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# Letters to the Editor

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## The View from the East

*To the Editor:*

I read with interest the *North Carolina Medical Journal* Volume 62 supplement. The entire journal was devoted to a quarter-century of progress in health care in the eastern part of North Carolina with the guest editor, Athanasius Anagnostou, MD. It was a fine article and certainly there is evidence that a lot of progress was made in health care.

However, after reading the article I wondered what happened to the specialty of Obstetrics and Gynecology. Was there no progress made in the health care of women in Eastern North Carolina for a quarter-century? The more I thought about it and talked to my colleagues in Obstetrics and Gynecology, the more I began to have some questions as to why a summary was not done in that specialty.

Maybe the editors and staff of the *Journal* plan to devote an entire issue to Obstetrics and Gynecology and the care of women in Eastern North Carolina. I can't believe it. It seems like that specialty has always been thought of as some less glamorous, easy practice. "All they do is deliver babies, and most of them can't even do surgery." Well, that is not the case, and I am angry.

So, for the record, let me tell you about a journey of one Obstetrician-Gynecologist who left the University of North Carolina in 1973 and came to the eastern part of the state and thought he was in another country. You could not say penis or vagina, you had to say pee-pee, and most health departments would not give birth control to anyone under 18 unless they had one illegitimate pregnancy. Laparoscopy was unheard of. Family physicians did a lot of the deliveries, and if you were a Medicaid patient or a "health department" patient and pregnant, you always received second-rate treatment. Gonorrhea was a big problem, and very few doctors were doing gonorrhea cultures in their offices. If you did pregnancy terminations, you were either a killer or a maniac and, in the eighties, you and your wife and family were threatened. Demonstrations were a daily occurrence in front of your office.

That was almost 30 years ago. Since that time, the Obstetricians and Gynecologists have helped to start a rape

crisis center in the Emergency Room, supported battered women's shelters, helped revamp the family planning clinics, established a program of regular screening for Gonorrhea with Pap smears, opened up the whole area of laparoscopy and colposcopy and the instrumentation of hysteroscope under local anesthesia, and introduced outpatient sterilizations with Hulka clips.

In one community, one of the first outpatient surgery clinics was built, followed by a birthing center. One practice trained over 20 nurse practitioners from the James Sprunt Institute and helped trained medical and PA students from Duke, Wake Forest, and East Carolina. When pregnancy terminations came under pressure at East Carolina, the clinic helped train doctors who were unable to get training there because of political pressure. One doctor over the last ten years has devoted a lot of his free time to supporting the local health department and, in the last two years, a free clinic.

When I entered private practice, the cost of my malpractice coverage was approximately \$1800. I have watched it go up to \$118,000 and then have the company we spent 30 years with pull out of the state, leaving most of us bare until we could find appropriate coverage. And, by the way, our malpractice claims were below the national average. One was a failed tubal ligation, one a shoulder dystocia; the others involved other Obstetricians and Gynecologists and affected us only because our names were on the chart. So much for support.

When we were training the Duke PA students, Dr. Eugene Stead was always very cooperative and had a lot of insight into the problems of the specialty. Perhaps he, or somebody, can explain why the practice of Obstetrics and Gynecology was omitted from the summary of a quarter century of progress in health care in Eastern North Carolina.

Takey Crist, MD  
Director, Crist Clinic for Women  
250 Memorial Drive  
Jacksonville, NC 28546

*To the Editor:*

Congratulations on an excellent special issue on Traumatic Brain Injury [NC Med J 2001;62(6)] and an excellent supplement on Health Care in Eastern NC. I must echo Dr. Eben Alexander's letter "Where are the neurosurgeons?" [NC Med J 2001;62 (suppl):S6] and raise him one. How is it possible to omit the area of Psychiatry in light of the significance of mental health impairment of our citizens? How is it possible to omit Cherry Hospital in Goldsboro, the public mental hospital that serves the entire East? Can it be that prejudice regarding mental illness abounds even in our medical colleagues? Please recognize my tongue is in my cheek, and put me on the top of the list of subscribers to the *Journal* with its new dimension under the sponsorship of the North Carolina Institute of Medicine.

Nicholas E. Stratas, MD, LFAPA  
Raleigh Psychiatric Associates  
3900 Browning Place  
Raleigh, NC 27609

*To the Editor:*

Your supplement on health in Eastern North Carolina was excellent. It just so happens that the most recent issue of North Carolina Insight, the magazine published by the North Carolina Center for Public Policy Research, was devoted entirely to the subject of Eastern North Carolina. It was entitled, "What About the East? Opportunity and Challenge in Eastern North Carolina."

One of the contributing writers is Tom Lambeth, who was the long-term director of the Z. Smith Reynolds Foundation in Winston-Salem. The publication is exceedingly well done, with maps, articles, and statistics. I think all of those who are interested in the Supplement from the North Carolina Medical Journal would certainly be interested in this issue, which you can obtain by writing to the North Carolina Center for Public Policy Research, 5 W. Hargett Street, Suite 701, PO Box 430, Raleigh, NC 27602.

Eben Alexander, Jr., MD  
Department of Neurosurgery  
Wake Forest University Baptist Medical Center  
Winston-Salem, NC 27157-1029

*To the Editor:*

I was very interested in the recent "special issue" of the *Journal*, featuring health care in Eastern North Carolina. Having taught for a couple of years in the late 1980s at the medical school there, I am familiar with the medical environment and have many friends practicing there.

It was good of you to feature Eastern NC and its medical environment and special problems; that's an admirable topic for the *Journal*. I think, however, you missed a major point in the provision of health care in that region. Many of your articles focused on subspecialty care: Cardiology, Surgery, Hematology/Oncology. While we all need these to practice

medicine, what was largely ignored was the past, present, and future contributions of Family Practice to Eastern North Carolina. Long before the medical school, it was the family doctors who hung in there and took care of people. Indeed, ECU's medical school was *founded* to provide primary health care to the people in the eastern part of our state. ECU's Family Practice Department has taken that charge seriously, and if you look at the number of graduating Family Practice residents who practice in underserved areas of the region, you will be favorably impressed. Before a Hematologist/Oncologist, a Surgeon, or a Cardiologist will go into a community, there will need to be a Family Physician or two in place.

You included a very generic article on "Primary Care," which was just statistics and graphs. What should have been done was an in-depth article on the joys and sorrows of Family Physicians who have fought to provide increased health care services to the Eastern North Carolinians—from *before and after* the establishment of ECU.

Again, if your article only intended to highlight Hematology/Oncology care in the region, it succeeded, but if you truly meant to feature "a quarter-century of progress in health care," you featured only a few skiffs and missed the big boat. I hope that if you ever feature my western part of the state, you don't leave out the ever-important Family Physician.

Maureen E. Murphy, MD, FAAFP  
Alleghany Family Practice  
214 Doctors Street  
Sparta, NC 28675

*To the Editor:*

I am writing in response to an article in the recent *Journal* supplement, "Cardiology in Eastern North Carolina, 1960-2001" [NC Med J 2001;62 (suppl):S42-S45]. The article states that "Dr. Andre Tse, the first fellowship-trained Cardiologist, began practice in 1976 in Jacksonville." Dr. Andre Tse is not a fellowship-trained Cardiologist. He is not a board-eligible Cardiologist. I came to practice in Jacksonville in 1999. I am board-certified in Cardiology and a Fellow of the American College of Cardiology. I introduced transesophageal echocardiograms to Onslow County and currently am the only doctor performing this procedure in Jacksonville.

I feel it is extremely important that readers of the *Journal* have accurate information, especially in the matter of a person's credentials. I have worked hard to obtain my credentials, including my fellowship status in the American College of Cardiology, and I strive to improve Cardiology services in Onslow County and the city of Jacksonville. I would clearly appreciate a response, and I would like a correction in the next issue regarding the errors in print.

Louis Caruso, MD, FACC  
Jacksonville Heart  
47 Office Park Drive  
Jacksonville, NC 28546