

the Louisiana Psychiatric Medical Association

Newsletter



LPMA Officers Assume Their 2000-2001 posts Dr. Mancuso is new LPMA President

Donna Mancuso, MD assumed the presidency of LPMA at the end of May 2000. Catherine McDonald, MD is President-Elect. Also elected were Helen Ullrich, MD as Secretary and Mark Zielinski, MD as Treasurer. Lee Stevens, MD became president of the North Louisiana Chapter and David Pelts, MD of the New Orleans Area Psychiatric Association (NOAPA).



Chapter presidents in their second consecutive year of service are Marshall Belaga, MD for Central Louisiana Chapter, David Post, MD for Baton Rouge Psychiatric Society and David Rees, MD for Acadiana Psychiatric Association.

Donna Mancuso, MD served LPMA as Secretary, Treasurer, Parliamentarian, Executive Adviser and Chair of the Continuing Education Committee. She was President of NOAPA and on the Board of Governors of the Orleans Parish Medical Society as well as a Delegate to the Louisiana State Medical Society.

Dr. Mancuso graduated from the LSU Medical School (LSUMS) in New Orleans and completed a psychiatric residency there. She is a Diplomate of the American Board of Psychiatry and Neurology and has added qualifications in Forensic Psychiatry. She completed psychoanalytic training at the New Orleans Psychoanalytic Institute. She is Associate Professor in the Department of Psychiatry at LSUMS.

Catherine McDonald, MD was president of the Acadiana Psychiatric Association and Vice President of LPMA. She is president of the Neuropsychiatric Clinic in Lafayette and Medical Director at Vermillion Hospital. She was Medical Director at HCA Cypress Hospital from 1993-95 and Associate Medical Director at Charter Cypress from 1995-99.

Dr. McDonald received her medical degree from LSUMS in New Orleans and completed a psychiatric residency at Ochsner where she was Chief Resident. She is Board Certified by the American Board of Psychiatry and Neurology. ■

LPMA Fall Meeting Moved to New Orleans September 21-23, 2000

A disappointment to some and a relief to others, Tulane and LPMA changed the site of the Fall Meeting from Costa Rica to the Chateau Sonesta Hotel in New Orleans. There were only four advance registrations for Costa Rica by the deadline date despite the interest expressed at the last Fall Meeting at the Sandestin Hilton.

The speakers for the meeting remain the same. The program is entitled "The Suicidal Patient: Risk Assessment, Prevention & Treatment." Speakers from 1:45 pm to 4:45 pm on Friday are Jan Fawcett, MD who will give the keynote address on "An Overview of Suicide;" Donna M. Mancuso, MD on "Assessment & Intervention with the Acutely Suicidal Patient;" and Patrick T. O'Neill, MD on "Suicide in Affective (Bipolar) Disorders." A panel discussion will be held from 4:45 pm to 5:00 pm.

The program continues on Saturday from 8:00 am to 12:15 pm with Jose M. Pena, MD on "Suicide Risk and Dangerousness to Self in Orders for Protective Custody;" Richard F. Dalton, Jr., MD on "Suicide and Suicidal Behaviors in Adolescents;" and Kenneth M. Sakauye, MD on "Suicidal Threats/Behaviors in the Elderly." Workshop options from 11:00 am to 12:15 pm include the topics above and "Physician Assisted Suicide" led by Richard L. Gibson, MD.

LPMA committee meetings will be held from 8:00 am to noon on Friday, Sept. 22. The Executive Council luncheon is scheduled for noon. The General Membership Meeting will be on Saturday, Sept. 23 from 1:00 to 3:00 pm.

The awards presentations to David Rees, MD, LPMA Psychiatrist of the Year, and to LPMA and Chapter presidents and immediate past presidents will be held at a reception at the Bella Luna Restaurant, 914 N. Peters, New Orleans, from 6:00 pm to 7:30 pm on Friday, Sept. 22.

If you do not have a registration form for the Tulane program, call 504-588-5466 or 800-588-5300 and ask for one. They may also be able to give you reservation assistance at the Chateau Sonesta Hotel. ■

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**LPMA is a
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National News

Instead of Jumping Ship, Help Steer It

By Kathleen Matthews, M.D.

Earlier this year, when I was president of the Colorado Psychiatric Society, an angry member wrote a letter of resignation to our Executive Council. The writer said, "I believe that the Colorado Psychiatric Society has failed to adequately advocate (in Colorado) for patients, psychiatry and most psychiatrists."

As president of that district branch, I had to agree. I agree that we need to do more. This physician took the time to express his opinions. And that's a start. But just writing a letter of complaint is not enough.

Our district branch, like all APA district branches and state societies, is a volunteer organization whose income from members' dues is primarily used to support educational activities and legislative efforts. The active members who work on various committees have put in many hours as volunteers to advocate for our members' and patients' interests. No one is paid to work for this organization other than our support staff, our lobbyist and our legal counsel.

Our active members are a diverse group of working psychiatrists – as diverse a group as our general members.

The Executive Council of our district branch is long on ideas but is chronically short on volunteers. While the district branch always works hard to make the most of the small group of active participants that we do have, we are limited in the scope of what we are able to accomplish. And while we think we are doing the best we can, it can only enhance our organization to have a fresh perspective on our purpose, committees and budget.

Some members think that our state psychiatric society should focus only on advocating for our patients. Patient and family organizations like the National Alliance for the Mentally Ill and the National Mental Health Association can't advocate alone, they maintain. We already

lobby our state legislators for better treatment of persons with mental illnesses. We provide educational programs for the public. In Colorado, we have responded to events such as the shootings at Columbine High School. But we can, of course, do more.

Other members believe we should focus on advocating for our profession. They argue that we must advance the interests and needs of psychiatrists because no one else will. Most of us have been financially and emotionally hammered by the changes in the health care system in recent years. Increasingly, we are faced with taking care of more patients with fewer resources. The Executive Council of our district branch has had frequent discussions about these issues and what we should be doing to respond to them.

Some of our members may be unaware that antitrust laws make it illegal for district branches or APA to organize members to band together to reverse our decreasing reimbursement.

We can contribute to bettering the situation, however, by educating our members on the different ways that medical care has been organized and delivered in our state. While our legislative efforts have resulted in a limited parity law here in Colorado, we still are left with the reality of taking care of people with mental illnesses in a system that does not adequately cover their needs.

Unfortunately, there are no obvious answers and no easy solutions for how to best deal with the realities of managed care. Our district branch leaders are having discussions with several managed care organizations in this state. Specifically, we are talking about how to make it easier for their insured beneficiaries to access their psychiatric benefits and how to decrease the administrative burden on

psychiatrists. But we can do more.

I suggest that psychiatrists need to do more than just complain or resign from their district branch. Those members dissatisfied with the state of psychiatry should **JOIN** their colleagues at district branch meetings, share their ideas and volunteer for projects that would actually help patients, psychiatry and most psychiatrists.

If you are feeling unhappy with the current state of psychiatry, I urge you to do something constructive. Call your district branch office or one of your elected officials and volunteer your time and expertise. This isn't the time to give up on your profession and resign from your psychiatric society.

Reprinted from *Psychiatric News*, June 16, 2000. Dr. Matthews is a forensic psychiatrist in Denver. ■

Contributions to Newsletter Welcome

Contributions to the LPMA Newsletter are welcome. Every effort will be made to preserve the spirit and intent of the author when it is necessary to shorten or edit an article. Authors' opinions do not necessarily reflect the official opinion of the Louisiana Psychiatric Medical Association. Letters to the editor and responses to those letters are also welcome.

APA Criteria for Dues Relief

Temporary Inactive Status

A member may apply for Temporary Inactive status when he/she is temporarily unable to meet financial obligations due to significant personal financial hardship (may include sabbaticals, educational pursuits, or other issues that do not fall within the newly established guidelines for dues reductions or waivers to be examined on their own merit). Temporarily inactive status is conferred by the Board of Trustees upon recommendation of the Membership Committee and is limited to the calendar year (January-December). Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive credit toward the 95-point formula (Life status) for those years of Inactive Membership. A member must apply for Temporary inactive status by June; otherwise he/she should apply for a dues reduction.

Permanent Inactive Status

A member may apply for a transfer to inactive Member/Fellow status if he/she is unable to continue as an active member of the APA as a result of retirement, illness (chronic or of long duration), or similar hardship. Inactive status is conferred by the Board of Trustees upon recommendation of the Committee of Membership, usually when the member has a continuing or permanent condition which makes it difficult to meet his/her financial obligations. When a member applies to APA for inactive status, the district branch is contacted in order to obtain its recommendation. A transfer to inactive status is paralleled by a similar change in the member's district branch membership. Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive credit toward the 95-point formula (Life status) for those years of Inactive Membership.

Dues Reduction and Waivers

The APA and the District Branch may act independently of each other only with respect to dues relief. Requests for waivers and reductions of APA dues are granted on the recommendation of the Committee on Membership to the Board, usually in instances where the member's need is temporary. Effective Jan. 1, 1997, there is a time limit of two consecutive years for dues relief unless extenuating circumstances exist. Members who petition for relief must provide supporting documentation as feasible. The District Branch is contacted for its recommendation. Waiver or reduction of national dues does not affect branch dues; conversely a waiver or reduction of branch dues does not affect national dues obligations. Members who have been granted a waiver or reduction of dues by the Board will receive credit toward the 95-point formula (Life status) for the years the member is in the dues relief status.

Certain changes have already been made in regard to dues relief for young psychiatrists. These include a gradation of dues beginning with first year transition from MIT to GM and continuing for 7 years.

The Membership Committee and Board of Trustees have determined different levels of relief for different hardship categories, defined as follows:

Child Related

This category applies to new mothers, mothers-to-be (within six months) or fathers assuming primary parental responsibility with child-related reduced income generating workloads. Upon written request, there will be an automatic 12-month, 50% reduction of dues. In the event that there are documented serious physical or psychological problems, there may be a full waiver of dues for one year. An individual may request further relief for one more year.

APA Job Bank now online www.psych.org

The APA Job Bank is now online via APA's website: www.psych.org. Beginning June 1, psychiatrists and mental health employers can search for jobs and qualified candidates online. Psychiatrists can review job postings, contact potential employers, post CVs and receive e-mail updates. Mental health employers can view CVs in the "Posted Resume" function and will be notified via e-mail each time a CV is entered that meets their criteria.

APA Joins Medem

APA recently joined the nation's leading medical societies including AMA, AAP, AAO, and ACOG to create and support Medem, an e-health network dedicated to providing physicians with tools to renew and empower their relationships with patients both on and offline. In partnership with the medical societies, Medem delivers authoritative health care content from you to your patients via the Internet through its flagship service, *Your Practice Online*. The service allows physicians to build customized Web sites with a simple, easy to use Wizard. Members of APA have access to this exciting new tool and have already begun to build Web sites. As of June 20, over 850 physicians registered with *Your Practice Online* and have built their own Web sites.

More information about Medem is available at www.medem.com.

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Book Review

A Time to Die: The Place for Physician Assistance

By Charles F. McKhann, M.D.

New Haven & London: Yale University Press, 1999, 268 pages

By Gene Usdin, M.D.

This book, written by a highly regarded Yale professor of oncology surgery, encompasses the various aspects of physician-assisted dying in an essentially objective manner. McKhann presents his position, including his belief that attitudes and laws regarding physician-assisted dying will change in the future—as they have done already to a degree regarding abortion and passive euthanasia.

The author's writing obviously reflects a broad knowledge of many fields: medicine, religion, history, philosophy, psychology and the law. He

clearly does not advocate violation of the law by physicians (although he recognizes that a significant number are doing so) nor does he maintain that any one should take his or her own life. Rather, he advocates changes in the law based on the Netherlands model that allows physician-assisted dying under certain circumstances (e.g., in hopeless, painful and debilitating diseases). To his credit, he clearly and extensively expresses the views of those in disagreement. The well-rounded chapter on physicians' and the public's concern with the dangers of the

slippery slope should be of special interest.

Many will be strongly opposed to his views, but one cannot fault McKhann's compassion and his attempt to present, in a balanced manner, the many sides of the issue. Many sincere individuals will continue to conscientiously oppose physician-assisted dying on the basis of religious beliefs and other ethical concerns.

This book should interest compassionate physicians, lawyers, clergy and intelligent laypersons. ■

“Recipes for Success: Treatment Works”

LPMA Writing Contest for Patients

Submit:

Personal Experience Piece on your own experience with surviving (and thriving) despite suffering from mental illness

Conditions:

- Original work in essay, prose or poetry form. Essays should be no longer than 500 words. Poems should not exceed 100 lines.
- Typewritten or word-processed on 8½ by 11” paper.
- Submitted in your own name with signed release allowing credited publication

Deadline for submissions: Monday, Oct. 16, 2000

Criteria for judging:

- Meets submission requirements (see entry form)
- Relevant to the theme: “Recipes for Success: Treatment Works”
- Clarity of expression
- Sincerity of tone
- Helpfulness to others suffering with mental illness

Obtain entry form from your local mental health representative – or call the Louisiana Psychiatric Medical Association at (504) 891-1030 or 1 (800) 438-6471.

LPMA names Bick Awards recipients

Each year LPMA gives three Bick Awards, a \$200 award for achievement and promise in the field of Psychiatry, to the graduating medical student from Tulane Medical School, LSU Medical School in New Orleans and LSU Medical School in Shreveport. These awards were established in 1970 in honor of Dr. John W. Bick, an LPMA member who was both a neurologist and a psychiatrist.

This year the awards were given to Vanessa Backe at Tulane, Degan Dansereau at LSUMS, New Orleans, and Mary Beth Valiulis at LSUMS, Shreveport. Dr. Backe is now a resident in General Psychiatry at the University of California in San Francisco. This is a multiculturally based program where residents may work in inpatient wards that are specific to various cultures such as Hispanic and African American. Dr. Backe received a \$2000 award for her professional values and ethics. Her class voted her the student who best demonstrated humanism in medicine.

Dr. Dansereau is a resident in General Psychiatry at Tulane Medical School.

Dr. Valiulis is a resident in General Psychiatry at LSUMS in Shreveport. Her undergraduate degree was in Theology at Georgetown University. She is a native of Shreveport and the daughter of a plastic surgeon. ■

Members Making News

Certifications by the American Board of Psychiatry & Neurology (ABPN):

Psychiatry: Drs. Andrew D. Calhoun, Kimberly A. Charlton, Robert R. Franklin, and Rajiv Khurana.

Dr. James Barbee was featured with an article and a photograph in the August issue of *New Orleans* magazine as New Orleans' top doctor in Psychiatry.

Dr. Martin Drell is President-Elect of the American Association of Directors of Psychiatric Residency Training and Treasurer of the American Academy of Child and Adolescent Psychiatry. He was appointed to the Carl P. Adatto Professorship of Community Psychiatry at LSU Health Sciences Center. This appointment honors Dr. Drell's long-standing efforts in the public sector, especially his clinical leadership of the New Orleans Adolescent Hospital System.

Dr. Edward Foulks was elected president of the Mental Health Association

in Metropolitan New Orleans (MHAMNO).

Drs. Siham Muntasser and **Andrew Naidech** shared the Tulane Alumni Association Resident first prize for their manuscripts. Dr. Muntasser's paper was entitled "Language Impairment and Psychiatric Symptomatology in Maltreated Toddlers."

Drs. Patrick O'Neill and **Alvin Rouchell** serve on the committee for the MHAMNO Benefit Gold Tournament.

Dr. Jessica Roberts won the Dr. Robert C. Lancaster Prize in Psychiatry as the most caring psychiatrist among graduating residents at Tulane.

Dr. Lillian Robinson chaired a panel on "Arts and the Artist" at the American Academy of Psychoanalysis.

Dr. Kenneth Sakauye was elected chair of the APA's Council on Aging. He is featured along with Rabbi Edward P. Cohn on a videotape on "Mental Health

and the Elderly," an addition to MHAMNO's series on mental health topics. The video is being run on Cox Cable's Government Access Schedule. Dr. Sakauye was listed in *New Orleans* magazine as New Orleans' top doctor in Geriatrics.

Tulane's Department of Psychiatry established the Chester Scrignar Professorship in Forensic Psychiatry. **Ralph Slovenko, JD, PhD** of Wayne State University Law School gave the first annual Chester Scrignar lecture associated with the Professorship. His lecture was on "Insanity Defense: Diminished Capacity Revisited."

Dr. Marilyn Skinner was named a Training Analyst at the New Orleans Psychoanalytic Institute.

Dr. John Thompson is the Vice Chair of the Tulane Department of Psychiatry and Neurology. In his new role he will provide direction and oversight for the adult department. ■

APA DUES RELIEF

Continued from page 3

Illness – This category applies to members with an illness who have been unable to work full-time for at least three months. Dues will be prorated as follows:

- Able to work full time – no dues waiver
- Able to work part time, 20 or more hours/wk – 20% dues waiver
- Able to work part-time, less than 20 hours/wk – 50% dues waiver
- Unable to work at all – 100% dues waiver

Reductions and waivers will be granted for one year only. Further dues relief would be considered for an additional year, with reasonable justification and documentation. Any additional requests for dues relief beyond the consecutive two-year limit will require special review and consideration.

Couples – Couples who are both gainfully earning incomes as psychiatrists will have the dues of each reduced by 15% upon request. Copies of the *Journal*

would be reduced by one. The 15% reduction is not subject to the consecutive two-year limit.

Financial Hardship – There will only be two dues relief levels whether due to divorce, alimony, child support, child support, payment of college expenses for self or children, other family support obligations, repayment of loans, change of career path or special fiscal consideration. They are Low justification, (30% dues reduction for one year), and High justification, (50% dues reduction for one year).

If requested, reductions will be renewable for a second year after special review.

Continuing Training – Members who pursue advanced training outside of the approved psychiatric residencies will be eligible to continue as MITs as long as they don't exceed the six-year limit for being in the MIT category. This will include members who are training in epidemiology, nuclear medicine, neuroscience, ambulatory care, etc.

The above guidelines will be followed with as much uniformity and

agreement as possible between the national Membership Committee and the District Branches. The District Branch is in the best position to evaluate the member's financial and personal situation. It is important that recommendations to the national Membership Committee be made in a timely fashion. The District Branches are encouraged to include a broad range of alternatives, e.g. payment plans.

The national Membership Committee defers to the District Branches the development of mechanisms best suited to these situations in undertaking necessary fact-finding on members' financial and personal difficulties. It is hoped that with the development and implementation of the aforementioned procedures that there will be significant concurrence between the District Branches and the APA Membership Committee which will lead to more equitable and more expeditious resolutions to these requests. Any inquiry into a member's personal and financial situation should be undertaken with the utmost respect and tact to best ensure preservation of confidentiality. ■

A D V E R T I S E M E N T

BE/BC PSYCHIATRIST BATON ROUGE AREA

Liberty Healthcare Corporation, a physician-owned national medical management organization, seeks a **Staff Psychiatrist** for an inpatient program located in the heart of plantation country in the beautiful Felicianas. Lead a multi-disciplinary team providing services to patients with challenging diagnoses. Treat each patient individually with no managed care or billing issues. Live the good life in a scenic area with abundant outdoor resources, low cost of living, warm climate and close to the academic and cultural resources of Louisiana's capitol.

We offer generous compensation, regular Monday-Friday schedule, 9 weeks time off annually, and generous relocation assistance. Work with dedicated, highly qualified candidates and become part of an organization that has provided excellence in mental health care for over twenty years.

Call Connie Grazel today at 1-800-331-7122. After regular work hours, call 610-617-3699 x157. For immediate consideration, fax CV to Dept. ELSH at 610-668-7689 or mail to Liberty Healthcare Corporation, 401 E. City Avenue, Suite 820, Bala Cynwyd, PA 19004-1155. EOE.

Committees

2000-2001 Committees

Standing Committees

Executive

- Dr. Donna Mancuso, Chair
- Drs. Catherine McDonald, Helen Ullrich, Mark Zielinski

Constitution & Bylaws

- Dr. Daniel Winstead, Chair
- Drs. David Dawes, Jeanne Estes, Charles Murphy, James Phillips, Marilyn Skinner

Continuing Education

- Drs. A. Kenison Roy, III, Patrick O'Neill, Co-Chairs
- Drs. Juliana Fort, Douglas Greve, Catherine McDonald, Joni Orazio, Navin Patel, Marilyn Skinner, John Straumanis, Wallace Tomlinson, James Westphal, Kashinath Yadalam

Ethics

- Dr. Aretta Rathmell, Chair
- Drs. Debra DePrato, Mary Jo Fitz-Gerald, Douglas Greve, W. Scott Griffies, Robert Lancaster, Donna Mancuso, W. A. McBride, Christopher Meyers, David Rees, Glenn Ruffin, Ron Taravella

Governmental Affairs

- Drs. Dudley Stewart, Mark Zielinski, Co-Chairs
- Drs. James Anderson, Carol Bayer, T. Kurt Belgard, Elodie Braud, Gregory Ciaccio, Clifford Crafton, Edward Foulks, Victor Gonzalez, Lyn Goodin, Millard Jensen, Donna Mancuso, Dennis Nave, James Phillips, David Rees, Glenn Ruffin, Frank Silva, Ramin Shahla, John Smith, Anita Snow, Ron Taravella, Wallace Tomlinson, Patricia Toups, Howard Wetsman, Scott Zentner

Membership

- Dr. Mary Jo Fitz-Gerald, Chair
- Drs. Christopher Meyers, Dennis Nave, Navin Patel, David Regan, John Smith, Kashinath Yadalam

Nominating

- Dr. Christopher Meyers, Chair
- Drs. Marshall Belaga, Edward Foulks, Catherine McDonald (non-voting), David Post, Paul Pelts, Aretta Rathmell, David Rees, Lee Stevens, Gene Usdin

Other Committees

Budget

- Dr. Mark Zielinski, Chair
- Drs. Marshall Belaga, Catherine McDonald, Paul Pelts, David Post, David Rees, Lee Stevens, Charlene Smith (staff)

Child & Adolescent

- Drs. Donald Schexnayder, Carmen Sugai, Co-Chairs
- Drs. William Bergeron, Gregory Brown, Timothy Brown, David Buttross, Ralph Chester, Clifford Crafton, Robert Dahmes, Juliana Fort, Ellen Gandle, Aruna Gullapalli, Nancy Haslett, Neil Khanna, James Lowe, Ellen Mackenzie, Raga Malaty, Cecile Many, Irwin Marcus, Charles Murphy, Joni Orazio, Paul Pelts, Jessica Roberts, Lillian Robinson, Robert Scott Smith, Patricia Toups

Communications

- Dr. Juliana Fort, Chair
- Drs. Mary Jo Fitz-Gerald, Craig Maumus, David Post

Disaster Response

- Dr. Brooke Parish, Chair
- Drs. Ann Arretteig, Paul Balson, Irma Bland, Myrna Bobet, Guy Brannon, Elodie Braud, James Drury, Ross Judice, Robert Maresh, Ellen MacKenzie, David Regan, Lee Stevens, Helen Ullrich

Geriatrics

- Drs. John Bick, James Westphal, Co-Chairs
- Drs. Ghada Al-Asadi, Teodora Andrei, Kaleem Arshad, Sandra Baltz, Marshall Belaga, Guy Brannon, Jason Coe, Maria Cruse, David Dawes, Lyn Goodin, Paul Matthews, Dennis Nave, Alvin Rouchell, Kenneth Sakauye, Samir Salama, Ramin Shahla, Christine Smith, Karen Stone, Aniedi Udofa

Insurance & Managed Care

- Dr. Dean Robinson, Chair
- Drs. Robert Ancira, James Anderson, Kaleem Arshad, Adrian Blotner,

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Residents Report

Members-in-Training who completed their psychiatric residency at LSUMC in New Orleans are **Drs. Maria Braud, Jay Bordenave, Mike Higgins, Nancy Lehman, Phuong Nguyen, Darin Drury, and Dawn Polk.**

Dr. Bordenave is on the staff at Southeast Louisiana Hospital. Dr. Lehman is a Geriatric Fellow at UCLA. Dr. Nguyen is a Forensic Fellow at LSU. Dr. Drury is in private Practice in Georgia,

Dr. Witold Czerwinski completed a psychiatry residency at LSUMC in New Orleans and will practice in Arkansas. Dr.

Jody Meek will be working with Region 7 OMH at the Mansfield and Natchitoches clinics.

Tulane Members-in-Training who have completed psychiatry programs are **Drs. Brian Blum, Brian Monette, Siham Muntasser, Jessica Roberts, Charles Shissias, Eric Whitfield and Diana Wilson.** Dr. Muntasser has a Child Psychiatry Fellowship in Georgia. Dr. Roberts will be a Child Fellow at Tulane. Dr. Shissias is in private practice in Columbia, South Carolina and is teaching part-time at the University of South Carolina School of Medicine. ■

In Memoriam

Retus W. Osborn, III, M.D.



1926-2000

The chronically mentally ill patients of Louisiana Psychiatric Medical Association lost a

kind, compassionate and caring advocate on Tuesday, June 27, 2000.

Dr. Retus Osborn spent most of the last 25 years of his career caring for patients in the state hospital system of Louisiana and in the Veterans Administration Hospital in Alexandria, La. He supervised the Clozaril program at the Alexandria VA Hospital that helped restore a higher level of functioning to many patients.

Dr. Osborn died at Lane Memorial Hospital in Zachary, La. He was born on Aug. 11, 1926, in Roseland. He graduated from LSU Medical School in 1948 and served as captain in the U.S. Air Force in medical aviation during the Korean conflict from 1950-51. He began general practice in Amite in 1949 and except for

his years in the Korean conflict continued until 1957. He served as superintendent of the Farmington State Hospital, Farmington, Mo., from 1963-72 and chief of staff at the VA Chillicothe Hospital in Ohio from 1972-75.

In 1975 Dr. Osborn came home to Louisiana where he served as psychiatric program administrator at East Louisiana State Hospital and then as clinical psychiatrist from 1975 until he retired in 1988. He served as clinical psychiatric consultant at the North Central Alabama Mental Health Center from 1988-89, at which time he came to serve as clinical psychiatrist at the VA Medical Center in Alexandria until September 1999.

He is survived by his wife, Virginia Schaubhut Osborn of Jackson, La.; four sons, Retus of Herndon, Va., Stephen of San Antonio, Tx.; Lyman of Roseland, La. and Phillip of Mobile, Al.; two stepsons, Marlin McGehee of Ethel, La., and Michael E. McGehee of Beaumont, Tx.; a daughter, Holly Maurterer of Baton

Rouge; a brother, A.B. Osborn of Elizabeth, La. and nine grandchildren.

He was an APA Life Fellow, an alumnus of the LSU Medical and Band Alumni and a member of the Rapides Parish Medical Society and Central Louisiana Psychiatric Society. He was a former member of the Baton Rouge Psychiatric Society and East Feliciana Medical Society. In Alexandria he was a life member of VFW Post 1736 and a member of the Moose Lodge and Calvary Baptist Church.

I first met Retus in the late 1970s when we were both serving in the state hospital system. He was always a pleasure to visit with on both a personal and professional level. He will always remain very much alive in the memories of those of us who loved, respected and treasured him. Patients at the Alexandria VA Hospital still miss him and continue to ask about him. They continue to serve as reminders of his caring and concern for them, and that is the greatest tribute any of us can have.

Submitted by Hugh A. King, Jr., MD. ■

Edward H. Knight, M.D.



1922-2000

Ed Knight, first president of the Louisiana Psychiatric Association and the New Orleans Society

of Neurology and Psychiatry, died April 23, 2000. Ed was a major influence in our community, especially in psychiatric and psychoanalytic circles, for 40 years, and he made important contributions in a variety of other areas. Religion was very important to Ed. He was an elder in the First Presbyterian Church for 40 years and taught Sunday school the past 25 years. He ably gave his time and energy to the public school system, having been elected to the Orleans Parish School Board and serving 1970-76.

It is impossible to determine where Ed made his most major contributions.

Certainly, he was a skilled clinician, and his analyses owe him much gratitude for their adjustment in life. He was an early analyst and continued as a teaching and training analyst until the time of his death. He was a past-president of the New Orleans Psychoanalytic Society and the New Orleans Psychoanalytic Institute. For many years, Ed was a clinical professor of psychiatry at LSU School of Medicine. He was a Fellow of the American Psychiatric Association and the American College of Psychiatrists.

Ed had a special attachment to the Menninger Institute, where he had been a resident and fellow (1948-51). He was a favorite of Dr. Karl Menninger. They maintained a lifelong friendship, visiting each other and exchanging correspondence.

Ed was a creative, original thinker who often voiced “unthinkable” theoretical concepts seemingly “off the wall.”

But, oddly enough, six months later we would see the validity of his remarks.

Ed Knight was a much-valued friend to so many of us. Clearly, a unique individual, a man for all seasons—a Renaissance Man. He will live on in us. What are the adjectives we think of for him: genuine, unaffected, caring, devoted, sincere, capable, unselfish, homespun and bright. I have never heard anyone make an unfavorable remark regarding him as a person.

I have a persistent picture in my mind of Ed – of him, in his baggy pants and much worn sports shirt, walking to the pier at his home at Henderson Point to pick up his crab traps.

Good-bye, dear Knight. We will miss you so very, very much.

(Modified from remarks made by Gene Usdin, M.D. at funeral services at First Presbyterian Church on April 26, 2000.) ■

Walter W. Shervington, M.D.



Aug. 7, 1937 -
April 15, 2000

*“Life Is But A
Journey,” A
Tribute to Dr.
Shervington*

“An infectious smile, a kind and tender heart, an elegant and regal style”...these are but a few of the snapshots in memory of Walter W. Shervington, MD who took leave from his life’s journey on April 15, 2000 as a result of cancer. During the fulfillment of that journey, Walter touched many lives with acts of kindness and left behind an enduring legacy of contributions and accomplishments.

Born the son of the late Dr. E. Walter Shervington, a respected cardiologist and the second black physician on the teaching faculty of John Hopkins University Medical Center and the late Charlotte Watson Shervington, dancer, poet, teacher and community activist, Walter considered himself to be the true embodiment of art and science. And so he lived his life, for many years serving on the Board of Trustees of the San Francisco Ballet and carving out a distinguished career as a psychiatrist and healthcare leader.

Dr. Shervington received his under-

graduate education at the University of Pennsylvania in Philadelphia, his medical degree from the University of Maryland in Baltimore, and his residency training in psychiatry at Sheppard and Enoch Pratt Hospital. He was a member of numerous professional organizations, Fellow of the American Psychiatric Association and the American College of Psychiatrists and member of the National Association of State Mental Health Program Directors. At the time of his death he was the distinguished 98th President of the National Medical Association.

Dr. Shervington came to New Orleans in 1988 and was Associate Professor of Psychiatry at LSU School of Medicine. He served as Assistant Secretary for the State of Louisiana, Office of Mental Health (1992-96), Regional Medical Director (Region III) and at the time of his death was CEO of the New Orleans Adolescent Hospital. In addition to his creative and progressive leadership in the Louisiana Office of Mental Health, Walter worked tirelessly on the national scene.

The National Medical Association, the professional, scientific and educational organization which represents more than 25,000 African American physicians, became Dr. Shervington’s leadership

training ground. He served the organization in numerous roles including: Chairman of the Section of Psychiatry and Behavioral Science; Delegate; Secretary; Vice Speaker and Speaker for the House of Delegates; Chairman of the Board; Vice President; and President-Elect. In August, 1999 he became the 98th President of the Association. During his tenure he brought increasing attention to the impact of mental illness in the African American community, including issues regarding access, parity and the negative impact of managed care. Through his individual professional work and his leadership role with NMA, he was involved in the struggle against HIV disease. He was a member of the U.S. Department of Health and Human Services (DHHS) Health Resources Services Administration’s (HRSA) National AIDS Advisory Committee.

Walter, the man, was a wonderful role model, colleague, mentor and friend. He was a man of great charm, wit and grace. He was bold, knowledgeable about every subject and without exception, spoke out for what he believed. He was committed particularly to the betterment of black people, their general health, mental health

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A Memoir of Dr. Edward Knight

Charlene Smith, when you asked me to write a memoir of Dr. Edward H. Knight, you did so in the full knowledge that he was my analyst—my training analyst, in fact. (An odd term, training analyst, somehow reminiscent of training wheels.) So this essay must be—already is, in fact—personal, apostrophic, disorganized, and digressive.

I have to leave to others an adequate description of Ed’s career. You get to know your analyst in ways nobody else knows him, but you also don’t know—and it doesn’t seem to matter after a while—lots of other things. I know he once served on the Orleans Parish School Board, but I don’t remember reading

much about him in the newspaper at the time, never imagining that he would play any role what-so-ever in my life. He once observed during my analysis that some of his analytic colleagues disapproved of his venture into electoral politics as highly inappropriate for the analyst who values his analytic anonymity and, he implied, his ivory tower. The disapproval didn’t seem to bother Ed, and now seems to me to be of another time, another country.

My first memory of Ed is from medical school, when he spoke to our class on some aspect or other of psychiatry. I just barely remember a genial man, who remarked, à propos of I don’t know what, that we do things when we are

young that terrify us when we think of them later. Ed’s example was riding the rails when he was a teenager. (If you don’t know what riding the rails is, reader, I won’t tell you, because it’s too scary.) Will my daughter Margaret remember her climb up Half Dome in Yosemite this past summer and wonder at her recklessness?

And as far as youth and age are concerned, it astonishes me to realize that I am already older than Ed was when we finished up my analysis. No wonder he didn’t have all the answers!

Once, toward the end of analysis, he named his analysts—but I won’t—and

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In Memoriam

DR. KNIGHT

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explained, partially, why there had been two of them. In naming them and *their* analysts, he thus helped me to trace my analytic lineage back to Freud. Rather like the apostolic succession for bishops, I guess. But I have to admit that, though I remember who analyzed him, I don't remember any longer who analyzed *them*. So much for genealogy, or, if you prefer, Holy Orders.

As to religion, Ed once commented that we could carry on like a couple of Bertrand Russells on the subject, but that it wouldn't get us very far. It certainly wouldn't have gotten *him* very far, devout Presbyterian that he was, as I found out later.

There were aspects of Ed's own psychoanalytic training that still fill me with amazement. Since New Orleans did not have its own analytic institute at the time, Ed and colleagues of his used to fly to Washington, D.C., on weekends, for supervision of their cases, and perhaps attended classes there as well. What those dozens of weekend round trips on turboprop planes were like, both for the fledgling analysts and their families, is hard to imagine. Lots of time for reading the twenty-four volumes of the Standard Edition of the Complete Psychological Works of Sigmund Freud?

In my mind's eye, I see him roaring up in his Impala (or was it a Caprice?) in a spray of gravel to his Antonine Street office, as I waited for him at 7:30 A.M. to begin the day's analytic session. I was almost always there ahead of him. Once he commented that I always seemed to be in a hurry. (Well, yes, Ed, *I* have to arrive on time, even if *you* can be sixty seconds late.) Another time he commented that I always was lugging something around with me. (Well, Ed, you didn't fix that either, whether considered literally or metaphorically.) And yes, Virginia, there are such things as transferences; some remain unresolved after analysis; and some have a way of brightening and exaggerating memories.

In these days of controversy about enactments, anonymity, neutrality, abstinence, and what constitutes *real*

analysis, as opposed to, say, *mere psychotherapy*, I will venture some comments about Ed's analytic demeanor—at least, his demeanor with me. He was patient, kind, smoked cigarettes, and, I fear, sometimes dozed, but never with a cigarette alight, and once had a prolonged and alarming coughing fit. (How could anybody doze when listening to what I had to say? Or write? Wake up, reader!) He said once that he smoked cigarettes to keep himself from intervening too often with remarks during our sessions. Having been a smoker myself, I consider that a likely story. (If you detect an ambiguity in the last sentence, careful reader, it's deliberate.) He didn't really say much about himself. In fact, he didn't say that much about me, either, and what he did say tended toward terseness rather than prolixity. I always wanted to know what he was thinking but did not always find out. What was I paying him forty dollars an hour for, anyway? (And how many decades ago was forty dollars an acceptable fee?) I am certainly a gabbier participant in the process with my own patients than he was with me, which goes to show that the concept of identification needs to be supplemented with the concept of counteridentification. (But you know that already, reader.)

There's certainly more than identification or its opposite in a relationship. I felt during analysis, and will always feel, much affection for him. Late in analysis I was humbled to learn that he felt affection for me. How do I know that? He told me.

As far as his theoretical persuasions went, Ed found Otto Fenichel's *Psychoanalytic Theory of Neurosis* tedious, but admired Otto's briefer *Problems of Psychoanalytic Technique*. I liked them both, but cannot claim to have read the first one through, although the second one I have, and more than once. Ed also admired Leo Stone's little book *The Psychoanalytic Situation*, and agreed that superfluous deprivations in analysis lead to unanalyzable negative transferences. I couldn't agree more with Stone or with Ed. Ed was a careful editor of his remarks, but he certainly was not a superfluous depriver.

During training I didn't see much of Ed outside of my analytic sessions. But

afterwards I had a number of opportunities to get to know something about his psychoanalytic politics. In this respect he was, at least according to my interpretation, much more of a Democrat than a Republican. He tended toward inclusiveness rather than exclusiveness, and believed that what psychoanalysts knew should be spread around as much as possible, like good manure, I guess, to fertilize other professionals' thinking and practice, even if good manure can occasionally be put to bad uses. (Ed, I would ask you to forgive my simile, except that it is one that I think you would use yourself.) I am certain that he would be delighted to know that the New Orleans Psychoanalytic Institute is inaugurating a training program in psychotherapy this year.

The last time I saw Ed at any length was last year, when he was attending the funeral of the wife of an old and valued colleague. My wife and I stood in line outside Temple Sinai with Ed and Mary Knight on a cold, bright, windy Sunday afternoon. I tried to get my skinny self between him and the wind, but it didn't help. I knew he was ill—he had said so months earlier—but for a long time he resisted encouragement from various well-meaning people to leave the line and enter the synagogue.

New Orleans is a very small community when it comes to psychotherapy and

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DR. KNIGHT
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psychoanalysis, and it happens that I now treat a couple of Ed's former patients. They know I knew him and that I hold him in high esteem, but I see no point in telling them that he was my analyst, and they are unlikely to read it here. I saw them both at his funeral. Ed was one man's first therapist and the other man's second psychoanalyst. Both of them loved him deeply. One man sought help many years after an analysis with one of those superfluous deprivors, and Ed not only repaired the damaged ego but also assisted his patient to alter his entire concept of himself toward a much greater appreciation of his potential for activity and happiness, which continue to increase. The other man's limitations are much greater, but he too is active, happy, and at peace.

At peace now too is Ed, who smiled when he was told that it was Easter Sunday, and died moments later.

Submitted by Christopher D. Meyers, M.D. ■

Omission

We regret that Dr. Harvey Rifkin's name was inadvertently omitted as the author of the tribute to Dr. Stanley Roskind in the last issue of the Newsletter.

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DR. SHERVINGTON
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and the quality of their lives. He fought against the disparities in access, delivery and quality of health care services. He was a generous man, quick to respond in a special way to the needs of others and generous with the commitment of his time and energy to those things in which he believed.

Dr. Shervington took pride in his family and enjoyed family life. He was a elegant entertainer, a great cook, a dedicated father and a tireless "Soccer Dad." Walter lived a good life, achieved his dreams and made substantial contributions professionally and to the community. For all of us who knew and loved him, we can take comfort in the fact that it was a productive journey and a life well

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lived. He is survived by his wife and partner of 20 years, Dr. Denese Shervington, Regional Medical Director for the Office of Mental Health (Region 1) and former Deputy Assistant Secretary to the U.S. Surgeon General; two daughters, Shanga and Iman Shervington and sisters, Anne Shervington Davis and Carol Shervington Wright.

My Dearest Walter, you are gone, but you will never be forgotten. The gifts you gave, the lessons you taught, the love you shared, will remain in my heart and in the hearts of all those whose lives you touched. Farewell my friend, farewell.

Submitted by Irma J. Bland, M.D., Regional Administrator, Office of Mental Health, Region 1; Clinical Professor of Psychiatry, LSU Health Sciences Center, New Orleans, La. ■

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Members approved LPMA dues reductions

In a mail ballot LPMA members approved the following changes in the annual dues structure. There will be a one-year waiver of dues for Members-in-Training.

Instead of annual dues of \$150 for all General Members, the following dues rates will take effect in 2001 for early career psychiatrists.

First year after residency ..	\$46
Second year	\$60
Third year	\$78
Fourth year	\$93
Fifth and sixth years	\$114
Seventh year	\$131

Nominating Committee to meet at Fall Meeting

The LPMA Nominating Committee will meet at the Bella Luna Restaurant in New Orleans on Friday, Sept. 22, 2000 from 11 am to 12 noon to consider nominations for President-Elect, Secretary and Treasurer for 2001-02. Any member who wants to submit a nomination should contact the LPMA office at (504) 891-1030 or (800) 438-6471 or a member of the Nominating Committee. They are Drs. Christopher Meyers (Chair), Marshall Belaga, Edward Foulks, Paul Pelts, David Post, Aretta Rathmell, David Rees, Lee Stevens and Gene Usdin.

Dr. Straus to be Weil Lecturer

Stephen E. Straus, MD, Director of the National Center for Complementary and Alternative Medicine at the National Institutes of Health, will be the annual Leo S. Weil Memorial Lecturer on Jan. 18, 2001. At a breakfast meeting at Touro In-

firmery, he will speak on Complementary and Alternative Medicine in the New Century, and at 12 noon in the Auditorium of Tulane Medical School, he will talk on *The Future of Complementary and Alternative Medicine*.

MHAMNO Golf Tournament set for Oct. 2

The Mental Health Association in Metropolitan New Orleans is holding its fifth Annual Benefit Golf Tournament at 1:00 p.m. on Monday, Oct. 2, 2000 at the Colonial Golf and Country Club in Harahan. The registration fees are \$125 for a single player, \$250 for a hole sponsor and \$699 for a hole and four players.

The fee includes green fees, cart, lunch at noon, drinks, awards reception and prizes. Hole sponsorship includes your company name on the sign next to the hole sponsored and mention in post-promotional activities and the event program.

There are prizes for a hole-in-one, for first, second and third places and for the drive closest to the hole. Call the Mental Health Association at 897-1140 to register.

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