering with course above)
19-21 • Cancun, Mexico

CPT and ICD-9-CM Coding Workshop

20-22 • Miami, FL

CPT and ICD-9-CM Coding Workshop

27-29 • Phoenix, AZ

Sold Out

March

Gynecology in the Next Decade: Evolving Issues

4-6 • Snowbird, UT

Clinical Obstetrics and Evidence-Based Medicine

11-13 • Washington, DC

CPT and ICD-9-CM Coding Workshop

12-14 • Washington, DC

CPT and ICD-9-CM Coding Workshop

19-21 • Chicago, IL

Sold Out

April

Quality Improvement and Management Skills for Leaders in Women's Health Care

1-3 • Washington, DC

CPT and ICD-9-CM Coding Workshop

16-18 • Houston, TX

May

CPT and ICD-9-CM Coding Workshop

6-8 • Philadelphia, PA

June

CPT and ICD-9-CM Coding Workshop

11-13 • Boston, MA

Controversies in Menopause (debate format)

17-19 • San Diego, CA

connect to ACOG

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Highlights of this year's workshop

- ▶ "Congressional Classroom" with citizen advocacy expert Christopher Kush: how to lobby for medical liability reform on Capitol Hill and in your state legislature
- ▶ Panel discussions with Washington insiders on ob-gyn issues and this year's elections
- ▶ Physicians for Women's Health President's Breakfast with Dr. Charles B. Hammond
- ▶ Up to 14 CME credits

Fight for liability reform by attending ACOG's Legislative Workshop

All politics may be local, but what happens in the US Congress in Washington affects *your* practice and *your* patients in *your* own community. Make sure members of Congress understand and support women's health issues: join your ACOG colleagues at the 22nd Annual Legislative Workshop, March 14-16, at the Ritz Carlton Hotel in Washington, DC.

Fellows and Junior Fellows from across the nation will meet with their state delegations in Congress to push for passage of medical liability reform and for other ACOG legislative priorities such as increased funding for women's health research.

Make a difference on the following issues during the workshop:

- ▶ **Medical Liability Reform:** Only a handful of votes separate ob-gyns from victory in the Senate through enactment of meaningful medical liability reform. Last year ACOG members helped HR 5, the HEALTH Act, to be passed in the House of Representatives. That bill caps noneconomic damages, limits punitive damages, limits attorney contingency fees, shortens the statute of limitations, and allows for collateral source offsets.
- ▶ **The Uninsured:** ACOG wants to expand health care services to uninsured pregnant women.
- ▶ **Women's Health Research:** Ob-gyns want to ensure adequate federal funds for women's health research initiatives.

Nonsponsored Fellows and Junior Fellows can attend by paying a modest registration fee plus expenses. Sign up today and ensure that Congress supports women's health issues. ♀



- ▶ 800-673-8444, ext 2505; 202-863-2505; keycontact@acog.org

Medical Liability *continued from page 1*

legislative solutions to common problems, with medical liability reform at the top of the list. The Washington lobbyists of ACOG, the American Academy of Neurological Surgeons, the American College of Emergency Physicians, the American Academy of Orthopaedic Surgeons, and others in this coalition meet several times a week to map out joint strategies and coordinate plans. The alliance is able to hire top legislative consultants that the organizations individually might not be able to afford. These specialty groups support our efforts to pass the Gregg-Ensign obstetric

provider liability reform bill as a first step toward comprehensive reform for all physicians. They are smart, tough, very welcome allies.

Second, ACOG is joining forces with our allies to support a major strategic public relations campaign called Doctors for Medical Liability Reform. This multimillion-dollar effort, which coordinates closely with the lobbying work of the Alliance of Specialty Medicine, has hired a top public relations firm with a long record of successful campaigns for other high-profile issues.

DMLR is dedicated to educating the general public and elected officials about the current crisis. Obstetricians and their patients, along with doctors and patients from other highly affected specialties, will tell their stories on television and in the press, urging the public and their elected representatives to support medical liability reform. We can count on DMLR to mount a highly effective operation.

With our partners in the Alliance of Specialty Medicine and our work with DMLR, ACOG's legislative agenda will be supported and amplified. Every day, the College is fighting for you, for your practice, and for your patients. We will not quit until the job is done. And we will not rely on anyone else to do it for us. ♀



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