A Message from the President-Elect

I am happy to be back in Omaha, and I am honored to serve you in the Nebraska Psychiatric Society as President-Elect. For those of you who don’t know me, I would like to introduce myself. I attended Creighton University School of Medicine and then stayed on for the residency program. After graduating residency, I worked several years in Washington state for a Catholic not-for-profit community hospital on the inpatient unit and on consultation-liaison, with an afternoon outpatient clinic. Pay was production based at first but soon it changed to a very small base salary with the remainder production based. The economy struggled; people lost their jobs and their health care. Medicaid contracts were lost to a competing agency. My pay took a nosedive and all of a sudden I was working more than full time for part time pay. A non-compete contract made it impossible to stay (as did the near constant rain). Decreasing wages combined with the needs of my family led us to return to Omaha.

Now I have a job I love working for the Department of Veterans Affairs. And as a contributed services assistant clinical professor at Creighton, I get to teach, which I have always loved to do. As much as I love my job, balancing work and family can prove difficult at times. Once in a while I manage to fit in something that resembles a social life. I expect that most of you have similar circumstances in your life. If you are a physician, you are busy. Add in anything else and you are really, really busy.

I will admit, at first I wondered why would I get involved with the Nebraska Psychiatric Society. Do I really have time for that? And for that matter, do you? I ask you to take a look around at the state of medicine today and in particular at the state of psychiatry today. Even when things in our profession seem to be going well, there is always the looming shadow of uncertainty. Economics, politics and legislation affect psychiatry at every turn. We all know that the American Psychiatric Association is there to advocate for our patients, and for us. The Nebraska Psychiatric Society advocates for our patients, and for us, on the state level.

Nebraska Psychiatric Society meetings allow us to get together, share ideas, meet new colleagues and catch up with old ones. The meetings keep us educated on current trends, treatments, other practice related concerns and legislative issues. As busy, practicing psychiatrists we need to join forces and advocate for our patients and for our profession. I urge you to get involved. Be involved. Stay involved. It’s up to us.

I am reminded of a quote from Dr. Seuss’ book The Lorax: "UNLESS someone like you cares a whole awful lot, nothing is going to get better. It’s not."

Please come join us at a meeting. Socialize, network, and welcome the opportunity to learn. We would love to see you there and get to know you better.

Julie Dickson, M.D.
From time to time we at the Nebraska Psychiatric Society have had requests on questions around the ethics of certain behavior, practice and conduct by either formal or informal manner. At times, the answers to those questions are straightforward and other times much more complex. The American Psychiatric Association’s most recent version of Principles of Medical Ethics in Psychiatry, approved by the American Medical Association, provide several guidelines but at times can be difficult to interpret in psychiatry. While we have the same goals in psychiatry as all physicians, there are differences in type and degree of ethical concerns encountered in psychiatric practice.

Here are nine key principles adopted by the AMA which define the honorable behavior for the physician.

• A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights

• A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities

• A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient

• A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law

• A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated

• A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care

• A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and betterment of public health

• A physician shall, while caring for a patient, regard responsibility to the patient as paramount

I encourage all NPS members to reach out to us if you need any assistance in handling ethical issues. We are here to support you in providing excellent and ethical psychiatric care to all your patients.

Arun Sharma, M.D.
Chair, Ethics Committee
Area 4 Annual Assembly Meeting Report

The APA Area 4 meeting was held in Chicago on March 1st and 2nd. Twenty one members from the region were in attendance. The meeting began with a legislative update from Jeffrey Regan, Deputy Director of Government Affairs for the APA. Mr. Regan highlighted some of the major issues which will be the focus of the upcoming APA Advocacy campaign, March 24-26, in Washington DC. They included:

• Helping Families in Mental Health Crisis Act: This bill was introduced by Tim Murphy (R-PA) and asks for a number of things to improve access to care including a demonstration project to expand Medicaid services to community based mental health, promotion of evidenced based mental health services and the creation of an Assistant Secretary Position in DHHS for Mental Health.

• SGR Repeal and Medicare Provider Modernization Act of 2014: repeals the SGR and provides a 0.5% annual increase in reimbursement.

• Ensuring Veterans Resiliency Act: This bill, introduced by the APA, address VA psychiatric workforce shortage by allowing the VA to offer benefits to psychiatrist comparable to what the DOD offers, including loan repayment of up to $60,000 a year.

Following the legislative update, Shaw Decremer, a lobbyist for the Illinois State Medical Society, gave a presentation on how to be an effective advocate. He talked about his experience working with the issue of psychologists prescribing, and the importance of developing personal relationships with your representatives on the state and federal level.

Five goals for 2014 were set.
1. States to coordinate with DGR on position statements.
2. Message Development for each state on Integrated Care.
3. Increased involvement of DBs to medical homes.
4. Develop closer relationships with key state legislators.
5. Be smarter with connecting with other constituents around the states.

The Medical Director of the APA, Dr. Saul Levin gave a report from the central office. He spoke about medical marijuana and concerns over public health as well as the issue of involuntary commitment laws in various states. He discussed the importance of integrated care as an area for psychiatrists to be involved and educated, and the importance of donating to the Political Action Committee (PAC) so our voice can be heard nationally.

The legislative meeting on March 1st ended with an update on major legislative issues from each of the states in Area 4. Major themes were the expansion of telemedicine, psychiatrists prescribing, expansion of pharmacist and nurse practitioners scope of practice and Medicaid expansion.

The evening ended with a PAC reception and a dinner hosted by Area 4. It was a wonderful time to sit down with old and new friends.

March 2nd started with presenting new action papers from our district. The following papers were supported:

• Changing the name “District Branch” to “Affiliate” to define the relationship of these organizations to the APA.

• Applauding national pharmacy chains that have stopped selling tobacco products, and recommending all pharmacies to join this trend. This will go to the Council on Addictions to review unless Dr. Levin has another recommendation for review. Another recommendation was to suggest a referral to the AMA House of Delegates for review. This action paper was supported in principle.

• Addressing the issue of the Federal Bureau of Prisons that have placed psychologists as treatment team leaders rather than psychiatrists. The paper addresses these issues through a number of resolutions including changing psychiatrist compensation and recruitment. The Council on Law and Psychiatry and the Council on Advocacy & Government Relations were both suggested as review and referral options. This action paper was also accepted in principle.

Sorum Award nominees were selected. Sorum Award to an individual RFM goes to Matt Kruse in recognition of creating and receiving approval for a new fully-funded elective meant to increase participation in the APA. The District Branch Sorum Award goes to Nebraska for increasing resident involvement. A motion was made, seconded, and passed to accept the Sorum Awardees. Congratulations Nebraska!

Kayla Pope, M.D.
Sarit Hovav, M.D.

Visit the NPS Website at the new web address: www.nebraskapsych.org
Grizzly man: A film reflection

By Carl B. Greiner, M.D.

The 2005 film by Werner Herzog was a winner of the Best Feature Documentary at the Telluride Festival. Since Grizzly Man is a documentary, a reflection on the central character, Grizzly Man, is appropriate. The challenge for the viewing psychiatrist is to think more about the character’s motivations more than potential diagnostic issues. The character is a puzzling man with significant contradictions, a highly constructed public image, and an increasingly risk seeking life. He portrayed himself as being alone with the bears but his girlfriend accompanied him. Trying to understand the man who developed a fatal persona is our challenge. Looking at the development of someone who was, at least, a partial imposter is worthwhile.

Grizzly Man is the nickname of Timothy Treadwell, born Timothy Dexter, who remade himself into a guardian of the Grizzly Bears and nature at Katmai, Alaska. He spent 13 summers in the remote wilderness that has a large population of salmon eating bears. During his excursions, he was a filmmaker and produced film material for teaching children and the public. During the fall of his 13th excursion with the bears, a grizzly bear killed him and his girlfriend. On the day of his death, he had prepared his camera but the lens cap was on but an audio recording was made of their final moments. The audio recording on but an audio recording was made of prepared his camera but the lens cap was的优势

One could focus on a potential diagnosis for Grizzly Man. One can wonder if there is an “organizational sensibility” that might provide a dynamic to Timothy’s life. Several intriguing observations included that he was born in the United States and not in Australia, where he claimed to be an orphan. He struggled with drug addiction and a nearly fatal overdose. He wondered about his sexuality and difficulty in maintaining relationships with women. From this complicated background, he created a mythic representation of himself as a fusion of a “kind warrior and samurai” for the bears who needed a guardian.

I wondered if there was some coherent thread in Timothy’s unusual journey. What was impressive was the ongoing attempt at distancing himself from his actual background and origins. Despite being born in the US, he located his real home as being in Australia, virtually on the other side of the earth. His change of his last name disconnected him from his family of origin.

Timothy suggested that he wanted to be a bear. In one scene, he slept with his teddy bear in his tent in Alaska and did not feel particularly connected to other people. At this point, he has distanced himself from being a person and, at times, imagined himself to be a bear.

He felt harried by the National Park Service who made a special regulation that required campers to move at least a mile each week from their prior campsite. He also felt threatened by anglers and guides who came to his area of Katmai. He was concerned that a “smiley face” inscribed on a rock was a threatening gesture, and stated that he would give his life for the bears; he assumed the role of guardian and warrior.

Toward the end of his film, Timothy was living in the “Grizzly Maze” where the bears lived. He described it as the “most dangerous place in the world.” Commentators in the film puzzled if he had a death wish. As the summer moved into fall, his familiar bears left for hibernation and a newer set of bears came from the interior. Local naturalists wondered if an unfamiliar bear became the one who killed him and his girlfriend.

He prophesized his death. Despite the end of the salmon run and the lateness of the season, he and his girlfriend stayed on Katmai. The next step of distancing is this author’s speculation. This reviewer wonders as if his final transformation was transforming from being bear-like to sacrificed for his commitments. The overarching transformation was a fatal attraction to his own distancing maneuvers. Unfortunately, his girlfriend who was concerned about being with the bears shared his trajectory of death. Her choice to continue to be an increasingly risky imposter did not have much attention, but would be an important area to understand.

The power of the film is its outstanding wildlife footage and portrayal of a man who is difficult to comprehend. The film goes beyond being a simple morality tale of the dangers of self-deception. Attention to the film can serve as a useful teaching experience for discussion and learning.

This author is a former Alaska resident who has visited Katmai and saw the bears.

UNMC & Creighton Grand Rounds
Free of charge, earn 1 AMA PRA Category 1 Credit for the live lecture.
All lectures are located at the UNMC, Sorrell Center, room 2018, from 12-1 p.m.

4/2/14  Angelo Zieno, DO  TBD
4/9/14  Helene Silverblatt, MD  Developing rural training programs in Psychiatry
4/16/14  Sriram Ramaswamy, MD  TBD
4/23/14  Geri Fox, MD  Teaching Lifespan Development Using Longitudinal Stimulus Video
5/7/14  Pirzada Sattar, MD  TBD
5/28/14  Madeline West, MD  TBD
5/21/14  Sara Colson, MD  TBD