



CMYK



1864  2004 **ONE HUNDRED FIFTY YEARS OF HEALING**  
**THE RECORDER**  
 JOURNAL OF THE COLUMBIA MEDICAL SOCIETY



VOL. LXXXI

NUMBER 1

\pzdintseouh-serv\arawol\jos In Progress\DJ3 #78F-Wade\72272 Cola Medical\Q-top\72272 Co-a Med.pdf Page 2 Title The Recorder Creator: QuarkX2=esr(R) 5.5 2400.0 6P. (Fuji PD-16C00 FOS, Right-Reading, Color-Setup, Std-OPP Simulated Spec Colors) [ ABO:100 Scaling Percent: 100 WE 100 \rsl\at\ C:\50615 M:150875 Y:15080 X:15085 ] bleed: 0.25 margin size: 0.375  
 Cyan Magenta Yellow Black  
 PS Version: 3015...02 HQX version: 8.3 Revisitor: 1 RSE, E-type on Monday, March 23, 2005 9:49:55 AM  
 ID: wade





24602.0 dpi (P) J1 E-T6C0C P05, R-gal-Res6:Leg, Mono, 8x4-DVP S:mulated Spoc Co:ors: . ABO:100 Scalling Pecterc: HT 100 83 100 \srl\lca\ c:150645 . 3leec: 0.125 margin size: 0.375

**Key talking points regarding H.3078 and H.3508  
Bills addressing physician supervision of APRNs currently being  
considered by the SC House of Representatives**

Physicians value APRNs as important members of a team of health care providers. APRNs, as well as Physician Assistants (“PAs”), are critical to improving access to care. Their skills should be fully and effectively utilized.

Physicians support a team-based approach to care, but the physician must remain the leader of the team because the physician is the clinician with the most comprehensive education, training, and skill. Physician leadership is critical in assuring quality of care and cost-effective care. Physicians and APRNs are both important team members, but they are not interchangeable.

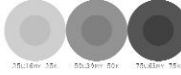
Physician organizations would like to reach an appropriate compromise with the APRNs, as we did with the PAs in 2013. We cannot, however, support the approach taken by H. 3078 which provides for full independent practice by APRNs with no physician supervision or oversight.

Physicians support H. 3508 (Murrell Smith, Henderson, and others), a bill that will revise certain limitations on APRNs to allow their skills to be more fully utilized but would maintain appropriate physician supervision and oversight of APRNs.

**Become informed on the issue and contact your representative to show your support for H3508.** You can access the complete legislation at the web address: [www.scstatehouse.gov](http://www.scstatehouse.gov)

**On the Cover:** *2015 Society President Wesley H. Frierson, MD. Dr. Frierson is an Emergency Medicine physician with Lexington Medical Center. A native of Summerton, SC, Dr. Frierson is a 2004 graduate of the USC School of Medicine.*





# The Recorder

Columbia Medical Society of Richland County, S.C., Inc.

**VOL. LXXXI**

**NUMBER 1**

**CONTENTS**

**Talking Points for H.3508** .....2

**President's Letter** .....4

*Wesley H. Frierson, MD*

**Editorial: Taking on the Big Boys** .....6

*C. Warren Derrick, Jr., MD*

**As I See It: An Interview with Charles S. Bryan, MD** .....8

**Brave New World: Twitter** .....13

*Amelia Bischoff*

**Letter to the Editor** .....14

**Welcome New Members** .....15

**Editorial Cartoon** .....15

**EDITOR:**

C. Warren Derrick, Jr., MD  
Columbia, SC 29201

Telephone: 803.765.1498

**EDITOR EMERITUS:**  
Charles N. Still, MD

**EDITORIAL OFFICE:**

Nancy C. Walborn  
1214 Henderson St.  
Columbia, SC 29201  
Telephone: 803.765.1498  
FAX 803.254.2993

[nancy@columbiamedicalsociety.org](mailto:nancy@columbiamedicalsociety.org)

**On the web at [www.columbiamedicalsociety.org](http://www.columbiamedicalsociety.org)**

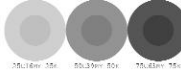
*The Recorder* is published six times per year by the Columbia Medical Society, 1214 Henderson Street, Columbia, SC 29201. The opinions and views expressed or implied by contributors are their own and are not necessarily in agreement with the Editor's. *The Recorder* reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

Non-members may subscribe to *The Recorder* at a cost of \$25 per year, or \$5 per issue.

Classified Ads: Minimum member rate is \$10, non-members \$15. Call the Columbia Medical Society office (803.765.1498) for rate information.

24602.0 dpi (PJ) E2-T6C0C 205, E-igac-Reso:1gr, Mono, 8x4-DVP S:mulated Spoc Co-ors: . . . ABO:100 Scaling Percent: HT 100 83 100 \s:1\lca\ G:150645 . . . bleec: 0.125 margin size: 0.375  
28 Revisor: 301E...02 HQK Version: 8.3 Revisor: 1 RSE, E:ypec on Monday, March 23, 2015 9:58:26 AM  
1D: wade





24602.0 dpi (PUJI) 23-76300\_205, Reg-Resc-Reg, Mono, 82d-DVP Simulated Spoc Co-ors: . . . ABO:100 Scaling Percent: HT 100 83 100 \\\s1\l\c\ 0:150645 . . . bleed: 0.125 margin size: 0.375  
28 Revisor: 301E...02 HQK Versior: 8.3 Revisor: 1 RST, E-yped on Monday, March 23, 2015 9:58:39 AM  
ID: wade



## PRESIDENT'S LETTER

*Wesley H. Frierson, MD*

Several years ago, while in undergraduate training, I met a physician who had been in the business for many years. He asked about my plans after graduation and I told him it was my dream to become a physician. He looked at me with much concern and quickly informed me that he would not do it again if he had known then what he learned over the years of practice.

This proclamation puzzled me and I began to wonder why he would respond in that way to my aspirations. I reflected on that moment multiple times while in medical school and residency training. It didn't deter me from my goal, but I took it as something to consider as I moved forward.

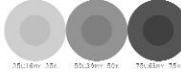
I have seen many difficult days and situations while in medicine and am grateful for the lessons learned from these events. I have endured heartbreak from delivering bad news and enjoyment when I was able to deliver encouraging words or relieve suffering. During that time, I didn't come to the conclusion that I made a bad choice in choosing my profession.

Soon after residency I joined the Columbia Medical Society, not really knowing what to expect. I slowly found myself fully involved in the organization. It has been thrilling to meet other like-minded people and to learn from the wisdom of those who came before me. I am hopeful to continue learning from the experience while contributing something valuable in return.

These are difficult times for many physicians and physician practices, with increased workloads and increasing requirements for compensation. The job can become overwhelming and leave many of us feeling like the physician I mentioned. I contend that these matters don't have to have a negative impact on the way we feel about what we do. There is still room for significant satisfaction.

I am convinced involvement with the Columbia Medical Society is a great way to start. It provides a platform to voice concerns in an ever-evolving workplace. Individual input and collective collaboration can effect change in





Vertical text on the left margin containing printer and production information.

positive ways, allowing for increased satisfaction for all of us. The alternative provides a bleak outlook on the future of our profession.

I strongly encourage all physicians to join and actively participate in the Society's activities. New suggestions for providing a better experience are both expected and encouraged from our members. At this time, one of the most important responsibilities we have is advising our legislators on issues that affect all physicians in the state. This involves face-to-face meetings, letters and phone calls from those in the trenches who truly understand how changes in legislation directly impact patient care.

Do not allow yourself to fall into the trap of being complacent and thinking things will never get better. Instead, consider becoming fully engaged with the profession by becoming an integral part in the Medical Society. It would be a tragedy to end up dissatisfied and unfulfilled like the gentleman I met many years ago.

**We Want Your Submissions**

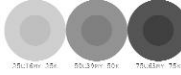
Do you have an article, editorial, story, poem or photograph you'd like to submit to *The Recorder* for publication? Please send them to us. You may do so by writing to Dr. Warren Derrick, Editor, 1214 Henderson Street, Columbia, SC 29201. You may also email your submissions to [nancy@columbiamedicalsociety.org](mailto:nancy@columbiamedicalsociety.org). We'd love to hear from you.











2460.0 dpi (PU) 2576x3600 Mono, 8x4-DVP Simulated Spot Colors: . . . ABO:100 Scaling Percent: HT 100 83 100 Vsi:1.1.2.3 G:150645 . . . bleed: 0.125 margin size: 0.375  
28 Version: 301E...02 HQK Version: 8.3 Revisior: 1 RSE, E:spec on Monday, March 23, 2015 9:51:22 AM  
1D: wade



.....AS I SEE IT

**An interview with Charles S. Bryan, M.D.  
Distinguished Professor of Medicine  
U.S.C. School of Medicine**

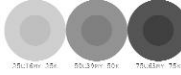
**Editor’s Note:** Dr. Charles Bryan is the Heyward Gibbes Distinguished Professor of Internal Medicine at the USC School of Medicine. An infectious disease specialist by training, Dr. Bryan was educated at Harvard, Johns Hopkins and Vanderbilt. A charter faculty member of the USC SOM, he served as Director of the Division of Infectious Diseases and Chair of the Department of Medicine. He is currently the Director of the Center for Bioethics and Medical Humanities. He has published more than 100 peer-reviewed articles in the field of infectious diseases and medical history as well as six books. His most recent book is *Asylum Doctor: James Wood Babcock and the Red Plague of Pellagra*.

**Your latest book, “Asylum Doctor” seems to be two books in one: 1) A history of the early search for the cause of pellagra and 2) the history of the embattled mental health administration in SC in the early 20<sup>th</sup> century—and the role Dr. James Babcock played in each. Why did you pick these topics to write about?**

As related in the preface, my new book (*Asylum Doctor: James Woods Babcock and the Red Plague of Pellagra*) began with the commonly—and erroneously—related biographical clip that Babcock was the first person to describe pellagra in the United States. This was not the case, and indeed whenever anybody gave him such credit Babcock quickly pointed out that although he’d been unaware of previous accounts of highly-endemic pellagra in the U.S., he’d been preceded in this regard by Dr. George Searcy of Alabama, who’d published his results a few months earlier. A summer project with a medical student (Shane Mull, who is now a member of the faculty of the Department of Family and Preventive Medicine at USC) evolved into a 15-year obsession, perhaps worthy of a doctoral dissertation. It became increasingly apparent that the full story of pellagra in the United States prior to February 1914, when Joseph Goldberger of the U.S. Public







24602.0 dpi (PJ) 23-76300 305, R:94c-R:94c, Mono, 82d-DVP 8:14:2272 Cola Medical\_V01\_r9-1472272\_Cc-La Med\_04.pdf Page 5 of 5 Date: 2015-03-23 09:04:04  
28 Version: 3.01E...02 HQK Version: 8.3 Revisor: 1 RST, E:9pec on Monday, March 23, 2015 9:51:31 AM  
ID: wade

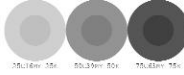
Health Service became involved, has never been told. (Alan Kraut, author of *Goldberger's War*, acknowledged this to me.) But equally fascinating was the role Babcock played as asylum superintendent during an era of our state's history that most people would like to forget about.

**Despite your busy and distinguished career as an infectious disease expert, you have managed a parallel career as an accomplished medical historian. Why the interest in medical history?**

I probably would have become a historian, and spent my career teaching somewhere at a small college, had it not been for early acceptance into medical school. I decided after my freshman year of college to be a pre-med major. The fall semester of my sophomore year I signed up for a course in southern history—popularly known as “mint juleps”—as a counterweight to organic chemistry. I loved it. The second semester of my sophomore year I took a course under the famous sociologist David Riesman and wrote a term paper on slavery on a South Carolina rice plantation. Meanwhile, my father had told me about a five-year program at Johns Hopkins whereby one shaved off a year of college and got both degrees (B.A. and M.D.). I applied and was accepted. The first year was a transition year with courses at both the Homewood campus and the School of Medicine campus. I approached David Donald, who went on to become a very famous American historian, about the possibility of developing my paper on slavery into a senior thesis, to which he kindly agreed. Then I approached Owsei Temkin, one of the world's top medical historians, about the possibility of a summer project in the history of medicine. He suggested a project on bloodletting and obtained NIH funding, which was plentiful back then. This led to my first publication. I've been fortunate to have been able to maintain these parallel interests.

**As one of the charter faculty members of the USC School of Medicine in 1977, you obviously have a great affinity for the school as underscored by your generous endowment to establish the “Charles S. Bryan History of Medicine Room” in the medical school library. What was the motivation for this history room?**





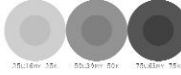
It's my recollection that the Development Office of the School of Medicine approached me to fund the history room. It was not my idea. They had already approached the late Michael Craig to design the cabinets and furniture for the room. (Tragically, Michael, whom I knew when he was a young boy, was killed in an automobile accident in London not long after completing his work for the room.) Numerous friends of the School of Medicine had previously donated old medical books, some of them rare, to the school, and the special room provided them with a home. My current dream is that the School of Medicine would also develop a room given to the secondary literature in medical history, as a place where scholars could access material pertaining to the more important topics.

**Dr. William Osler is obviously one of your heroes. How has he impacted your life and your medical career?**

At Johns Hopkins everyone learned about William Osler, since he was of course one of the “big four” among the charter faculty (the others were pathologist William H. Welch, surgeon William S. Halsted, and obstetrician-gynecologist Howard A. Kelly). Osler was the best-known and most-celebrated physician in the English-speaking world at the turn of the twentieth century. He was best known in his day for his textbook of medicine, but is now best known for his inspirational essays. I regard Osler much as he regarded his own heroes—a person who is to be admired in numerous ways, and whose positive traits we should try to emulate or internalize while, at the same time, not losing sight of the obvious fact that he was human like the rest of us. I was very fortunate to find a publisher (Oxford University Press) for *Osler: Inspirations from a Great Physician* (1997), in which I develop Osler's message (as gleaned from his biography, his writings, and a huge secondary literature on Osler) into practical advice for everyone. Thus, the eight chapters deal successively with time management, career development, mentoring, maintaining a positive attitude, caring, learning and teaching, communicating, and striving for a balanced life. Members of the American Osler Society—likeminded souls interested in the humanities as they related to medicine—have been since 1993 my major peer-reference group outside of Columbia. My papers pertaining to Osler include one subtitled “The Ideal of Idealism.” But many of my papers on Osler stress that he, like the rest of us, had his

Print: Tsouth=seeVramoc:\bos In Progress\VDW #78c-W22272 Cola Medical\Output\72272 Col-a Med.pdf Page 10 of 22: Tue 3/22/2006 11:52 AM  
2400.0 dpi (PU) E2-T6C0C 308, RGB-C-Res6:1g, Mono, 824-DVP 8:Simulated Spot Co-ors: . ABO:100 Scaling Percent: HT 100 82 100 \s:\a\lca 6:150645 : 3leec: 0.125 margin size: 0.375  
28 Version: 30LE...02 HQK Version: 8.3 Revisor: 1 RSE, E:spec on Monday, March 23, 2005 9:51:41 AM  
ID: wade:





foibles and shortcomings.

**Your accomplishments are vast and way too many to recount here. What do you consider your most cherished accomplishment?**

You're very kind. From my father I internalized the idea that whatever one does, it's important to do it well. I can't point to a single "cherished accomplishment," since to me the most important thing (and Osler emphasized this repeatedly) is the satisfaction of doing the day's work well. I still get great pleasure from doing a good infectious diseases consultation, which involves spending time with the patient, thinking through the problem, making sure I've brought the latest medical literature to bear on the problem at hand, and writing a good note. A few years back I was asked by a high school student somewhere in the Midwest, "How do you go about getting a book published?" I gave him some general advice, and then cautioned him that you'll always find that your greatest accomplishments were not without their flaws. Someone asked me recently how it felt to see *Asylum Doctor* in print, and I replied that it probably gave me about as much pleasure as a child gets from a new pair of shoes. I've pretty much defined my adult life as a seamless series of projects. There's always the next hill.

**Despite earning the right to retire many times over, you don't seem to be slowing down a bit. What drives you and what is left for you to accomplish?**

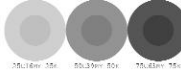
Some years ago, I made the mistake of giving up several productive hobbies (woodworking, winemaking, photography) for what turned out to be a mediocre golf game. I still enjoy practicing medicine and interacting with physician colleagues and others in the health care environment.

**Using your crystal ball, how do you view the future of medicine in this country and globally? Are you optimistic or pessimistic about medicine's future?**

I'm extremely optimistic about the future of medicine as a public good. I'm a bit pessimistic about the future of the medical profession in the United States and globally. We've lost much and perhaps most of our

Vertical text on the left margin: 9.5, 2400.0 dpi, 301E...02 HQK version: 8.3 Revisor: 1 RSE, E-sped on Monday, March 23, 2015 9:51:59 AM





Printer's marks and technical data on the left edge of the page.

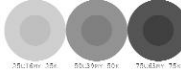
autonomy—the ability to control our individual destinies. I've written a fair amount of this, and most of my thoughts are summarized in a piece I wrote for the *Texas Heart Institute Journal* (2011: 38: 465-470) entitled "Medical professionalism meets generation X. A perfect storm?" Each generation of physicians, I contend, must define what is meant by "the medical profession" and "medical professionalism" on its own terms and in the context of the society (both nationally and globally) in which doctors find themselves. I'm also concerned about the high cost of medical education, the extent to which students must incur debt for an uncertain future. More generally, I'm concerned about the extent to which power and influence in just about every sphere of life is becoming increasingly concentrated in the hands of a few. Those who come into such power over others must decide whether to use their power for self-aggrandizement or for the public good. Like others I'm concerned about the devaluation of an honest day's work. I'm glad to have lived when I've lived. Still, the digital age holds out the opportunity for today's medical students and young physicians to make the world a better place in ways we cannot even imagine.

Any final thoughts?

Stay positive, and, as Osler put it, "Start at once a bedside library and spend the last half-hour of the day in communion with the saints of humanity."







Product: QuarkXPress® 9.5  
Preducer: QuarkXPress® 9.5  
Title: Recorder  
Creator: QuarkXPress® 9.5  
Last Mod: 1/14/15  
Page: 14  
File: Recorder  
Color: CMYK  
Output: 24x36  
Resolution: 300  
Printer: HP LaserJet  
Status: OK  
Date: 1/15/15  
Time: 10:52:19 AM

finger tips.

**You**, the advanced practice provider who wants legislative and policy updates.

**You**, the resident who wants to network with peers and periscope for the latest advances in medicine.

**You**, the leader of a health care entity who wants to know what's being said and what can be done about it.

Twitter's simplicity of design, speed of delivery and ability to connect two or more people around the world provides a powerful means of communication and collaboration. As your new Social Media Advisor, I will listen and curate information that you, our Columbia medical professionals, find important, relevant and interesting.

Follow **@ColaMedSociety** on Twitter or contact Amelia at [ameliabischoff@gmail.com](mailto:ameliabischoff@gmail.com) or by phone (803)-296-5355 for any questions and interest in starting your Twitter account.

**Letter to the Editor:**

1/15/15

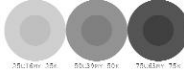
Dr. Derrick,

I was quite intrigued with your essay in this month's *Recorder*, "The Solution to Poverty: Get Married." It's a position that I've not thought of. I do feel the beginning of the cycle of poverty in my community started with the de-emphases on the family unit. I've long believed education is pivotal but interventions must start early, in elementary school. Something happens when the young African American male enters the third grade. I hope this is the beginning of a dialogue. Key stakeholders need to examine the barriers to education.

Again, thank you for addressing this multidimensional problem.

Patricia W. Witherspoon, MD





## WELCOME NEW MEMBERS

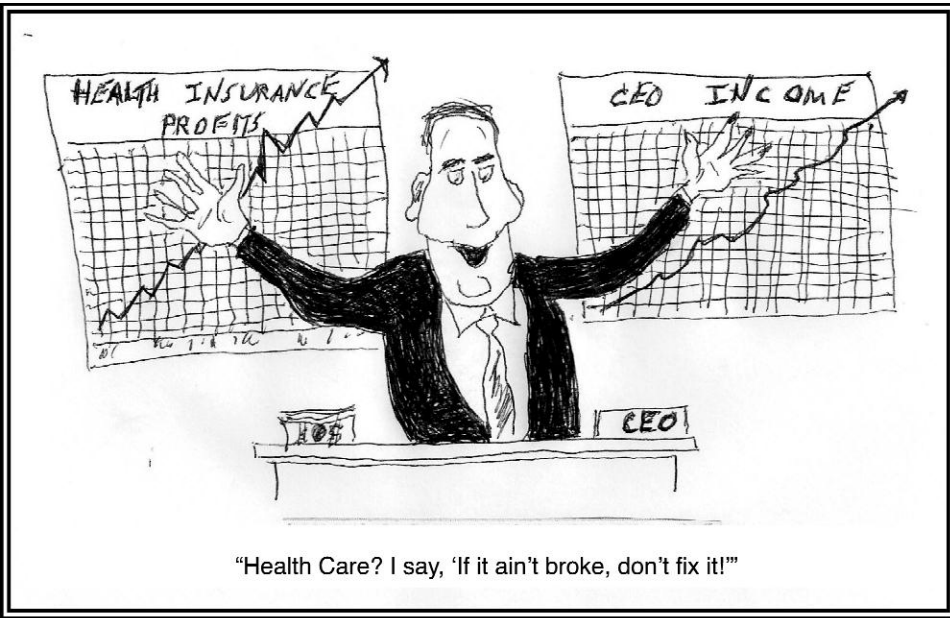
**ALVIN L. DAY, MD**  
**USC 2014**  
 Palmetto Health IM Residency PGY-1  
 1801 Sunset Drive  
 Columbia, SC 29203  
 PH: 803.422.1218

**KIMBERLY B. WILLIAMS, MD**  
**MEDICAL COLLEGE OF GA 1999**  
 Family Medicine Centers of SC  
 1721 Horseshoe Drive  
 Columbia, SC 29223  
 PH: 803.788.7884

**TARIQ HORANI, MD**  
**AMERICAN UNIVERSITY of the**  
**CARIBBEAN 2012**  
 Palmetto Health  
 2 Medical Park Drive  
 Columbia, SC 29203  
 PH: 803.434.7000

**PAYAM YOUSEFIAN, MD**  
**ST. CHRISTOPHER'S COLLEGE OF**  
**MEDICINE 2006**  
 Family Medicine Centers of SC  
 813 Leesburg Road  
 Columbia, SC 29209  
 PH: 803.779.1420

**ALEJANDRO J. LUIS, MD**  
**UNIVERSIDAD DE CIENCIAS MEDI**  
**CAS DE CENTRO AMERICA 2006**  
 Palmetto Health Surgical Specialists  
 9 Richland Medical Park Dr., Ste. 450  
 Columbia, SC 29203  
 PH: 803.434.8800



Product: Quark32PressR: 9.5  
 Producer: Quark32PressR: 9.5  
 Title: The Second Creator: Quark32PressR(3) 9.5 Last Mod: Encaloc: 3:20:150323095056-24 007  
 2400.0 dpi (PU) E2-TSC00 205, R-IG-C-Resc6Leg, Mono, 83d-DVP S: simulated Spoc Co-ors: . ABO: 100 Scaling Percent: HT 100 83 100 \\\s1\lca G: 150645 . 3leed: 0.125 margin size: 0.375  
 Juan Regesta B.acx  
 PS Version: 30LE...02 HQK Version: 8.3 Revisor: 1 RST, E: spec on Monday, March 23, 2015 9:52:28 AM  
 JD: wade







CMYK



Printer: South-seeyAranno:\bos in Progress\VPD #786-WASA\72272 Cola Medical\Output\72272 Cola Med.pdf Page 16 Title: Title Record Creator: QuartzPress(5) 9.5 Last Mod: 1/24/04 10:00:00 AM Produced: QuartzPress(5) 9.5  
2400.0 dpi (PUJI E2-T5C00 F05, R4Gr-C-Reso6.Lg, Mono, 8x4-DVP Simulated Spot Co-ors) : ABO:100 Scaling Percent: HT 100 83 100 \\\s1\lca\ G:150645 : bleed: 0.125 margin size: 0.375  
PS Version: 301E...02 HQK version: 8.3 Revisior: 1 RST, E-yped on Monday, March 23, 2005 9:52:38 AM  
ID: wade

Columbia Medical Society  
1214 Henderson Street  
Columbia, S.C. 29201

Return Service Requested

PRSR STD.  
U.S. POSTAGE  
PAID  
COLUMBIA, S.C.  
PERMIT NO. 254

