New president calls on Fellows to embrace Women’s Health Bill of Rights

In the city where the Declaration of Independence and the US Constitution were created, ACOG President Vivian M. Dickerson, MD, proposed a new “bill of rights” during her inaugural address at ACOG’s Annual Clinical Meeting in May in Philadelphia.

“I am proposing that we embrace a Women’s Health Bill of Rights, with thoughts to improving the overall quality of women’s lives as well as their health care,” said Dr. Dickerson, who was sworn in as ACOG’s 55th—and third woman—president. “I ask you to join me in asserting that the women for whom we care, and those whom we have never seen, are entitled to these 10 rights.”

Calling for greater advocacy

Dr. Dickerson urged Fellows to expand their roles as advocates for women.

“I believe that women’s health includes women’s emotional, social, cultural, spiritual, and physical well-being,” she said. “There are many of us who may be reluctant to participate in the policy and politics of health care. We worry about the time commitment in an already overly burdened day. Perhaps we fear that we will be sucked in and unable to extricate our profession and ourselves. … I ask you to [be advocates] because if we limit our involvement to our practices, we will not effect the changes that must happen for women in this country.”

Emphasizing key women’s health issues

Key aspects of Dr. Dickerson’s speech are highlighted in the following paragraphs. To view all of the Women’s Health Bill of Rights, see the list on the left.

The right to have safety and accountability in health care is the first right, just as “first do no harm” is the oath of physicians, Dr. Dickerson said.

The right to accessible, affordable and safe forms of contraception, including post-coital contraceptives

Addressing the sixth right—the right to accessible, affordable, and safe forms of contraception, including post-coital contraceptives—Dr. Dickerson said that the care of pregnant women “must include taking measures to ensure that every pregnancy is a wanted and planned pregnancy,” which includes addressing issues of sexual politics, rape, forced conception, and forced abandonment of contraception.

continued on page 16
Seeing through the alphabet soup

I recently received a letter from an ACOG Fellow complaining about the cost of the ABC exam. This exam is not an American College of Obstetricians and Gynecologists activity; it is an American Board of Obstetrics and Gynecology activity. Therefore, I referred the letter to Norman F. Gant Jr, MD, executive director of ABOG.

The question, however, made me realize there is a need to re-explain the major players in this alphabet soup of ACOG, ABOG, CMSS, and ABMS.

ABOG is the certifying organization for our specialty. ACOG recognizes ABOG in this role because certification by ABOG is a requirement for ACOG Fellowship. ABOG has a parent: the American Board of Medical Specialties, which establishes the overall standards that ABOG must comply with. As such, the ABMS controls all of the specialty certification boards.

There is no similar organization that establishes the standards for specialty societies. There is a Council of Medical Specialty Societies that brings most medical societies together to discuss the needs of specialty physicians, issues that practicing physicians have to face on a daily basis. However, the CMSS does not discuss certification.

Thus, as you hear the terms ABOG and ABMS, recognize that these are the organizations that deal with certification and maintenance of certification, while ACOG and CMSS deal with all other aspects of the practice of medicine.

Ralph W. Hale, MD, FACOG
Executive Vice President

FDA rejects over-the-counter status for emergency contraception

Despite nearly unanimous support by two FDA expert advisory panels, the FDA rejected Barr Pharmaceuticals’ application for over-the-counter status for Plan B emergency contraception in May.

“The Food and Drug Administration’s action is a tragedy for American women and a dark stain on the reputation of an evidence-based agency like the FDA,” ACOG President Vivian M. Dickerson, MD, says.

“The decision to ignore an advisory panel’s assessment of the scientific evidence is not only rare, but it gives credence to recent criticisms that political interference is hampering scientific review within federal agencies today.”

The FDA contends that Barr’s application “does not provide adequate data to support use of Plan B by young adolescent women without the intervention of a physician.” According to the FDA, Barr’s data on the use of Plan B contained little information on its use by teenagers and no data for girls younger than 14.

OTC approval for Plan B. In its letter to Barr, the FDA outlined two alternatives the company could proceed with: Providing data that demonstrate that Plan B could be used safely by teenagers younger than 16 without physician supervision or

Providing more information explaining how Barr would market Plan B as a prescription-only product for women younger than 16 and as an over-the-counter product for women 16 and older

Barr plans to resubmit its application. However, any delay in OTC status for EC means that every day teenagers and women have difficulty obtaining emergency contraception.

“There is a public health imperative in this country to increase access to EC,” Dr. Dickerson says. “Accidents and coercion happen, and post-coital contraception must be made readily available to reduce unintended pregnancy and abortion rates.”

Because of the FDA’s decision, ACOG plans to step up its “Every Woman, Every Visit” campaign, urging ob-gyns to provide advance prescriptions for EC to all reproductive-age women at every office visit.

The College will also continue to work with the media to remind women to ask their ob-gyns for advance prescriptions.

“Women’s need for effective contraception will not go away, and neither will Plan B,” Dr. Dickerson says. “ACOG’s campaign, while it increases access to EC for many women, represents only a fraction of what might have been accomplished had the FDA approved widespread OTC status for Plan B.”

Ralph W. Hale, MD, FACOG
Executive Vice President

“Fight for OTC status not over yet

By issuing a “not approvable” letter to Barr, the FDA left the door open for the company to continue to work toward
ACOG urges Senate to increase funding for prematurity research

ACOG is working with the March of Dimes and other national groups to increase federal funding for prematurity research, by urging passage of the PREEMIE Act (S 1726/HR 3350), also known as the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early Act.

Introduced by Sens Lamar Alexander (R-TN) and Christopher Dodd (D-CT), the PREEMIE Act focuses on preterm labor and delivery research, provider education and support, and the health and economic costs of prematurity. The Senate Committee on Health, Education, Labor, and Pensions’ Subcommittee on Children and Families held a hearing on the legislation on May 13.

The committee looked at the lack of research, the need for more outreach and education, and the medical liability crisis as major contributors to the problem of rising prematurity rates. The US rate of preterm birth increased 27% between 1981 and 2001. In 2001, more than 476,000 babies were born prematurely in the US.

Prematurity funding lacking

ACOG Fellow Charles J. Lockwood, MD, chair of the Department of Ob-Gyn at Yale University, testified at the Senate hearing, noting that only a small fraction of federal research dollars goes to studying prematurity.

ACOG supports an increase in federal funding of the National Institute of Child Health and Human Development.

More ob-gyn expertise needed

ACOG also urged the Senate committee to ensure adequate ob-gyn representation on the NICHD panel that oversees grants. Currently, only three of the 17 members of the NICHD Advisory Council are ob-gyns.

ACOG is alarmed by indications that one ob-gyn position, currently held by John M. Gibbons Jr, MD, ACOG’s immediate past president, may be given to an attorney when Dr. Gibbons’ term expires in November.

Dr. Lockwood described how the liability crisis is crippling prematurity research, as ob-gyn researchers face liability insurance premiums that top $100,000. Sen Dodd, who has not supported liability reform caps on noneconomic damages, acknowledged the effect the liability crisis is having on ob-gyns in his state of Connecticut.

ACOG is also working with the March of Dimes as a major partner in the March of Dimes Prematurity Campaign, a five-year effort to increase awareness of the severity of prematurity and to decrease the rate of preterm birth by 15%.

Not too early to order flu vaccines

Although we may be enjoying the summer months, it’s not too early for ob-gyns to prepare for the upcoming flu season by ordering influenza vaccines for their patients. Women can be immunized throughout flu season, which runs from October through March.

The CDC recommends that health care providers order vaccines now if they haven’t already, especially if they care for Medicare beneficiaries and others at high risk for complications from influenza.

Ob-gyns may want to consider giving flu shots to all their patients, not just pregnant or elderly women.

Flu shots safe for pregnant women in all trimesters

In an updated recommendation, the CDC now recommends that all pregnant women receive a flu shot. Previously, the CDC recommended that pregnant women be immunized against influenza only if they would be in their second or third trimester during the flu season. That recommendation was based on a 17-year influenza study that showed that the flu vaccine decreased the risk of cardiovascular complications in pregnant women in the second and third trimesters, according to Stanley A. Gall, MD, ACOG’s representative to CDC’s Advisory Committee on Immunization Practices.

However, the recommendation confused patients and clinicians, who often wondered if it was safe to give flu shots in the first trimester.

The CDC updated its recommendations to include all pregnant women because there’s no evidence that shows that the vaccine harms pregnant women or their babies, Dr. Gall says. The updated recommendations were released in April by ACIP in the report Prevention and Control of Influenza.
ACM press room busy as reporters highlight the College in the news

COG’s Office of Communications kept the College in the news during the Annual Clinical Meeting May 1–5. Journalists from all over the country attended the ACM, making the press room a whirlwind of activity as reporters interviewed Fellows, attended news conferences, and reported on sessions. Communications staff held news conferences—featuring numerous ACOG Fellows—on patient safety, hormone therapy, emergency contraception, and HPV and cervical cancer.

› ACOG President Vivian M. Dickerson, MD, urges the FDA not to “succumb to political pressure” and reject over-the-counter status for emergency contraception.

› ACOG Fellow Isaac Schiff, MD, tells reporters how he discusses hormone therapy with his patients.

› ACOG Fellow Benjamin P. Sachs, MD, answers a reporter’s question at a news conference on patient safety.

› Journalist Katie Couric, center, meets with staff from the ACOG Office of Communications. Couric spoke during the 3rd Scientific Session about the importance of early detection of colorectal cancer.
Philadelphia welcomed thousands of ob-gyns May 1–5 for ACOG’s ACM. From postgraduate courses to the presidential inauguration and convocation, to everything in between, the 52nd Annual Clinical Meeting offered an abundance of interesting and educational sessions, exhibits, and activities.

- Discussing issues at district meetings
- Lucian L. Leape, MD, MPH, discussing patient safety at the Cosgrove Memorial Lecture
- Gaining new insights from poster sessions
- Explaining Pennsylvania’s professional liability crisis at the McCain Luncheon
- Learning new techniques at hands-on courses
- Checking out the latest technology in the Exhibit Hall
- Making bunny ears at Camp ACOG while Mom and Dad attend the ACM
Outstanding District Service Awards

Seven Outstanding District Service Awards were presented at the ACM in May. The award is given to individuals who have made notable contributions to their districts.

**District III** Daniel J. Colombi, MD

Dr. Colombi has held several positions in the New Jersey Section, including chair. He has been a member of the District III Advisory Council since 1982 and is currently the district’s treasurer and chair of its Maternal Mortality Committee. He received the Wyeth-Ayerst Community Service Award in 1997. Dr. Colombi is an attending physician at the Thomas Jefferson University Hospital.

**District IV** Salvatore A. Rini, MD

Dr. Rini has been vice chair and chair of the South Carolina Section, served as the District IV treasurer and secretary, was the local arrangements chair for the 2001 District IV Annual Meeting, and has served on the committees on Nominations, Industrial Exhibits, and Patient Education. Dr. Rini retired from private practice in Myrtle Beach, SC, in 2000 after 29 years.

**District V** Lance A. Talmage, MD

Dr. Talmage was ACOG vice president, chair of District V, and Ohio Section chair. He chaired the ACOG Grievance Committee and served on the Administrative Commission and committees on Industrial Exhibits, Credentials, and Nominations. Dr. Talmage is the medical director of ambulatory gynecology at The Toledo Hospital in Toledo, OH.

**District VI** Janette H. Strathy, MD

Dr. Strathy has served as ACOG assistant secretary and vice chair of District VI. She is currently the legislative chair of the Minnesota Section and was co-chair of the District VI Legislative Committee. She chaired the Committee on Credentials and has been a member of the committees on Adolescent Health Care, Grievance, Government Relations, Nominations, and Practice Management. Dr. Strathy is a general ob-gyn at the Park Nicollet Clinic in Minneapolis.

**District VII** Daniel A. Chester, MD

Dr. Chester has been the vice chair and chair of the Texas Section and vice chair and chair of District VII. He currently serves on the Committee on Quality Improvement and Patient Safety and has served on the committees for Nominations, Credentials, and Gynecologic Practice, as well as the Health Care Commission. Dr. Chester is in private practice in McAllen, TX.

**District IX** Philip J. Diamond, MD

Dr. Diamond was Junior Fellow vice chair and Junior Fellow chair of Section 8 of District IX. He was Section 8 vice chair and is currently Section 9 chair. He is also a member of the district’s legislative committee and a district representative to Californians Allied for Patient Protection. Dr. Diamond practices in a large, multispecialty practice in Chula Vista, CA.

**Armed Forces District**

Kevin C. Kiley, Maj Gen, MC USA

Major General Kiley has served as the secretary-treasurer, vice chair, and chair of the Armed Forces District. He has also served on the committees on Credentials and Course Coordination and the Task Force on the Nominations Process. He is currently chair of the Committee on Finance, a member of the Committee on Nominations, and an oral board examiner for ABOG. Major General Kiley is the commanding general of Walter Reed Army Medical Center and the North Atlantic Regional Medical Command in Washington, DC.

**Save the date!**

ACOG’s 53rd Annual Clinical Meeting will be held in San Francisco.

May 7–11, 2005
CDC issues new West Nile Virus guidelines

Physicians can enroll patients in registry

CDC is encouraging physicians to report to their state health department any cases of pregnant patients who are infected with West Nile Virus. The likelihood of transmission from mother to baby is unknown, as is the chance of clinical abnormalities. CDC is tracking pregnant women infected with the disease to see if it can be transmitted to the fetus and to determine birth outcomes.

In 2002, CDC published the first report of intrauterine transmission in which the infant had congenital abnormalities, although a causal relationship was not proved. In 2003, the agency began tracking more than 70 pregnant women infected with the disease.

Physicians can enroll their patients infected with the disease in the registry through their state health department or by calling the CDC’s Division of Vector-Borne Infectious Diseases (see info below).

Treating pregnant women with West Nile Virus

CDC released interim guidelines earlier this year on the evaluation of infants born to mothers who had the disease during their pregnancy.

The guidelines state that:
- Screening of asymptomatic pregnant women for the disease is not recommended because the consequences of infection during pregnancy have not been well defined and there is no treatment for infection.
- Pregnant women who have meningitis, encephalitis, acute flaccid paralysis, or unexplained fever in an area of ongoing West Nile Virus transmission should have serum tested for antibody to West Nile Virus.
- If the illness is diagnosed in pregnancy, a detailed ultrasound to evaluate for structural abnormalities in the fetus should be considered no sooner than two to four weeks after onset of West Nile Virus illness unless an earlier examination is otherwise indicated.

Preventing West Nile Virus infection

The guidelines also recommend that pregnant women who are exposed to West Nile Virus-infected mosquitoes should use insect repellent that contains DEET on skin and clothes and wear clothing that protects from mosquito bites.

When used according to the product label, DEET can be used by pregnant women without harming the fetus. Pregnant women should also avoid being outside during peak mosquito-feeding times, which are usually at dawn and dusk. (See info below.)

Spina bifida trial seeks pregnant patients

A randomized, controlled clinical trial evaluating the best treatment for spina bifida is looking for pregnant women to participate. The Management of Myelomeningocele Study, or MOMS, aims to determine whether it is best to treat spina bifida through fetal surgery or postnatal surgery.

The study is funded by the National Institute of Child Health and Human Development at NIH.

Eligibility criteria

To be eligible to participate, a patient must be:
- At least 18 years old
- A resident of the US
- Screened and enrolled by her 25th week of pregnancy
- Myelomeningocele defect between T1 and S1, inclusive
- The Arnold Chiari II malformation of the brain
- Normal chromosomes

Participants will travel to one of three MOMS centers for surgery and delivery: the Children’s Hospital of Philadelphia, the University of California at San Francisco, or Vanderbilt University Medical Center in Nashville. The study will cover all travel, meal, and lodging expenses for the patient and one support person.

The prenatal surgery will be done between the 19th and 25th weeks of pregnancy. Patients in both groups will deliver their baby by cesarean sections in approximately the 37th week of their pregnancy. (See info below.)

Neural tube defects decrease

After the federal government began requiring folic acid fortification of cereal grains in January 1998, prevalence of spina bifida and anencephaly decreased approximately 28%, according to a report in CDC’s Morbidity and Mortality Weekly Report, published May 7.

However, the decrease is less than what was estimated from research trials and falls short of the 2010 national health objective of reducing neural tube defects by 50%. More effort is needed to raise awareness about the importance of all reproductive-age women taking 400 µg of folic acid daily to prevent birth defects, researchers concluded. (See info below.)
University of Mississippi’s Robert C. Moore, MD, from District VII, was first up. Dr. Moore presented “Not Just Morning Sickness,” a case in which a 25-year-old patient died in the hospital after presenting with a disturbing amount of vomiting and weight loss. Congestive heart failure with lymphocytic myocarditis was pegged as the cause of death only after an autopsy.

The panelists nailed the congestive heart failure diagnosis but missed on the lymphocytic myocarditis that seemed to be the root cause of the patient’s problems. Moderators Sandra A. Carson, MD, and Wanjiku N. Kabiru, MD, then-JFCAC chair, declared it a tie.

Larisa P. Gavrilova-Jordan, MD, of the Mayo Graduate School of Medicine, was next. Dr. Gavrilova-Jordan, of District VI, presented the panel with a case titled “Digging for the Root of the Problem.” The patient, a 49-year-old woman, presented with both a growth in her lungs and a large mass growing in her uterus. The diagnosis was acute histoplasmosis with a pulmonary manifestation, as well as pelvic endometriosis Stage IV with multiple uterine leiomyomas. Again, the panel got one, but not both.

T. Michael Numnum, MD, of the University of Alabama, Birmingham, puzzled the professors with his case, “Incontinence: A Perplexing Pelvic Problem.”

Dr. Numnum, of District VII, described the case of an 83-year-old patient with two masses, one in the breast and one in the uterus. The mass in the breast proved malignant, but the mass in the uterus was the real question.

“What is inside the mass?” asked Dr. Numnum. “Look very carefully.” Unable to see anything special, the panel waited for Numnum to give the diagnosis: protrusio acetabuli, a rare infectious growth that, in this case, was caused by an orthopedic screw from a 30-year-old hip replacement.

“Protrusio acetabuli? What is that, the leading performer in some opera?” Dr. Gibbs asked.

Kjersti M. Aagaard-Tillery, MD, of the University of Minnesota and District I, was the last to present her case, promising that it would end with a single, unifying diagnosis. “It’s about time,” Dr. Brown said.

Dr. Aagaard-Tillery’s patient was a 26-year-old woman who was 14 weeks pregnant at the initial encounter. She had enlarged ovaries and other problems, while the fetus showed an enlarged abdomen area. Dr. Aagaard-Tillery said it was difficult to determine whether it was the mother or child who was ill. In the end, it proved to be the fetus that was ill, diagnosed with Beckwith-Wiedemann Syndrome.

The panel diagnosed this case correctly and was pleased to hear that the patient was once again pregnant.

“Moreover, I would anticipate that in the presentation and anticipated publication of our novel clinical findings in this case of Beckwith-Wiedemann Syndrome, we might facilitate future prenatal diagnosis of this relatively uncommon entity,” she continued.

Dr. Aagaard-Tillery recommends the Stump the Professor experience to her fellow residents.

“I would wholeheartedly encourage residents to participate in future Stump the Professors sessions,” she said.
More than 90% of ob-gyn residency positions were filled in this year’s Match, although the number of US seniors filling the positions continues to decrease. Data released in March by the National Resident Matching Program show that 1,066 of the 1,142 ob-gyn residency positions were filled in 2004, a 93.3% match. However, only 743 were filled by US seniors, a 65.1% match. The remaining positions that were filled were filled by previous graduates and osteopathic, Canadian, and foreign applicants, according to NRMP.

The percentage of ob-gyn residency positions filled by US seniors continues a steady decline, from approximately 75% in 2000, 2001, and 2002, to 68.3% last year and 65.1% now.

As the new chair of the Junior Fellow College Advisory Council, Leah A. Kaufman, MD, has a lengthy “to do” list, but she’s ready to get started.

“It is a great honor and privilege to be chosen to serve the College in this capacity,” she says. “I am excited about the opportunity to continue to work with the tremendously talented and dedicated Junior Fellows we have throughout our districts.”

Dr. Kaufman is the assistant residency program director and member of the full-time faculty practice at the Long Island Jewish Medical Center in New Hyde Park, NY. She became the new JFCAC chair at ACOG’s ACM in May.

One of the key issues Dr. Kaufman wants the JFCAC to focus on is workforce changes that came about after the Accreditation Council on Graduate Medical Education imposed new work-hour limitations.

Because of the new 80-hour work week, some have suggested that some residency programs feel like “shift work,” with directors strictly adhering to the requirements and sending residents home at the end of their “shift,” thus reducing continuity of care. On the other hand, some residents have said the work-hour limitations have increased resident morale, and they don’t want other physicians to think they have a shift mentality and lack of professionalism.

Dr. Kaufman has launched a JFCAC task force to study the issue to determine how the atmosphere changed after the limitations took effect. Additionally, a database of inventive and effective implementation solutions will be created from the data to serve as a resource to programs nationally.

“The ability to instill the need for professionalism and dedication to obstetrics and gynecology as a profession, career, and life’s work in contrast to a job performed in shifts is something with which we are all continuing to struggle,” Dr. Kaufman says. “The JFCAC will continue to work with APGO and CREOG to point out ways to foster professionalism and collect inventive ways to maintain the quality of the educational experience while working around all aspects of the work-hour restrictions.”

Dr. Kaufman also feels it’s crucial to continue to look for ways to recruit medical students to the ob-gyn specialty. The JFCAC is expanding key contact, mentoring, and interest group programs and is also assisting in the development of an interactive medical student website.

May Hsieh Blanchard, MD, was elected vice chair of the Junior Fellow College Advisory Council during the ACM in May.

Dr. Blanchard is associate director of the residency program and director of quality assurance and compliance at MetroHealth Medical Center, Department of Obstetrics and Gynecology, Cleveland, OH, and an assistant professor in the Department of Reproductive Biology at Case Western Reserve University in Cleveland.

In her presentation to the JFCAC, Dr. Blanchard outlined three issues she wants the group to focus on:

- Medical student recruitment
- Legislative activism and awareness
- Postgraduate training and education

Actively recruiting medical students to the ob-gyn specialty is key, Dr. Blanchard says. Because Junior Fellows are relatively new to the field, they know what may attract medical students to the field. It’s also important to develop a gender balance of medical students entering the specialty, at a time when more women than men are becoming ob-gyns, she says.

Dr. Blanchard also says she believes it’s important for doctors to be legislatively active and would like to foster a culture of activism within JFCAC.

“Doctors need to be involved in their interests,” Dr. Blanchard says. “[If not], someone else will be speaking for them outside of the field who doesn’t have their interests at heart.”
What more can ACOG do to address the professional liability insurance crisis?

Candidate quotes are in response to:

Candidates for national office

Philip N. Eskew Jr, MD
Indianapolis

“The membership of ACOG must intensify its efforts in order to pass Medical Liability Reform legislation. We must educate every patient, use our vote as our voice, and organize local and state press conferences to raise public awareness.”

Professional Position: director of physician and patient relations, St. Vincent Hospital, Indianapolis; ob-gyn clinical professor, Indiana University

Education:  
  > MD: Indiana University  
  > Residency: St. Vincent Hospital, Indianapolis

ACOG Activities:
  > National: vice president; Executive Board member; member, committees on Professional Standards, Scientific Program, Long-Range Planning; chair, Committee on Coding and Nomenclature; McCain Fellow; CPT Advisory Committee representative to AMA; member, Task Force on Governance; member, Health Care Commission; chair and vice chair, JFCAC
  > District V: chair; vice chair; secretary; Junior Fellow advisor; chair of five Annual District Meetings; Junior Fellow chair and vice chair; Junior Fellow Annual District Meeting; Indiana Section chair, vice chair, secretary/treasurer; Junior Fellow chair and vice chair of Indiana section

Kathleen Fitzgerald, MD
Providence, RI

“A national remedy would be ideal, but all politics are local. Educating and energizing the Fellows and Junior Fellows to work at the state level, a la the ‘Drive Through Deliveries’ effort in the mid-’90s may achieve needed relief.”

Professional Position: private solo practice; attending, resident supervision/education, Women & Infants Hospital, Ob-Gyn Department, Providence, RI

Education:  
  > MD: Georgetown University, Washington, DC  
  > Residency: Women & Infants Hospital and Rhode Island Hospital, Providence, RI

ACOG Activities:
  > National: Executive Board member; McCain Fellow; member, committees on Genetics, Credentials, Gynecologic Practice; member of Managing Menopause editorial board; ACOG Delegate to AMA; chair of Ob-Gyn Section Council
  > District I: chair; vice chair; member, Gynecology Practice Committee; general chair, District Annual Meeting; Advisory Council member, chair, and vice chair, Rhode Island Section; Rhode Island legislative liaison to Rhode Island Medical Society

Douglas W. Laube, MD, MEd
Madison, WI

“ACOG needs to enhance grassroots efforts and engage ACOG sections and districts in a proactive process. State and district public member participation and advocacy should be developed while keeping national reform front and center by building our medical coalitions and developing stronger patient advocacy groups.”

Professional Position: chair, ob-gyn, University of Wisconsin

Education:  
  > MD: University of Iowa  
  > Residency: University of Iowa Hospital and Clinics

ACOG Activities:
  > National: vice president; assistant secretary; Executive Board member; CREOG chair; chair, Grievance Committee; chair, Presidential Task Force on Student Recruitment; member, committees on Primary Care, Nominations; member, Precis and Clinical Updates editorial boards; member, Task Force on Primary Care in Ob-Gyn; member, Female Circumcision/Genital Mutilation Task Force; vice chair, Education Commission; chair, committee on Technical Bulletins
  > District VI: scientific program chair; Wisconsin Section chair and vice chair

Kenneth L. Noller, MD
Boston

“ACOG Fellows must encourage their patients to speak out for tort reform. We need letters from thousands of women to arrive on Capitol Hill every day. When legislators finally understand that the voters in their districts care about the issue, there will be change.”

Professional Position: Louis E. Phaneuf Professor and Chair, Department of Ob-Gyn, and professor, Department of Family and Community Medicine, Tufts University Medical School; chair, Ob-Gyn Department, Tufts-New England Medical Center

Education:  
  > MD: Creighton University, Omaha, NE  
  > Residency: Mayo Clinic, Rochester, MN

ACOG Activities:
  > National: chair, committees on Gynecologic Practice, Scientific Program, Clinical Document Review Panel—Gynecology; member, committees on Nominations, Professional Standards, Exhibits, Coding and Nomenclature, Family Practice Liaison; member, Education Commission; consultant editor and editorial board member, Obstetrics & Gynecology; editor, Precis: Gynecology
  > District VI: chair, Program Committee; member, Membership Committee
  > District I: member, Advisory Council; chair, Program Committee; co-chair, Practice/Quality Improvement Committee
William P. Dillon, MD
Buffalo, NY
“The issue of professional liability for the obstetrician and gynecologist in today’s world seems to be almost insurmountable. However, we cannot and never should think that way. ACOG is doing everything it possibly can. What we need to do is as Winston Churchill said: ‘Never, never, never give in.’ ACOG must persist and never give in.”

Professional Position: vice chair and associate professor, Department of Gyn-Ob, State University of New York at Buffalo
Education: MD: State University of New York at Buffalo
Residency: State University of New York at Buffalo

ACOG Activities:
- National: vice president; Executive Board member; vice chair, Committee on Finance; member, committees on Grievance, Development, Finance, Quality Assessment, Patient Education; vice chair, PROLOG, edition 3; member, PROLOG Task Force, edition 2
- District II: chair; vice chair; treasurer; chair and vice chair of Section 6; member of District Advisory Council; member, Task Force on Cesarean Section/Hysterectomy; member, Liability Committee; chair, Task Force on Cesarean Section; Junior Fellow advisor

Kathleen Fitzgerald, MD
Providence, RI
See information on page 10.

Richard P. Green, MD
Washington, DC
“ACOG must become more directly involved with the education of the public. The public has a misconception of the professional liability insurance crisis. The situation is viewed as a debate between physicians and lawyers. ACOG must provide education, education, education.”

Professional Position: private solo practice; senior attending physician in ob-gyn, Washington Hospital Center
Education: MD: Howard University
Residency: Howard University Hospital

ACOG Activities:
- National: Executive Board member; chair, Council of District Chairs; chair, National College Advisory Council Meeting; member, committees on Professional Liability, Nominations; member, Subcommittee for Development; member, Task Force on Neonatal Encephalopathy & Cerebral Palsy; reviewer, Voluntary Review of Quality of Care Program; peer reviewer, ACM postgraduate course
- District IV: chair; vice chair; secretary; newsletter editor; chair, committees on Site Selection and Perinatal Mortality; chair and vice chair of District of Columbia Section

Marilyn K. Laughead, MD
Scottsdale, AZ
“Three areas of ACOG’s efforts should be strengthening the Grievance Committee in sanctioning Fellows who falsely testify as an expert witness, helping Fellows improve patient safety in their offices and hospitals, and improving alliances with national women’s groups.”

Professional Position: private practice
Education: MD: University of Arizona
Residency: St. Joseph’s Hospital and Medical Center, Phoenix, AZ

ACOG Activities:
- National: assistant secretary; Executive Board member; chair, Committee on Credentials; member, committees on Grievance, Long-Range Planning, Newsletter Update; member, Task Force on Ultrasound; AMA representative
- District VIII: chair and vice chair of the Arizona Section

Vincent A. Pellegrini, MD
West Reading, PA
“ACOG must help our patients fully understand the impact that this professional liability crisis will have on their own health and well-being. Only then will we engage our patients, the voters, in the ongoing battle with our politicians to bring about meaningful reform.”

Professional Position: private group practice, director of IVF program; coordinator of Reproductive Endocrinology and Infertility Residency Training, Reading Hospital and Medical Center, Reading, PA
Education: MD: Jefferson Medical College, Philadelphia
Residency: Lankenau Hospital, Philadelphia

ACOG Activities:
- National: Executive Board member; member, Council of District Chairs; member, committees on Finance, Credentials; chair, Subcommittee on Insurance
- District III: chair; treasurer; chair and vice chair, Pennsylvania Section; chair and vice chair of Junior Fellows

Take part in the election process
Fellows are encouraged to take part in the national officer election process by discussing candidates with Committee on Nominations members. The qualifications of candidates will also be discussed at fall district meetings. The Committee on Nominations will meet in November to select the slate of candidates to be voted on at the Annual Business Meeting on May 9, 2005, in San Francisco. The elected officers will begin their terms in May 2005, at the close of the Annual Clinical Meeting.
Barbara S. Levy, MD  
Federal Way, WA

“We must enhance public perception of physicians as advocates in assuring concerned, competent health care. By demonstrating a commitment to quality and reducing medical errors, we can create a partnership with patients that will ensure public investment in tort reform.”

Professional Position: private solo practice; medical director, Women’s Health Center, St. Francis Pavilion; assistant clinical professor of ob-gyn, University of Washington School of Medicine

Education:  
  > MD: University of California, San Diego  
  > Residency: Oregon Health Sciences University

ACOG Activities:
  > National: member, AMA RVS Update Committee; member, Committee on Quality Assessment; member, RBRVS Update Advisory Committee; ex officio member and liaison to Committee on Coding and Nomenclature  
  > District VIII: Junior Fellow chair, Washington Section

Sharon T. Phelan, MD  
Albuquerque, NM

“By continued establishment of professional standards for all Fellows, the creation of methods for Fellows to demonstrate their Maintenance of Excellence, and, when necessary, enforce these high standards utilizing internal programs such as the Expert Witness Affirmation and Grievance Committee.”

Professional Position: medical director, Maternity and Infant Care Project; professor in ob-gyn, University of New Mexico

Education:  
  > MD: University of New Mexico  
  > Residency: University of New Mexico

ACOG Activities:
  > National: assistant secretary; Executive Board member; vice chair and member, Committee on Obstetric Practice; member, committees on Grievance, Practice Bulletins; member of ABOG/ACOG Competency Task Force; member, Task Force on Women and Younger Fellows in ACOG Leadership; member, Family Violence Work Group; representative to Council of Academic Societies; member, editorial task force for Precis: Primary and Preventive Care, third edition; helped develop smoking cessation material for membership  
  > District VII: chair, State Maternal Mortality Review Committee, Alabama Section

Janette H. Strathy, MD  
Edina, MN

“We must support and analyze innovative state initiatives. We must watch for ‘teachable moments.’ It saddens me to think it might take a high-profile tragedy to put a name to a ‘Mary’s Law’ to create the cultural change we need.”

Professional Position: private group practice; clinical associate professor of ob-gyn, University of Minnesota

Education:  
  > MD: Mayo Medical School, Rochester, MN  
  > Residency: Mayo Graduate School of Medicine

ACOG Activities:
  > National: assistant secretary; Executive Board member; chair, Committee on Credentials; member, committees on Government Relations, Nominations, Grievance, Adolescent Health Care, Practice Management; member, Task Force on Expert Witnesses; participant, Leadership Program in Women’s Health Policy  
  > District VI: vice chair; recipient, Outstanding District Service Award; co-chair, Legislative Committee; chair, Legislative Committee of Minnesota Section; chair and vice chair of Minnesota Section; Junior Fellow chair of Minnesota Section
Laura A. Dean, MD
Stillwater, MN

“We know what the problem is. Patients, doctors, and policy-makers can demand and provide the quality solution. We need to do three things. Make it real. Make it local. Make it happen.”

Professional Position: private group practice

Education: MD: Mayo Medical School, Rochester, MN
Residency: University of Minnesota, Minneapolis

ACOG Activities:

- National: member, committees on Quality Improvement and Patient Safety, Nominations, and Coding and Nomenclature; member, Steering Committee on Women’s Health Care into the 21st Century; member, Task Force on Women and Younger Fellows in ACOG Leadership; member, Leadership Program in Women’s Health Policy; participant, ACOG Legislative Workshop
- District VI: Minnesota Section vice chair; Minnesota scientific meeting chair; Minnesota council member; Junior Fellow chair and vice chair

J. Kevin Fitzpatrick, MD
Buffalo, NY

“While tort reform is important in addressing the malpractice crisis, we need to be vigilant in its implementation. If legislation is passed, the College should help ensure that its benefits are concretely seen in malpractice premium reductions.”

Professional Position: director of ambulatory services, Ob-Gyn Department, Sisters of Charity Hospital, Buffalo, NY; director, Dalriada Medical PC, Buffalo; adjunct clinical assistant professor, New York College of Osteopathic Medicine

Education: MD: Georgetown University, Washington, DC
Residency: SUNY-Buffalo, NY

ACOG Activities:

- National: McCain Fellow; participant, Leadership Conference
- District II: member, committees on Practice Management, Quality Assessment, Professional Liability; chair, Junior Fellow Election Committee; chair and vice chair of Junior Fellows; chair and vice chair of Junior Fellows, Section 6

2004–2005 Committee on Nominations

Chair: Thomas F. Purdon, MD
District I: Mark S. DeFrancesco, MD
District II: Scott D. Hayworth, MD
District III: Richard W. Henderson, MD
District IV: Paul A. Gluck, MD
District V: Stanley A. Gall, MD
District VI: Michael A. Schellpfeffer, MD
District VII: John W. Calkins, MD
District VIII: Luis B. Curet, MD
District IX: Betty K. Tu, MD
Armed Forces District: Kevin C. Kiley, Maj Gen, MC USA

At-Large Fellows:
Mitchell I. Edelson, MD
Lisa M. Hollier, MD

Past Presidents:
Charles B. Hammond, MD
W. Benson Harer Jr, MD

ACOG Distinguished Service Award

The ACOG Distinguished Service Award, the College’s highest honor, is presented to outstanding individuals in ob-gyn who have made significant contributions to ACOG and/or the ob-gyn discipline in government, research, teaching, or direct patient care.

Karlis Adamsons, MD, PhD

Dr. Adamsons is a professor and residency program director of the Ob-Gyn Department at the University of Puerto Rico in San Juan. He served as chair of the First International Symposium on Diagnosis and Treatment of Fetal Disorders in Dorado, Puerto Rico. He has chaired the Advisory Committee on Teratogenic Effects of Certain Drugs for the FDA and has been a member of the Board of Scientific Advisors for the American Journal of Obstetrics and Gynecology, a member of the Editorial Board for Perinatology/Neonatology, and a member of the Editorial Advisory Board for the Mount Sinai Journal of Medicine. Dr. Adamsons received his medical degree from Georg August University in Goettingen, Germany, and his doctorate from Columbia University in New York City. He completed his residency in ob-gyn at the Columbia Presbyterian Medical Center in New York.

Herbert B. Peterson, MD

Dr. Peterson is a professor and chair of the Department of Maternal and Child Health at the University of North Carolina School of Public Health and professor in the Department of Obstetrics and Gynecology at the UNC School of Medicine. Previously, he was a medical officer at the World Health Organization in Geneva, Switzerland. Dr. Peterson received his medical degree from the University of Pittsburgh School of Medicine and completed his residency in ob-gyn at the University of North Carolina. He trained as an epidemic intelligence service officer at the CDC. At the CDC, he was chief of the Epidemiologic Studies Branch and the first chief of the Women’s Health and Fertility Branch of the Division of Reproductive Health. He also served as co-director of the WHO/CDC Collaborating Center for Research Training in Human Reproduction.
Adapting a business approach to improve patient safety

A
ttempting to address the problem of medical errors and the litigation that results from them, some health care professionals advocate adopting an analytical, business-type approach to health care systems.

One such method is Six Sigma, a disciplined, data-driven method designed to eliminate defects. Developed by Motorola in the 1980s, Six Sigma derives its name from the scientific symbol representing a standard deviation and is a measure of near perfection.

Large corporations have successfully used the Six Sigma approach to evaluate each interaction and step in production. The information is used to determine how to avoid mistakes.

Can this approach be applied to medicine? That's the question one ACOG Fellow is asking, as he attempts to think of new ways to address patient safety and professional liability issues.

**Thinking outside the box**

Steven Kahner, MD, vice chair of ACOG’s Professional Liability Committee, is encouraging Fellows to “think outside the box” and consider adopting methods such as Six Sigma. Dr. Kahner believes it’s important to have an analytical, statistical method to calculate and evaluate medical errors to decrease the potential for error.

By definition, the Six Sigma standard limits errors to 3.4 per 1 million opportunities. Data from patient safety reports from the Institute of Medicine and Joint Commission on Accreditation of Healthcare Organizations suggest that the number of errors that occur per every 1 million health care interactions is much higher.

While Dr. Kahner acknowledges that no medical specialty can evaluate every possible error that can occur in clinical case management, clinics and hospitals can choose a specific area to focus on. For example, a hospital ob-gyn department could determine the 10 most frequently performed operations, outlining the paramedical and ancillary steps and interactions of each and assessing the errors that have occurred at the various steps.

The data would show which errors occurred most often and why. Departments could then use the information to develop systems to reduce the causes of the errors and, thus, the frequency of the errors.

**Protections needed, however**

While Dr. Kahner believes in the theory of Six Sigma, he cautions that it may not work unless there are certain changes in the current medical and legal environment.

“I don’t think our current system allows us to amass the true frequency of errors, accidents, and mistakes because people are scared of reporting errors for fear of being sued,” he says. “Perhaps an amnesty clause might open a window of understanding and permit an analytical attempt to correct the most apparent recurrent errors. With that success, future successes might follow.”

2003 Top Patient Education Pamphlets

The five best-selling Patient Education Pamphlets in 2003 were:

- **Cystic Fibrosis Carrier Testing: The Decision is Yours**
- **Maternal Serum Screening for Birth Defects**
- **Group B Streptococci and Pregnancy**
- **Understanding Hysterectomy**
- **Human Papillomavirus Infection**

For information on how to order these and other ACOG resources for your patients, visit http://sales.acog.org or call 800-762-2264, ext 192.

Coding questions answered with August webcast

Confounded by coding rules? Learn how to untangle the confusion with a new webcast from ACOG. Join other ob-gyns and their staff members next month for the webinar: Preventive Care Coding: Non-Medicare Patients.

The session will help you and your staff understand the differences among insurers in coding rules and documentation required for reporting preventive services for non-Medicare patients. The webcast will be held August 3 from 1 to 2:30 pm Eastern time.

For information on how to order these and other ACOG resources for your patients, visit http://sales.acog.org or call 800-762-2264, ext 192.

- **202-863-2498**
- Register for each webcast by visiting the “Postgraduate Courses” section under “Meetings” on the left side of the ACOG homepage, www.acog.org
## 2004 calendar

Please contact individual organizations for additional information.

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## ACOG Postgraduate Courses

### July

- **Fetal Assessment: Ultrasound, Doppler, and Heart Rate Monitoring**
  - 8–10 • Vancouver, British Columbia

- **CPT and ICD-9-CM Coding Workshop**
  - 9–11 • Portland, OR

### August

- **CPT and ICD-9-CM Coding Workshop**
  - 6–8 • Minneapolis

- **CPT and ICD-9-CM Coding Workshop**
  - 13–15 • Cleveland

### September

- **Best Practices in Gynecology**
  - 26–28 • Teton Village, WY

- **Controversies in Obstetrics**
  - 9–11 • Tucson, AZ

- **Advanced Quality Improvement and Management Skills for Leaders in Women’s Health Care**
  - 9–11 • Chicago

- **Medical Liability Litigation: Gaining Perspective and Control**
  - 10–12 • Washington, DC

- **CPT and ICD-9-CM Coding Workshop**
  - 10–12 • New Orleans

### October

- **CPT and ICD-9-CM Coding Workshop**
  - 1–3 • Atlanta

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**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.

### July

- **Protect Your Practice**
  - 2–3 • Atlanta

- **Skills for Leaders in Women’s Health Care**
  - 9–11 • Cleveland

- **Medical Practice Statement Analysis for a Medical Practice**
  - 5–11 • Minneapolis

- **Advanced Quality Improvement and Management Skills for Leaders in Women’s Health Care**
  - 9–11 • Chicago

- **Ob-GynONLINE: CME Course**
  - 9–11 • Washington, DC

- **Best Practices in Gynecology**
  - 26–28 • Teton Village, WY

### September

- **Controversies in Obstetrics**
  - 9–11 • Tucson, AZ

- **Advanced Quality Improvement and Management Skills for Leaders in Women’s Health Care**
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**Connect to ACOG**

**Address changes:**

- 800-673-8444, ext 2427, or 202-863-2427
- fax 202-479-0054
- email membership@acog.org
- Website: www.acog.org
- Main phone line: 800-673-8444 or 202-863-5577
- Resource Center: 202-863-2518
toll-free for members only: 800-410-ACOG (2264)
Order publications: online at sales.acog.org or call 800-782-ACOG (2264), ext 882, or 304-725-8410, ext 339

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Inauguration continued from page 1

“...It requires that we recognize that an unintended or unwanted pregnancy can happen to anyone,” she said. “The issues surrounding a decision to terminate such a pregnancy are profoundly divisive, but you and I address them every day of our professional lives. We cannot be less than engaged, and we cannot believe that the only entity that resonates in this debate is the embryo or fetus—the woman counts too.”

Dr. Dickerson went on to emphasize that the best way to prevent unintended pregnancy and to reduce the number of abortions was to provide appropriate pregnancy prevention measures, including abstinence education, long-term family planning, and emergency contraception.

Speaking with passion and conviction, Dr. Dickerson also outlined the need for effective insurance coverage, including maternal benefits and Medicare coverage.

In addition, ACOG must continue to advocate for equitable funding and prioritization of women’s health research, she said.

Regarding domestic violence, Dr. Dickerson encouraged physicians to ask their patients “Are you safe? Is anyone hurting you?”

The right to freedom from violence is important both in the US and around the world. In the US, women are a disproportionate number of the victims of firearm murders, she said. In other parts of the world, such as in war-torn countries, women have been raped, killed, and injured, and lost their families and homes.

“I ask for your concern and your voice, as Fellows of the College, in standing up for women who cannot stand up for themselves,” Dr. Dickerson said.

Redefining care and advocacy

Dr. Dickerson concluded by acknowledging that the Women’s Health Bill of Rights asks a lot from ob-gyns.

“I know that we have precious little time to spend with our patients. I know that in the clinical setting we cannot possibly accomplish all of these things single-handedly.

“I am asking, indeed, entreat you, to become political, and to be advocates for women in venues that are not traditionally a part of our role as health care provider. … We must face the fact that we are dealing with women who often have limited power, even over their own lives. We must redefine our frontiers, redefine care, and redefine advocacy.

“I call on you as Fellows of the College to join me in adopting this Women’s Health Bill of Rights, which brings together the two most basic tenets of the American College of Obstetricians and Gynecologists: that in this world, physicians matter, and in this world, women matter.”

Clinical Updates focuses on key issues in women’s health

Are you missing out on the timely, topical health information that ACOG’s Clinical Updates in Women’s Health Care provides ob-gyns?

Each quarter, Clinical Updates subscribers receive a monograph that provides a clinically oriented overview of screening, prevention, early detection, and management of a key issue in women’s health. This is an ideal resource for practicing physicians and assistants who provide primary health care to women.

Each issue is written by an expert in the field and follows a standard format that focuses on screening, evaluation, diagnosis, counseling, and management.

Features include:

◆ Basic science updates
◆ Case reports
◆ Complementary and alternative medicine highlights
◆ Information on concerns for older women
◆ Resources for referral, information, and support
◆ References that are cited and graded according to the strength of the evidence

Recent titles include Care of Aging Women, Sleep Problems and Sleep Disorders, and a bonus issue mailed to all ACOG Fellows, Women and Exercise. Upcoming titles include Somatization Disorders, Complementary and Alternative Medicine, and Continuing Care for Women with Breast Cancer.

www.clinicalupdates.org
800-762-2264, ext 292

Course to help Fellows lessen claims risk

Learn how to reduce your risk of a medical liability claim and how to successfully deal with the stress that comes with facing a lawsuit at an ACOG postgraduate course in September.

Medical Liability Litigation: Gaining Perspective and Control will be held September 10–12 in Washington, DC, at ACOG’s national offices.

The course will offer up-to-date information on risk-management strategies and how to deal with the stress that litigation can produce in an ob-gyn’s professional and personal life.