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Featured

Featured Community Health physician:



Elizabeth Davis, MD

We reached out to South End Community Health Center Chief of Adult Medicine, Elizabeth Davis, MD to ask her a few questions:

Q. How did you get involved with South End

November 15th, 2017

Director's Notes

Stigma & Shame - Blunt Instruments of Behavior Change

I've been thinking again about stigma associated with substance use disorders (SUD). Specifically, how patients with SUD view themselves and how healthcare workers think about, relate to, and treat them. There is an important difference between shame and guilt. Guilt is the feeling someone has when they do something that they know doesn't represent their real self, while shame is a feeling associated with one's identity. Shame is an individual's acknowledgement that who they are is unacceptable and worthy of ostracism. "I know that I am unacceptable; worthy of only contempt and social separation." The shamed feel stigma and separation from society. Societal ostracism may be the most painful form of human punishment. Isolation has long been used to control behavior and prevent deviance. In prisons it ranks as the highest level of punishment, and in extreme forms, as torture. Despite these profound harms, stigmatization persists in society and healthcare.

We clinicians constantly work with behavior change. With our patients suffering SUD, we engage in a life-or-death struggle to help them change destructive behaviors. The stakes are high, so it is natural that we may try every tool available to change our patients' behavior: medications, counseling, and rehab programs, to name a few. However, in our desperation, we can also inadvertently invoke shame by using stigmatizing language (time clean, dirty urine, etc.). Stigma and shame, despite their change-inducing potency, remain blunt instruments that can create enormous pain and suffering. We inflict a powerful punishment and serious harm upon our patients when we



Community Health Center (SEHC)?

A. I learned about the South End from a former resident of mine from Mass General is the Medical Director of Behavioral Health and suggested I interview for Director of Integrated Behavioral Health. I initially was hired to do primary care and run IBH, but was asked to run the Adult Medicine Department which was going through a total overhaul and was in need of new leadership. I also applied for a HRSA grant prior to coming to SEHC to start an addiction program.

Q. What has surprised you the most about working at SEHC?

A. The complexity of the medical and social problems of the patient population. I was accustomed to the hospital setting and was not aware of how interesting and rewarding it would be to work in this setting. I also learned that working in a health center is like working with a family and that we can grow and develop together in a positive way.

Q. What do you wish other people knew about SEHC?

A. As of October 2016, we have a comprehensive addiction program with psychiatric and medical services, as well as case management. We provide screening for infectious diseases and treatment for HCV and HIV. These are new programs that were started under my

engage in stigmatization and shaming, even if unwittingly. This runs contrary to the professional oath we swore to uphold. The resulting social isolation only serves to wound our patients or worse - lead to their premature death. For these reasons, we must commit to remove stigmatizing and shaming from our professional behaviors, gestures, and language. This is not about political correctness; it is about humane treatment - respecting our patients and preserving their dignity.

Warm Regards,
Christopher W. Shanahan, MD MPH FACP
Director, Community Medicine Unit

BUSM & GIM Updates

Community Medicine Unit Grand Rounds Kathy Bennett Annual Memorial Lecture



From left: Thea James, MD, Alexander Walley, MD, MSc, Lucy Marcil, MD, Christopher Shanahan, MD, MPH

The Kathy Bennett Annual Memorial Lecture was hosted by BMC Section of General Internal Medicine and the Community Medicine Unit on October 4th, 2017. The topic of lecture was "Physician Advocacy: Models for Success" which was discussed by the distinguished panel that included, Thea James, MD, Alexander Walley, MD, MSc, and Lucy Marcil, MD. Each panelist discussed their efforts to institute an initiative in the community whether it be a program or policy. The discussion was well received by all who attended.

Reminders!

BMC Compliance

As we near the end of the compliance window, we would just like to remind all that anyone who is credentialed through BMC must have their Flu Vaccine/PPD

leadership. We are expanding rapidly but make every effort to see patients as soon as possible and have not had to have a wait-list. We are interested in harm reduction and our philosophy is to provide as much support and treatment to meet patients where they are in their recovery without imposing too many restrictions. We are also becoming the outpatient site for a new family medicine and psychiatry residency at BMC, to begin in 2018.

Q. What do you think you'd like to see change (if anything) at SECHC, over the next 5 years?

A. More extensive integrated behavioral health, the ability to accommodate at least 300 individuals with substance use disorder (based on the size of the health center - 13,000 patients - we are now a 1/3 of the way there), a program that targets adolescents and substance abuse, more extensive family treatment for this population, overall growth of the clinic in all departments which would of course would reflect the strength of our operations and financial management.

Q. How do others describe you?

A. I'm not sure...probably tenacious ... a strong advocate for patients who deserve but do not always receive fair treatment.

Q. What is something someone might be surprised to know about you?

Documented by the Working Well Clinic (formerly Occ Health). The deadline for compliance is December 8th.

If you have already received a flu vaccination and had your PPD read but have not already submitted your documentation, please send to the [Working Well Clinic](#) as soon as possible. If you do not know your compliance status, please reach out to Working Well or [Sarah Brunt](#). There is one more drop-in session available this season, for your convenience:

- Monday, November 20: Newton Pavilion Lobby, 7:30 a.m. - 3:30 p.m.

The Working Well Clinic, located in the Doctor's Office Building (DOB 7), suite 703, also has ongoing drop-in sessions available on Tuesdays, Wednesdays, and Fridays from 7:30 a.m. to 4 p.m. For all of these events, please be sure to bring your BMC employee ID with you.

FPPEs and OPPE Collection

FPPEs and OPPEs collection is now in full swing! Please be sure to complete requested peer reviews in a timely fashion. The deadline for all FPPEs and OPPEs to be reviewed and submitted in December 31st, 2017.

Network in the Media

NPR, Nov. 2, 2017

[Looking For A Home When Your Name Is Hispanic And Finding Discrimination Instead](#)

"A safe, decent, affordable apartment can act like a vaccine. It can keep you healthy now and in the future," said Megan Sandel, MD, MPH, associate director of BMC's GROW Clinic.

Time - Nov. 2, 2017

[What Doctors Facing the Opioid Crisis Need Next](#)

Michael Botticelli, executive director of the Grayken Center for Addiction at BMC, believes the declaration of the opioid crisis as a national public health emergency lacks the resources & actions that could make an impact on the epidemic.

U.S. News & World Report - Oct. 30, 2017

[When It Pays to Quit, More People Stop Smoking](#)

"Our results show that a successful intervention to help low-income individuals quit smoking should be multifaceted and focus on both assisting with resources and, when possible, providing financial incentives," said Karen Lasser, MD, MPH, in regards to her new study.

Resources

A. I worked as a DJ and survived medical school by doing martial arts

Clinician's Corner by
Geoffrey Modest, MD



[Polypharmacy in the elderly and falls?](#)

This critique argues that the association is not so clear, that the real association may be medical comorbidities and frailty, and the goal is not simply to avoid polypharmacy or even the use of some potentially dangerous meds, but to have clear individualized approaches to the patient.

[Opioids not better than NSAIDs for Acute Pain](#)

NSAIDs work as well as opioids for patients in the ED with acute pain in their extremities.

[PCI in angina, stenting](#)

For elderly patients with chronic stable angina and a single severe coronary artery blockage, there was no benefit from a PCI with a drug-eluting stent or sham surgery. This critique argues more broadly about coronary artery occlusion treatments, placebos, and mentions other studies showing sham surgery in other situations does not help.

If you would like to be on the regular mailing list for blog posts, please contact: gmodest@uphams.org

Immigrant and Refugee Health Program Boston University Forensic Medical Evaluation Group (FMEG)

The Forensic Medical Evaluation Group aims to:

1. Provide independent forensic medical evaluations that are consistent with international best practices.
2. Increase accountability to perpetrators through documentation.
3. Further prevent future ill-treatment, therefore improve the public health.

FMEG is a service for asylum seekers requiring documentation of prior ill treatment. The group offers evaluation and documentation of physical and psychological evidence of torture and abuse in a supportive, and collaborative environment while working closely with attorneys.

For more information please visit their website: [Forensic Medical Evaluation Group](#)

Education Corner

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM Grand Round (CME)

Weds, Nov. 22nd, 2017 @ 8AM-801 Mass Ave, 2nd flr, Rm 2128 "PSA Guidelines: the Prostate Cancer Saga Continues"- presented by Richard K. Babayan, MD ([BU Profile](#))

GIM Grand Round (CME)

Weds, Dec. 13th, 2017 @ 8AM-801 Mass Ave, 2nd flr, Rm 2128 "Insomnia"- presented by Sanford H. Auerbach, MD ([BU Profile](#))

If you would like to be added to the GIM Grand Rounds/M &M announcements please email deana.barakat@bmc.org!

Upcoming Buprenorphine Waiver Training for Prescribers

This free 2 part course fulfills the 8 hours of the training needed to obtain a waiver to prescribe buprenorphine. Must Register for Part 1 AND Part 2.

[View Upcoming Events Here!](#)

BLS Training

Weds. Dec. 6th, 2017

Time: 8am-9am

Location: Crosstown Building 2nd fl. 801
Massachusetts Ave. Boston, MA 02118

If interested in attending this training, please email
[Deana Barakat](mailto:Deana.Barakat@bmc.org) to receive the code for registration.

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