2007 Tennessee State Tar Wars Poster Contest

1st Place Winner:
Brock Rutan
of Lafayette

See page 3 for coverage of the 2007 Tennessee Tar Wars Poster Contest.

Mark your calendar NOW
for the TN AFP’s Annual Scientific Assembly, Gatlinburg Convention Center, October 30-November 2!

Watch your mail in June for the program/registration brochure.
How do I know which diabetes treatment is right for me?

New treatments are emerging to lessen the sting of diabetes. In addition to traditional methods of delivering insulin, the latest therapies include pens, pumps and newer medicines to better manage your diabetes control. As a leading diabetes research center, the Vanderbilt Diabetes Eskind Clinic is at the forefront of these innovations. You'll get immediate access to new treatment options, and our team of specialists will customize interventions based on your needs. The clinic also offers comprehensive diabetes care in one location, which makes finding treatment even easier. To learn more or schedule an appointment, call us at 615.322.4752 or visit www.vanderbiltdiabetes.com.
“What Do You Want Your Children To Be When They Grow Up”

A recent publication of the ‘American College of Physician Executives’ reported in a survey that out of 1200 physicians, nearly 60%, have considered leaving the practice of medicine behind. The opening statement in the article: “Doctors exhausted. They’re burned out. The stress of their work is causing marital and family discord.” Physicians responded, “I think it is safe to say that no physician is optimistic about the future of medicine at this point.” And why are physicians so discouraged? Fill in your own reasons but respondents reported by importance: 1) low reimbursement rates, 2) loss of autonomy, 3) bureaucratic red tape, 4) loss of respect, 5) patient overload, and, 6) medical malpractice environment. In fact, the interplay of all these factors results in the stress seen by physicians today. Not only have physicians considered leaving medicine, but also have caused them to discourage others, including their own children, from entering the field of medicine.

To reflect on this personally, after 25 years of full-time family medicine, I was offered the position of medical director at a regional hospital in middle Tennessee. I accepted this for a variety of reasons, including the opportunity to impact quality patient care and patient safety in a broader context. In this respect and due to the dynamics of an excellent healthcare team, administrative and medical staff, goals and extraordinary results have been achieved. There however were negative influences to stop direct patient care, including the factors of excessive workload and the potential of medical malpractice. I am now happy to report that the change was only a sabbatical and after 3 ½ years, I returned to clinical practice in combination with maintaining the position of medical director. And let me report further that despite the ominous tone of the first part of this article, the practice of family medicine is alive, well, rewarding, and fulfilling.

The number one reason that the benefits greatly outweigh the risks is the relationship developed with patients. They are not really only patients as seen in the context of traditional medicine or customers as seen in the eye of business and marketing, but your friends and almost your family. Because you care for them, you want to be there as they grow from infancy to adults and begin their own families. You want to be there during their adulthood to achieve the best possible preventive outcome and interventive during those years when aging and disease takes the invariable toll on the body to comfort, counsel, and provide empathy when other measures have limited effects.

Despite all the pressures, you bring a quality to people’s lives which is still unmatched. Surveys reveal that a physician, and particularly
a family physician, remains one of the most respected professions in our society. Beyond the relationship factor, family physicians possess the skills and expertise to best manage the acute and long-term disease process by maintaining current clinical knowledge, using best clinical evidence, and imparting this evidence to our patients effectively and caring. Yes, there are pressures in our profession, always have been, always will be. The challenge we face as physicians is not to have events and outside factors control us, but to use our intellect, expertise, wisdom, and collaboration efforts in shaping and managing our own personal lives and the lives of all we touch to the best possible outcomes. Steven Covey wrote in his classic leadership book, ‘The Seven Habits of Highly Effective People’, we should always “begin with the end in mind.

• To begin with the end in mind is to begin with the image of the end of your life as the frame of reference by which everything else is measured.
• We may be busy, we may be efficient, but we will only be effective if we begin with the end in mind.”

By applying these principles to yourself, don’t be surprised by enjoying your life and the lives around you everyday. And while our children need to find their own destiny in this world, realize that they just might want to grow up to be … just like you.

Charles Ball, M.D., Columbia President

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**TENNESSEE’S 2006 TOBACCO CONTROL REPORT CARD**

The American Lung Association State of Tobacco Control 2006 is a report card that evaluates federal and state tobacco control laws comparing them against recognized criteria and translating each state’s relative progress into a letter grade of A, B, C, D or F. A grade of “A” is assigned for excellent tobacco control policies, while an “F” indicates inadequate policies. The principal reference for all state tobacco laws is the American Lung Association State Legislated Actions on Tobacco Issues on-line database available at [http://slati.lungusa.org](http://slati.lungusa.org).

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2007 TENNESSEE TAR WARS POSTER CONTEST

Tar Wars is a national pro-health tobacco-free education in-school education program and poster contest for 4th and 5th graders to discourage tobacco use among children and youth. The program uses a community based approach and provides an opportunity for health care professionals, school personnel and community members to work toward a common goal of discouraging youth tobacco usage. The Tennessee Academy of Family Physicians has administered the Tar Wars program in Tennessee since the 1999-2000 academic school year.

Tennessee’s 8th Annual Tar Wars Poster Contest was held in Nashville on Sunday, March 4, the day following the TAFP’s Annual Legislative Seminar, with the posters being displayed on Saturday during the Legislative Seminar for viewing by legislators and governmental officials participating as speakers at the Seminar.

We sincerely thank our Judges for the 2007 Poster Contest:
- Commissioner Susan Cooper, MSN, RN, Tennessee Department of Health, Nashville
- State Representative Joey Hensley, M.D., Hohenwald
- Ann Hollingsworth, Director, Physician Liaison Program, Vanderbilt, Nashville
- State Representative Gary Odom, Nashville
- Snowbird, WSMV-TV Weather Animal; Nashville

We also thank the following who were kind enough to sponsor and support the 2007 Poster Contest:
- Geo. E. Fern Co.
- Nashville Office Interiors
- Vanderbilt Medical Center
- Mary Frank, M.D.
- Michael Hartsell, M.D.
- Timothy Linder, M.D.
- Robert Pallay, M.D.
- Lang Smith; M.D.
- J. Mack Worthington, M.D.

Winners of the 2007 Tennessee Tar Wars Posters Contest are:
- 1st Place – Brock Rutan, Lafayette
- 2nd Place – Grayson Loyd, Gray
- 3rd Place – Dalton Driver, Lafayette
- 4th Place – Madison Roach, Bethel Springs
- 5th Place – Ryan Isaiah Crowe, Mt. Pleasant

Honorable Mentions - Alyssa Gately, Henderson, Abbagale Greene, Jonesborough, Nijahla Maples, Memphis, Thomas Morgan Massey, Lafayette, Jessika Riddle, Summertown

Continued on page 4
2007 Tar Wars Poster Contest Continued ...

Brock’s poster shown on the front cover advances to the National Tar Wars Poster Contest in Washington D.C. on July 16-17. As first place poster winner, Brock and one of her parents receives an expense paid trip to the National Contest courtesy of the Tennessee Academy of Family Physicians.

TAFP Volunteers are needed to teach the Tar Wars program in their local 4th and 5th grade classrooms during the upcoming 2007-2008 academic year. Contact the TAFP office if you are interested. The program is ready for you to step-in and teach a class or more, and it only takes approximately one hour. Thank you to the TAFP members who have taught Tar Wars in their local schools this school year, and previous school years. You make a difference!

2nd Place – Grayson Loyd, Gray

3rd Place –
Dalton Driver, Lafayette

4th Place – Madison Roach, Bethel Springs

5th Place – Ryan Isaiah Crowe, Mt. Pleasant
2007 Tar Wars Poster Contest Continued ...

Honorable Mention – Abbagale Greene, Jonesborough

Honorable Mention – Jessika Riddle, Summertown

Honorable Mention – Nijahla Maples, Memphis
If you are looking for a partner or a practice location, send information by mail to: TAFP, 500 Wilson Pike Circle, Suite 212, Brentwood, TN 37027; or by fax to: 615-370-5199; or by email: tnafp@bellsouth.net. Information for practice opportunities will be accepted only from TAFP members and will be placed in the Tennessee Family Physician at no charge. You are required to include your name, address and/or telephone number and/or fax number and/or email address as contact concerning opportunities will be made directly between interested parties and not through the TAFP. Information will be placed in four (4) editions unless the TAFP is notified otherwise. Deadline for the next issue (Fall 2007) is July 20, 2007.

- Family Practice opportunity in Martin, Tennessee. College town. Walk in to an established practice with partners. For information contact: Brian Bradberry, Business Manager, or Susan Lowry, M.D.; 117 Kennedy Drive, Martin, TN 38237; phone: 731-587-9511, ext. 202; fax: 731-587-0610; email: susanlowry@hotmail.com


- The Department of Family Medicine at the University of Tennessee in Memphis is seeking full-time family physician faculty. Positions involve the full spectrum of family medicine, including obstetrics with locations in multiple settings. Academic rank and salary are commensurate with qualifications and experience. Please send cover letter and CV to: Raymond R. Walker, M.D., M.B.A., Interim Chairman, Department of Family Medicine, University of Tennessee, 711 Jefferson Avenue, Suite 137, Memphis, Tennessee 38105. UT is an EEO/AA/Title VI/Title/Section504/ADA/ADEA institution.

- Full time practice opportunity for a Board Certified Family Physician is available at Forest Hill Family Practice and Aesthetics, in Germantown/Collierville area. The new, free-standing facility provides the latest state of the art equipment and a large patient population. Visit our web site at www.fhfpa.com for additional information about our practice. Please send cover letter and CV to: Sandy Morgan, Administrator: sandy@fhfpa.com

- The Department of Family and Community Medicine at Meharry Medical College is currently seeking a Board Certified Family physician to serve as full-time faculty. The position includes faculty appointments at Meharry Medical College and Vanderbilt University at the level of Assistant or Associate Professor depending on experience and qualifications. Previous academic experience, practice of non-operative obstetrics, or fellowship training is desired. Nashville is an excellent community and offers many amenities. The Department has eighteen Family Medicine Residents and also administers Preventive and Occupational Medicine Programs and The Center of Nutrition. Contact: Roger Zoorob, MD, MPH, FAFP; Meharry-Vanderbilt Professor and Chair, Department of Family Medicine; 1005 Dr. D. B. Todd, Jr. Boulevard, Nashville, Tennessee 37208; Office Phone: (615) 327-6572; Email: rzoomb@mmc.edu

- Wanted: Nurse Practitioner or Physician Assistant. To work in a dynamic Family Practice clinic. Spanish skills helpful, but not mandatory. Competitive pay, flexible hours, full-time or part-time. Please call Dr. Laraya or Dr. Matt at 901-377-6805.

- Full-time position for primary care physician as an employee of the health department. Position could be based in either Bedford [Shelbyville], Lawrence [Lawrenceburg], or Maury [Columbia] Counties. Contact Lang Smith, M.D. at lang.smith@state.tn.us or 931-490-8338.
UTA
Urinary Tract Antiseptic Capsules
Methenamine 120 mg, Sodium Phosphate Monobasic 40.8 mg, Phenyl Salicylate 35 mg.
Methylene Blue 10 mg, Hycosamine Sulfate 0.12 mg

For Rapid Relief When It Counts

- Treatment of symptoms of irritative voiding.
- Relief of local symptoms such as inflammation, hypermotility, and pain, which accompany lower urinary tract infections.
- Relief of urinary tract symptoms caused by diagnostic procedures.

Fast Acting • Relieves Pain • Non-Staining • Economically Priced
No “Orange Book” Therapeutic Equivalent
www.sjpharma.com/uta

UTA CAPSULES: Indicated for the treatment of symptoms of irritative voiding. Indicated for the relief of local symptoms, such as inflammation, hypermotility, and pain, which accompany lower urinary tract infections. Indicated for the relief of urinary tract symptoms caused by diagnostic procedures.

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TABLETS (Folic Acid 2mg, L-Arginine HCl 500mg, Vitamin B-12 500mcg, Vitamin B-6 50mg)

Give Your Patients A Head Start
With CARDIOTOK-RX

Promoting Healthy Arteries
INDICATIONS AND USAGE: CARDIOTOTK-RX is indicated for nutritional support and dietary supplementation of Folic Acid, L-Arginine HCL, Cyanocobalamin (Vitamin B12) and Pyridoxine (Vitamin B6) in patients with cardiovascular disease, cerebrovascular disease, peripheral vascular disease, arteriosclerotic vascular disease, neurological disorders, renal disease and/or patients that have a need for an increase in L-Arginine derived nitric oxide (NO).

Remember The “RX” In CARDIOTOTK-RX!

At Risk Patients

- Over 55
- Cardio Disease
- Diabetes
- Smoker
- Post Menopausal
- Obesity
- Hypertension
- Family History

DENTAL CARE FOR SPECIAL CHILDREN

An estimated 12% to 18% of children in the United States have special health care needs defined as the presence of a chronic physical, developmental, behavioral, or emotional condition and a need for health care services beyond what is required by children in general. Over the past 15 years population-based studies have identified dental care as a leading unmet health care need among children in general and children with special needs.

A special needs child requires much from those around them - patience, attention and love. The child’s dental health is one more important need. A healthy mouth is an important part of total health and dental disease is almost 100% preventable. If dental care is started early and followed conscientiously, every child can enjoy a healthy smile.

Many dentists prefer to work with the medical team as soon as a special needs child is born. Although teeth are not present, this is a good opportunity for the dental staff to provide preventive instruction to the caregiver.

Special needs children will benefit from:

• A first dental visit by their first birthday;
• Regular 6 month dental check ups;
• Good brushing and flossing habits;
• Healthy snacks in moderation;
• Adequate fluoride, fluoride treatments and sealants.

Useful information to assist patients in choosing a dentist for special needs children:

• A pediatric dentist is prepared to care for special children.
• Pediatric dentists have two or more years of advanced training beyond dental school.
• Their education as specialists focuses on care for children with special needs.
• Many pediatric dental offices are designed to be physically accessible for special patients.
• Pediatric dentists have comprehensive education in behavior management, sedation and anesthesia techniques.

Pediatric dentists will discuss the benefits, limits and risks of techniques with parents and will select a technique based on the specific health needs of the child. Adaptations will be made to meet the child’s needs. For example, the exam area may be modified to accommodate a wheelchair. Because of their expertise pediatric dentists are often the choice for dental care of adults with special needs as well.

Children on TennCareSM have TENNderCARE (EPSDT) dental services until they reach the age of 21. Preventive services include regular 6 month check ups, fluoride treatments and sealants.

For Providers: To locate a special needs dentist in Tennessee follow the process outlined below:

• First contact Doral’s Customer Service Hotline at 1-888-233-5935. This should always be the first step for a member to access care or ask questions.
• Unable to obtain appointments or need additional details; contact 1-888-233-5935 again and request assistance from Doral’s Member Placement Department, or visit our website at www.doralusa.com. Choose Providers on the right side of the screen page, then on the next page choose Find a Provider from the top line. Enter the state and zip “code in the top box labeled Member Address. In the lower box labeled Search Filters enter TennCare as the state and program. You may then choose other options for special needs, handicap accessible, accepting new patients, provider specialty and office language spoken. This will produce a list of TennCare dentist within 30 miles based on zip code and criteria chosen.

For additional assistance with coordination of care contact Jacque Clouse at 1-866-988-9489 or jfclouse@doralusa.com. Need further assistance with various issues contact Michele Blackwell at 1-888-683-6725 or mgblackwell@doralusa.com.
Deadline for receipt of Resolutions for publication in the Fall (assembly) issue of the TAFP quarterly journal is July 15. Deadline for receipt of Resolutions for reproduction and inclusion in the Delegates’ kits is September 15.

If a Resolution is not received in writing by the TAFP office in Nashville prior to September 15, any member of the TAFP may present IN WRITING at the opening of the TAFP Congress of Delegates’ meeting on October 30, any Resolution pertinent to the objectives of the TAFP. Three copies are required of Resolutions to be presented from the floor of the Congress, with one copy to the TAFP Speaker, one copy to the TAFP Executive Director and one copy retained by the presenter.

Important Resolution Writing Tips:
• “Whereas” clauses explain the problem and/or situation.
• “Resolved” clauses must be written to stand alone. (Only “Resolved” clauses are subject to be voted on and adoption, meaning that whatever action is called for in the Resolution must be clearly stated in the “Resolved” portion of the Resolution. Keep the “Resolved” clauses focused on what is desired as the end result.)

Proposed amendments to the TAFP Constitution & Bylaws to be presented to the 2007 TAFP Congress of Delegates in October must be received by the TAFP office by July 15 and will be published in the Fall issue of ‘Tennessee Family Physician’.

Pursuant to Article X of the TAFP Constitution & Bylaws, “An amendment to the Constitution & Bylaws may be proposed by any regularly appointed committee of this Academy or by any five (5) or more members. The proposed amendment(s) must be submitted to the Executive Director of the Academy no less than 100 days prior to the meeting in which the proposed amendment(s) is to be considered.”

“… notice of such proposed amendments to be made to members of the Academy by the Executive Director at least 30 days before the meeting at which such proposed amendments are to be acted upon. Publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to the members”.

The Research Committee of the Tennessee Academy of Family Physicians (TAFP) is pleased to announce the ‘Call for Resident and Student Research Papers’ for presentation at the 59th Annual Scientific Assembly to be held at the Gatlinburg Convention Center the week of October 30-November 2, 2007. Three abstracts will be selected by the TAFP Research Committee from those abstracts received for presentation at the TAFP’s 2007 Annual Scientific Assembly. Those selected will have the opportunity to present their research paper to approximately 300 physicians from the mid-south who attend the TAFP’s Annual Scientific Assembly. Those selected will receive up to two (2) night’s lodging and paid car mileage. Only TAFP Resident and Student members in good standing are eligible to participate in the TAFP Research Paper Competition. If you have questions or wish to receive the required ‘Competition Application’ packet, please contact Cathy Dyer at the TAFP headquarters office at 1-800-897-5949 (Nashville: 615-370-5144). The (firm) deadline for receipt of Research Abstracts is July 15.
Effective Feb. 2, 2007, Diplomates of the American Board of Family Medicine (ABFM) who complete a Part IV (Performance in Practice Module (PPM) as part of Maintenance of Certification for Family Physicians (MC-FP) may also submit this activity as a Best Practice Initiative, including the American Academy of Family Physicians’ (AAFP) METRIC modules. The AAFP METRIC modules are also ABFM-approved alternative activities for Part IV - PPM modules.

By recognizing the standards of professional organizations, such as the ABFM, in their QualityBLUE physician pay-for-performance program, Highmark has underscored their intent to support and reward physicians in maintaining board certification and continuing medical education requirements, while also streamlining their quality improvement activities to avoid duplication of efforts.

For more information regarding MC-FP and PPM requirements, Diplomates may visit the ABFM Website, www.theabfm.org or call the ABFM Support Center, (877) 223-7437.

Best Practice Submission Forms for the QualityBLUE program are available online in HighMark’s QualityBLUE link of the Provider Resource Center, accessible via NaviNet or at www.highmarkbcbs.com.
The Tennessee Legislature remains in full swing at the time of this writing the end of April, and many issues important to Family Physicians and the Tennessee Academy have yet to be decided. The key issue this year continues to be anti-smoking legislation. Although it appears some tax increase on tobacco will pass, the increase will most likely be less than hoped for by your Legislative Committee. The Governor has proposed a 40-cent tobacco tax increase with HB2354/SB2326, with the increased revenue being designated for education.

The ‘Tennessee Smokefree Air Law of 2007’ (SB2255/HB2336) supported by the Governor would prohibit smoking in all enclosed public places within this state, with certain exceptions; in sports arenas, including enclosed places in outdoor arenas; and, within 20 feet outside entrances, operable windows and ventilation systems of enclosed areas where smoking is prohibited. The Bill at this time is still up in the air, but appears to be viable.

Medical liability reform remains an important issue for our members, and the Tennessee Medical Association has been working hard to pass a bill that at least begins the process of true reform. This is a very difficult issue due to the opposition of the Trial Lawyer lobby, and their relative strength in the General Assembly.

The Tennessee Academy as an organization is opposed to the motorcycle helmet bill (HB1283/SB1511) as a public safety issue. This Bill would exempt persons 21 years of age and older from the requirement that persons riding a motorcycle must wear a helmet.

The TAFP providing the Doctor of the Day each Tuesday continues to be a huge success, giving our association a high profile appearance on Capitol Hill. All members are encouraged to consider serving as the TAFP Doctor of the Day, and if you have access to residents and students, invite them along to see the process in action. For information on serving, please contact the Tennessee AFP office in Brentwood.

Nationally, Tennessee continues to lead the nation in donations to FamMedPAC, the political action committee set up to represent Family Physicians nationally. We continue to request that you support this organization as it works for all of us at the national level.

On a personal level, I feel the loss of two friends who were important members of the Tennessee AFP’s Committee on Legislation; Doctor Chris Graves and Doctor T. Allen Polk. Both of these individuals were role models in demonstrating how you can be active in your Academy while also having a rewarding practice.

As Legislative Chair, I ask that if you are involved, get more involved. If you are not involved, get involved. If you want or need more information, please ask.

Timothy Linder, M.D., Selmer
Chair, Committee on Legislation & Governmental Affairs

Leaders on the Move & Information for Members

- Congratulations to TAFP past president, J. Mack Worthington, M.D., Chattanooga, on his installation in April as President of the Tennessee Medical Association.
- Welcome to John P. Franko, M.D., the new Chair of the Department of Family Medicine at East Tennessee State University’s James H. Quillen College of Medicine effective April 1, 2007! He comes from the Department of Family Medicine at the University of Virginia.
- Steve Adams, M.D., Chattanooga, will become Program Director of the UT Chattanooga Family Medicine Residency Program July 1. J. Mack Worthington, M.D. remains as Chair of the Department of Family Medicine, UT Chattanooga.
- Congratulations to TAFP member, Robert Kirkpatrick, M.D., Germantown, on his election as President-elect of the Tennessee Medical Association.
- The Tennessee AFP is ranked 11th on the 2007 list of Statewide Professional/Trade Associations in the Nashville Business Journal. Associations are ranked according to the size of their membership.
- The TAFP website is located at: tnafp.org. The TAFP website offers links for your convenience in locating quickly many useful websites such as: American Academy of Family Physicians, Tennessee Department of Health, Governor’s TennCare Website, National Tar Wars, Tennessee General Assembly and many others.
Editorial

**Introduction:** The weekend of this April 28th was the Greeneville Exchange Club’s sponsorship of the “Healing Field Memorial”. 1490 American Flags were posted in a stunning display in front of Greeneville High School representing the number of children who died in 2004 in this country from child abuse. 14 of those were from Tennessee. As Doctor Howerton notes we are in a unique position to interrupt this cycle of violence. The turmoil of life stresses some of us to the brink of control. We must learn coping skills on the fly. Our patients are no different. We, as Family Physicians, must be that barometer of behavior. Every visit is a finger in the wind judging the skill of parents who fall prey to illness, psychopathology, and deviant urges. We are all charged to care for children in every setting. Marriages and partner skills are also under our surveillance. Spouses share in the trauma that is both physical and psychological. Often we find out too late. MHH

Why do our children continue to be victims of neglect, physical, sexual, and emotional abuse? The statistics are appalling-1 in 3 girls and 1 in 7 boys under 18 years old are abused. Furthermore, the numbers would be even worse if we classified spousal abuse as a form of child abuse. Studies have shown that the emotional effects on the child are equivalent to direct abuse. Our children are suffering and 85% of the abusers are family members or close family friends.

After simple reflection, as Family Physicians, we should realize that child and spousal abuse is as significant of a problem for our patients as is diabetes and hypertension. These victims and perpetrators are our patients. Most likely, we have cared for them for the majority of their lives. Also, since we generally practice in small communities, we know them outside of the office. We see them at Wal-Mart and church and they may even be close friends of our families.

As medical students, we learn the signs and symptoms of child abuse. We easily recognize abnormal bruises, behavioral regression, and failure to thrive. Unfortunately, most abusers are smart enough not to leave obvious indicators. We have to see beyond the obvious findings.

Furthermore, we have a legal responsibility to report all SUSPECTED cases, not just the obvious cases. No one has a problem reporting a pregnancy that resulted from sexual abuse. However, we are less likely to ask a sexually active 12-year-old if she is being abused. We do not have a problem reporting a femur fracture; but we do not question the overly stern parent. Why are we so reluctant to notify the officials? Several theories are in the literature, but I suspect that the answer is very basic. The thought that such horrible things happen to the most innocent and vulnerable members of our community is a thought that most of us cannot emotionally and intellectually handle.

As Family physicians, we are positioned to recognize the subtle signs. We know these families and often they have granted us access to some of their most personal issues. First, we need to open our eyes and then inquire more deeply. Just as with any health problem, we must ask. During every well child visit, ask to speak with the child alone. The simple question “Do you feel safe?” may reveal an enormous amount of information. We need to question absences from school and church. We need to question a child’s unwillingness to maintain eye contact. If we screen for diabetes, prostate cancer, and hyperlipidemia, shouldn’t we screen for a problem that is as prevalent as child abuse?

After we inquire, we need to carefully listen to the answer and take immediate action if necessary. Our actions could save a child’s life and possibly prevent the abuse of other family members. The Department of Child Protective Services accepts anonymous reports of suspected abuse at any time at 1-877-237-0004. The Exchange Club has several programs that promote healing for both the victims and the abusers.

Our communities look to us as healthcare leaders and authorities. They trust our recommendations for childhood immunizations, diabetes, and hypertension. They expect us to protect their well being. Why should we think that a child’s safety is any less important than his or her immunizations? We need to rise to our responsibility, open our eyes, and provide the care that these innocent and vulnerable patients deserve.

Kim Howerton, M.D., Jackson Co-Editor

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