

Our Medical Staff

Neal R. Kirkpatrick, MD (retired)

Medical School: University of Wisconsin
Internship: The Evanston Hospital
Residency and Masters Program: Mayo Clinic
• Senior Resident Associate

Wendell C. Kirkpatrick, MD (retired)

Medical School: Washington University
Internship & Residency: The Baltimore Union Hospital

Richard A. Kirkpatrick, MD

Medical School: University of Washington
Residency: Mayo Clinic
Fellowship in Biomedical Communications: Mayo Clinic

Rebecca L. Becker, MD

Medical School: Medical College of Ohio
Residency: Michigan State University
• Chief Medical Resident

Vladimir I. Bogin, MD

Medical School: University of Moscow (Russia)
• Brown University & Yale University
Residency: Strong Memorial Hospital, University of Rochester
• Chief Medical Resident

Irina A. Stolerman, MD

Medical School: University of Moscow (Russia)
Residency: Strong Memorial Hospital, University of Rochester

Gregory Khurtsidze, MD

Medical School: Tbilisi State Medical University (Georgia)
Residency: Huron Hospital, Cleveland Clinic
• Assistant Chief Medical Resident

Maia L. Gakhokidze, MD

Medical School: Aieti Medical School (Georgia)
• "Best Student of the Year"
Residency: Huron Hospital, Cleveland Clinic
• Chief Medical Resident

Rajden E. Kutelia, MD

Medical School: Aieti Medical School (Georgia)
• "Excellence Award"
Sub-Internship: Emory Medical School
Residency: Huron Hospital, Cleveland Clinic
• "Best Third Year Medical Resident"

Vivek J. Murari, MD

Medical School: B.J. Medical College (India)
Residency: Mayo Clinic & Cook County Hospital (Chicago)

G. Carol Sayles, ARNP

Undergraduate School: Oregon Health Sciences University
Graduate School: University of Portland

Karen L. Joiner, ARNP

Undergraduate School: University of the State of New York
Graduate School: University of Portland

William Dennis-Leigh, PA

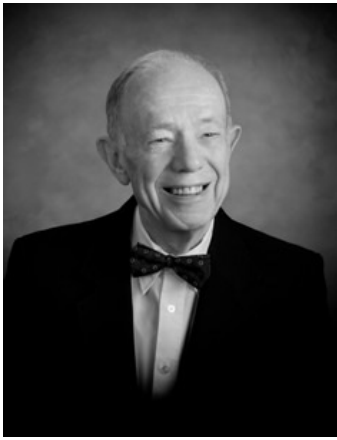
Undergraduate School: California State University, Hayward
Graduate School: Stanford University Medical Center

True or False?

By Dr. Richard Kirkpatrick

1. Apples, not caffeine, are more efficient at waking you up in the morning.
2. Alfred Hitchcock didn't have a belly button.
3. A pack-a-day smoker will lose approximately 2 teeth every 10 years.
4. When you sneeze, all bodily functions stop, even your heart!
5. Only 8% of the population is lefties.
6. Forty people are sent to the hospital for dog bites every minute.
7. The average person over 50 will have spent 5 years waiting in lines.
8. The average housefly lives for one month.
9. 40,000 Americans are injured by toilets each year.
10. A coat hanger is 44 inches long when straightened.
11. The average computer user blinks 7 times a minute.
12. Your feet are bigger in the afternoon than any other time of day.
13. Most of us have eaten a spider in our sleep.
14. The **real** reason ostrich's stick their head in the sand is to search for water.
15. The only two animals that can see behind themselves without turning their heads are the rabbit and the parrot.
16. The toothbrush was invented in 1498.
17. Babies are born without kneecaps. They don't appear until they are 2-6 years old.
18. Michael Jackson owns the rights to the South Carolina State anthem.
19. In most television commercials advertising milk, a mixture of white paint and a little thinner is used in place of the milk.
20. Prince Charles and Prince William NEVER travel on the same airplane, just in case there is a crash.
21. The first Harley Davidson motorcycle built in 1903 used a tomato can for a carburetor.
22. Most hospitals make money by selling the umbilical cords cut from women who give birth. They are used in vein transplant surgery.
23. Humphrey Bogart was related to Princess Diana. They were 7th cousins.
24. If coloring weren't added to Coca-Cola, it would be green.
25. Small, mom and pop pharmacies are less expensive than the big chains.
26. Kirkpatrick Family Care has been open for 5,079 consecutive days.

Answers on Page 3...



The Second Opinion: Monopolies – Part Four

By Dr. Neal R. Kirkpatrick

Current ads on TV say that 1.85 million Americans were driven into bankruptcy by medical bills last year. Some of these people had catastrophic injuries, but for others, the problem has been the high cost of medications.

Some new treatments for cancer, hepatitis and rheumatoid arthritis cost thousands of dollars per month. For example, one commonly used cancer treatment costs \$14,000 monthly.

How can anybody afford this? The answer is that the medications are priced so highly, because 1) The manufacturers have a monopoly, and 2) Most of the money (in almost all patients) is paid by insurance companies.

On the other hand, look what has happened with statins and angiotensin receptor blockers (ARBs). In both instances, at least 6 options exist in treatment, and as a result, lower prices are available.

Now, yet another development has reduced prices – over a year ago, both Wal-Mart and Target announced that they would sell certain common generic drugs for \$4 per month, generally less than insurance company co-pays. So, what happened? First, many other pharmacies agreed to match the price, when requested. Then, Fred Meyers not only matched the \$4 per month, but also offered \$10 for a 90-day supply.

This happened because of competition. Were all pharmacies owned by one company, this would not have happened.

The lesson is applicable to all facets of medical care. When there's a monopoly, costs will go up and quality, down. But when consumers/patients have options, then prices fall and quality rises.

Keep that in mind when you're talking with your company's HR person about "exclusive" agreements with any health care provider. When you have options and choices, they have to offer a good deal to you!

Dr. Neal finished his internal medicine and cardiology training at the Mayo Clinic; he came to Longview in 1949. For 28 years, he wrote a weekly newsletter for staff at local hospitals and nursing homes. This column is a continuation of his lifelong effort to help spread medical information throughout our area.



States Protect Nonsmokers From Secondhand Smoke

From 2005 to 2007, the number of states with laws prohibiting smoking in private-sector work-sites (including restaurants and bars) has increased from just eight to twenty-five. These restrictions will help to significantly reduce the risk of heart disease and lung cancer among nonsmoking adults.

What is Secondhand Smoke?

Secondhand smoke is the combination of mainstream smoke (exhaled by a smoker) and sidestream smoke (emitted from the burning end of a cigarette, pipe, or cigar). It contains the same carcinogens and chemicals as its delivery vehicle and it lingers in the air for hours. Even breathing these dangerous particles in for a short time (as little as twenty or thirty minutes) can harm your health in a variety of ways; breathing in secondhand smoke over years can be even more dangerous. In fact, nonsmokers suffer many of the diseases of active smoking when they breathe secondhand smoke.



Food Handling Tips:

By Marcie Malone

Safe Shopping – Follow the rule “buy cold food last & get it home fast” when grocery shopping. Be sure to check sell-by or expiration dates on packages and never choose packages that are torn or leaking.

Hand Washing – Remove rings or bracelets and wash your hands thoroughly with hot, soapy water for a minimum of 20 seconds. Make sure to lather up to your elbows and pay special attention to nails and fingertips. Hand washing should occur in the following situations:

- At the start of food preparation
- Between handling different food items
- After using the bathroom or changing a diaper
- After handling garbage
- After touching a pet
- After blowing your nose, sneezing, or coughing
- After touching your face or hair

Preventing – Wash utensils, cutting boards, and counters after food preparation with a dilute bleach solution of one teaspoon bleach to one quart of water; it is especially important to sanitize surfaces that touched raw meat, poultry, or seafood. Replace and wash dishtowels and sponges often to prevent the spread of harmful bacteria throughout the kitchen. Use paper towels to dry washed hands after handling raw foods.

Old Food vs. Dangerous Food

When food has lost its quality, it will begin to smell funny, taste bad, and look slimy or moldy; however, that does not mean it is unsafe to eat.

On the other hand, food that has become contaminated by germs or toxins will smell, taste, and look perfectly fine, yet can be dangerous to eat. In fact, taking even a tiny bite to test the safety of a questionable food can be risky.

Thawing – Completely thaw meat, poultry, and seafood before cooking so it heats more evenly. Use the refrigerator for slow, safe (overnight) thawing. To thaw more quickly, place the frozen item in leak-proof bag under cold tap water; you can also microwave defrost if the food will be immediately cooked.

Marinating – Be sure to marinate food in the refrigerator, not on the counter. Discard leftover marinades that have been used on raw meat, poultry or seafood.

Restaurant Food vs. Homemade Food

Statistically, restaurant food is much safer to eat than food prepared at home. This is because professional food handlers have been trained on food safety guidelines, while the average household cook has limited knowledge on food safety.

Cooking – Be sure to cook foods to the proper internal temperature and check for doneness with a thermometer.

Tasting – When tasting food while cooking, always use a separate tasting spoon and get a new one each time.

Serving – Do not leave food out at room temperature for more than two hours (one hour if the temperature is above 80° F).

Storing – The *chart on page 4* shows how long different food items can be stored under different conditions. When freezing food, most can be stored in the freezer longer than suggested below and still be safe to eat, however the quality and texture of the food will be affected.

Quiz: Every fact is TRUE!

Product		Storage Period	
		Refrigerator (35° F - 40° F)	Freezer (<0° F)
Beef	Ground	1-2 days	3-4 months
	Steak & Roasts	3-5 days	6-12 months
Pork	Bacon	7 days	1 month
	Ham - whole	7 days	1-2 months
	Ham - slices	3 days	1-2 months
	Chops	3-5 days	4-6 months
	Roasts	3-5 days	4-6 months
Poultry	Whole	1-2 days	12 months
	Parts	1-2 days	6-9 months
	Giblets	1-2 days	3-4 months
Fish	Lean (Cod, Flounder, Haddock)	1-2 days	6 months
	Fatty (Bluefish, Perch, Salmon)	1-2 days	2-3 months
Cured Meats	Lunch Meat	3-5 days	1-2 months
	Sausage	1-2 days	1-2 days
Dairy	Hard Cheese (Cheddar, Swiss)	2-3 months	3-4 months
	Soft Cheese (Cream)	3-4 weeks	3 months
	Cottage/Ricotta Cheese	3-5 days	3 months
	Milk	5 days	1 month
	Ice Cream, Ice Milk	---	2-4 months
Eggs	Fresh	3 weeks	---
	Hard-boiled	1 week	---
Cooked Foods	Gravy & Broths	1-2 days	2-3 months
	Casseroles	1-2 days	6 months
	Leftovers	3-4 days	2-3 months

Diabetes Update

If you are currently on insulin therapy, please call (360) 423-9580 to schedule an appointment with Beth King, RN, CDE or Robin Hammon, RD at our Diabetes Education Center.

House Calls

Dr. Rich Kirkpatrick Hosts a Medical Talk Show on KLTV (Channel 11)

Wednesday Night
7:00-8:00 P.M.

Monday Morning
10:00-11:00 A.M.

Seminars

Held at the Canterbury Inn

Diabetes Support
1st & 3rd Tuesday of the Month
4:00 P.M.



Use a thermometer to check that the refrigerator is at 35° to 40° F and the freezer at 0° F or below.

Clinic Hours

Monday through Friday
8:00 A.M. to 8:00 P.M.

Saturday & Holidays
9:00 A.M. to 1:00 P.M.

Sunday & Christmas
Noon to 4:00 P.M.

Open **EVERYDAY** to help you!

