THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol. 8 ▲ Tulsa ▲ JULY ▲ Okla. ▲ No. 7

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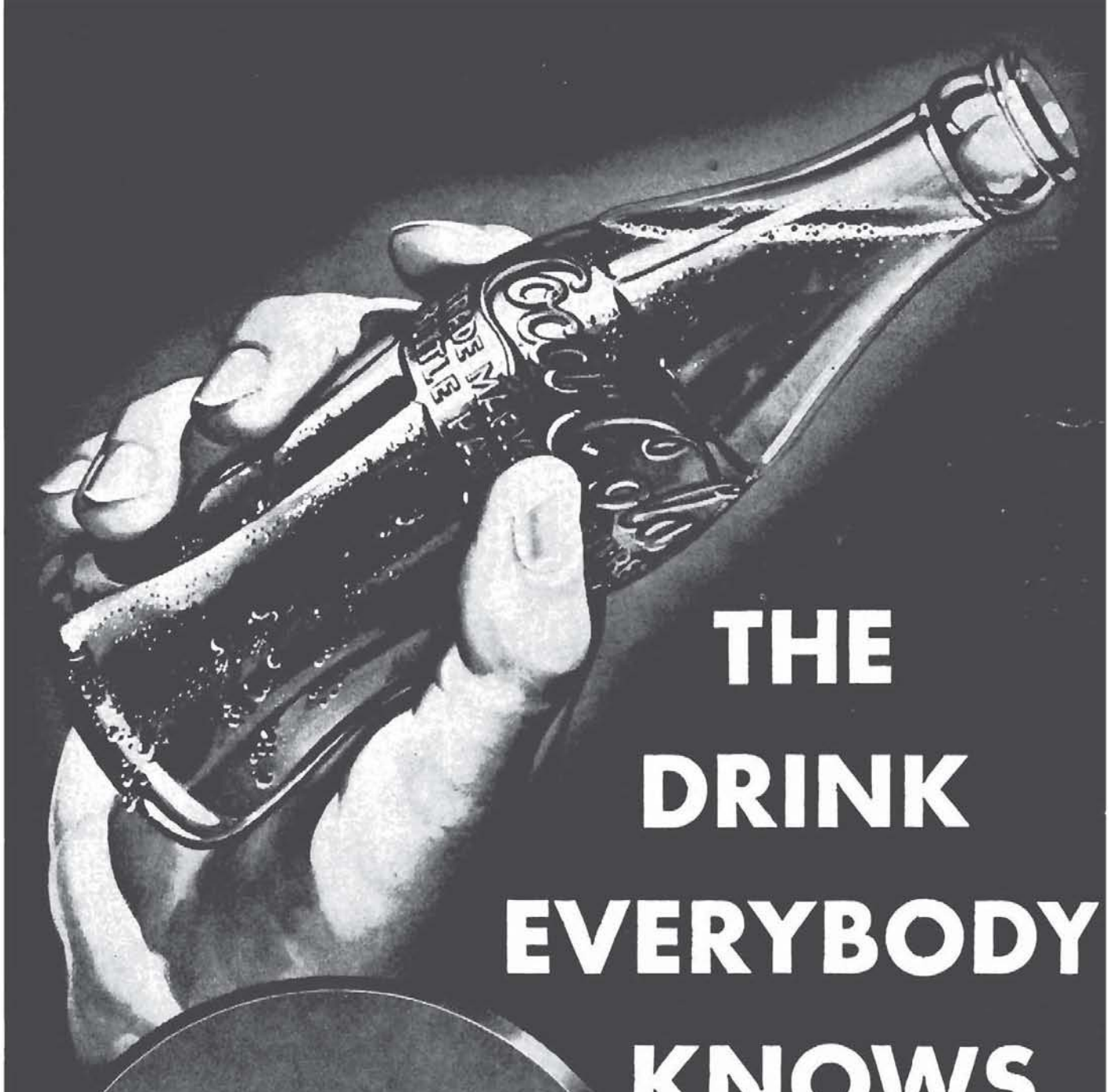

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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

H. B. Stewart, M.D., *President* J. C. Peden, M.D., *President Elect*
Ian MacKenzie, M.D., *Vice-President* E. O. Johnson, M.D., *Secretary-Treasurer*
Jack Spears, *Executive Secretary*

VOL. 8 TULSA, OKLAHOMA, JULY, 1942 No. 7

Preventing Malpractice

The Office Nurse, Unless Promptly Instructed, May Unknowingly Be the Agent for Serious Malpractice Suits. Tulsa Doctors Are Warned to Exert a High Degree of Precautionary Care Against Such Charges.

The estate of a prominent Tulsa physician is now fighting through the courts a series of suits based on alleged acts of malpractice during the doctor's lifetime. In this case, fortunately, the suits have thus far been successfully beaten and it appears likely that the remaining suits to come to trial will also be defeated.

Unfortunately, however, and aside from the fact that the cases are being beaten, serious injury has been done by the mere existence of these malpractice suits. A substantial cost has been incurred by an insurance firm in fighting these accusations. While this cost is not paid for directly by Tulsa physicians, the medical profession of this county and other Oklahoma counties might feel its effects through increased premiums for malpractice insurance. Particularly is this true when cases are lost and heavy monetary damages must be paid.

There are other serious consequences of the suits. The mere existence of such suits are an invitation to other individuals to file similar suits on their belief that they have been actually medically mistreated, or by the alluring prospects of obtaining money on false or trumped-up charges. This will mean more expense to the defendant.

When malpractice suits are lost by the doctor involved, a tremendous impetus is given to the filing of similar suits. By no means are these new suits confined to the physician previously sued. Other doctors may find themselves on the defending end of a malpractice charge.

The publicity given to such suits by word-of-mouth and by newspapers are highly detrimental to the continuance of a successful practice by the physician concerned. Even in the case of suits against a deceased doctor, a stain is placed upon his professional reputation.

Tulsa physicians and surgeons have been advised on more than one occasion of the serious consequences of a malpractice suit. The Tulsa County Medical Society has long pushed a campaign to educate its members to take proper methods of preventing a malpractice suit from arising.

One of the most important methods of preventing a malpractice cause-for-suit is the proper education of the office nurse, the technician, and the receptionist. Too often such employees dot not have a thorough understanding of the meaning of malpractice, the methods by which proper precautions may be taken to prevent it, and the scope of limitations on personal activity in relation to the patient.

Recently, an officer of the Tulsa County Medical Society has occasion to interview a young lady who professed

15 months experience as a doctor's receptionist. Asked if she understood the importance of malpractice precautions, she expressed no familiarity with the word and was surprised to learn that doctors could be sued for their acts. It is our purpose to place all office employees in this category, or even to place a majority in it. The incident is told merely in the hope that each doctor will determine that his assistant is properly instructed.

There has been some considerable doubt as to the extent of the responsibility of the physician for the actions of the nurse or other employees. The physician employer is liable for the negligent acts or acts of omission of all employees who work under his immediate direction. Obviously, the physician assumes responsibility only for acts committed within the scope of employment.

The Tulsa doctor assumes no responsibility for the actions of internes, nurses, and other employees of a hospital of which he is not the owner. He is, however, liable for all acts of such employees when they are performed at his express and immediate direction.

However, this should not be interpreted to mean that employees cannot be sued for acts of malpractice, even though they acted as agents of a directing physician or surgeon. The commonly accepted rule is that each individual is responsible for their own torts, regardless of the fact that he may have acted as an agent. In the event of direct suits against the employee, the employee may file a retalitory suit against the physician. In the majority of instances, the physician may be held liable if he directed the actions of the employee. He may fight this suit by a contention that the employee was not within his responsibility, that the employee failed to perform his duties properly, or that the employee had wilful knowledge that the course of action which he instructed to take would lead to unfortunate results. Of course, the proof of the latter action is an admission of guilt on the part of the physician, and for that reason is virtually never employed.

Tulsa physicians are reminded that their malpractice policies cover only their personal acts, and that a special premium must be paid to cover their assistants. This should not be interpreted that when a doctor is sued for alleged acts of malpractice due to the actions of a properly instructed assistant, that the insurance policy does not cover. The policy does not cover such actions. However, it does not cover the assistant when the employee is sued directly. Inasmuch as malpratice suits seldom include assistants, only a slight additional charge is made for direct protection for assistants.

One of the most effective methods of fighting malpractice suits is the maintenance of an accurate and complete medical case book. Usually this book is cared for by the office nurse or other assistant, and their work should be thoroughly checked to insure its proper performance.

The medical case book should include a complete case history, including proper dates. It should include a proper recording of the instructions given to the patient, the laboratory examinations, and a progress record. It should make it quite clear, even to laymen, that the case was conducted with the requisite degree of skill and care. The book should indicate any instances, in particular, when patients failed to carry out instructions or where acts were performed by the patient so as to create injury.

In instances where the results of a suggested course of treatment are in doubt, the physician should secure written permission to continue with that course of treatment. Carbon copies of letters advising of this condition should be retained in the doctor's files. These records should be kept in all forms of hazardous treatment. Even important prescriptions, because of the possibility of error in transmission by telephone, should be written and carbon copies retained.

When a case does not produce an end-result thoroughly satisfactory to the patient, a circumstance requring the greatest of care and tact is created. The irritation of such patients by unwise col-

(Continued on Page 19)

Local Medical Quota Set

A Minimum of 60 Tulsa Doctors May Expect a Call to Active Duty With the Army Within Six Months. Wilhite Warns Tulsa County May Expect More Severe Measures to Enforce Enlistment of Medical Men.

The United States Army expects to obtain a minimum of 60 doctors from Tulsa County in the next six months, officials of the Tulsa County Medical Society have been notified by Col. Lee R. Wilhite, medical corps personnel recruiting officer for Oklahoma.

In a communication received late in June, Col. Wilhite revealed that this quota may be increased and that further demands upon Tulsa medical resources are certain after January 1, 1943.

With 20 physicians and surgeons already in some branch of the armed forces, the total drain on the local medical profession is expected to be in excess of 80 by the close of the year.

Col. Wilhite called attention to the fact that Tulsa County is lagging behind in contributing its proportionate share of doctors to the army and warned that this situation must be remedied. Col. Wilhite urged that all young doctors, preferably those in their thirties, avail themselves of a medical corps commission at once. The army recruiting officer also made a plea for the services of all medical men up to the age of 45.

A survey of the medical profession in Tulsa County reveals that approximately 35 members are still under the age of 40. Of this number, only seven are known to be in the process of obtaining commissions. Three are to be considered as physically ineligible. This leaves a reservoir of approximately 25 doctors who are most desired for service by the United States Army Medical Corps.

Col. Wilhite emphasized that the need for physicians and surgeons was most urgent. The officer also indicated that all medical men who had made direct application for commissions through the Surgeon-General's office should reapply immediately if they have had no word within 30 days of application. These men should reapply through Col. Wilhite's office at 210 Plaza Courts, Oklahoma City, Oklahoma.

Meanwhile, other developments in the medico-army picture occurred when certain Tulsa doctors within the draft age were warned by their Selective Service boards that induction as a private was imminent. In such cases, opportunities are usually given for doctors to accept commissions. These incidents are not designed as a forcing method of securing army doctors, but occur through the normal operation of the Selective Service Act. Doctors do not receive any special privileges under the draft law except to avail themselves of commissions, and in cases where the local boards consider the doctor's professional service essential to the community.

At present the Procurement and Assignment is not operating a voluntary draft upon medical services, although it will probably come to this very shortly. As yet all recruiting of medical personnel is done a voluntary enlistment basis. Col. Wilhite's office is not a representative of the Procurement and Assignment Service. Rather, he represents the United States Army directly and is attempting to secure voluntary enlistment of doctors into the service.

The only connection of Procurement and Assignment with Col. Wilhite's office at present is that the Procurement and Assignment Service must certify any candidate as available. This certification is made on the basis of a questionnaire completed by a special committee appointed with the approval of the local medical society.

If you are not aware of your rating by the Tulsa County Committe for Procurement and Assignment, telephone the Executive Secretary at 4-8161 and request your rating.

PRESIDENT'S PAGE

During my recent attendance at the American Medical Association Convention at Atlantic City, I had the opportunity of talking with physicians from most every part of the United States and even a few from Canada. Every man told practically the same story regarding his practice—that he was the busiest he had been for many years. Those doing surgery and principally a hospital practice told the story of markedly increased professional work since the first of the year.

The chief reason ascribed to this influx of business seemed to be the war. The fact that people expect to forego vacations this summer and perhaps for the duration has caused them to take care of medical and surgical needs which have been more or less neglected the past several years. The curtailment of automobile travel and the things which it so easily affords has undoubtedly caused people in general to look at their "hold card." By staying at home they realize they will not only have the time but the money to spend on such necessities.

The national educational program for health and physical fitness during a war period has also had its good effects and the doctor will reap his share of the results of such a campaign. Those who are faced with carrying on short-handed, whether it be within the family circles or in their business, are realizing the need of keeping fit.

It seems to me that the rapid growth and widespread national lay interest in hospital insurance such as the Blue Cross Plan is beginning to produce results in opening the bottleneck responsible for procrastination in the past. These insurance carriers have noted a marked increase since March in the number of hospital admissions. Surely the physician should be behind this movement because next to the hospital and the insured he stands to profit in no small measure in increased business.

Sincerely,

H B Stewart M.D.

President.

The Future Of Blue Cross

The Prepared Social Security Hospitalization Plan Offers No Impediment to the Progress of the Blue Cross Plans, Executive Believes. Plans Serve to Promote Unity Among Doctors, Patients and Hospitals.

By N. D. HELLAND
Executive Director, Blue Cross Plan Group Hospital Service, Tulsa, Okla.

In reviewing the future of the Blue Cross Plan, it will be of particular interest to briefly direct your attention to the activities of Group Hospital Service, the approved Blue Cross Plan in the state of Oklahoma. This non-profit hospital service plan, sponsored by the Oklahoma State Medical Association and the Oklahoma State Hospital Assocition, has so far confined its activities primarily to Oklahoma City and Tulsa because of the concentrated population in these two cities. To date, about 15 per cent of the population of Tulsa has been enrolled in this community service plan, and we estimate that eighty-five to ninety thousand dollars will be paid for members in the state of Oklahoma this year.

My view of the future of the Blue Cross is confident. I am assured that the approach which people and hospitals have made toward the solution of the two problems of distributing hospital care to people, and of financing hospital care for hospitals, is the only practical one that can be made in America at the present time.

President Roosevelt's suggestion in his message to Congress, accompanying the budget on January 7th, that additional Social Security taxes be imposed to provide hospitalization payments has by now become a subject of considerable discussion in hospital and medical circles. Later discussions with Social Security Board representatives confirmed the interest of the Board in such a program and roughed in certain details which deserve full discussion not only by hospital and medical personnel, but by Social Security taxpayers as well.

The proposal favored by the Social Security Board would provide a payment of $3.00 a day toward a hospital bill of employed Social Security card holders, and the members of their families under eighteen years of age, for a one per cent tax on payrolls (one-half paid by employer, one-half by employee). The chief merit of such a plan would be its large scale application. Collections would begin at once, though benefits would be deferred for one year. This advantage has, however, only limited value in the face of full service from Blue Cross. Blue Cross plans have clearly shown that hospital care insurance is only to the extent that hospital service contracts, not cash indemnification, is provided.

Hospital bills for one day of care not infrequently exceed $25.00. The average for six days is approximately $50.00. This figure is for the national average, and does not run as high in the state of Oklahoma. Approximately half of the subscribers hospitalized under the Blue Cross Plans remain in the hospital for one week, or less. The Social Security Plan, as proposed, would pay $3.00 toward one day of hospital care, $6.00 toward the cost of two days, and $18.00 for six days. For the Social Security card holder, required to pay the remainder of such a bill, or for the hospital trying to collect it, the explanation that full payment was never intended or that the tax was essentially a part of an anti-inflationary program, would leave room for small comfort indeed.

At the conference of hospital service plans held in March, 1942, a six-point program leading toward the cooperation of the Federal Government in financing the hospital care of public assistance groups as well as other needy, was adopted. The program appeared in April "Hospitals" and has been referred to

the trustees of the American Hospital Association. It in no way suggests a denial of the Federal Government's right to enter this field, nor has such a denial come from hospital plan headquarters. There has been no disposition on the part of the commission on hospital service to consider the Social Security program on any basis except its merits.

It should be pointed out that the position of the Blue Cross and hospitals in such a discussion is not motivated by narrow business interests or the mere desire to maintain the status quo. If there has been any single enterprise in American life during the past ten years which has demonstrated the resourcefulness of the American people in meeting their problem without governmental assistance, it has been the Blue Cross. While it has made no claim as a social service agency, most social workers have been quick to recognize that by removing the chief cause of pauperism in millions of families — the hospital bill — Blue Cross has made a significant social contribution. Its uniqueness and strength have been due to the fact that each Blue Cross Plan is independent. Each meets the problems of its own community, welding into effective relationship, hospitals, physicians, and subscribers, while preserving the independence of each in a free and open market. While Social Security spokesmen have insisted that its program would not impede the progress of Blue Cross Plans, nor lessen the character of the voluntary hospital, one needs only to recall the many instances which government financing has resulted in government control. To realize that its independence and free market are important factors in the strength of the voluntary hospital system, every effort should be made to preserve these essential characteristics.

We believe that voluntary hospitals, private physicians, and people of this country can, by themselves, solve the problem of distributing health needs to all but relief families. It is only four years since most of the Blue Cross plans were established. More than 11,000,000 subscribers have voluntarily enrolled in the 74 approved Blue Cross Plans. So rapid has been the growth of these community service plans, that today each million mark has become a milestone.

American voluntary hospitals and voluntary plans have no quarrel with the purposes of the Social Security Board. No one questions, either, the sincerity of the proposal; but these proposals are not new, and the cash indemnification method proposed has been proved inadequate by commercial hospital insurance policies.

The idea of wider distribution of hospital care at low cost to the subscriber is the basis upon which voluntary hospitals and the Blue Cross have together come forward in public esteem.

No magical solution to the problems of financing hospital care is going to be pulled out of a legislative hat. Reduced to their lowest common denominator, all of the problems still remain the problems of people and money. The touchstone of compulsory participation won't give off miracles which cannot be achieved by a voluntary means. We may be confident that the Blue Cross won't be swallowed by the Federal Government.

It is a kind of faith with us that the future of the Blue Cross and the future of the voluntary hospital holds promise of greater service to American people than most of us have so far caught sight of. The vigor and strength which the Blue Cross and the hospitals have already evidenced, the kind of support given this idea by every segment of life in our country, can make us confident that if we will fall to the work that is at hand without the impediment which a hoped-for miracle represents, we will come through this, having preserved the essentials of the voluntary system, and abolish forever the fear of hospital bills for American people.

THE MEDICAL LIBRARY

Library of the Tulsa County Medical Society

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Veneta R. Barlow, Librarian, 4-8161

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Saturday 9 A.M. to 1 P.M.

RECENT ACCESSIONS

Gifts of the Month—

Dr. P. P. Nesbitt, Surgical Diagnosis, Evarts A., M. D., in three volumes and index.

Dr. Paul Atkins, Miscellaneous copies of the Journal of the American Medical Association.

Dr. S. Goodman, Miscellaneous copies of the American Journal of the Medical Sciences and the American Journal of Digestive Diseases.

Dr. Harry Green, Digest of Treatment, 1940, 1941 and 1942.

Dr. J. C. Brogden, Sixteen volumes pertaining to Medicine and Surgery.

Dr. A. W. Roth, American College of Surgeons, 1936, 1940 and 1941.
Pathology and Treatment of the Nasal Accessory Sinuses, Hajek, in two volumes, 1926.
Yearbook of General Therapeutics, 1934. Yearbook of Eye, Ear, Nose and Throat, 1940. Contributions to Ophthalmic Science, Finnoff, W. F., M. D., 1926.

The National Foundation for Infantile Paralysis, The Kenny Method of Treatment for Infantile Paralysis, Drs. Cole, Pohl and Knapp, 1942.

Anonymous, An American Doctor's Odyssey, Heiser, Victor, M. D.
Treatise on the Prevention and Cure of Disease, Buchan, Wm., M. D., 1809.
As I Remember Him, Jinsser, Hans, 1940.
William Crawford Gorgas, His Life and Work, Gorgas and Hendrick, 1924. Qualitative Organic Analysis, Kamm, Oliver. Fifty Years of Medicine and Surgery, Dr. Franklin H. Martin.

—0—

OF INTEREST

A paper entitled "Tuberculosis of the Major Bronchi" by Dr. R. M. Shepard Jr. was published in the May issue of the New Orleans Medical and Surgical Journal. Dr. Shepard is the son of Dr. R. M. Shepard and was graduated from the Tulane University School of Medicine in 1941.

"All things are difficult before they are easy" ..... Thomas Fuller

USE YOUR LIBRARY

The BULLETIN

Editorial Committee..... B. W. Ward, M. D., Chairman; Philip Shreck, M. D.; H. N. Schwartz, M. D.

Managing Editor.....Jack Spears

Published monthly on the 3rd day of each month at the executive offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma.

Vol. 8 JULY, 1942 No. 7

With the information that Tulsa County can expect to lose a minimum of 60 doctors for active army service within six months, a number of problems appear to confront the local medical profession at such time as this loss does become a reality.

Not the least of these problems by any means is the observation that a fewer number of available doctors for community needs will put greater strains on the health of the remaining physicians. Naturally, it is especially pertinent at this time to suggest that each physician and surgeon of Tulsa County inquire into the state of his own health.

In other large medical societies throughout the nation, a summer project to provide a complete physical examination for all members is being conducted. While the Tulsa County Medical Society may not care to actively sponsor such a project, it does have complete sympathy with the idea for the end-results that will be obtained. As a method of looking to the future, of preparing for heavier practices, and of aiding the war effort, the project is not out of line with any existing policies of the Society.

How is your health, doctor? Are you fit for the longer hours which are ahead, for climbing stairs and making long drives to visit patients, for nights with shorter hours of sleep? In fairness to yourself and to the duty which you will be called upon to perform, have a complete physical examination now!

A Tribute To DR. F. C. MYERS 1880-1942

Dr. Francis C. Myers died as he had lived—alone—on June 7, 1942. He was born in Decater, Indiana, in 1880, and when ten years old moved to Tennessee where he attended Webb School at Bellbuckle. He graduated in medicine from the University of Nashville and began his practice in Broken Arrow, Oklahoma. Dr. Myers served through the first world war and saw service on the front line. In 1919, after the war, he located in the Richards Building in Tulsa, and there he had lived ever since.

Dr. Myers suffered from a bad cold most of the time for the last few years and developed hemorrhagic nephritis with anemia. About two months ago his condition became serious and he was found dead in bed Sunday, June 7.

He was a well qualified scholar. Very reserve, few people knew his real ability. He never married or took part in social activities. Dr. Myers was a charter member of the Tulsa County Medical Society. He was a man that lived too much to himself. He detested fan-fare and false modesty but to know him intimately was to know a man of intelligence, knowledge, and staunch friendship. Few people knew the nobility and character of his heart.

I was closely associated with Dr. Myers in the Richards Building for many years, and he never did anything dishonorable to his associates. He was always pleasant. He was a credit to the medical profession and it made you feel better to have known him.—F.W.H.

Medical Calendar

MONDAY, July 1st:
Hillcrest Hospital Staff Meeting.

WEDNESDAY, July 1st:
All members of the Tulsa County Medical Society who have elected to pay their 1942 dues on a semi-annual basis are reminded that the second installment of $16.00 is due and payable as of this date.

FRIDAY, July 3rd:
Medical Broadcast, Radio Station KTUL, 4:15 p.m. Dr. H. Lee Farris, speaker.

SATURDAY, July 4th:
The Executive Office will be closed all day in observation of Independence Day.

MONDAY, July 6th:
Hillcrest Hospital Staff Meeting.

FRIDAY, July 10th:
Board of Trustees Meeting, Tulsa County Medical Society, 1:00 p.m., 1202 Medical Arts Building.
Medical Broadcast, Radio Station KTUL, 4:15 p.m. Dr. Marvin D. Henley, speaker.

MONDAY, July 13th:
Regular meetings of the Tulsa County Medical Society have been discontinued for the summer. No meeting on this date.

FRIDAY, July 17th:
Medical Broadcast, Radio Station KTUL, 4:15 p.m. Dr. H. Lee Farris, speaker.

MONDAY, July 20th:
St. Johns Hospital Staff Meeting.

TUESDAY, July 21st:
Staff Meetings of Flower Hospital discontinued for the summer. No meeting on this date.
Medical and Dental Office Assistants Meeting, Michaelis Cafeteria, 6:00 p.m. Program to be announced later.

FRIDAY, July 24th:
Board of Trustees Meeting, Tulsa County Medical Society, 1:00 p.m., 1202 Medical Arts Building.
Medical Broadcast, Radio Station KTUL, 4:15 p.m. Dr. Marvin D. Henley, speaker.

MONDAY, July 27th:
No Society meeting on this date.

FRIDAY, July 31st:
Medical Broadcast, Radio Station KTUL, 4:15 p.m. Dr. H. Lee Farris, speaker.

Of Special Interest!

SECOND-HALF DUES NOW PAYABLE

All members of the Tulsa County Medical Society who elected to pay their 1942 dues on a semi-annual basis are reminded that second half installments of $16.00 are now due and payable. These payments may be made in the Executive Offices, 1202 Medical Arts Building, or directly to the Secretary, Dr. E. O. Johnson, 208 Medical Arts Building.

Under the requirements of Amendment I to the Constitution and By-Laws, doctor-members who have not paid the second half by August 1 shall be held as suspended without action on the part of the Society. This means that the period for payment of second-half dues is only thirty days from July 1.

LIBRARY GIVEN FUND BY MRS. G. GARABEDIAN

Mrs. G. Garabedian, widow of the late Tulsa pediatrician, is the donor of a gift of $10.00 to the Tulsa County Medical Library for use in the purchase of new books.

Mrs. Garabedian, now residing in Houston, Texas, hopes to make the gift annually. The library is already indebted to Mrs. Garabedian for the donation of Dr. Garabedian's fine library on pediatrics following his death.

PERSONALS

DR. D. M. MacDONALD was a patient for several days at St. Johns Hospital during June.

DR. E. O. JOHNSON has returned from Atlantic City where he took an examination for the American Board of Obstetrics and Gynecology.

DR. JAMES C. BROGDEN attended the funeral of his brother at Columbia, South Carolina, on June 3.

Among the Tulsa doctors attending the American Medical Association Convention at Atlantic City in June were DR. H. B. STEWART, DR. WALTER H. CALHOUN, DR. V. K. ALLEN, DR. E. O. JOHNSON, DR. EUGENE WOLFF, DR. A. W. PIGFORD, DR. H. J. BLACK, DR. I. A. NELSON, and DR. MORRIS LHEVINE.

DR. P. P. NESBITT has returned from a visit with his sister in Missouri.

Recommendations of a Chamber of Commerce sub-committee on Public Health, headed by DR. HUGH GRAHAM, have been accepted by the Board of Directors of the Chamber.

CLINIC REPORT
May 22—June 23

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PREVENTING MALPRACTICE

(Continued from Page 8)

lection efforts may result in the filing of a malpractice action. Consequently, doctors should constantly check collection methods of their assistants; in some cases, where a friendly relationhip cannot be retsored, it is even advisable to charge off the bill rather than encourage a malpractice suit.

Where patients are openly critical of the physician's efforts, it is more than wise to call in a consultant. This will serve to restore a friendly attitude in the patient, making collection of professional fees more easy. In all circumstances, the calling in of a consultant provides great protection against a malpractice claim. This tactful handling of a patient is an essential part of the case and second only to the actual therapy of the treatment.

The office assistant must be careful at all times in the matter of making statements to patients. It is undesirable to promise too much. By all means, destructive criticism of other physicians and their work must be avoided. Nothing should be said that could possibly be construed as an admission of fault or negligence. This rule must be strictly observed by both physician and his assistant.

So important is this that Judge Robert Hudson, prominent Tulsa attorney and judge, had the following to say in an address to the Oklahoma State Medical Association Convention last May: "Remember this, gentlemen—no malpractice suit can be brought against a doctor without some other doctor being behind it or concerned somewhere along the line. When I am retained on a malpractice case, my first act is to determine who in the medical profession has given cause for the suit."

It is a very human trait for a person to try and make a competitor look incompetent, but one which the professional man cannot afford to have. This is equally true for the office nurse or other assistant.

By all means, the office nurse must avoid the statement that the doctor is protected by malpractice insurance. While it is an expert bit of salesmanship for the retail merchant to guarantee his merchandise, the doctor's situation is entirely different. The patient assumes the doctors services to be competent; a blunt statement that the doctor carries malpractice insurance is often considered by the patient as an admission of incompetency in itself. This is not the case, of course, when considered from the doctors point of view.

Unwise statements to members of the family are to be avoided just as rigidly as those made directly to the patient. Too often, the family proves sufficiently influential to instigate suits on little or no evidence. When such matters are left to the patient, who is best informed as to the success of the treatment, there is probably less chance of a suit developing.

Tulsa doctors should bear in mind that the majority of suits which develop in relation to the activities of the office nurse are based on the allegation that the nurse performed a service beyond her skill and ability. The doctor should always make sure of the ability of his nurse before entrusting certain duties to her. Many suits have been brought upon an alleged lack of skill and care on the part of the medical assistant in giving intravenous injections and medications, hypodermic injections, bladder irrigation, and in the use of electrical modalities.

Many suits have developed from the careless burning of a patient by x-ray, diathermy, or hot lights. The greatest of care should be taken to safeguard patients who are exposed to such methods of treatment. Where the office nurse is entrusted with the care of such machines, the doctor should ascertain that the nurse or assistant has the necessary ability to determine if the machines are properly calibrated and operating correctly. A periodic examination of such machines should be made at regular intervals.

The office assistant can offer conclusive evidence to counteract charges that unsterile needles or instruments were

used by maintaining charts or other forms of record certifying sterilized materials were used.

A few legal technicalities should be noted in considering the malpractice situation. Malpractice actions may be barred by the statute of limitations, such a time being three years in Oklahoma. However, professional fees may be sued upon for a period of three years from the last payment.

A physician is liable for the care of a patient as long as such care is necessary. Therefore, a doctor is open to malpractice suits if he goes away without making proper provision for the care of the patient in his absence. When another physician assumes temporary care, every effort should be made to see that the new doctor has a complete record of the case.

A patient may discharge a physician by actual notificiation of discharge or by acts of his own which indicate a dismissal of the doctor. The doctor may withdraw from the case without further responsibility providing he allows a sufficient time of notice for the services of another physician to be secured.

From this brief discussion of malpractice, it is obvious that its ramifications are many and varied. The Tulsa doctor, by observing these simple rules in his relations with the office assistant, may prevent serious personal losses to himself and the medical profession as a whole by allowing no malpractice suits to arise.

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