CARING FOR AMERICA'S CHILDREN

FALL • 2004

pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

inside...

President's Message

By Steven M. Snyder, DO, FACOP

As my term as President is coming to a close, this is a good opportunity to look back at what we've accomplished and look ahead to what needs to be done. The ACOP has been through a significant change over the last three-four years. We have changed Executive Directors four times in the last four years. We have changed management companies three times. Nevertheless, the ACOP is stronger and healthier. The Board has worked hard to move forward and create a better future.

As this presidential message is being prepared, Board elections are taking place. One loss for the Board is Stan Grogg. Stan, our Past President, will be retiring from the Board but not retiring from the ACOP. Stan is currently a member of the GME Committee and will assume the Chairmanship of the AOA's new Council on Specialty Societies (COSS). This is a prestigious position for Stan and the highest office within the AOA for an ACOP member. We know Stan will do a great job for the AOA while still representing the ACOP.

Scott Cyrus has done an outstanding job as CME Director and ex-officio member of the Board of Trustees. Scott has helped tame the CME beast. He recently shepherded the organization through our ACCME Re-accreditation with a minimum of problems and a four-year approval for our programs. He is preparing to put us through the same review by the AOA. He has helped organize and orchestrate the CME process to become a better well-oiled machine. I appreciate his efforts and hope he will continue to serve the ACOP.

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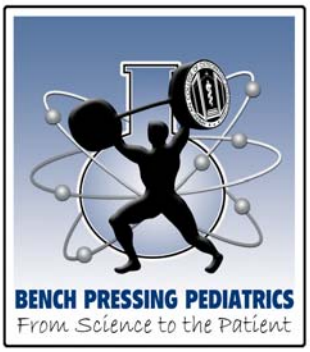
on the web ...

- **Should AOA Membership be Required for ACOP Board Members and Officers?**

NEW at this year's Fall Conference in San Francisco!



Perinatal Meeting

Sunday November 7, 2004
8:00am – 4:30pm

Registration through the AOA

- ***The Frontier of Viability: The Approach to the Fetal Neonate***
  Jay Greenspan, MD
- ***The Changing Nature of Respiratory Support for the Tiny Baby***
  David J. Durand, MD
- ***Antenatal Diagnosis - State of the Art***
  Ronald J. Librizzi, DO
- ***Ethical Decision-Making in the Perinatal Testing Unit***
  Ronald J. Librizzi, DO
- **Lunch - *Nitric Oxide, Just Say No, and Other Emerging Technologies***
  Jay Greenspan, MD
- ***Developmental Follow-Up Care of the High-Risk NICU Graduate***
  Robert Piecuch, MD
- ***Evaluation and Management of the Jaundiced Newborn***
  Bobbi Underhill, DO
- ***Breast Feeding: Implications for the Patterning of Adult Health***
  Robert Locke, DO

AND

PALS Certification
(two day course)
Monday, November 8
& Tuesday, November 9
9:00 am – 3:00 pm each day

PALS Re-certification
Tuesday, November 9
9:00 am – 3:00 pm

NRP Renewal
Wednesday, November 10
9:00 am – 3:00 pm

Registration is limited for PALS and NRP courses.
Don't wait! Register now through the ACOP office
or online at **www.ACOPeds.org**

The Pulse is produced four times a year in conjunction with the American College of Osteopathic Pediatricians, P.O. Box 11086, 2209 Dickens Road, Richmond, VA 23230-1086; 877-231-ACOP or fax (804) 282-0090.

President's Message

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In the last several years there have also been many other significant changes. First and foremost has been having Stewart Hinckley as our new Executive Director. Stewart has been helpful in moving ahead with ACOP projects that were put on indefinite hold. Our Web site has been upgraded, including a new Members Only section with a real-time, on-line directory. In addition, there are new areas for committees to have resources available on-line that never existed in the past. Registration for CME programs and dues payments will be available on-line. We are in the process of reviewing all policies and procedures to make the ACOP much more efficient and responsive. New membership applications can be filled-in and approved on-line. We have truly moved to the Twenty-first Century in regard to these areas and there is more to come.

Noticed improvements and enhancements in *The Pulse*? This is largely due to the efforts of co-editors Arnold Melnick and Stewart Hinckley. The Editorial Board has been expanded to include associate editors Rob Locke, Greg Garvin and Janet Goldberg. We look forward to revitalizing this important communication tool in addition to having on-line information available.

We have partnered with the American Association of Colleges of Osteopathic Medicine (AACOM) to help develop strategic tools to better train osteopathic physicians to be teachers and mentors for our students, interns and residents. We are the first specialty college to initiate this type of collaboration which will benefit our profession.

We are committed to advocacy through our involvement with the United States Breastfeeding Committee. This national organization seeks to protect, promote and support breastfeeding. We have begun to reach out to our legislators directly and through the AOA to advocate on behalf of our children.

In regard to membership, we have taken a bold step by partnering with the AAP and offering one year of membership to all DO's in the AAP who were not currently ACOP members. This will increase our membership from 500 to about 1,800 osteopathic pediatricians. We are in the process of looking at special programs that may help with the joint membershipand we have established a significant positive dialogue with the AAP to ensure cooperation and collaboration in the care of all children. On behalf of the Board of Trustees, I would like to welcome all new AAP members to our family.

Beside the development of our website, I am most proud of our resident and student Board members. Natalie Hayes, our resident representative, and Cassandra Eakin, our student representative, have provided outstanding service. Their presence on the Board completes part of our previous strategic plan and connects us to our future. The Board looks forward to continued positive student and resident involvement.

Our finances are strong under the capable hands of Rob Hostoffer. Rob is running for Vice President and I think he will be an excellent choice to move forward.

Lastly, I would like to thank the Executive Committee of Stan Grogg, Lee Herskowitz, Rob Hostoffer and Stewart Hinckley and the rest of the Board – Deb Blackwell, Cassandra Eakin, Jim Foy, John Graneto, Natalie Hayes, Rob Locke and Peg Orcutt. No one person can run an organization. There were more phone calls than people wanted to make, more meetings than people wanted to attend, but no one ever said no to helping the ACOP. As I turn the reins of the organization over to Lee Herskowitz, I know we will be in good hands. Lee is a proven administrator who is not afraid to make hard decisions and do what is best for the ACOP. His professional journey to get to this position was not an easy one. He did a residency outside of our profession but chose to come back and fight to be involved. Over the years, he has answered the call to help his fellow osteopathic physicians become the best pediatricians to care for children.

The ACOP has grown. As pediatricians, we know that growing pains are not fun but the end result is a healthy child. I thank you, our members, for your help and support over my term and reassure you the prognosis for the ACOP is good!

MELNICK at large

By Arnold Melnick, DO, FACOP

Pediatrician's Lament

This is a complaint. On behalf of all American children, on my own behalf, and for others.

We have a new phenomenon in the United States. With the increase in child abuse and the apparent proliferation of child molesteras and predators, there has come a change in child-rearing practices.

Like most pediatricians, I love children – all ages, all shapes – since long before I became a physician. I love them not just as patients but as small human beings: lovable, sweet, huggable, kissable. I love them when they are smiling. I love them when they are crying. I love them pleasant. I love them cranky. You get the idea. You probably feel the same.

So, for many years it has been part of my personality to smile at strange children, talk to them, kitchy-cool the tiny ones, peek around corners in baby carriages to see them better – the loving things that loving adults do with children (I have a friend who goes further – he thinks nothing of walking across an entire restaurant just to relate to a child, and does it often).

But – and that's a big BUT – there's another part to this. Today, because of what's happening, parents rightly warn their children about talking to strangers, about relating to strangers, about accepting gifts from strangers. You know the drill. They do it because the safety of the child is utmost and they are right.

Because of this, today's children are deprived of the special attention they draw from passers-by, the affectionate smile and talk of child-loving adults – yes, strangers. And, to a certain extent, I (and many other adults I know) are deprived of the opportunity to make these kids smile or laugh or respond to verbal stimuli – with both of us enjoying it immensely, maybe more than many of our other activities. After all, playing with a child is one of life's great pleasures.

Two examples. My wife and I were at a hotel and needed to go downstairs from the lobby. At the bottom of the steps were people waiting to be seated in a restaurant. A cute three- or four- year old was sitting on one of the bottom steps. As I passed, and without thinking about it, I did one of my little "flirty" thinks (like "That's a beautiful dress" or "Who combed your hair so nicely?"). She smiled back and gave me some sort of reply. End of story, except that as we walked away, I heard the mother say fiercely (and correctly) to her, "How many times have I told you not to talk to strangers?" Another lovely episode destroyed for me – and destroyed for anyone who came after. Oh, what that child will miss. Oh, what I will miss (or someone else - maybe you.)

Another time, we were in line waiting for a table in a restaurant. Just ahead of us was a mother with a baby in her arms and a pretty three-year old standing next to her. Instinctively I looked down and started to "flirt" with the little miss, and she smiled and "flirted" back – for a couple of seconds. Then, suddenly panicking, she clutched her mother's leg and begged to be picked up, visibly upset. Her mother picked her up and calmed her. I saw her look at me again and stage-whisper to her mother, "Is he a good stranger?"

Unfortunately, the children and the loving adults are both losing out on this kind of inter-personal love and affection – sending the message that the world is really a good place. Correctly so, because there are predators out there, so they must learn defensive tactics.

Fortunately, many of the little ones I talk to are too young to understand warnings and are always accompanied by parents – most of whom delight in having their children admired. So there is a balancing factor.

What to do? Well, I'm not going to stop. I will continue to smile and talk to children, kibitz with them and carry on conversations with them. With added cautions: I will be a little less physical than I ordinarily would want to be (chucking the chin, patting the head) until I see what happens and I certainly will stop immediately if I see any disapproval on the part of a parent.

But it won't stop me from enjoying myself and at the same time being just a little bit sad about the situation – sad for the children and sad for myself.

Book Review

Professionally Speaking

Reviewed by Stanley E. Grogg, DO, FACOP
Professor of Pediatrics, Oklahoma State University, College of Osteopathic Medicine

Do you know the difference between a right-handed microphone and a right-handed screen or a left-handed microphone and a right-handed screen? Does the change in a speaker's voice intensity bother you when he/she looks away from the audience to view the screen? These and many other practical suggestions for giving presentations to professional groups are found in *Professionally Speaking*, written by Arnold Melnick, DO.

Dr. Melnick's book by the Haworth Press is a must to obtain and review for health professionals who do public speaking. He has put together an easy to read, practical approach to public speaking for health care professionals. Whether you are starting your public speaking or are a veteran speaker, the book will add to your knowledge of proper techniques and preparation for your presentations. The suggestions outlined in the manuscript fit into modern day speeches including power point and video delivery of lectures.

Arnold is a past present of the American College of Osteopathic Pediatricians. His activities led him into many aspects of professional public speaking, including teaching at osteopathic medical schools and hospital staffs and other nationally recognized groups. He is known for his lucid, lively, and often humorous presentations to a number of institutions and organizations. He has taken his accumulative experience and put into a form for every professional speaker to benefit.

Consultation

Developmental Warning Signs

Every child grows and learns at an individual pace. Recognizing this is sometimes difficult in our capitalistic society as we are taught that comparing and competing is healthy and promotes success. In the case of children, comparing and competing can become unhealthy once the notion of a child's individuality is lost.

There are some warning signs that a child may be slower in development and could benefit from early intervention.

Moving

If a child

- cannot sit by age one
- cannot walk alone by age two
- cannot walk up and down steps by age three
- cannot stand on one foot for a short period of time by age four
- cannot throw overhand or catch a bounced ball by age five

Seeing

If a child

- cannot find and pick up objects when dropped
- often complains about and rubs eyes
- has red, watery or crusty eyelids
- strains when looking at something
- often or always crosses eyes

Talking

If a child

- cannot say "mama" and "dada" by age one
- cannot say the names of a few toys or people by age two
- cannot repeat simple rhymes by age three
- is not talking in short sentences by age four
- cannot be understood by people outside the family by age 5

Hearing

If a child

- does not turn to source of sounds by six months
- often has earaches or runny noses
- talks in a very loud or soft voice
- does not respond when called from another room
- turns the same ear toward a sound

Playing

If a child

- does not play games like peek-a-boo, patty cake or wave bye-bye by age one
- does not imitate parents doing household chores by age two
- does not enjoy playing alone with toys by age three
- does not play group games with others by age four
- does not share and take turns by age 5

Thinking

If a child

- does not wave "hi" and "bye" by age one
- does not point to body parts by age two
- does not respond to simple questions by age three
- does not recognize and match colors by age four
- does not ask "why" and "how" questions by age

This excellent summary is reprinted by permission from United Way Success by 6 of Escambia County, Florida. We thank them.

–the Editor

Students' Corner

By Cassandra Eakin
Student Representative

As the Student Representative for the ACOP, I would like to welcome everyone to a new year of education! The summer offered a wonderful change of pace for students of all levels, and I am hopeful that the ACOP will be able to continue to offer students excellence in learning opportunities throughout the year.

As some of you may know, my term for serving on the Board of Trustees is ending this year. I would like to thank all for their support and personally thank all students who have made such an effort to advance student involvement in the ACOP. It has been a significant year for us and I am looking forward to the students continuing to pursue their interests on a national level.

I want to invite all students to attend our annual fall meeting for students, to be held on Monday, November 8 at 5:15 pm. This meeting is in conjunction with the AOA Annual Convention, and topics of discussion will include meeting our newly appointed Student Trustee member and a discussion of the future of the student organization. I would encourage any student searching for involvement on a national level to attend this meeting, as it will be crucial to decide the direction of our student body and to meet your new Student Representative. I look forward to seeing you all there!

VIEWPOINT

Effects of Sweetened Drinks on Children

Facilitator: Ronald V. Marino, DO, MPH, FACOP

Obesity is emerging as a major threat to the health of the American population. The incidence is increasing among children. Mrdjenoic and Levitsky (*Journal of Pediatrics* 2003; 142:604-610) examined the side effects of excessive sweetened drink consumption on energy balance and nutrient intake among a group of 30 six- to ten-year olds attending summer camp for four to eight weeks. They measured solid and liquid food intake and other nutrient parameters, and they longitudinally evaluated children's growth.. They demonstrated that excessive sweetened drink consumption displaced milk from children's diets and with consequent diminished protein, calcium, phosphorus and Vitamin A intake. They also demonstrated that solid food consumption remained stable thus increasing caloric intake with resultant weight gain.

Response

The respondents were unanimous in the problems they found with this study: small sample size (does not reach significance), no control group, children lacked supervision and data was partly self-reported, narrow representation in ethnicity and socio-economic status, and no laboratory work to establish consequences of reduced vitamin and mineral intake as promised.

Respondent: Alice Blavo, DO, FACOP
Lighthouse Point, FL

While the findings may not be conclusive, they shed light on the problem of obesity and consumption of juices and sweetened drinks. It is our duty as pediatricians to advise our families to consider a decrease in their consumption of fruit juices and sweetened drinks in order to reduce their risks of obesity and decreased nutrient intake.

Respondent: Henry Anhalt, DO, FACOP
Brooklyn, NY

The prevalence of overweight children in the United States has doubled in the past two decades. This alarming increase can be attributed to a radical change in lifestyle, including decreased physical activity and consumption of large quantities of high caloric, high fat foods and sweetened drinks.

There was, however, a 1994 survey of 1,810 children ages two to 18 years that found that children who consumed more than nine ounces of soft drinks a day had 190 Kcal higher energy intake compared with non-consumers. This is not surprising because a 12-ounce can of soda contains 10 teaspoons of sugar and a 20- ounce serving contains 17 teaspoons. The increase in energy intake occurs because the children fail to reduce the consumption of solid foods to compensate for the additional energy of the sweetened drinks.

Obviously, limiting access to sweetened drinks at home and school is an important component of any weight management strategy. However, long-term success will depend on inculcating complete modification of lifestyle including increased physical activity and making healthier food choices. A family-based intervention may prove to be more effective than an approach targeted at an individual.

Respondent: Theodora Panteloglou, DO
Valley Stream, NY

The study was limited because it focused primarily on children who were white and upper middle class, and essentially excluded minority groups. Children in this class are of a different upbringing and tend to be more demanding on their parents and tend to get their way.

The study failed to prove its objectives Their conclusion is one of common sense rather than data.

Business Aspects of Pediatric Medicine

Costs and Doing Business

By Neil S. Levy, DO, MBA, FACOP

The practice of medicine in the current environment demands that a pediatrician be well-trained, an outstanding negotiator, familiar with the laws pertaining to medical practice and capable of operating his business as efficiently as any local merchant. Of these, the last one receives the least, if any, emphasis during medical school and residency.

The business of medicine has progressively become more complex. Cost of providing medical care has expanded dramatically; at the same time the available patient dollars to pay for the care has not increased at the same rate. Thus, the expectation of excellent care has remained high while payers (patients, parents, employers, insurance companies, government) are less willing or unable to pay for the services.

In order to cope, today's pediatricians must be able to assess their cost of doing business. This will provide a basis for decision-making such as pricing their services and assessing the payer contracts. It helps to understand where income is spent and where profit is generated.

How much you spend on rent or salaries is an expense, while costs include depreciation and other non-cash outlay. Costs and expenses here shall be considered equivalent.

Costs may be divided into four categories: *trackability, behavior related to activity, controllability* and *future versus historical.* By understanding costs, physicians can begin to manage the endeavor of running a medical business.

Trackability has two major categories: direct, including salaries, supplies, rent and utilities; and indirect, which include employee benefits and depreciation. Most day-to-day operations will be considered direct costs.

Behavior related to activity costs are fixed, variable, semi-fixed and semi-variable costs. Fixed costs are those that do not vary with practice changes. Rent or mortgage is a good example, as it is a constant and is uninfluenced by patient load. Variable costs change proportionately with the work. The more immunizations given, the greater the expenditure for vaccines, syringes and alcohol swabs.

Semi-fixed costs or step costs are those that have thresholds of increase. A lower patient volume when a practice is young may be managed with a receptionist who also does the billing, and a nurse or medical assistant in the back office. As the practice load increases, the receptionist will spend more time at the front desk and have less time for billing. When additional help is needed, there is a jump in salary expense. This makes salary behave as a semi-fixed cost.

Semi-variable costs are a cross between fixed and variable costs. Utilities are usually constant when averaged over a year. There are times, however, when utility costs will suddenly be higher, e.g., an influenza epidemic in December that causes later weekday and weekend hours. Alternatively, it may be suddenly lower, as can happen several weeks later when the Christmas and New Year holidays cause the office to be closed for several days. The base utility bill to maintain the office will remain constant, but the office use will cause variations in the bill. Cell phone use may have a similar behavior. Increased numbers of outgoing calls are not necessarily related to the daily number of patients seen in the office.

Controllability is the concept that the cost is assigned to a specific function. If the function is controllable, then the costs can be controlled. Chart folders and progress note sheets are variable costs in a practice. Knowing that a large number of these items are necessary, they can be bought in bulk at a significant savings. The same is true of the costs associated with immunizations. Mobile telephone costs may be managed by modifying times and length of use, or finding better contracts.

Future and historical costs will not necessarily be the same. Economic conditions change. Triple-net leases have variation built into them based on the landlord's costs. Influenza vaccine may be over- or under-produced in any given year, leading to wide fluctuations in purchase price.

Costs are part of an overall analysis of a practice that includes rates and prices, volume of patients, variable costs, fixed costs, payer mix and bad debt. Knowing the costs, bad debt and volume allows the pediatrician to assess rates and prices in contracts from third-party payers. Simply having the vocabulary and understanding of these concepts gives the pediatrician greater ability to make advantageous business decisions for the practice.

Obituary

Richard C. Hochberger, DO

Dr. Hochberger, 53, of Fort Worth, Texas, died at home on October 8, 2003.

A New York City native, Dr. Hochberger earned a bachelor of science degree in 1971 from Brooklyn College of the City University of New York and a doctor of osteopathic medicine degree four years later from the University of North Texas Health Science Center at Fort Worth, College of Osteopathic Medicine.

After serving an internship and a pediatrics residency at what is now Doctors Hospital-Ohio Health in Columbus, Ohio, Dr. Hochberger practiced in Fort Worth for 26 years.

AOA board-certified in pediatrics, Dr. Hochberger was affiliated with several hospitals in Fort Worth: All Saints Episcopal Hospital of Fort Worth, Cook Children's Medical Center and the Osteopathic Medical Center of Texas.

An AOA member, Dr. Hochberger belonged to the American College of Osteopathic Pediatricians and the Texas Osteopathic Medical Association.

Dr. Hochberger is survived by his wife, Marilyn, two daughters and one sister.

Surfing the Web

By Greg Garvin, DO

Are you tired of losing dictation? Can you imagine having your charts "done" everyday? Do you get tired of saying the same thing into your tape recorder everyday? Are you tired of reading dictation that needs to be corrected? Would you like to send out consults on the same day? Can you talk to a machine everyday? I do… And I love it!

I use software called Dragon v. 7.0, the medical solution series. A lot of pediatric office visits are "brief" and can be templated and then "edited" to be individualized for each patient. I simply say to my computer: "My two month exam", and a complete well child template visit appears on my computer screen. I also have other templates, for example, "my normal physical findings" which is much easier than saying, "head-normocephalic, eyes-pupils equal and reactive," etc, etc…

I started with version 5.0, but as each new edition comes out I eagerly purchase the upgrade, as the dictionary of words that is needed for the software only gets better. People ask me if it is difficult to get started. It involves about 30 minutes of reading the provided text to the "machine." At first some errors occur, but be patient, and as you correct the mistakes the "machine remembers." Now I very seldom have any errors and the correction process is so "quick," it seems effortless. (I have been using voice recognition for over three years).

As far as cost? I don't recommend buying the "cheaper" version at a local computer store. Get the Medical solution Series. The current price is under $1,000 ($979) and you will need a computer with at least 512K RAM or higher and a hard drive with at least 15GB of memory, but if you think of the cost of the average primary care provider spending around $1,000-$2,000 per month (10-15 cents/line) the cost of the software and computer are nominal. The upgrades (version 7.3 is out, so guess who has that on order) which I totally recommend, are under $200 ($189), so why not take the plunge and give voice recognition a try?

A web site I highly recommend is: www.sayican.com by Dan Newman, who also provides training in the form of books and video. (Since I started with V.5.0 when no videos were available, I have not used them. A three vol. set at $149 might be good for a novice, but probably not for me…). I did a search for Dragon Naturally Speaking and found a whole list of sites where you can purchase the software and other accessories. They also now offer a bundled package ($1,099) with a Panasonic Digital recorder ($279-sold separately is probably not for me…). With this digital recorder you can download the dictation to a desktop to correct, however I would have reservations regarding accuracy. I use an USB/headset mic (recommended). It will work on a laptop but they have "internal noise" so a USB/headset is recommended.

BTW: This article was completed over lunch with voice recognition. You can use the software in pretty much every Windows based program (eg. Word, email, etc, etc.), but for any Medical software programs you need to check that out ahead of time.

Please email garving@genesishealth.com with suggested websites of interest or benefit to members.

Vote for 2004 Officers

The 2004 Elections for Officers and Trustees will be open for voting until October 15, 2004. A ballot will be mailed and will also be available for downloading from the ACOP website, www.ACOPeds.org. Please be sure to list your name and email address on the ballot before submitting it for tallying.

The slate of officers for 2004 are as follows: Vice President, Robert W. Hostoffer, Jr., DO, FACOP; Secretary/Treasurer, Bruce B. Peters, DO, FACOP, and Trustees, Robert G. Locke, DO, FACOP; Margaret A. Orcutt Tuddenham, DO, FACOP; Deborah L. Blackwell, DO, FACOP. There will be a space on the ballot for write-in choices for each category, if needed. Full voting instructions will be included on the ballot.

Members in the News

Harold Finkel, DO Honored

Past President Harold H. Finkel (1960) was honored recently by the Lancaster Osteopathic Health Foundation (LOHF). They named one of their nursing awards the Harold H. Finkel, DO, Scholarship.

The LOHF was established in 1999 with the proceeds of the sale of Lancaster Osteopathic Hospital, and is dedicated to the health of Lancaster County residents, especially children, and to advancing osteopathic causes. Dr. Finkel, chairman of pediatrics at the hospital for almost 50 years, was instrumental in creating the Foundation and its program of scholarships. Annually, they award two $40,000 scholarships ($10,000 a year for four years) to the Philadelphia College of Osteopathic Medicine (PCOM) for county residents, plus several nursing scholarships.

The LOHF honored him for his years of service to the hospital, the community and the osteopathic profession. In addition to his devotion to his patients, he was viewed as a splendid clinical teacher, training tens of osteopathic students in pediatrics. He served on many community boards, such as United Way, always with an emphasis on children's welfare.

In ACOP, Dr. Finkel was responsible for much of the successful programming of the joint conventions of ACOP and American College of Osteopathic Obstetricians and Gynecologists. He received the ACOP Distinguished Service Award in 1963, and was the Watson Memorial Lecturer in 1967.

A PCOM graduate, he is married to his wife, Ruth, who served as an officer of the ACOP Auxiliary when it was operational. Dr. Finkel's son, Martin A. Finkel, DO, is also an ACOP Past President, and his son, Lawrence Finkel, DO, is a radiologist in Phoenix. He has two other children, Steven and Lois.

American College of Osteopathic Pediatricians
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Richmond, VA 23230-1086

They say...

"Some parents only discuss their child's symptoms when they visit the pediatrician, while others directly or indirectly suggest a 'candidate diagnosis'. When parents offer symptoms only…pediatricians perceive that parents simply want medical evaluation of their child. When parents offer a candidate diagnosis…pediatricians perceive that parents are looking for confirmation of the diagnosis and treatment for that illness, usually antibiotics."

- Tanya Stivers, PhD
Health Communications

[**Comment:** Dr. Stivers' comments should cause all of us to reflect on our own responses to similar situations. In a busy practice in a highly competitive healthcare environment, it is frequently tempting to seek a short cut that will help us get through the day more quickly while "pleasing" parents. Our evaluation of our patients and education of them and their parents regarding their diagnosis and treatment should be our priority; hopefully, parents will be "pleased" by the thorough nature of our efforts."

- Raymond P. Flowers, III, DO

"A kiss isn't just a kiss—it's a building block in a child's brain."

How Children Learn about Love
- Lauren Slater in *Parenting*

[**Comment:** There must be something special about children for our spiritual teachers to be coaxing us to "become as little children"…to become pure, innocent and loving before we seek avenues of the highest order. Being gifted to us by our Creator, children come to us imbued with the qualities of Being…innocence, purity, love, presence and all-knowingness. They come from a position of love and innocence which are just waiting for the human touch, the human word, the human glance…the "kiss", to become activated and expressed as a personal experience through the child. The kiss, which carries overwhelmingly positive messages of love, when repeated often enough, arouses in the child's brain the pattern of feeling loved and the feeling of security.

- John W. Milionis, DO

WEB PORTION

Should AOA Membership Be Required For ACOP Board Members and Officers?

By Robert G. Locke, DO, FACOP

Membership in the AOA is a personal decision that becomes an organizational issue when individuals serve the ACOP in an official function that interacts with AOA. Such organizational overlaps have rendered AOA membership a policy decision under debate, and as ACOP members, your opinion is important. Proponents of mandatory AOA membership argue that the ACOP's interactive relationship with the AOA requires dual membership. Interaction with the AOA includes CME, local and national health and political policy functions, educational training, and advocacy of the osteopathic pediatric profession. Advocates of mandatory AOA membership believe that ACOP will have a stronger voice through a tight interaction with the larger osteopathic organization. The AOA only allows ACOP officers who are AOA members full access to AOA information, as well as participation in policy groups and committees. This issue suggests that AOA membership is important for ACOP officers. Opponents of mandatory AOA membership believe the requirement may prevent ACOP members from choosing to participate in leadership roles. The fact is that many ACOP members choose not to be AOA members. Should the success of the AOA affect ACOP leadership? This participation issue may be supported by the recent recruitment of osteopathic AAP members by the ACOP and statistics showing that the majority of osteopathic pediatricians train at allopathic institutions. The success of the ACOP is dependent upon the voluntary active participation of its members. Currently, ACOP requires that board members join the AOA. Let the ACOP know your opinion. Voice your opinion at the upcoming ACOP fall meeting, or contact me directly (rlocke@christianacare.org).