



# CHART NOTES



## COMING TO AMERICA: SOUTH ASIA EDITION



**DR. ROSS T  
MCINTIRE**  
WHITE HOUSE PHYSICIAN

PG **10**

**HOME-BASED  
SUPPORTIVE CARE**

PG **13**

**HIDDEN GEMS  
KERALA:  
WINTER 2006**

PG **14**

**SOUTH ASIA  
101**

PG **16**

**STORIES FROM  
SOUTH ASIA**

PG **18**

President's Message	3	Historical Tidbits	10	Your Trusted Counselor	21
From the Editor	5	Home-Based Supportive Care	13	Circling Back	22
From the Executive Director	5	Hidden Gems Kerala: Winter	14	Nurturing Well-Being	24
MPCMS Autumn Events	6	South Asia 101	16	My Current Obsessions	25
Out and About	9	Stories from South Asia	18	The Last Word	26



**CNA**



# Serving Oregon Physicians for More Than 50 Years

## **Customized Coverage for Oregon Physicians, Created by Oregon Physicians**

While other insurance carriers have come and gone, CNA has been a fixture in the Oregon marketplace, helping physicians navigate the healthcare landscape for over 50 years. Our tenured professionals average 32 years of experience, and our strong partnership with the OMA helps ensure you get the coverage you need. With local claim professionals and a comprehensive risk control program, CNA creates insurance solutions to help keep your practice running smoothly, year after year.

For more information, contact CNA's Portland office at 800-341-3684 or visit [theoma.org/cna](http://theoma.org/cna).

# CHARTNOTES

**MPCMS Executive Director**  
G. Harvey Gail, MBA

**MPCMS Board of Directors**  
Keith Neaman, MD • *President*  
Doug Eliason, DO • *Immediate-Past President*  
Christopher Edwardson, MD • *Treasurer*  
Scott Berg, DPM  
James Bishara, MD  
Nancy Boutin, MD, MBA  
Jasmin Chaudhary, MD  
Leon Harrington, MD  
Tanie Hotan, MD • *President-elect*  
Alyssa Rollins, PA-C  
Keith White, MD

**ChartNotes Editorial Board**  
Nancy Boutin, MD, MBA • *Editor*  
Howard Baumann, MD  
Rick Pittman, MD, MBA  
G. Harvey Gail, MBA

**Layout and Design**  
IMHGraphics.com

**Marion-Polk County Medical Society**  
PO Box 246  
Salem OR 97308-0246  
P: (971) 720-1667  
F: (503) 585-8547  
E: info@mpmedsociety.org



[mpmedsociety.org](http://mpmedsociety.org)

*ChartNotes is a quarterly publication whose purpose is to provide information of interest to the local medical community. Unless stated otherwise, opinions expressed in any article are solely those of the author and are not necessarily endorsed by the Marion-Polk County Medical Society, its employees, officers or directors. Community members interested in writing for this publication are encouraged to contact the editors. We invite feedback and comments, to be published at the discretion of the editors.*

*Advertising rates are available from the Medical Society office. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Marion-Polk County Medical Society reserves the right to reject any advertising.*

## Your Involvement is Essential

This will be my last president's message as the Board President of the Marion Polk County Medical Society (MPCMS). I am reaching out to each one of you to underscore the critical importance of your engagement and active participation in fulfilling our society's mission. Our society's relevance in the current medical landscape is a reflection of our collective efforts in several key areas: legislative advocacy, continuous medical education (CME), social programs, and supporting health-related causes championed by our members. Your involvement in these areas is not just beneficial but essential.

### Legislative Advocacy: Your Voice Matters

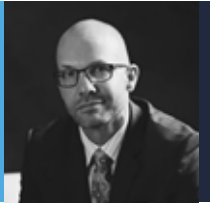
In the ever-evolving world of healthcare policy, your voice is a powerful tool for change. As healthcare professionals, you possess unique insights and experiences that are vital in shaping fair and effective healthcare policies. I encourage each of you to participate in our advocacy efforts, whether it be through attending meetings, writing to legislators, or simply staying informed about current issues. Your active involvement in legislative advocacy ensures that our collective voice is heard and that we remain a formidable force in influencing healthcare policies at all levels. This is an area where our society has remained dormant for quite some time. Is it time to take up the banner and champion change in the political arena?

### Continuing Medical Education: Stay at the Forefront

The field of medicine is dynamic, with new advancements and discoveries constantly reshaping our practice. Our society's commitment to providing CME courses is designed to keep you at the cutting edge of medical knowledge and practice. I urge you to take full advantage of these future educational opportunities. By doing so, you are not only

## President's Message

Keith Neaman, MD




enhancing your professional skills but also ensuring that our patients receive the highest standard of care. Your dedication to lifelong learning is what elevates our profession and our society.

### Social Programs: Building Connections

Our work as healthcare professionals is immensely rewarding, yet undeniably challenging. This is why our society's social programs are so important. These gatherings are more than just events; they are opportunities to build connections, share experiences, and support each other in our professional and personal journeys. I invite you to join these social programs, to engage with your colleagues, and to contribute to the rich tapestry of our medical community. Together we can foster a supportive environment that nurtures our collective well-being.

### Supporting Health-Related Causes: Your Passion, Our Mission

One of the unique aspects of our society is our support for the health-related causes that you, our members, are passionate about. This is where your individual interests can have a collective impact. I encourage you to bring forward initiatives and causes close to your heart. By supporting a diverse array of health initiatives, we can drive innovation and make a meaningful difference in various areas of healthcare. Your passion is the fuel that drives our society forward.

Together, we can continue to make MPCMS a beacon of excellence and advocacy in the healthcare community. I am inspired by the potential that lies within our collective efforts and am eager to see how our shared commitment will shape the future of healthcare. Let us work hand in hand to achieve the goals that define our noble profession and our esteemed society. 



## Salem Health Cancer Center

Here for your patients every step of the way

At Salem Health Cancer Center, we're focused on exceptional care. That means providing more than just treatment. It's about lending a hand when it's needed most.

### Our wide range of services include:

- Trusted providers
- Screenings for early detection
- Advanced treatments
- Support groups and wellness classes
- Personalized aid for patients facing financial hardships or other barriers to treatment
- Nurse navigators, social worker, dietitian and resource coordinator

Learn more:  
[salemhealth.org/cancer](http://salemhealth.org/cancer)

## OUR TEAM CAN HELP



Ear, Nose & Throat



Audiology



Allergy



Adult &  
Pediatric Care



Onsite-Surgery  
Center

PROVIDING SALEM-AREA *Families* WITH  
COMPREHENSIVE *ENT Care* FOR OVER

# 60 Years



*Breathe Better. Hear Better. Feel Better. Look Better.*<sup>™</sup>

Call (503) 581-1567 or fax (503) 399-1229 to refer your patients.  
[ENTSalem.com](http://ENTSalem.com)

# Building on Successes for a Great 2024

OK, this is kind of cliché, but to start off an article on the season we're in ALWAYS starts like this: "The leaves are falling, and the cool weather brings in a new season for [organization here]." So, I'll skip that. But it is true, the occasional warm sunny fall days are what makes Oregon so great. Anyway.

Take a look at the two-page spread in this issue of *ChartNotes* on the fun and engaging activities we had this fall. Our night at Marion Polk Food Share was fun and we all left feeling grateful for the opportunity to help those in need. October 5, our New Provider Celebration at Cubanísimo Vineyards was a wonderful place to enjoy a beautiful warm evening with some great wine. On October 21, we held our first CME event in a long time. This seminar was well attended with over thirty guests. Our speaker, Amanda Wheeler-Kay, gave a two-hour seminar that met a requirement by the Oregon Medical Board for cultural competency training. And a week or so ago Medical Society members, friends and kids gathered at Salem Riverfront Carousel for rides on the carousel and a visit from Mr. and Mrs. Claus.

## In This Issue

Every quarter, as I begin to put together the next issue of *ChartNotes* for you, I look forward to the chance to learn something new. I first became acquainted with Pickleball when retired member Tom Kruse offered it as a topic. Who knew it would soon become so controversial? I'd never even heard of acrylic flow painting until MPCMS president-elect Tanie Hotan identified it as her favorite art medium—after ballroom dancing, of course. I now have a small canvas I made hanging in my front hall. I'm fascinated by the concept of "rewilding," which was completely new to me until Nicole Van Der Heyden told me about making her Long Beach property habitable for an endangered species of butterfly.

This quarter offered many learning opportunities. I got to "meet" some amazing providers I enjoyed finding out more about South Asia, the current name for what we used to call the Indian subcontinent—including India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and the Maldives. Afghanistan sometimes makes the list and sometimes doesn't. Since I doubt it sends many IMGs to the US, I left it out. Although, to be fair, deposed President Ashraf Ghani has said he got his political start in student council at Lake Oswego High School as an ASF exchange student. You never know.

While I have been fascinated by the subcontinent for decades, my knowledge of the vast history, culture, and geography is superficial at best. I offer what I discovered in "South Asia 101," to provide a bit of context. For my colleagues from the subcontinent, I apologize for any errors of fact or understanding and invite corrections. I will pass any I receive along to our readers.

## From the Executive Director G. Harvey Gail, MBA



These were great events. So, we are excited to look ahead to 2024 to build on these successes.

First up is our Winter Member Social. This year, we are planning a fancy event with wine and tasty appetizers tentatively February 15, at Willamette Valley Vineyards. Rather than a sit-down dinner, this event will be primarily social and a brief presentation with plenty of time to talk.

We will bring back the Cultural Competency training this spring. We will partner with Salem Health again to provide two hours of CME and it will meet the requirement for the Oregon Medical Board.

Finally, mark your calendar for Thursday, May 23 for our Spring Member Dinner. Last year we had a great panel of medical providers on medical mission trips. We are looking for a presentation, so if you have any good ideas for speakers and topics, please let us know. [f](#)

## From the Editor by Nancy Boutin, MD



I thought my explanation of the J-1 visa in the last issue exhausted the topic. But wait—there's more! The J-1 requires the newly-trained doctor to return to their home country for at least two years before they can return on an H1B work visa. Instead of leaving the US, a J-1 trainee can apply to waive the requirement through the Conrad 30 program in exchange for practicing for three years in an underserved area, which includes the mid-Valley. Each state has thirty slots available—twenty for primary care and ten for specialties. Once established in their new position, they can apply for the H1B, and after their three-year "payback," they can apply for a green card if they choose to stay in the US. Believe me, the permutations in the program are endless. Currently, physicians who attended medical school elsewhere make up 25% of the physician workforce in the U.S., and about 30% of IMGs come from South Asia. I couldn't find specific information about Oregon or the mid-Valley, but if anyone knows the statistics, please send it along!

In this issue, we also have some "touchbacks," with updates of older stories, and Rick Pittman will give a follow-up to his explanation of molecular gastronomy. Previous issues of *ChartNotes* are available on the MPCMS to members. I've included the season and year that featured the original article if you want to look back. [f](#)

# MPCMS Autumn Events

In mid-October, half of all physicians and PAs in Oregon received yellow postcards in the mail advising them they needed to renew their medical licenses before the end of the year. Emails from medical staff offices followed shortly after. On October 21st, thirty-four providers attended a two-hour CME jointly sponsored by MPCMS and Salem Health on the topic of Cultural Competency—necessary for licensure beginning this year. As noted on the OMB website, failure to comply with this statutory requirement will result in escalating fines that could include a 90-day suspension.

The OMB does not require the class to be CME-accredited, but the MPCMS board wanted to offer added value. The event, led by OHA-approved instructor Amanda Wheeler-Kay, LCSW, focused on communication across cultures. Attendees gave it high marks and thoughtful, positive comments. Watch your email for the announcement of the next Cultural Competency CME early in the new year.

The summer 2022 issue of *ChartNotes* explored the topic of volunteerism. Of course, *ChartNotes* has published many stories over many years about our members donating their medical

knowledge to worthy causes, but all sorts of volunteer activity benefits the giver as well as the receiver. Rick Pittman's "Last Word" touched on the neurochemistry involved. *ChartNotes* has also covered the topics of mental health challenges and grief during the pandemic, both of which can be mitigated, at least temporarily, by helping others.

With that in mind, the MPCMS board looks for opportunities for members to have fun together while putting good energy into the world. Last fall, members volunteered to prepare the Bush Park rhododendron garden for winter. This September we spent a late afternoon at Marion Polk Food Share, sorting and bagging potatoes for food boxes.

If you shop at Roth's, you may think potatoes come in uniform shapes, sizes, and colors. Not so. A friendly competition arose over the strangest (see photo) and/or largest spud we found in the fifty-pound bags brought from the fields. It was nice to see each other outside offices and corridors, and besides, who doesn't look great in a plastic apron and hairnet?

An early fall evening at Cubanismo provided another chance for new members and old to get together outside of work. It's always a good time at the vineyards and tasting room belonging to MPCMS member Maurice Collada and his amazing better half, Debra.

On September 24th, the MPCMS and Santiam hospital and clinics, in collaboration with Tanie Hotan Dance Company kicked off a fun



Medical Society members from Praxis Healthcare and Willamette Vital Health enjoying wine together at Cubanismo Vineyards.



MPCMS members gather at Cubanismo Vineyards. Members enjoyed both fellowship and great wine. Spotted Mauricio Collada, MD, and Debra Collada, Ron Jaecks, MD, and Kelli Jaecks, Other MPCMS Members look on.



Medical society members pause for a photo at the Marion Polk Food Share on September 19, 2023. Over 3000 pounds of potatoes were bagged that night!



Attendees at the Cultural Competence Seminar on October 21. Thanks to Salem Health for their help in planning the event and applying for CME credit.



*Medical Society members and providers from Santiam Hospital after line dancing lessons at Angel's Share Brewing in Turner, OR. Thanks to our dance instructor from the Silver Spur.*

country line hoedown and potluck event at Angel Share Taphouse in Turner. Members of all dance abilities showed up, ready for a little adventure. Led by professional Tim Gillespie, attendees nailed two country line dances! Next time you see Dr. Hadden, ask him to show off his "Wobble." It's quite unique and impressive.

Your medical society sponsors social events where members are encouraged to let go of work stressors and lean into group fun

movement without judgment. This builds community and raises dopamine levels, which is a powerful anti-depressant.

Next up, women members are invited to celebrate at Salem Courthouse Athletic Club for Disco Divas, yoga, and potluck. Please mark your calendars for Sunday, Jan 21st from 11-2 pm Member entry is free and \$20/pp for guests. [f](#)

# Exceptional health care close to you

 Santiam Hospital & Clinics  
embrace HEALTH

503.769.2175  
1401 N 10th Ave., Stayton  
[santiamhospital.org](http://santiamhospital.org)

Connect With Us



When your patients need more than an office visit...  
We'll care for them in their own home.



*Home Health Care*

- Skilled Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Worker
- Home Health Aide
- Transition Coaches
- In Home Personal Care



**503.371.4567**

FirstCallHomeHealth.com

**First Call Home Health Care** can help your patients recover from illness or injury or manage their ongoing condition with personalized care in the comfort and safety of their own home.

*Locally Owned and Operated. A Company you can Trust!*



# Out & About

BY MARY LOUISE VANNATTA, MBA, CAE,  
AND ADDISON ALLEMANN

## Wondering What to do This Winter?

### “I love Christmas a whole watt.”

To kick off the festivities, join a few events you can view from the comfort of your car. Check out the fun at the **Holiday Sparkles** at Powerland Heritage Park. It's on weekends in December from 5 p.m. to 8:30 p.m. Also, you can't miss the **Keizer Christmas Lights**, coordinated by the Greater Gubster Neighborhood Association. This year, **Magic of Lights** is coming to the Oregon State Fairgrounds until Dec. 31. Drive through a holiday lights experience with more than a mile of spectacular displays, including favorite characters like Holiday Barbie, Bigfoot Monster Truck, and life-sized dinosaurs of Prehistoric Christmas. Finally, stroll through the historic Willamette Heritage Center at the **Magic at the Mission** on Dec. 19-23.



*Magic of Lights, Oregon State Fairgrounds*



*Silverton Christmas Market, Oregon Garden*

### Artisan Delights: For Your Christmas Shopping Needs

Another way to enjoy this season's holidays is at the **Silverton Christmas Market**. The event features local artisans, seasonal refreshments, and live entertainment on Dec. 17 and 18 from 10 a.m. to 4 p.m. Continue shopping for handmade goods. Check out the **Salem Holiday Market**, Dec. 9-11, at the Salem Fairgrounds. It features over 250 vendors with handmade and homegrown products, with activities ranging from touring Santa's village to pet adoption to a gingerbread decorating contest. If the 9th isn't soon enough for you, the Oregon State Fairgrounds is also hosting the **Handmade Market** on Dec. 2, presented by the Salem Etsy Team. There will also be a Santa and a scavenger hunt for kids. Finally, be sure to check out the **CTEC Showcase**

**& Holiday Fair**. Not only will you be able to shop for local Christmas gifts, but you will also support our Career Technical Education Center's young generation in their new trades.

### Elsinore Theatre

The **Elsinore Theatre** is a beautiful historic venue in Salem. While all year they have concerts, shows, and plays, Christmas is one of their most magical times. On Dec. 3 at 7:30 p.m., enjoy the **Oregon Symphony Holiday Brass** as they play a festive mix of classical and popular holiday favorites. The Theatre also features a showing of the movie **Elf** on Dec. 19 at 7 p.m. to celebrate everyone's favorite (human) elf. On Christmas Eve, check out the **Salem Tuba Holiday** concert featuring players of conical bore instruments: baritone horns, euphoniums, and tubas. Is music not your cup of tea? Take a seat at the **“O Christmas Tea: A British Comedy”** happening on Dec. 6. Visit [elsinoretheatre.com](http://elsinoretheatre.com). 

### Other Events to consider:

- **Winter Remembrance Concert**, Dec. 7, 6-7 p.m. at Salem Library's Loucks Auditorium. A free, family-friendly holiday concert.
- **Downtown Salem Holiday Parade**, Dec. 1, 6:30 p.m.-8:30 p.m., downtown Salem.
- **Holiday Tea**, Dec. 11, 11 am-1 pm, Deepwood Museum, [DeepwoodMuseum.org](http://DeepwoodMuseum.org).
- **Windows to Japan: Concert Featuring Holiday Music**, Dec. 2nd, 7-8 pm, World Beat Gallery & Festival/Salem Multicultural Institute. [SalemMulticulturalInstitute.org](http://SalemMulticulturalInstitute.org)
- **December Coffee House**, a folklore benefit concert, Dec. 8, 7:30-10:30 p.m. at Willamette Heritage Center, [willametteheritage.org](http://willametteheritage.org)
- **Holiday Sparkles**, Dec 8- Dec 23, Powerland Heritage Park, Holiday Sparkles at Powerland | Travel Salem

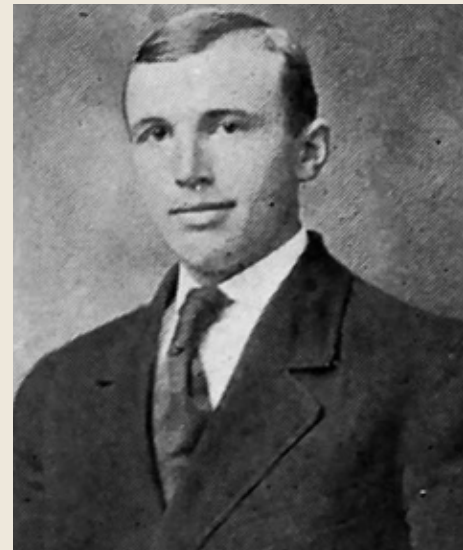


# DR. ROSS T MCINTIRE (ADMIRAL U.S. NAVY)

## Your Pop Quiz:

1. What President did Dr. McIntire serve in the White House?
2. What was Dr. McIntire's somewhat unlikely surgical subspecialty?
3. Was Dr. McIntire ever a member of our medical society?

The Marion-Polk County Medical Society has had many notable physicians over the years, but probably none as well-known nationally as Dr. Ross T. McIntire. In brief, Dr. McIntire graduated from Willamette University College of Medicine in 1912 and was a member of our medical society until he joined the medical corps of the U.S. Navy in 1917. He would later serve as White House Physician to President Franklin D. Roosevelt from 1933 to 1944.<sup>1</sup>



Ross T. McIntire, MD, 1912.  
(Graduation photo, Willamette University College of Medicine.)



Dr. McIntire as Vice Admiral, photo 1944.  
(Naval History and Heritage Command)

Ross T. McIntire was born on a farm in the Sunnyside District south of Salem on August 11, 1889. He attended the one-room Sunnyside School, the Liberty School, and graduated from Salem High School in 1907. While a student at Willamette University, he was captain of the basketball team and manager of the glee club. His "barbershop quartet" tenor voice was often noted in newspaper articles. Ross lived in several houses in Salem as he grew up, likely due to his father being a general contractor/builder. I was able locate two of those houses still standing, both on Fairmont Hill, one being a Dutch Colonial style house located on the SW corner of Lincoln and Fir Streets South, and the other on the NW corner of Commercial and Lincoln Streets South, currently serving as a dental office, where Ross lived with his parents while a student at Willamette. Following graduation from Willamette, he practiced medicine in Salem and Independence before enlisting in the US Navy Medical Corps as a junior lieutenant assistant surgeon in 1917, just two days before the United States entered WWI against Germany.

Duty first took him to the Philippines, then to various hospital ships, followed by a residency in the Navy that led him to board certification as an otolaryngologist. He married his wife Pauline Palmer in 1923 in Santa Ana, California. While stationed in Washington DC, he became acquainted with then Assistant

# WHITE HOUSE PHYSICIAN



Yalta Conference, February 1944.  
(Hard to see, but note Churchill's cigar and FDR's cigarette.)

Secretary of the Navy Franklin Roosevelt, whom he saw regularly for chronic throat and sinus problems. A longstanding friendship developed that eventually led to Dr. McIntire being selected as White House Physician in 1933, when FDR won the first of his four terms in office. This gave Dr. McIntire the distinction of being the first board-certified physician in any specialty to serve in that position. In addition to his White House duties, he also served as Surgeon General of the United States Navy.<sup>2</sup>

Dr. McIntire, now a rear admiral, made rounds on the President every morning and every evening. Purposely close at hand, he traveled as a part of the President's entourage wherever he went, including meetings, conferences, and even vacations. He also tagged along on FDR's many fishing trips, a hobby they both greatly enjoyed. Dr. McIntire often brought in medical consultants to help in the care of FDR. One of those was the chief of cardiology at Bethesda Hospital, Dr. Bruenn, who helped manage the President's hypertension, sometimes recorded as high as 240/130, and recurrent congestive heart failure. The initiation of digitalis helped with the heart failure, but there was not much that could be done those days for hypertension except diet and lifestyle. Hydrochlorothiazide would not be available for another 25 years. Another medical problem was long-term post-polio paralysis which the President was always trying to hide from the public. FDR was also a smoker, although in fairness we need to mention that during those pre-1950 years, doctors were not yet aware of the damaging effects of cigarettes.<sup>3</sup>

The Yalta Conference of February 1944 was probably the most important conference of WWII. Much has been written about the strategic decisions made at this meeting, hoping to bring an end to the war. Later, there would be a lot of conjecture about how FDR's health might have impaired his overall performance at Yalta, such as with the agreements that he made with Stalin pertaining to the fate of post-war Poland (a topic far beyond the scope of this article).<sup>4</sup>

On the afternoon of April 12, 1945, FDR died of an acute stroke while on vacation at Warm Springs, Georgia. Dr. Bruenn was in attendance, covering for Dr. McIntire who was still up in Washington, DC. The two doctors communicated frequently

by telephone that day until the President passed away. FDR was 62 years of age and had just entered the first year of his fourth term in office. The next year, in 1946, Dr. McIntire wrote his account of the medical care that the President received during his time in office, in his book: [White House Physician](#).<sup>5</sup>

Dr. McIntire retired from the Navy with the rank of vice-admiral. In his new public life, he became Director of the American Red Cross, a member of the National Board of Medical Examiners, and the Board of the American College of Surgeons, just to name a few. In 1954, he had an unsuccessful bid for the U.S. Congress. Dr. McIntire died of a heart attack in Chicago in 1959 at age 70 and was buried with full honors in Arlington National Cemetery. He was survived by his wife Paula. They had no children.<sup>6</sup> 📄

## Pop Quiz Answers:

- 1 Northwest Medicine. The Journal of the State Medical Association of Oregon, Washington, Idaho, and Utah. Seattle, Washington, Vol.5, No 2, 1913, page53.
- 2 Deppish, Ludwig M. (2007). The White House Physician: A History from George Washington to George W. Bush. Jefferson, North Carolina: McFarland & Company.
- 3 Lomazow, Steven. Vice Admiral Ross T. McIntire: A Reassessment of an American Hero. Navy Medicine, July 2008.
- 4 Katz, Catherine. (2020). The Daughters of Yalta: The Churchills, Roosevelts and Harrimans: A Story of Love and War. Houghton Mifflin Harcourt. – This book is a well-researched and entertaining given its back of the door's perspective.
- 5 McIntire, Ross T. (1946). White House Physician. New York, G.P. Putnam's Sons.
- 6 Statesman Journal, Dec. 9, 1959.

# Partnering with Healthcare Providers for 45 Years



Recognized as the region's premier provider of hospice, supportive, and grief care.

Clinical expertise to meet the unique needs of your patients.



503.588.3600  
or visit [wvh.org](http://wvh.org)



Willamette  
Vital Health

*Experience.*  
AT YOUR SIDE.

# Home-Based Supportive Care



**by Cheryl MacDonald, MD**

During my father's last illness, home-based supportive care would have been a game changer for our family. Even having a board-certified emergency room doctor in the family—me—did not prepare us for the complexities we faced. In addition to the Parkinson's Disease diagnosis that made him eligible for hospice years later, he also suffered from chronic pain, PTSD, opioid dependency, and a laundry list of other chronic diseases, injuries, and operations. In other words, my dad looked like the typical patient we see referred to our Supportive Care Team.

In the late 1990s, when a series of falls led to my dad's Parkinson's diagnosis, the concept of Adverse Childhood Experiences (ACEs) wasn't widely known. We didn't understand the impact on his physical and mental health of all the trauma he had experienced. One of thirteen children, he lost his mother at a young age and was raised by my grandfather, who had never imagined he'd be a single parent. At fifteen, my father shipped off to Australia and fought in WWII's Pacific Theater. I only realized the effect of those early experiences when he became delirious at the end of his life. While most people see puppies or children in their rooms, my dad fixated on getting wombats off his bed. I'd never seen a wombat. They're very cute, but the frightening image came from teenage trauma he had never fully processed. And if a purple heart in WWII wasn't enough, he got another during the Korean War.

Despite everything, my dad got married, held a full-time job, raised six children, and while I was in medical school, he earned a law degree from Notre Dame University. We found out later that he often chose not to bill clients who

were having a hard go. A pillar of the community, my dad was an Alderman, an attorney, a member of St Anthony Catholic Church, and enjoyed a wide circle of friends. He was tall and handsome. He undoubtedly looked like a guy who had it all together and probably sailed under the medical radar, especially with a doctor in the family.


Behind closed doors, we faced a different reality. We struggled for eight long years, not knowing what to expect or how to help him. Once, alone for a few hours, his motorized wheelchair got stuck on the hall rug, and he couldn't move until someone came home to rescue him. When he became bed-bound, a visit to the doctor required an ambulance. We all carry scars from that time.

Today, a patient like my dad would meet, in his own home, a supportive care nurse and social worker knowledgeable about social determinants of health, veterans' special needs, chronic pain, caregiver burnout, disease trajectory, and community resources. WVH staff works as an extension of the provider's office, sharing information in both directions and helping to coordinate services.

If we had had access to the kind of support our patients receive, my father's last years, and our memories of them, would have been a blessing instead of a constant challenge. We would have also enlisted hospice services earlier instead of waiting until we had all hit crisis mode.

Unlike hospice, not every insurance company pays for home-based supportive care. Strangely, that includes Medicare, even though studies have shown that an extra layer of support improves quality of life and decreases medical utilization. Patients and families learn to manage their symptoms instead of turning to the ED for problems that could have been addressed in a more timely and appropriate way.

In our community, Oregon Health Plan patients are completely covered for home-based supportive care. As a group, they may face more challenges than those with employment-based insurance. Having a team that comes to them simplifies their medical care. Too often, services are fragmented and redundant, but home-based support helps to coordinate and cut down on that redundancy, acting as a liaison when appropriate. Kaiser-Permanente has offered this benefit to their home-bound patients since the beginning of the program. Commercial insurers and Medicare Advantage plans are beginning to discover what researchers have known for years—support in the home makes managing serious illness better for the patient and the payer.

For more information, or to see if your patient has a home-based supportive care benefit, call WVH at 503-588-3600 or email our medical director Nancy Boutin, MD, at [nancy.boutin@WVH.org](mailto:nancy.boutin@WVH.org) 



*Mom and Dad*

# Hidden Gems Kerala: Winter, 2006

BY NASEEM RAKHA

I float over a lily-laden lake, sipping cardamon tea while the sun lifts from the rosy horizon, scattering photons like silver confetti across the misted water. I am on a thatched-roof houseboat on Vembanad Lake in the southwestern Indian state of Kerala with my husband and five-year-old son. We came for a family wedding in Hyderabad and then traveled on to a part of the subcontinent I had yet to taste.

Taste, because in India, everything has a flavor.

The food—many different colors of rice and lentils served with creamy concoctions we Westerners call curry—each specific to its region. The scents—smoke, spice, diesel, jasmine, urine, dung—all wafting along the city streets and mud paths, insinuating itself into clothes, hair, nose, and mouth with a taste forever identified as *India*. Even sounds seem to have a flavor.

That morning on the lake, the sounds were a rarified distillation—the Imam’s call to prayer, the steady thwap, thwap, thwap of the *dhobies* slapping their wash against the rocky shore, the lapping of the waves against the wooden hull of our bulbous boat, the splash of fishing nets, the warble of an egret. All of it leaves a taste in my mind even now, years later, as I remember watching the morning unfold from a boat in my ancestral home.

Abraham Verghese’s latest novel, *The Covenant of Water*, brought it all back to me. The story takes place along Kerala’s lakes and twisted backwaters, filled with many of the things my family and I experienced in 2006: narrow lagoons and canals plied by men in hand-dug canoes the shape and color of elongated seed pods, villages lined by banana groves, hibiscus



A kettuvallam on Vembanad Lake

bushes flush with flowers. Women carrying water in clay jugs balanced on their heads, their sarees wrapped between their legs as they negotiated the muddy banks. Children, wide-eyed and barefoot, chase us down to tell us about school or about the snakes they would catch or their glee when the monsoons returned and fed their world with even more water.

*The Covenant of Water* takes a long look at a single family’s history on a single piece of land along one of those many, many canals. Verghese is a doctor as well as a highly acclaimed author, and, like his previous novel *Cutting for Stone*, there is a medical mystery embedded in the story. But more than that, his novel is about land and people and history and the ways everything is shaped by water and the lessons it carries. But I loved that the book brought me back to a place that likely no longer exists how I remember it.

When I was in Kerala, the internet was more of a concept than a constant. I had no smartphone linking me to the world, no Google or travel app to peruse. There was still space for serendipity and surprise, still places to be found that felt untrammelled.

Kerala is a special gem. It’s known for spice forests, wildlife, and its people, a mix of Dravidian tribes and northern explorers whose ancestry heralds back to Alexander the Great and the Mughal Emperor Shah Jahan, builder the Taj Mahal. It has the oldest Jewish population in the country, dating back to the days of King Solomon. An early school of mathematics that emerged out of Kerala gave us the concept of infinity. Portuguese explorer Vasco da Gama established a sea route to the region, and the British capitalized on its spices.

But do not expect to find the isolated and quiet experience I enjoyed just sixteen years ago. In 2022 alone, “Footfall,” as

Naseem and Elijah





Life on the water

tourism is measured in Kerala, increased 20 percent. There are destination resorts all along the lakes and sea, and more and more tourist boats skim the backwaters. A new age of explorers has discovered Kerala—armed with smartphones and selfie sticks.

Fortunately, *The Covenant of Water* gives us the gift of a raw and unpolished Kerala the way I saw it before the world found it on Instagram. I urge you to dive into Abraham Varghese's gem of a book. [f](#)



## Fee-only Financial Planning and Wealth Management

**Katherine Keppel, CFP®, CLU®** | **Larry Hanslits, CFP®**

500 Liberty Street SE • Suite #310 • Salem, OR 97301  
503-371-3333 • Salem@TheHGroup.com

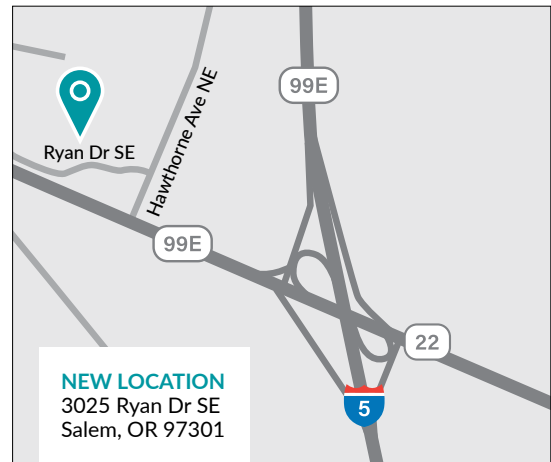
[www.TheHGroup-Salem.com](http://www.TheHGroup-Salem.com)

CFP® is a registered trademark of the Certified Financial Planner Board of Standards.

# Rheumatology care that's more accessible.

**Oregon Rheumatology Specialists is moving to bring advanced care to more patients with less waiting.** Our new convenient location gives us more room for patients, parking, and infusion and lab services.

You'll find the same advanced care, highly trained specialists and friendly staff. Our focus remains on you, always. We look forward to welcoming you to our new space!



[OregonRheumatologySpecialists.com](http://OregonRheumatologySpecialists.com)



# South Asia 101

BY NANCY STIDHAM BOUTIN, MD

James Michener, author of *The Source* and *Hawaii*, often started his novels sometime shortly after the cooling of the earth's crust. That opening would be appropriate for the story of South Asia. Millions of years ago, the Indian Plate, then located in the Southern Hemisphere, separated from the mega continent known as Gondwanaland, and drifted north at the breakneck speed of twenty centimeters a year. It eventually crashed into the Eurasian Plate, pushing the Himalayan mountain range 8,000 meters into the sky.

That height means the mountains are snow-covered year round, but farther south, and at lower altitudes, the climate transitions in a fringe of temperate rainforest. Beyond the fringe, the upper third of north/northeastern India is "humid, subtropical," while much of northwest India and Pakistan run from semiarid to frank desert. Southern India is tropical, with varying degrees of precipitation. The changing wind patterns called "monsoons" impact the entire subcontinent with the heavy, unpredictable rains most people associate with that word.

South Asia has a total land mass ~2/3rds that of the continental United States but contains approximately 25% of the world's population, making it the most densely populated place on Earth. And—it is also one of the earliest places humans settled and thrived.

The Dhaba archeologic excavations in central India, as reported in 2020, have placed humans in continuous habitation of the area ~80,000 years ago. Stone-age tools found at the site resemble those seen in Africa and Arabia, supporting the theory of eastward migration.

During the Bronze Age, a vast civilization developed in the Indus Valley, surpassing Mesopotamia and ancient Egypt in size and technological achievement. Cities of 30,000-60,000 existed in what is now Pakistan, Afghanistan, and India, with sophisticated water systems, urban planning, and advanced metallurgy.

It is believed that Ayurvedic medicine developed during this period, possibly in the Indus Valley. Like many traditional healing arts, Ayurveda focuses on whole-person care. The Johns Hopkins Medicine wellness website explains that the practice is "based on the idea that disease is due to an imbalance or stress in a person's consciousness," and "encourages lifestyle interventions and natural therapies to regain balance between body, mind, spirit, and the environment." The therapies include herbs, oils, common spices, massage therapy, yoga, and meditation—the non-pharmacological interventions now increasingly recommended alongside drug therapy.

According to the University of Minnesota Center for Spirituality and Healing, Ayurveda is represented in the four sacred texts, the Vedas, recorded in Sanskrit during the Bronze Age. Sanskrit is an ancient Indo-Aryan language related to Mycenaean Greek, and is the sacred language of Hinduism. Indus pottery in Mesopotamia and vice versa suggest that traders traveled the world even in 1500 BCE. And they weren't the only visitors to the subcontinent.



A fabulous essay by former ambassador Bhaswati Mukherjee last year in *The South Asia Monitor* sums up the formation of the area's amazingly diverse population.

"India's pre-recorded history saw waves of invaders, settling into the Indo-Gangetic Northern heartland or crossing the Vindhyas to settle in the Southern peninsula. Civilizations and empires came and disappeared, a true testimony to India's complex history.

"Recent studies identify waves of major migrations to India: from Africa to the Andaman's 65,000 years ago, the second wave from the Zagros region of Iran 9,000 to 7,000 years ago, the 3rd wave from South-East Asia who waved to the Northeast and the last wave by the Indo-European language-speaking pastoralists from the Steppes between 2000 and 1000 BC.

"India today has more than 550 ancient tribes and 705 ethnic groups officially recognized constitutionally as 'Scheduled Tribes.' They are ethnically and racially diverse, speak different languages, and have different cultural heritage. They are the repository of India's vast traditional knowledge system, contribution to soft power, and Intangible Cultural Heritage (ICH).

"From the Harappan culture in 2500 BC, to migration of Aryans to India in 1500 BC, to the rise of the great Hindu empires in North and South India, to the Muslim invaders who eventually settled to establish great empires, these developments impacted the people as a whole, including the tribal people. What emerged was a unique composite culture, based on plurality of faith, multi-ethnicity and representing unity in diversity."

In the thirty or so centuries between the decline of the Indus Valley Civilization—possibly due to a shift in rainfall patterns—and the arrival of the East India Company in the early 1600s, South Asia experienced several episodes of unification under powerful leaders or relatively short-lived dynasties. For most of its history, the subcontinent resembled the shifting patchwork of kingdoms, cantons, and city-states located between France and the Ottoman Empire up through much of the 19th century.

Despite the lack of centralized governance, or possibly because of it, South Asia has produced an incredibly rich body of art, music, literature, architecture, and spiritual/religious thought over the last 3,000 years. Monuments like the Ellora Caves, Konark Temple, the Mahabodhi Temples, and, of course, the







Taj Mahal speak to a tradition of exquisite design, construction, and attention to detail, regardless of the faith tradition held by the builders.

Ambassador Mukherjee, so proud of the subcontinent’s ability to develop a “composite culture” over millennia of migration and even invasion, sees something quite different with the three and half centuries between the early 1600s and 1948.

“As William Dalrymple had pertinently noted: “India has always had a strange way with her conquerors. In defeat, she beckons them in, then slowly seduces, assimilates, and transforms them.

“This narrative changed under colonialism. The British, with their notion of the ‘White Man’s burden’ fashioned India into a colony. In doing so, India was subjected for the first time to the notion that the West needed to bring civilization to primitive peoples or to destroy it where it existed. Indian self-confidence and self-esteem, their faith in the sanctity of the oral tradition, withered in the face of this challenge.”

In many ways, the British colonization of India and America followed a similar timeline. Both started with small incursions—by the East India Company in South Asia and the Virginia Company at Jamestown. From there, British power and wealth expanded exponentially on each continent over the next 150 years.

In 1757, England was engaged in the Seven Years War with France (called the French and Indian War in the New World), while the East India Company’s private army battled the Nawab of Bengal, backed by the French. In each case, the British defeated the French and their local allies. However, the Battle at Plassey was the first step

in EIC’s eventual rule over India, while taxes levied on the American colonies—to cover European war debt—led to the Revolutionary War and the birth of our nation.

One hundred years later, as the United States stumbled toward the Civil War, Queen Victoria’s government took direct control of EIC’s “holdings” after two years of uprisings known as the “Great Rebellion.” For the next eighty-nine years, the British Raj ruled over 3/5ths of the subcontinent and entered into mutual cooperation treaties with more than 500 independent princely states. But all the mutual cooperation in the world couldn’t stem the rise of nationalism and national self-determination that swept the globe.

By the end of WWI, with the collapse of the Ottoman, Austro-Hungarian, and Russian Empires and the fall of royal families throughout much of Europe, calls began for national self-rule and decolonization throughout the Eastern Hemisphere. During the interwar years of 1918-1939, Britain extended the concept of “divide and conquer” to include support of mutually exclusive nationalist claims on the same territory—once the British ceded control.

The League of Nations’ Palestine Mandate gave Britain administrative control over Palestine and Transjordan. The conflicting promises made to Jews and Arabs in the region had a profound impact during the 1940s that continues to reverberate today.

The same can be said of competing support for Mahatma Gandhi’s Indian National Congress and Muhammad Ali Jinnah’s Muslim League. Ultimately, a two-state solution was settled on for the subcontinent, dividing the Raj into a central India and a divided Pakistan with territories in the east and west. Although there was no imperative for relocation, the legacy of Partition includes the “greatest mass movement of humanity in history,” with far-reaching consequences.

In the seventy-five years since the end of British colonial rule, South Asia has seen explosive growth in education, technology, engineering, and innovation. India has the largest movie industry in the world and Bollywood has taken the world by storm.

With four million Indian immigrants in the U.S. and 500,000 from Pakistan, it’s no wonder that we have South Asian Michelin-rated restaurants in the country and even an authentic Nepalese tap house in Sisters. There are Indian-immigrant tech billionaires, and engineer Shahid Khan “made his first billion” from his design and manufacture of a one-piece truck bumper. Now he owns a football team in the U.S. (Jacksonville Jaguars) and the UK (Fulham football club.)

Americans, who often have difficulty pronouncing names that didn’t originate in the British Isles, have become adept at naming Atul Gawande, M. Night Shyamalan, Vivek Murthy, Padma Lakshmi, Priyanka Chopra, Dev Patel, and Siddhartha Mukherjee without committing any linguist crimes. Not exactly on par with plate tectonics, but it’s a start. 🇮🇳



# Stories From South Asia

When orthopedist David Shaw joined the medical staff at Salem Hospital, there were very few international medical graduates (IMGs) in the mid-Valley. Today, the Marion-Polk County Medical Society welcomes members from virtually every continent. They bring knowledge, experience, and ideas that strengthen our society. Rather than the melting pot metaphor that supposes the ultimate goal is that we become a homogenous blob, *ChartNotes* prefers to celebrate our members as unique additions to a rich stew, more interesting and delightful than the sum of its parts.



David Shaw

Even a small sampling of the providers who found their way here from South Asia reveals tremendous diversity. Members come from all areas of the subcontinent, from small villages to “hometowns” of 40 million people. There are Christians, Hindus, Moslems, and Sikhs, just to name a few. Some chose medicine at an early age, and some found it late in their educations. Some of the

doctors come from medical schools with a long history of sending graduates to the U.S., and for some, no ready channel existed. Some came from medical families, but most interviewed did not.

When the Shaws arrived in the 1970s, there was no vibrant community from the subcontinent to welcome them and a limited selection of Indian and/or Tandoori restaurants, none of them very good. Although there were Asian groceries in Portland, they tended to cater to immigrants from China or South East Asia, rather than the subcontinent. If you ordered special ingredients, they did not come overnight in an Amazon box.

Parts of Shaw’s story have appeared in *ChartNotes* in the past. He is the godfather of medical missions in our community. He was awarded the MPCMS President’s Award in 2023, and possibly

also fifteen or twenty years ago. He has been a friend and mentor to members of the medical community for decades.

Raised in Uttar Pradesh, he attended medical school in Ludhiana, India. After training in orthopedics, he served as the sole surgeon for a population of 1.5 million people. In typical understatement, Shaw says he “got tired.” A colleague made orthopedic prostheses in Portland, Oregon, of all places, and alerted Shaw to a position at Fairview Training Center, caring for residents with cerebral palsy. After three years, several opportunities opened for him, and he and his family left. Before long, Shaw was invited back to OHSU to round out his orthopedic training. The rest, as they say, is history.

One of the newest additions to the mid-Valley medical community, Taimoor Iftikhar, completed medical school at King Edward Medical University in Lahore—just 100 miles west of David Shaw’s alma mater. Iftikhar spent his early years in a rural Punjabi village where the family grew, among other things, a variety of sweet oranges called Kinnows, uniquely suited to conditions in Punjab, but developed a hundred years ago in Riverside, California.



Taimoor Iftikhar

Eventually, the family relocated to the city of Mandi Bahaudinn, near the site of Alexander the Great’s last major battle, for Taimoor’s schooling. (The world is small and history ever-present in a land as ancient as South Asia.) Although he had long dreamed of becoming a doctor, Taimoor excelled at physics and attended an international physics competition in Europe. Although physics or engineering might have been tempting after that exposure, he stuck with his original plan.

Within the first couple of years of medical school, Iftikhar realized many of his classmates took a residency in the U.S. and he could,

too. He looked forward to experiencing the extraordinary resources available to patients and providers in American healthcare. He landed an internal medicine slot in Upstate New York. But Lahore is the same longitude and latitude as Charleston, South Carolina, without the moderating effects of an ocean. He says he wasn't prepared for a place that could have eighteen inches of snow in January and an average low temperature of fifteen degrees.

When he got his Conrad 30 waiver to move from one state capital to another, Taimoor and his wife were grateful for Oregon's moderate climate. Now all he needs to do is find an adult soccer team.



*Yoha Chelladurai*

Hospitalist Associate Medical Director, Yoha Chelladurai, says that she is grateful Salem Health is so adept at managing the requirements for the Conrad 30 waiver. "I went with the Society of Hospital Medicine to Capitol Hill Day recently. I was paired with a doctor who runs a program in another state. He wanted to get a waiver to hire one of their graduating residents,

but the application wasn't done in time and all their state's slots were gone. It's very competitive and you have to be on top of it. Salem Health makes it seamless. They are very supportive of foreign grads and all the immigration things they have to deal with."

Chelladurai followed a different path to training in the United States. Born and educated in Tamil Nadu at the southern tip of the subcontinent, she decided to take a break from clinical medicine in India and explore public health. She was accepted to the MPH program at Johns Hopkins where she stayed as a senior research assistant, performing systemic reviews for AHRQ-funded studies. When she decided she was ready to return to clinical medicine, she had to jump all the hoops just like a new grad. Then she dove back in with a residency at Grady Memorial in Atlanta.

Since coming to Salem in 2017, she's enjoyed working hard during her weeks on and then having time to travel when she's off. She says she hadn't really left home much before she moved to the U.S. and she's making up for lost time. She says she goes "wherever catches (her) eye that moment," but Europe and SE Asia are easy for her family, so she tends to go there. Chelladurai has a sister in London and SE Asia is a good value. With any luck, Bali is in her near future.

Another provider who hadn't left home before making a jump to the Western Hemisphere was Willamette Vital Health NP, Jasudha Rhabhat. Growing up in Katmandu, Jasudha dreamed of traveling, possibly to the UK, as soon as she could support herself. She decided there were three things she needed: a good education, a driver's license, and knowing how to swim. None of



*Jasudha Rhabhat*

those goals was routine in her community, but she says she is very fortunate to have a supportive family and a strong work ethic. Jasudha's future husband had lived and worked in Oregon. He convinced her she would love it here, and she does. The one thing she says that surprises her is "all the water," which is curious given that Katmandu gets four times more rainfall than Portland.

Psychiatrist Satya Chandragiri traveled throughout India during his childhood due to his father's employment in the Air Force. Born in Southern India, in the state of Kerala, just west of Tamil Nadu, he started school in Agra in the north and finished in Bangalore in the south. He attended government schools that taught a standard curriculum to provide continuity for the children in families like his. He completed in medical education in Bangalore and might be there still, with no thought of emigration, except a friend working in the Caribbean began sending his resume to health systems on all the islands.



*Satya Chandragiri*

With no internet, no email, and no Skype, communication across such long distances was expensive and slow. Against the odds, Chandragiri and his family landed on the island of St Lucia where he covered the psychiatric needs of 60,000 islanders for two years, developing clinical infrastructure in his spare time. Again, he was recruited to take the next step—a psychiatry residency at Temple University in Philadelphia. Unlike some of our colleagues, he had never expected to practice in the U.S. He hadn't prepared for the standardized testing required by the Educational Commission for Foreign Medical Graduates. In India, he said, all the tests were practicums with real, live examiners. Without educational support, on an island in the middle of the Caribbean, Chandragiri had to figure out how to jump the hoops, not only of the test but immigration laws, too. "Somehow, with a lot of study after working all day, and spending time with my children, I passed step one and step two."

Shortly after he completed a psychiatric residency at Temple University, a third recruitment occurred—this time to Eastern Oregon. Much of Chandragiri's story has been told in previous *ChartNotes*—he has been medically and politically active in

*...continued on next page*

# Celebrating Our Colleagues From South Asia

...continued from previous page

the mid-Valley. His advocacy may have started shortly after the 9/11 attacks when the USDA, which had sponsored many of the J-1 visa waivers, announced they were withdrawing from the program. Some states already had a policy that allowed direct waiver sponsorship and Chandragiri used his connections in Salem to introduce the Alabama policy to lawmakers. He recalls the program was kept viable by an executive order long before Congress created the permanent Conrad 30.

Hospitalist Sumit Singhal didn't need a waiver to come to Salem. He had already finished a residency in Nebraska and completed his service requirement in Missouri, near the Lake of the Ozarks. He had friends from training who had landed in Salem and convinced him to make the move. The temperate climate was a big plus. Although he is delighted with American openness and ability to discuss almost anything, immigration had become a hot-button issue during the 2016 elections, more acutely in some parts of the country than others. Coming from Delhi, a major metropolis, also he missed access to opportunities that were unavailable in Lebanon, Missouri. And while the Willamette Valley isn't New York or Los Angeles, the Singhals found a welcoming international home away from home among the medical community here. With Hillsboro's influx of engineers from South Asia, the restaurant scene has improved significantly. Singhal has high praise for his wife's cooking (he's learning his way around a recipe, too), and says it's easy to get special items online. There's even an Indian grocery in Salem, now.




Sumit Singhal

Portland offers several Hindu temples, but Singhal says Hinduism embraces spirituality wherever the practitioner finds it. "Most homes have a small prayer room, but even if they don't, the kitchen is considered a sacred place. It's where the family gathers, where it draws sustenance."

With two children equally enthusiastic about Halloween and holy days, the Singhals encourage their children to discover their own way. "They were born here, this is their primary culture, but we encourage them to imbibe all they can of the culture of their parents and grandparents. It has much to teach us. It's rich with deep roots and spirituality which is a big part of who we are. We believe it is important to always try to be a good human and to do the right thing for people. We want our children to understand that, at the end of the day, if you do a good job the world is a better place."

Our international colleagues are already making the medical community a better place. At the same time, the rest of us should remember that for every piece of the American Dream they may have gained, they have given up something—home, family, traditional comfort food, and people who understand their context without having to ask. They may be impacted by world events that barely register on our radar. They are at the mercy of shifting policies and attitudes about immigration—in a nation of immigrants. For some, it is easy and safe to celebrate their cultural identity, but for some "otherness" is risky.

The Oregon Medical Board and the state legislature have mandated that we providers educate ourselves on cultural competency and cultural humility. The recommendation course is to put aside assumptions and ask questions with curiosity and respect for openness, recognizing that the person in front of us is under no obligation to do our work for us. We would do well to remember this applies not only to patients but our interactions with colleagues as well. 



**more than a  
landscaper**

residential • commercial  
municipal • industrial

greenacreslandscapeinc.com  
(503) 399-8066  
ccb #198925 lcb #7389





# Your Trusted Counselor

By Eden Rose Brown, JD

## Why You Might Not Want to Name Your Advisor as a Beneficiary

Imagine the following scenario: For years, you have worked with a valued professional advisor who has become a close friend, maybe even closer than some of your family members. You know her family, attend church with her, and know her to be a model citizen who contributes significant value to your community. This professional has suffered some truly unfortunate life circumstances with the loss of her spouse and children in a recent car accident, and the more you and your spouse discuss whom to leave your estate to, the more your professional advisor's name comes up. Perhaps you have no children of your own and you are no longer close with anyone in your own family. You would rather see your property pass to someone whom you know and care for than to just another charity that may not properly use the funds you leave to them. Working with your estate planning attorney, you and your spouse decide to leave a significant share of your estate to this professional advisor, but as a surprise. Surely, this will be a much appreciated-gift for this advisor for whom you feel such affinity.

### What Could Go Wrong?

As professional advisors, we often spend hours with our clients, becoming familiar with some of the most personal details of their lives. Being a good listener and helping our clients achieve their financial and tax planning goals can create a natural closeness and high personal regard between clients and advisors. For individuals in similar circumstances to the fictional scenario described above, naming a trusted advisor who is also a friend as a beneficiary of your will, trust, insurance policy, or retirement account can feel very natural and desirable. So why would a professional advisor ever refuse such a generous gesture from you?

For advisors from certain professional backgrounds, deciding whether they can accept such a gift is easy because their professional licensing organization has already decided it for them.

### FINRA Registered Investment Advisors

For example, professionals who are registered with and regulated by the Financial Industry Regulatory Authority (FINRA) are subject to FINRA Rule 3241. This rule requires any person registered with FINRA to decline being named as a beneficiary of a client's estate or receipt of a bequest (gift at death) except under very limited circumstances. Those limited circumstances include being a member of the client's immediate family (as defined in the rules) or seeking and obtaining written approval from the member firm with which the registered advisor is associated to accept such a gift or bequest. The rule is fairly straightforward and leaves very little room for differing interpretations. In general, a registered investment advisor cannot accept such a gift from or otherwise be a beneficiary of a client's estate as in the scenario described above.

### Attorneys

State bar association rules of professional conduct govern the ethical and professional responsibilities of members of the legal profession and are frequently adapted from the American Bar Association's Model Rules. Under these rules, attorneys are also generally

prohibited from being named as a beneficiary in a client's will or trust document that the attorney prepared.<sup>[1]</sup> For example, the Model Rules specifically prohibit a lawyer from "preparing on behalf of a client an instrument giving the lawyer or a person related to the lawyer any gift unless the lawyer or other recipient of the gift is related to the client."

### Accountants


Certified public accountants (CPAs) are also subject to rules that dissuade accounting professionals from accepting gifts or bequests from clients unless it can be clearly shown that such gifts do not impact the CPA's ability to exercise independent judgment.

As the above-referenced professional rules of conduct demonstrate, in an estate planning context, the general principle is that a professional should seek to avoid profiting from the death of a client. Of course, there is nothing wrong with a professional continuing to offer the services that they provide in the normal course of business to the executor of the deceased client's estate or the trustee of their trust. But where a professional obtains a windfall from a client through a gift, bequest, or beneficiary designation that is clearly not compensation for services rendered, a professional should very carefully consider the wisdom of accepting such a gift.

If one of your relatives or another professional advisor were to learn of such a gift, there could be an assumption of impropriety or that your professional advisor has violated their fiduciary obligation to you by seeking to exploit the relationship of trust for improper financial gain. Accusations of undue influence or questions surrounding your mental capacity to make such gifts may arise. And even if it can be proven that your professional advisor did not in fact engage in any pressure tactics or take advantage of their position of trust, there could nevertheless be significant controversy, professional complaints filed, or even litigation against your professional advisor to get to the bottom of the situation or force some form of a financial settlement with the advisor.

Beyond that, even innocently naming your advisor as a beneficiary of your accounts and property could jeopardize your advisor's professional licensure in their chosen profession, as well as significantly damage the public's perception of the ethical conduct of other members of that profession.

Professional advisors with clients who want to leave them gifts or bequests from their estates should almost always politely decline, explaining the practical and ethical reasons why accepting such gifts could be counterproductive to the client, the professional advisor, and the profession in general. The advisor should then have a thoughtful discussion with the client about naming an appropriate alternative to the advisor. The professional could also help the client identify alternative charitable organizations that they may find attractive in lieu of the gift to the advisor.

Whatever you ultimately decide, your professional advisor will likely be able to sleep much better at night knowing that a disgruntled family member will not someday file a FINRA or other ethical complaint against them long after you have passed away and the money is spent. Furthermore, helping your professional advisor maintain the integrity and ethical standards of their profession will undoubtedly pay dividends from a professional and reputational perspective that far outweigh the financial benefits of accepting even a generous gift from you. 

# Circling Back to *ChartNotes* Spring, 2023. The Food Issue

Sometimes a topic that comes up in one issue will echo back to us later. Lately, the food issue seems to keep knocking at the door. If these tidbits raise your curiosity, you can find the original articles at [www.mpmedsociety.org](http://www.mpmedsociety.org). At this point, the digital version of *ChartNotes* is available only to members, so you won't see it as a link until you log in.

**From Rick Pittman, MD:** In *ChartNotes* spring issue 2023, I wrote about molecular gastronomy ("She put de lime in de coconut"), and explained how Jordi Roca, pâtissier at the restaurant El Celler de Can Roca, created a dessert entitled "Old Book." If you want to go to Girona, Spain, and taste Jordi's creation, you will have to wait eleven months for a reservation. Suffice it to say the restaurant boasts three Michelin stars and was rated the #1 restaurant in the world by Restaurant magazine in 2013, 2015, and 2018. The Netflix series "Chef's Table" showcased Jordi Roca in the 2018 season.

Long story short, my wife and I were able to get a table for four and shared the experience with our friends, Steve and Carol. There were twenty-five courses and wine pairings throughout. No words will do justice to this incredible and unique event. Without question, it was the best meal I have ever had, and it was such a blessing to share it with my mentor and our life partners. I encourage you to learn more about the Roca Family; see all the photos available on the web. Who knows? Perhaps you'll find eleven months to plan for a meal that will last a lifetime with a four-hour commitment.

To see more about El Celler de Can Roca and how we got there, scan this QR code.

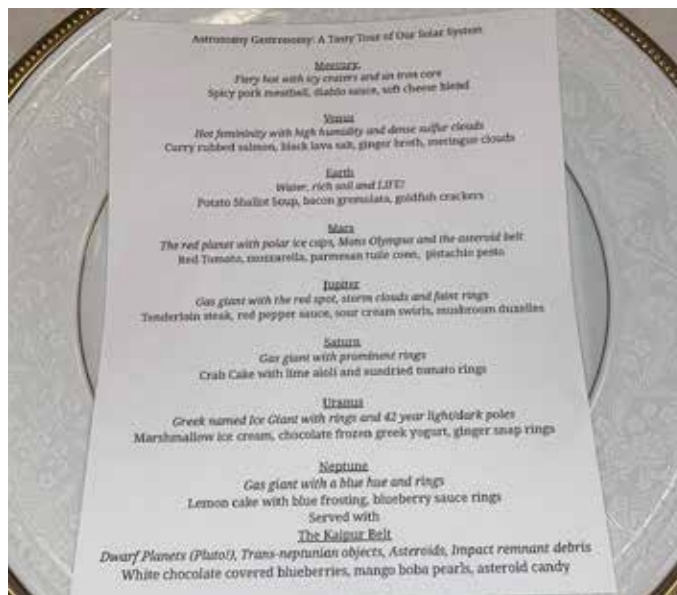


*Old book. Cinnamon and cream reduction, toasted powdered milk, Earl Grey tea cream, Madeline mousse, Madeline cubes, lemon jelly, lemon jam, caramelized crunch, rice paper.*

**In "Menu for a Cause,"** Pam Smith talked about raising money for Team USA, competing this December at the IAU 24H World Championships in Chinese Taipei. She had come up with the idea of hosting tasting-menu dinner parties built around unusual motifs. She had just served "The Twelve Days of Christmas."

Fast Forward. In late October, Pam hosted her last dinner before the team headed to Taiwan. This time she chose "Solar System." Starting closest to the sun, the planet Mercury, "fiery hot with icy craters and an iron core," became a pork meatball with diablo sauce, a soft cheese blend. The meal ended with the Kaipur Belt—white chocolate-covered blueberries, mango boba pearls, and asteroid candy became "Dwarf planets (Pluto!), Trans Neptunian objects, Asteroids, Impact remnant debris."

We can only hope Pam decides to fund-raise for Team USA again next year.



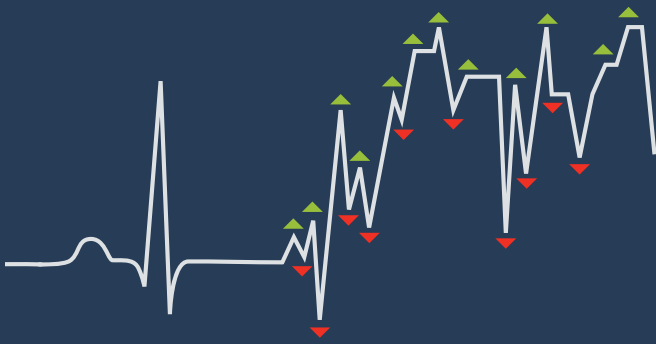
**The microbiome** made an appearance in the food issue, which carried the full title, "Food for Fun, Profit, and Health." The microbiome article included a quote from gut-brain-axis researcher Philip Strandwitz, Ph.D., who explained that gut bacteria produce and/or consume a broad range of neurotransmitters and hypothesized that manipulation of these molecules could impact host physiology.

In October, *PennMedicine* published a report on a possible etiology for long COVID. It supports and extends the Strandwitz hypothesis. "Using results from human participants, mice, and organoid cultures," the article states, "the researchers found that long COVID was tied with a decline in serotonin. A viral reservoir in the gut appeared to trigger inflammation that decreased intestinal absorption of tryptophan, serotonin's precursor molecule."

The Penn article doesn't offer an explanation for why 20% of individuals with known COVID develop long COVID. Why so many? Why not more? Does a lush, diverse microbiome protect against developing a 'viral reservoir'? Watch this space for updates.

# WHOSE INTERESTS

does your malpractice insurer have at heart?



Yet another medical liability insurer has transitioned from focusing on doctors to focusing on Wall Street. This leaves you with an important question to ask: Do you want an insurer that's driven by investors? Or do you want an insurer that's driven to serve you—one that's already paid \$140 million in awards to its members when they retire from the practice of medicine?

Join us and discover why delivering the best imaginable service and unrivaled rewards is at the core of who we are.



YOUR WORK. YOUR LIFE.  
YOUR TERMS.

## Confidential Counseling

for Healthcare Professionals

Our services allow for your complete privacy and confidentiality. Services are chosen by you and are provided in person or with telemedicine in some areas.

Whether you are seeking a better balance in your personal and professional life, or simply want to talk with someone who understands the issues you face, our team is here to help.

- Counseling sessions are not reportable to the Oregon Medical Board
- Open to all licensed physicians and advanced practice providers
- Up to eight visits per year at no cost to you
- Appointments to accommodate your busy schedule
- No identifiable billing records kept



Marion-Polk County  
Medical Society

ADVOCATE. COLLABORATE. EDUCATE.

Schedule an appointment:  
**541.242.2805**



# Wellness

Erin Hurley, MD & Tanie Hotan, MD



## Nurturing Well-Being: Insights from Groundhog Day and Ayurvedic Wisdom for Healthcare Providers

In the realm of timeless lessons, Bill Murray's character, Phil, in the classic film *Groundhog Day*, embarks on a transformative journey of reliving the same day countless times. This seemingly monotonous loop, however, unveils a deeper truth: subtle changes in our daily choices can yield remarkable, positive outcomes.

Phil's approach to altering his repetitive day ranged from audacious acts, like saving a child, to personal development endeavors, such as learning to play the piano. This diverse strategy underscores the potential impact of intentional actions on daily life. As healthcare providers, we can draw inspiration from Phil's wisdom, prompting us to consider the transformative potential in our daily routines. By embracing a mindset of continuous learning and adaptability, we can elevate our personal and professional experiences.

Quantifying Phil's cyclical journey, reliving the same day over 12,000 times, resonates intensely with the nature of our medical careers, many of which span over 30 years. His narrative serves as a poignant reminder to reflect on the profound impact that intentional, incremental changes can have on our professional paths.

This principle aligns with Ayurvedic medicine, a holistic approach emphasizing the making of daily choices and creating habits in sync with the natural rhythms of life. Insights from Ayurvedic expert Nancy Lonsdorf, MD, reveal how subtle shifts in behavior can lead to profound improvements in well-being. For instance, the seemingly simple practice of teenagers going to bed by 10:00 pm as a parent of teens, I understand the complexity of enforcing this) has shown a potential to reduce depression rates by 20% and curb suicidal thoughts by 17%. Imagine the impact if this practice were widely implemented—potentially preventing a million cases of depression among youth in the US per year.

Ayurvedic medicine teaches us to optimize daily, monthly, and yearly routines, focusing on aligning activities with our body's natural cycles. Integrating Ayurvedic principles into our lives can be a mighty endeavor. Consider the journey of one of my coaching clients, a physician leader who accepted the challenge to change her daily workflow to step away from her computer during lunch and actually take a break. Initially, she engaged in passive activities like scrolling on her phone, but my gentle nudge to take a short walk instead led to a cascade of positive outcomes.

This physician role-modeled this behavior and invited her colleagues to join her. Despite initial reluctance, her persistence paid off, and she recently hosted a walk with seven participants. Together, we calculated the benefits of this new 5-minute investment—movement, a change of scenery, a break from screen time, connection with colleagues, and exposure to nature. Research suggests that taking more frequent breaks will boost our decision-making effectiveness upon our return to work to nearly the level we started our day with.

How much more effectively could we accomplish our daily work if taking short intentional breaks for water, a healthy snack, social interactions, or movement were encouraged and considered normal for healthcare providers? How much more joy could we experience each day if restorative breaks were part of our daily routine? Could we limit some of the dread many feel about returning to work?

My coaching client's journey exemplifies the transformative power of seemingly minor adjustments. A five-minute walk, taken three times per week, adds up to twelve hours in a work year and fifteen straight days over a thirty-year career. This highlights the profound impact on health and well-being achievable through such small yet intentional investments.

Reflecting on daily routines, consider the small changes that can enhance your health and well-being. While no single habit can address all challenges, each positive choice sets the stage for a day that serves not only you but creates a ripple effect benefiting your patients, colleagues, staff, and family.

In these demanding times, prioritizing habits that support well-being is not merely an investment in ourselves but a gift we extend to those we serve. May the wisdom of Ayurvedic principles guide us as we contemplate creating a journey toward enhanced health and vitality as healthcare providers. Today, more than ever, you deserve the benefits of nurturing your well-being.

If you wish to delve deeper into these principles, don't hesitate to contact me at [erin@happyhealthyhealer.com](mailto:erin@happyhealthyhealer.com). I would love to connect and explore how these insights can enrich your personal and professional journey.



# MY CURRENT OBSESSIONS

## Circadian Rhythm

You know how when you notice something—a name, a song, an idea—it seems to be everywhere, all of a sudden? Well, that’s me and circadian rhythm, along with its buddies—sleep, light, serotonin, and melatonin. Some new combo of the gang is in my face daily.

It all started last May, planning my first trip across the Atlantic since pre-pandemic. I didn’t want to waste my precious time with a jet lag hangover, and I had had terrible luck trying to medicate my way out of it in the past. I remembered that I had once half-heartedly used an app called “Time-shifter” with moderately good results. I still had one free “shift” on my trial subscription. I followed it religiously—exposing myself to bright sunlight or a full-spectrum lamp when it told me, wearing my darkest sunglasses even indoors, even after sunset, if required. I drank coffee on the app’s schedule and used small doses of melatonin when I remembered.

With three-days of shifting under my belt, I drove to PDX around noon, ate a hearty lunch inside security, and boarded my plane at 2:30. After I adjusted my earplugs, eyeshades, and a really good neck pillow, I closed my eyes. The next thing I knew, the flight attendant asked if I wanted breakfast. We landed in Amsterdam, I got a coffee at Starbucks, and my internal clock ticked away happily on Dutch Summer Time for the rest of the trip.

I used the app again before a recent medical meeting in Washington, DC, dreading the daily 7:30 EST keynote speech. On this trip, I had the flexibility to adjust my circadian rhythm in both directions. Best business trip across time zones I’ve taken since forever.

**Fermented foods** feed and replenish the “good bacteria” necessary for a healthy gut. In the issue after the food issue, I obsessed about airlocks to keep fermentations both oxygen-free and my kitchen free from volcanic eruptions. I would have sworn the book I pulled off my shelf had been published in the 1980s—it had a real *Moosewood* feel with hand-drawn pictures, including one of a soda bottle with a half-inflated balloon on top. I later discovered the author wasn’t an aging hippie but a James Beard award winner.

Nevertheless, when I got to Central Oregon with a cabbage that wanted to be sauerkraut—I already knew how to make a Mason jar airlock. [f](#)



A sleep webinar, part of the pain CME requirement, recommended bright light first thing in the morning and a small amount of melatonin two-to-four hours before bedtime (no screens late in the evening) to recalibrate a patient’s circadian rhythm. Turns out all that lorazepam my patients “need” for insomnia only increases sleep by an average of seventeen minutes per night—and even that effect dissipates after a month of regular use. My hospice and palliative care patients have a high rate of sleep disturbance, daytime somnolence, sundowning, and delirium-induced day/night inversion. Check back here to see if all the full spectrum lights I’ve recently prescribed solve the problem!

Of course, we’re right in the middle of Seasonal Affective Disorder territory—caused by the disruption of normal circadian rhythm by diminishing daylight, with concomitant drops in endogenous serotonin and melatonin. For those of us at the 45th parallel, lack of naturally occurring vitamin D may also play a role.

While the thought of a long winter’s nap sounds heavenly, my own sleep patterns have become unsatisfactory. Maybe this onslaught of circadian rhythm messaging is the universe’s way of telling me, “Physician, heal thyself.”

*I’m on it.* [f](#)



# Last Word

## Rick and Jan's Splendid Vacation to the South of France and Beyond



*The Med at night*

If you've followed "The Last Word," you may know that some of my interests include cars, planning road trips, and molecular gastronomy. In the first issue of *ChartNotes* in 2023, I mentioned a chef at the Michelin three-star restaurant El Celler de Can Roca who had isolated the chemicals that give old books their distinctive smell—and created a dessert—around them. I didn't mention that I had already made reservations for my wife Jan and me to taste that dessert in Girona, Spain, October 18, 2023. We decided to build our European trip around the date. Since it was our first in fifteen years, we pulled out all the stops.

By flying into Nice instead of Barcelona, we had the opportunity to plan a road trip along the Mediterranean during the (relatively) quiet weeks of early autumn. It would also take us past the home of my former Swedish Hospital attending and mentor, colorectal surgeon Steve Medwell. He had made a huge impression on me and taught me how to be my best, how to present myself, and how to always remain humble, among other things.

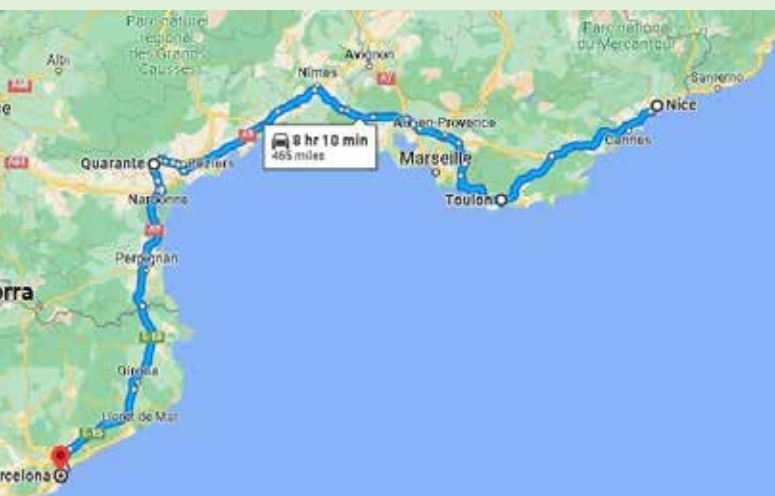
We had lost touch, but I googled Steve last year and discovered that he and his wife Carol relocated to Southern France (part-time) and started a wine club, The Princess and the Bear, with a mailing address in Seattle, features small vintners in the Languedoc-Roussillon region of southern France. After a small sampling of their wines, Jan and I became Mediterranean Club members. As luck would have it, The Princess and the Bear club party had been scheduled for October 14th in Quarante, France, about 110 miles north of our dinner reservation in Girona.

The party, with amazing wines and wine aficionados, was held in the interior courtyard of Steve and Carol's home, which featured an intimate, luxurious Mediterranean garden with a cooling pool and hidden treasures. We stayed for three days of eating, visiting, and local sightseeing— a welcome break from driving.

My first experience with the French autoroutes left me a complete wreck by the time we got to La Ciotat, our first stop after leaving Nice. It took three or four days before I finally 'got it.' The autoroutes are usually six lanes—three in each direction. Here are the simple rules for driving the French autoroutes: NEVER drive in the left-hand lane unless you are going faster than everybody else; NEVER drive in the middle lane unless you are passing someone in the right-most lane; NEVER pass anyone in the lane to your left. And watch out for "peage" aka toll roads. In 1,000 road miles, we paid ~\$200 in toll fees.



*Meeting the man himself, Jordi Roca*



*Helium makes the meal*



**NANCY BOUTIN, MD, MBA**

*Managing Editor*



Nancy is the Medical Director of Supportive Care at Willamette Vital Health. She has contributed articles to *ChartNotes* off and on for twenty years. She is very happy to be back at the keyboard.



**RICK D. PITTMAN, MD, MBA**

In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.



**HOWARD BAUMANN, MD**

Howard Baumann retired in 2010 after 34 years practicing gastroenterology at Salem Clinic. He is a member of the American Association of the History of Medicine, the Society for the History of Navy Medicine, and is a Board Member of the Oregon State Hospital of Mental Health. He contributes regularly to *ChartNotes* and Historical Tidbits.



*Autoroute stress*



*Guests at The Princess and the Bear*

We chose to avoid the autoroutes between La Ciotat and Quarante. It was fun, colorful, and full of a different stress. The roads are narrow, and people drive fast—especially the service and delivery people. Way too fast for roads that have drop-offs everywhere. Barcelona wasn't much better—a nightmare of a busy city with people walking everywhere and crazy drivers. Don't get me started on the motorcycles and scooters, ubiquitous as gnats on a warm, moist summer night.

At last, we arrived at Casa Cacao, "the house of chocolate," the Roca family hotel in Girona. We were lucky to have landed one of only twelve rooms, a short seven-minute ride to the restaurant at the heart of our vacation. (See page 22 for additional details). After the meal of a lifetime, we said goodbye to our friends on their way back to France, or rather "abientot."

The following morning, Jan and I sipped one last cup of cappuccino before leaving Spain for our drive back to Nice. But that's a story for another time.



To see the rest of the trip, scan this QR code.



*Good friends and good food*



*El Celler de Can Roca*



**THANK YOU MEDICAL PROFESSIONALS**

This issue of *ChartNotes* has a focus on medical providers with training in South Asia. This is a continuation of our look into cultural influences on medical education. In healthcare, understanding and respecting the diverse backgrounds, beliefs, and values of patients is not only ethically imperative but also critical for delivering effective and patient-centered care. Cultural awareness allows medical providers to recognize that patients' health beliefs and behaviors are often shaped by their cultural backgrounds. So, we take a moment to thank all our medical educators and providers from different cultural backgrounds for their insights into the practice of healthcare. As always, if you have any ideas for features in *ChartNotes*, contact Nancy Boutin at [nancyboutin@me.com](mailto:nancyboutin@me.com). If you or your organization has news or events to share, or an in memoriam to share about one of our members, contact Harvey Gail at [exec@mpmedsociety.org](mailto:exec@mpmedsociety.org). Also, visit our website at [www.mpmedsociety.org](http://www.mpmedsociety.org) for our news submission policy. The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. Be Well!



**Marion-Polk County Medical Society**  
ADVOCATE. COLLABORATE. EDUCATE.



Marion-Polk County Medical Society  
PO Box 246  
Salem OR 97308-0246

**RETURN SERVICE REQUESTED**

PRESORT STD  
U.S. POSTAGE  
**PAID**  
SIPRINT

# Community Minded, Just Like You.



Our community has been our priority for nearly a century. Nationally recognized for delivering sound banking and personal service in the heart of the Willamette Valley, we've built a legacy of trust. We are at our best together.



**PIONEER  
TRUST BANK**

Salem's Community  
Partner Since 1924.

[pioneertrustbank.com](http://pioneertrustbank.com)

Member FDIC / Equal Opportunity Lender 