PRESIDENT’S COLUMN

N. Leela Rau, M.D.
Editor, IPS Newsletter, Spectrum

The new face here may come as a surprise to most of our members. As Steve Fekete, M.D. is settling into his new and unexpected upgraded position as President of Indiana Psychiatric Society (IPS), I thought I would take this opportunity to introduce him to you all.

First, some background information. You may or may not be aware that Steve Nelson, M.D., stepped down from his position, which necessitated Steve Fekete, M.D., to take over as President of IPS.

Unlike the majority of past IPS Presidents, Steve comes to us from outside of Indiana. His undergraduate degree is from Iowa State in Ames, Iowa. His graduate degree is from the University of Toledo, and his medical degree is

Psychiatric Emergency Room a ‘Godsend’

Star-Editorial-Sept. 20, 2002

New unit at Wishard helps close holes in mental health safety net.

The country’s mental health system is in crisis, concludes a study by the National Council on Disability. That isn’t news to the Midtown Mental Health Center, which this week opened a psychiatric emergency services unit at Wishard Memorial Hospital. It’s the first of its kind in Indiana and part of a $1.5 million renovation at the hospital.

In the words of one patient, the unit “is a Godsend.” It will be staffed with specially trained personnel and can handle seven patients at a time. Wishard’s medical emergency room had been seeing an average of 13 mental health patients a day.

"Emergency rooms are not fundamentally set up to deal with mental health/psychiatric needs," said Dennis Jones, executive director of Midtown. Too often patients get confused or lost in the shuffle. An evaluation by the hospital’s psychiatric staff is needed. That can mean a long wait. The result is that many patients leave before receiving help. Now they have a place especially designed for them.

(President - Continued on page 3)  (Psychiatric ER - Continued on page 7)
According to Margaret Mead in the past, a woman imagined the future of her grandchild that closely resembled her present. Nowadays, in a fast changing world, it is hard, if not impossible, for a grandmother to envision the world into which her grandchild will grow up.

This is true for an Indian, as well as an American grandmother, for both of them the future is just as unknown and uncertain and in some way beyond their grasp.

So when we – the Indians who left their homeland to settle in a country far more advanced than their own – consider our children’s future, it is beyond our grasp, not to speak of the grandparents. We still carry a part of our parents with us, our way of living and thinking, the values that we cherish, the food and music we enjoy. However, it is not part of the repertoire of our children. Do we really see this?

If we did, perhaps the struggle would not be so complex and painful. The struggle exists and the questions come up repeatedly. The first generation Indians, who settled here, live in more than one space and time simultaneously. We carry multiple contradictions within ourselves—the psychic conflict that we face is not easy to overcome.

**What are these contradictions and conflicts?**

Let us take the case of the young men and women. At least one third of their day is spent in a completely different world, where “Indianness” does not matter. It is not part of their curriculum. There is nothing to bring them closer to what being an Indian means. Success is considered being free of these so called “hang-ups” of defining ourselves by culture or race.

The rules in America are not just different but at times contradictory; e.g. at home children are taught to respect their elders; the message in the outside world is that everyone is equal. Home teaches one to be respectful; walk with your head bowed, to avoid uttering the cruel truth. But the outside world teaches them to be open and frank – let the chips fall where they may.

Indian tradition teaches suppressing the “ego,” and American tradition is based on individualism – love thyself.

*(Ladder – Continued on page 5)*
Editor’s Column

Talk of the Town: HOT TOPIC

N. Leela Rau, M.D.

I remember reading an article about four years ago by one of our psychiatric colleagues who lamented the lack of sense of obligation and ethical responsibility to our patients and our profession by the psychiatrists via participation in organizations like state societies and the American Psychiatric Association (APA).

As psychiatrists, either we ourselves feel – or are made to feel – like “second class citizens” in the world of medicine as a whole. Along these same lines, our patients and their psychiatric needs, and because they are psychiatric patients, sometimes their medical needs come ‘second’ to all other specialty needs. Then to continue on, the same attitude and trend is carried over to insurance needs, and it goes on and on and on. Where does it stop? Who can stop it and how?

The APA has been fighting these battles for years on end. So I was ecstatic and absolutely thrilled to see one of our own running for Area IV Trustee for the American Psychiatric Association Board of Trustees, representing Indiana and surrounding states.

For the past 30 years, Mike Pearce has represented the Indiana Psychiatric Society in a variety of capacities – as high as Speaker of the Assembly. His experience includes: six years as Deputy Representative from IPS to the Assembly; six years as IPS Representative to the Assembly; fours years as Vice President of the Area IV Council; four years as President of the Area IV Council; one year as Assembly Secretary (Recorder); one year as Assembly Speaker-Elect; and one year as Assembly Speaker. It gives me pleasure to include his resume in our psychiatric newsletter, Spectrum as an exemplary, dedicated member of the Indiana psychiatric community, his continuing work makes a difference in what we do in our lives – both for us and for our patients. I wish him the Best of Luck!

President

Continued from page 1)

from the University of Cincinnati in Ohio. He is currently Assistant Clinical Professor of Psychiatry with the IU School of Medicine, Medical Director and Chief of Psychiatry Services at Wishard Health Services and Medical Director of Midtown Community Mental Health Center (Midtown). He is board certified in General Psychiatry.

Steve is a member of IUPA, IUPM, and IUMG. He belongs to several associations and has contributed to the teaching and supervision of medical students, psychiatry residents, Clinical Nurse Specialists, and new employees of Midtown. Midtown has moved along nicely towards the Recovery Model, through innovation and creativity, along with taking advantage of newer treatment modalities available today. Steve’s vision for IPS will be included in future newsletters.

Steve is married to Linda, his soul mate and confidant, who is a school nurse in Avon, Indiana. He has a wonderful and very talented 11-year old son, Joshua, who enjoys having his father coach his soccer team. Steve also enjoys outdoor life, participates in annual Jeep Jamboree and loves attending auto races. I truly wish him the best of luck as President of Indiana Psychiatric Society.
Benefits for Women Members

Take advantage of all the great benefits APA offers to women members!

Women's Online Mentoring Network

Through the new Women's Online Mentoring Network, you can match yourself instantly with a senior woman psychiatrist. Find a mentor based upon the types of advice and guidance you are seeking, from clinical and academic issues to personal and family concerns. You can also find a mentor in your area if you would prefer a more formal relationship.

Committee on Women

The Committee on Women advocates for the advancement of women in the profession and explores ways to better serve women patients.

Women's Listserv (APAWomen)

The APAWomen internet list is dedicated to fostering discussion of issues of interest to women in psychiatry. This forum assists in creating an atmosphere of cooperation, mentoring, and support among women members. As an APA Women listserv member, you can participate in online discussions on topics such as:

• Mentorship of women who are new to the psychiatric profession or who are considering a career in psychiatry
• Programs designed to aid in establishing the careers of women psychiatrists
• Job openings and other career opportunities for women
• Recent articles on women's health and the treatment of women patients

Caucus of Women Psychiatrists

The APA Women's Caucus ensures that concerns and questions of women members regarding the status of women in psychiatry are addressed in APA programs and policies. This coalition of your peers addresses issues of concern to women psychiatrists, finds ways to take political or other appropriate action, and advises the APA Assembly. Membership in the Caucus is open to all APA women members.

Events at the APA Annual Meeting

Each year, APA hosts events at the Annual Meeting where women can meet, network, and learn about APA Programs:

• Women's Resource Center – a space for women to relax and to explore programs from APA and other organizations that are designed to advance the careers of women psychiatrists
• District Branch Women's Committees Meeting – a meeting to share best practices in fostering women's committees in the local societies
• "Passing the Boards" Luncheon – a session designed for women to learn the best strategies for passing the Board of Examinations
• Women's Online Mentoring Network Breakfast – an information session on how to sign up for the Network, and how to select mentors and get the most out of mentoring
• Committee on Women Component Workshop – a special session for women on topics such as mentoring, leadership and career development.
• Alexandria Symonds Award Lecture – a talk presented by the winner of this prestigious award, given by APA and the Association of Women Psychiatrists (AWP) to a woman psychiatrist for outstanding contributions in promoting women's health and the advancement of women in psychiatry.

APA/Aventis Travel Fellowship for Women Resident Leaders in Psychiatry

Through this competitive program, women residents receive funding to travel to the APA Annual Meeting. At the meeting, candidates selected for this program participate in a networking luncheon with senior women psychiatrists and follow a special track of sessions of interest to women.

Women's Programs Website

The Women's Programs Website is a comprehensive online resource for women in psychiatry. This site lists all the vital information you need on APA programs for women, including:

• Direct links to all APA programs for women members
• Contact information for the Committee on Women
• Dates, times, and locations of women's events at APA meetings
• Links to sites of interest to women psychiatrists
• Online forms for women's fellowship and award programs

Visit www.psych.org/women often!

We're Here To Serve You!

Contact APA today at 1-888-35-PSYCH to find out about other exciting member benefits such as:

• Practice Management Guidelines for Early Career Psychiatrists for only $35
• Reduced registration fees for APA Meetings (save nearly $500 over non-member rates)
• Access to the top psychiatric medical journals
• Fellowship programs in research, public policy, leadership, advocacy, and many other fields
• Free online access to hundreds of job listings through the APA JobBank

American Psychiatric Association Office of Career Development and Women's Programs. Washington, DC 20005
The "self" is described in two ways in the Upanishads. One is the philosophical aspect; the self beyond the physical, what could be called the soul, and the other is the I-me – the ephemeral physical body. The Upanishads stress the first and the American culture stresses the second.

Here I am talking about the sense of self as a being – an identity – without which it is impossible to grow and broaden one’s horizons. America stresses this limitless awareness of the self, the individual, who can achieve and do anything. The Indian culture takes this to the opposite extreme – the individuality should be sacrificed for the larger good of the family and community. Talking about self becomes synonymous with being selfish.

This can lead to many psychic conflicts which surface in the form of bickering and family tensions. Psycho-analyst Drs. Sudhir Kakkar and Prakash Desai’s writings elucidate this point very well.

Americans believe in expressing one’s achievements, almost flaunting them, and Indians feel that talking about one’s achievement is just being a show-off and thus not condoned.

The point is that some of the differences between the two cultures are irreconcilable. But the Indian parents expect their children to be experts in both. Be respectful at home, but when you step outside be aggressive. Excel in studies, sports, dancing, and playing musical instruments, but don’t forget your Indian culture. You have to be just as good in Bharat-Natayam and tabla or sitar. And remember, you have to attend the weekend classes to learn your religion and language.

I don’t have any objection to parents wanting their children to be multi-faceted to keep in touch with their roots. It helps them to become more emancipated. My only objection is when the expectations are too high and the child cannot cope, it can be counter-productive. Children need to assimilate things according to their capacity.

Indian culture is not part of their everyday life, most of which is spent outside of the four walls of their home. For most of the time it is irrelevant to them.

Inarguably, they internalize some of the values just by "osmosis", as they grow up and get in touch with themselves. It prompts them to dig deeper and find the parts that suit them. Otherwise, just by necessity, they have to give up or throw away the parts which are not relevant.

We should not force our youngsters to go to temple, to sit through Puja or follow other rituals which don’t make sense to them. Whatever is normally done at home by the elders: observation of special festivals and what the parents and grandparents do naturally is a lot more meaningful to them and thus easily accepted.

It is a very common complaint among Indian parents that their children don’t respect them. They question everything and demand answers. I know parents who have gone back to India, because they felt their children were getting out of hand. Sometimes I tease them by saying that they want to control kids as if they are their property.

It is essential for the growth of our children that we see them as separate individuals and not simply an extension of us. Just because we have given birth to them does not give us the right to control them.

After all, we are the ones who brought them to a country where individualism is highly valued. Eventually, they learn that we can’t possibly hold them back, at least with any good results. How can they tolerate being told what to do just because you say so, when they have learned or been taught from early childhood in the school and by their peers that it is ok to question; that it is not rude to ask for clarification; that it is important to question things to be independent thinkers?

When it comes to girls the problem gets immensely more complicated. The American and Indian values are at odds. According to the Indian values, no matter how modern or fashionable a girl, she is considered good only if she is traditional. In India even though girls are becoming more educated and successful, when it comes to marriage they are still measured by the traditional scale. Even in today’s world girls represent the “honor of the family.” They are not given the same freedom as their brothers, and the parents who do give them the freedom are often doubtful of their choice. Parents are somehow convinced that in India they would not have to face such problems. The fact is that parts of any generation will be faced with this. In a way it is a global issue. It might present itself in different hues. This topic itself demands a separate article so I will leave it here.

One value that most of the immigrants share with the American system is the emphasis on education.

We generally feel financially insecure in a new place, and, thus, we emphasize education for financial success not for mental growth. We insist on our children going into medicine or computer sciences, because that is a more reliable path of financial security. Parents generally pressure their children to stay away from soft subjects like humanities, arts, philosophy and literature, for these subjects do not provide a guarantee of financial success.

This pressure is more on boys than on girls.

Even in America, we don’t want our sons to marry a woman of their choice, unless she meets the traditional criteria. We like to continue the tradition of arranged marriages, so that our daughters-in-law should be of our choice, those who will serve us in our old age and keep the “honor” of the family.
Many Indian girls marry outside of their caste so that they can be free of the typical expectations. When parents find a daughter-in-law born and raised in India, it creates a different set of problems and tensions between the couple. We often forget that today's India is not what we left behind decades ago. We cling to that with nostalgic tenacity.

Parents still have the traditional expectation from their sons that they will take care of them in their old age, knowing well that in America old age seeks certain freedom from children. Even in India, this is becoming less common, and parents lament that their daughters-in-law have given up their Indian values. In a way it is harder for aging parents in India because there are fewer facilities available to older people.

Our culture values sons like Shrawan Kumar who sacrifice their lives for their parents, and parents live their dreams through the youth of their sons. The American individualism teaches children to live their lives not for or through someone else. Here if a parent slaps a child she/he feels entitled to seek justice through the governmental child protective agencies. Parents are more willing to cut the umbilical cord at an early stage to let the children grow. This attitude unavoidably changes the entire nature of the relationship between children and parents. American parents foster freedom of thought and action, Indian parents insist on deference, respect, and obedience towards the elders. No wonder that the most revered son in Indian mythology is Lord Rama, who gave up the kingdom for his father's wishes.

How do our young reconcile the two fundamentally different philosophies; one that wants to hold on to age old traditions and the other which only values progress and change, reaching new horizons? This is the conflict which has been the basis for our youth being labeled as ABCD (American Born Confused Desi). Living two conflicting and irreconcilable lives like being a vegetarian at home and eating beef burgers on the outside poses the constant question of what is right and what is wrong. No matter which way they turn they are met with a certain sense of disapproval. If they follow the Indian traditions they are branded as "desi," if they embrace the American lifestyle, they face contempt at home. This dual life becomes their nemesis.

However, this very nemesis can become a boon for some if they can synthesize these opposing values, make a value system of their own and come out a stronger person. Then the traditional values and the American freedom of thought do not chain them. They can smoothly shuttle between the two worlds with ease and expand their horizons. Our literature shows that the authors who are gaining recognition and praise are the ones who are able to capture the Indian nuances in western language. Indians have gained a place among some of the richest people and have made their mark in many prestigious educational institutions.

Do we find Indian literature depicting this conflict? Indeed so! I remember Bhagwati Verma's forgotten painting, which shows the changes over three generations. For writers like Nagar, Yashpal, this topic is of special interest. Thinking about the Indian writings in America, I am reminded of a story printed a long time ago in Somevera, which focuses on the concern of the mother of a young girl. The mother gives her daughter a birth control pill every morning dissolved in milk to avoid pregnancy in case the daughter decides to have sex.

This was a memorable story and being in India, I was fully aware of how precious virginity is for a girl.

After that I had the chance to read Priyavada and Suneeta Jain. My impression is that when these writers write about the Indian youth in America, they express the fears and desires of the older generation. I do not agree with this point of view. If the older generation revolted to the point of leaving their country, why can't they understand and tolerate the revolt of the young against the status quo? Some writers like Baldev Vaid And Raji Seth have tried to understand the modern woman.

In my writings I have attempted to make this point. For example in my short story "Sadak ki Laye (Road) Neha's conflict is a legacy from her mother. In "Chidiya and Cheel" (Sparrow and The Eagle) when a sparrow becomes bigger and stronger and soars the skies she appears like an eagle to others. What is she supposed to do then? Isn't it her right to recognize and hone her strength and freedom? In the same way the new generation is trying to find herself between the two cultures.

One of my short stories published in 1989 titled "Nathe" (tied) had a similar theme. In that story I tried to tell the youth that the basis of generational war is our refusal to accept the universal law of nature. In the entire animal kingdom children grow up and go away. The mother may not even recognize her own. It is only the humans, who want to hold on to their children till the last breath, violating the law of nature and getting hurt in the process.

I received a lot of letters in response to that story, and when I was visiting India some elders came to meet me. While they expressed appreciation for my point of view they also posed a question: If we don't depend on our children in our old age who do we depend on?

This question has been ever present for me and was the theme of my recent novel "Gatha Amar Bel Ki" (story of the immortal vine). I have raised the questions of attachment through the medium of parental love. Is love ultimately self-love or unconditional love for the other? Does love mean finding joy in mutual growth or does it mean sacrificing yourself.

"How do our young reconcile the two fundamentally different philosophies..."
Ladder
(Continued from page 6)
for the sake of the other and in the end wither away and die? What is it that nurtures and promotes love – intense attachment or freedom and space to grow? Is love ultimately so selfish and possessive that it finally destroys the loved object?

Every relationship, however defined, requires space, whether it is with parents, siblings or spouse. But in India there is no concept of space as such. The generational battle is about wanting space. If we restrict them too much, they will have to revolt to get the breathing space. But no one gives up his/her place freely. The older generation has the experience and thus bears the burden of more responsibility. They need to remember their struggles, sacrifices and the need to revolt – their own need to have the freedom to think and soar above the clouds to catch their dreams. If the next generation does not revolt against the status quo, how would we progress? Lack of change bores us. If seasons don’t change it becomes monotonous. Stagnant water breeds mold and starts smelling foul after some time.

Breaking away has its pleasure that each generation needs to contend with and experience.

Every generation is a step from which the next generation climbs on to the next step and brings about change and progress. This is the ineluctable law of nature and our destiny.

Dr. Bedi is a professor of Hindi language and literature at Columbia University in the city of New York. She studied at Delhi University and Punjab University in India where she also taught Hindi literature. She is a scholar of Hindi drama and theater. Her Ph.D. thesis has been published as “Innovation and experimentation in contemporary Hindi drama” (1984).

The Generational Ladder
By Dr. Susham Bedi
Translated by Veena Garyali, M.D.
From Indo-American Psychiatric Association
The Forum
Number 68 April 2002

Psychiatric ER
(Continued from page 1)
It’s been a long time coming.
Marjorie Towell, executive director of the Marion County Mental Health Association, said the need for such a facility has existed for several years. “It won’t meet the full need out there, but it’s certainly a wonderful step forward,” she remarked.

The need reaches well beyond medication and counseling. Housing, transportation and employment support should be available. Mental health systems “must commit to serving the whole person, not merely the most obvious symptoms,” concluded the Council on Disabilities’ report.

That such is not the case is starkly evident in jails and prisons, the largest depositories of the mentally ill in Indiana and elsewhere. Homeless shelters and nursing homes are often the last resort for others.

“Public mental health systems must be driven by a value system that sees recovery as achievable and desirable for every person who has experienced mental illness,” said the report. That lofty ideal calls, first, for dramatic expansion of Medicaid eligibility and reimbursable services. It also calls for a change of heart from a society that thus far has been content to shut the mentally ill out of sight and out of mind.

Fortunately, there are exceptions, among them the Midtown Mental Health Center, Wishard and all those whose conviction and compassion made the Psychiatric ER possible. For the patients it will serve, the facility is truly a blessing.

HIPAA Focus: Top 10 Privacy List
The most important privacy essentials to remember as healthcare organizations are required to implement the legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).

10 Do not send mass mailings to your patients without first checking the HIPAA “marketing” restrictions.
9 Maintain strict disciplinary policies for breaches of confidentiality and enforce them.
8 Make sure new employees are adequately trained on privacy policies and that all employees receive updates and reminders.
7 Be aware of confidential information that is being placed in trash cans and recycle bins or boxes. Utilize a shredding service, if necessary. Make sure you have a contract with that shredding company.
6 Avoid placing patient information in view of other patients or family members, such as sign-in sheets in waiting rooms, computer monitors with patient information in plain view of the public.
5 Limit the amount of access employees have to information they do not need to perform their jobs.
4 Use caution when sending faxes containing patient information. Be aware of who may be viewing the information from both ends.
3 Protect medical records after hours. Be aware of cleaning and maintenance people inside the office. Would it be easy for them to look at records or other confidential patient information?
2 Emphasize the need to maintain confidentiality of passwords (no sharing of passwords, no posting of passwords on computer monitors).
1 Emphasize the importance of confidentiality of oral conversations. Discourage gossip or discussions in hallways, elevators and parking lots.

Source: Attorneys Amy Fehn and Abby Pendleton of Wachler and Associates, Royal Oak, MI.
On Thursday, October 17, 2002, John J. Wernert, M.D., IPS member and current APA Assembly Representative, received the Hulman Health Achievement Award for his work in Geriatrics and Gerontology. The award was presented by the Indiana Public Health Foundation and is given annually to recognize distinguished and outstanding services in the fields of Environmental Health, Geriatrics and Preventive Medicine. Dr. Wernert was introduced by his good friend and mentor Dr. Alan Schmetzer, and a handsome plaque and medallion were presented.

The plaque states:

Dr. John Wernert is a creative professional, dedicated to finding solutions to behavioral problems of the elderly and initiating a health care system to improve the environment and capability for the elderly to maintain an independent lifestyle. He has reached out to a population often neglected and developed a continuity of services that contribute significantly to improved health and quality of life.

Dr. Wernert serves as Medical Director of St. Francis Geropsychiatry unit, and as Director of the Winona Senior Adult program. John is president of Indiana Geriatric Associates, P.C., and manages the Senior Assessment Center located at Winona Hospital.

President-Elect Position

Steve Fekete, M.D.

As you aware events have lead myself to an earlier than expected tenure as IPS president. This opportunity has left a void in our president-elect position. Thus we are currently looking for individuals whom are interested in filling this vacancy. The position is a one year term, as is the President’s position, but the unusual circumstances surrounding my moving into the presidency and the overall calendar of events may either lengthen or shorten the duration of this year’s term depending on a number of factors. The responsibilities of this position are setting an agenda for the next president’s term. The position requires approximately 2-3 hrs per month devoted to meeting time and preparation of presentations for the Council meetings.

“Never look back unless you want to go that way.”

From the book: You Can’t Be a Smart Cookie If You Have a Crummy Attitude
 Residents on the verge of embarking on a career in psychiatry are bound to encounter different/moral dilemmas. Pharmaceutical and psychiatric interaction is one such encounter that has recently become a topic of much debate. Physician awareness about gifts is limited due to lack of education about this topic. I have therefore opted to write about AMA guidelines and gifts.

The AMA launched a national initiative in the summer of 2001, with the intention of educating both physician and industry representatives about ethical guidelines regarding gifts that are given to physicians from the industry as part of their marketing practices. This initiative urges physicians and industry representatives to adhere to AMA guidelines regarding gifts. Some gifts that reflect customary practices of the industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:

- Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or by family members.
- Individual gifts of minimal value such as pens and notepads are permissible as long as the gifts are related to the physician’s work.
- The Council on Ethical and Judicial Affairs defines a legitimate “conference” or “meeting” as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.
- Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and, therefore, are permissible. Since the giving of a subsidy directly to a physician by a company’s representative may create a relationship that could influence the use of the company’s products, any subsidy should be accepted by the sponsor of the conference who in turn can use the money to reduce the registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.
- Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians’ time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement of reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.
- Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible, as long as the academic or training institution makes the selection of students, residents, or fellows who will receive the funds. Carefully selected education conferences are generally defined as the major education, scientific or policy-making meetings of national, regional or specialty medical associations.
- No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician’s prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

Support from the industry has been an important part of hospital and medical education. There has been a significant improvement in the quality and content of industry supported conferences. It is the quality of presentations and speakers that induces physicians to attend these events and influences their prescribing behavior. One important reason for influencing prescribing habits is improvement of knowledge about medication.

Federal laws regulate business practices between health care manufacturers and their customers. These laws prevent manufacturers of health care products from providing remuneration to customers in exchange for buying or recommending a specific product.

In the final analysis, physicians are expected to use their good judgment to abide by these guidelines.
Candidate For Area IV Trustee
APA Board of Trustees

R. Michael Pearce, M.D.

Education/Training

1964 Indiana University, BA in Medical Sciences
1967 Indiana University School of Medicine, M.D.
1967-1968 Rotating Internship, Methodist Hospital, Indianapolis, Indiana
1970-1973 General Psychiatry Residency, Indiana University School of Medicine, Indianapolis, Indiana
1972-1974 Child Psychiatry Fellowship, Indiana University School of Medicine, Indianapolis, Indiana

Military Service

1968-1970 Major United States Public Health Service, Atlanta, Georgia
1968-1969 Staff Physician, Region Office of Health Services and Mental Health Administration
1968-1969 Regional Consultant to Medicare Program, Appalachian Health Program, Migrant Health Program and Comprehensive Health Program
1969-1970 Staff Physician, Atlanta Southside Comprehensive Health Center (Office of Economic Opportunity)
1969-1970 Staff Physician, Public Health Service Outpatient Clinic, National Center for Disease Control, Atlanta, Georgia

Professional Activities/Administration

1976-1978 Member Board of Directors Stopover Home for Runaways, Indianapolis, Indiana
1980-1982 Chairman, Department of Psychiatry Community Hospital, Indianapolis, Indiana
1989-1990 Director of Child and Adolescent Psychiatry, St. Vincent Hospital, Indianapolis, Indiana
1991-Present Associate Medical Director for Child and Adolescent Psychiatry, Community Hospital, Indianapolis, Indiana

Professional Experience with American Psychiatric Association

1972-1974 Falk Fellow-American Psychiatric Association
1978-1984 Deputy Representative of Indiana District Branch
1984-1990 Representative of Indiana District Branch
1990-1994 Deputy Representative Area IV
1994-1998 Representative Area IV
1994-Present Member, Assembly Committee on Planning
1996-1998 Chairperson, Assembly Committee on Planning
1998-1999 Assembly Recorder
1999-2000 Assembly Speaker-Elect
2000-2001 Assembly Speaker
1999-2001 Member, American Psychiatric Association Board of Trustees
1999-2002 Member, American Psychiatric Association Budget Committee

Professional Experience/American Academy of Child and Adolescent Psychiatry

1977-1979 Member, Committee on Insurance American Academy of Child and Adolescent Psychiatry
1990-1991 President: Indiana Council of Child and Adolescent Psychiatry

Professional Organizations

Fellow, American Psychiatric Association (1984)
Member, Indiana Psychiatric Society, member of Executive Council 1978-Present
Member, American Academy of Child and Adolescent Psychiatry
Member, Indiana Council of Child and Adolescent Psychiatry
Member, American Medical Association
Member, Indiana State Medical Association
Member, Indianapolis Medical Society Alternate Delegate to Indiana House of Delegates, 1998-Present
Future APA Meetings

Annual Meetings
- 2003 May 17-22 San Francisco, CA
- 2004 May 1-6 New York, NY
- 2005 May 21-26 Atlanta, GA
- 2006 May 20-25 Toronto, Canada
- 2007 May 19-24 San Diego, CA
- 2008 May 3-8 Washington, DC
- 2009 May 16-21 San Francisco, CA

Institutes on Psychiatric Services
- 2002 Oct. 9-13 Chicago, IL
- 2003 Oct. 29-Nov. 2 Boston, MA
- 2004 Oct. 6-10 Atlanta, GA
- 2005 Oct. 5-9 San Diego, CA

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UPCOMING EVENTS

FUTURE APA ANNUAL MEETINGS

Institute on Psychiatric Services

2003
Marriott Copley Place
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If you are interested in preparing a submission for the 2003 Institute on Psychiatric Services, please request a form from:
Annual Meetings Department
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Submission forms will be available as of September 9, 2002

Please contact: Leela Rau, M.D.
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