2007 House of Delegates Action on Resolutions and Board Reports

Editor’s Note: To read the complete text of resolutions and amendments, visit the members-only section of our Web site: www.wisconsinmedicalsociety.org.

Resolution 1 directed the Wisconsin Medical Society to support all young children, at least up to the age of 2, in the state of Wisconsin, receiving vaccinations through Vaccines for Children Program (VFC) from private physicians without having to make an extra trip to the Health Department for required vaccinations and preventative medical care. Action: Adopted as amended:

RESOLVED, That the Wisconsin Medical Society support all Wisconsin young children medically at least up to the age of two in the state of Wisconsin receiving eligible to receive vaccinations but are underinsured receive those vaccinations through the Vaccines For Children Program (VFC) be able to receive the vaccines from private physicians in the physician’s office without having to make an extra trip to the Health Department for required vaccinations and preventative medical care.

Resolution 2 directs that the Wisconsin Medical Society support a physician ID on the back of his/her driver’s license as a means to make it possible to get to the hospital as expeditiously as possible to provide better health care services especially when minutes could make a difference between life and death of a patient. Action: Not adopted.

Resolution 3 directs the Wisconsin Medical Society to oppose the corporate practice of medicine in all its forms and variations and seek legislation outlawing the corporate practice of medicine in the State of Wisconsin. Action: Not adopted.

Resolution 4 directs the Wisconsin Medical Society to seek to repeal the nursing home bed tax. Action: Referred to Board of Directors.

Resolution 5 directs the Wisconsin Medical Society to submit a resolution that directs the AMA to focus on preserving the ability of physicians to practice medicine without further bureaucratic interference and to withhold any and all support for “pay for performance” programs for Medicare and other third party payers, including the publication of “pay for performance” guidelines. Action: AMA Policies H-140.872 and H-450.943 – Recognized in lieu of Resolution 3.

H-450.943 Effects of Pay-for-Performance on Minority Health Disparities: Our AMA urges that physicians with expertise in eliminating racial and ethnic health disparities be involved in the design, implementation and evaluation of pay-for-performance programs. (Res. 210, A-06)

Resolution 6 directs the Wisconsin Medical Society to support legislation that will place the Injured Patients and Families Compensation Fund (IPFCF) on an actuarially sound footing, including capping payouts from the Fund. It further directs the Wisconsin Medical Society to support legislation that would separate a physician’s licensure requirements from the physician’s liability insurance coverage. Action: Not adopted.

Resolution 7 directs the Wisconsin Medical Society to adopt as an official policy that the funds of the IPFCF, as envisioned by its creators, should be held separately from any other revenues of the State of Wisconsin, and only used for the payment to injured patients and families and associated administrative costs. Resolution 7 also states that the existence and proper functioning of the IPFCF is, in essence, a “Prime Directive” that the Society cannot and will not recommend or endorse changes to the IPFCF unless approved by a two-thirds majority vote of the active general membership of the Society. Action: In lieu of Resolution 7, the Society reaffirmed its support for Society policy TOR-012:

(1) Physicians who are involved in the design or implementation of PFP programs should advocate for: (a) incentives that are intended to promote health care quality and patient safety, and are not primarily intended to contain costs; (b) program flexibility that allows physicians to accommodate the varying needs of individual patients; (c) adjustment of performance measures by risk and case-mix in order to avoid discouraging the treatment of high-risk individuals and populations; (d) processes to make practice guidelines and explanations of their intended purposes and the clinical findings upon which they are based available to participating physicians.

(2) Practicing physicians who participate in PFP programs while providing medical services to patients should: (a) maintain primary responsibility to their patients and provide competent medical care, regardless of financial incentives; (b) support access to care for all people and avoid selectively treating healthier patients for the purpose of bolstering their individual or group performance outcomes; (c) be aware of evidence-based practice guidelines and the findings upon which they are based; (d) always provide care that considers patients’ individual needs and preferences, even if that care conflicts with applicable practice guidelines; (e) not participate in PFP programs that incorporate incentives that conflict with physicians’ professional values or otherwise compromise physicians’ abilities to advocate for the interests of individual patients. (CEJA Rep. 3, I-05; Reaffirmation A-06; Reaffirmation I-06)
TOR-012 IPFCF: The Wisconsin Medical Society supports the idea that the Injured Patients and Families Compensation Fund, including any net worth of the Fund, is held in irrevocable trust for the sole benefit of patients and families who are proper claimants of the Fund and physicians and other health care professionals participating in the Fund.

Moneys collected for the Fund should not be used for any other purpose of the state. The Fund is established to curb the rising costs of health care by financing part of the liability incurred by physicians and other health care professionals as a result of medical malpractice claims and to ensure that proper claims are satisfied.

The Society opposes any action or legislation, which threatens to destabilize the medical malpractice climate in the State of Wisconsin, as that climate currently benefits our citizens’ access to medical care. (HOD, in the State of Wisconsin, as that climate currently threatens to destabilize the medical malpractice climate, the liability incurred by physicians and other health care professionals during the performance of their duties should not be prosecuted as a crime, but rather should be addressed as appropriate by the institution, by a professional disciplinary body, or by the civil justice system. Action: Adopted as amended.

RESOLVED, It is the policy of the Wisconsin Medical Society that negligent conduct by healthcare professionals during the performance of their duties should not be prosecuted as a crime, but rather should be addressed as appropriate by the institution, by a professional disciplinary body, or by the civil justice system.

Resolution 9 directs the Wisconsin Medical Society to support the development of the Milwaukee Regional Informatics System through the WHA/MCMA Community Collaboration with the Wisconsin Hospital Association and WHIE. It also directs the Wisconsin Medical Society to support the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc). It also directs the Wisconsin Medical Society to support the research and methodology by which such care plans can be shown to improve patient outcomes and save valuable and scarce health care resources. It further directs the Wisconsin Medical Society to support the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information. (Example: rare diseases protocols for pediatrics may be merged into a common web-based access point with plans of care for mental health patients who are homeless and being managed by case managers, or dialysis patients, or patients with pain clinic contracts). Action: Adopted.

Resolution 10 directs the Wisconsin Medical Society to appoint a task force or strategic panel to investigate and report on the current state of primary care medicine in Wisconsin and recommend to the 2008 House of Delegates a set of proposed actions. Action: Adopted.

Resolution 11 – withdrawn by author.

Resolution 12 directs the Wisconsin Medical Society to form a task force of physicians (including at least one physician currently working on the Medical Examining Board) to review the current state of the quality of care provided to patients with pain and end-of-life issues and whether CME directed at these has a positive impact. It further requests that this task force report back to the Board of Directors with its recommendation on whether or not pain management and end-of-life CME would improve the quality of care provided to patients in the state of Wisconsin. Action: Substitute resolution adopted in lieu of Resolution 12:

RESOLVED, That the Wisconsin Medical Society contact the California Medical Society in an attempt to find out what the effect has been of the five-year-old California law that mandates, for license renewal, a one-time requirement of 12 hours of CME on pain management and the treatment of the terminally ill. This fact-finding mission could be conducted by the Wisconsin Medical Society staff and/or a physician panel and its purpose would be to answer questions such as:

1. Has California done research to see if the law has improved pain management and end-of-life care for its residents? (Who did the research, what methods were used and what were the findings?) If not, is such research in progress or scheduled to be done?

2. How do the California physicians feel about this law? (Are they generally pleased, neutral or believe it to be a waste of time and want the law rescinded?)

3. Would the California Medical Society recommend that other states work for or against such legislation; and be it further

RESOLVED, That the researchers report their findings to the Board of Directors and to the members of the Wisconsin Medical Society.

Resolution 13 directs the Wisconsin Medical Society to support the statewide use by health systems and/or hospitals of a specific color of wristband, based on a national color standard, to designate a patient’s Do Not Resuscitate (DNR) status. Action: Adopted as amended:

RESOLVED, That the Wisconsin Medical Society supports the statewide use by health systems and/or hospitals of a specific national or statewide color standard when using of wristbands to designate a patient’s Do Not Resuscitate (DNR) status, and be it further

RESOLVED, That to minimize confusion and maximize patient safety, the Wisconsin Medical Society supports the use of a specific color based on a national...
color standard to avoid future issues related to different shades of the same color.

**Resolution 14** directs the Wisconsin Medical Society to support erectile dysfunction treatment incident to prostate cancer treatment and that this treatment should be covered by Medicare and all other third parties for reimbursement. *Action: Adopted*

**Resolution 15** directs the Wisconsin Medical Society to lobby the Centers for Medicare and Medicaid Services (CMS) and request the American Medical Association lobby CMS to provide Zostavax as a covered benefit to Medicare recipients under Medicare Part B. *Action: Referred to the Board of Directors.*

**Resolution 16** directs the Wisconsin Medical Society to support increasing the driving age in Wisconsin to 18 years of age. *Action: Referred to the Board of Directors.*

**Resolution 17** directs the Wisconsin Medical Society to work to reduce non-emergency use of cell phones when operating a motor vehicle by seeking legislation to: 1) prohibit the use of any type of cell phone (hands-on or hands-off or built-in) by anyone driving while on a learner’s permit; 2) record all cell phone use at the time of an accident by having cell phone use records included with any accident report to study its effect on accident incidence to see if there was impairment at the time of the accident; 3) prohibit the use of any type of cell phone (hands-on, hands-off or built-in) while driving by school bus drivers; 4) except by official emergency vehicle drivers, prohibit the use of hands on cell phone use by all vehicle drivers while driving; 5) except by official emergency vehicle drivers, prevent the use of hands-off or built-in cell phones by all vehicle drivers while driving. *Action: Referred to the Board of Directors.*

**Resolution 18** directs the Wisconsin Medical Society to collaborate with the Pharmacy Society of Wisconsin to inform the general public about the need to safely dispose of unused supplies of prescription medications, especially controlled substances, psychoactive compounds, hormones and antibiotics. It further requests that the Wisconsin Medical Society collaborate with the Pharmacy Society of Wisconsin to develop an effective and affordable process for collection of unused supplies of prescription drugs and their safe incineration. *Action: Adopted.*

**Resolution 19** directs the Wisconsin Medical Society to work with the Pharmacy Society of Wisconsin and appropriate governmental agencies to develop computerized prescription drug monitoring programs usable by any licensed physician in the state of Wisconsin. *Action: Adopted.*

**Resolution 20** directs the Wisconsin Medical Society to collaborate with the Pharmacy Society of Wisconsin about the increasing prevalence of and risks of prescription drug misuse and addiction by adolescents. It also requests that parents be encouraged to consider placing under lock and key all supplies of narcotic analgesic, sedative and psychostimulant drugs that may be prescribed to a family member in order to minimize the impact of prescription drug misuse and addiction. *Action: Adopted as amended:*

RESOLVED, That the Wisconsin Medical Society collaborate with the Pharmacy Society of Wisconsin about to document the increasing prevalence of and risks of prescription drug misuse and addiction by adolescents; and be it further

RESOLVED, That parents be encouraged to consider placing under lock and key all supplies of narcotic analgesic, sedative, and psychostimulant drugs that may be prescribed to a family member, equating the concept “medicine cabinet locks” with the widely accepted concept of “kitchen cabinet locks,” in order to minimize the impact of prescription drug misuse and addiction.

**Resolution 21** directs the Wisconsin Medical Society Board of Directors to allocate staff and funds for a Citizen Congress III. *Action: Adopted substitute amendment in lieu of Resolution 21:*

RESOLVED, That the Wisconsin Medical Society supports the concept behind the recent Citizen Congresses. In light of the Society’s limited financial resources, the Society encourages county medical societies and specialty societies to conduct and fund such Congresses at the local level.

**Resolution 22** directs the Wisconsin Medical Society to develop a plan to assure meaningful action on “Patient-Centered Care” strategic priority and recommend the plan to the Board of Directors within 6 months of the 2007 Annual Meeting. *Action: Adopted.*

**Resolution 23** directs the Wisconsin Medical Society to withhold endorsement of any political candidate on the local, state or national level and request that WISMedPAC consider refraining from making formal political endorsements. It further directs WISMedPAC to clearly indicate that a WISMedPAC endorsement does not indicate endorsement by the Wisconsin Medical Society. *Action: Adopted as amended:*

RESOLVED, That it shall be the continued policy of the Wisconsin Medical Society to withhold endorsement of any candidate for the political office at the local, state and national levels as required by law pertaining to nonprofit organizations; and be it further

RESOLVED, That the Wisconsin Medical Society strongly advises encourages WISMedPAC to make it consistently, maximally clear that its candidate endorsements are not endorsements by the Society; and be it further

RESOLVED, That the Wisconsin Medical Society requests that the WISMedPAC prepare informational documents to compare and contrast candidates, consider refraining from making formal political endorsements.

**Resolution 24** directs the Wisconsin Medical Society to appoint a committee of members to establish a formalized selection process for Society strategic panels (i.e. Councils) that is transparent and that ensures selection
Resolution 25 directs that the Wisconsin Medical Society Board of Directors serve two-year terms on Board committees and no more than two consecutive terms on one Board committee, with the exception of the Board President, Past-President and President-elect. It further directs that the Wisconsin Medical Society Board of Directors serve on only one Board committee at a time and serve on the committee of their choice, limited only by the need that all committees have sufficient membership. **Action: Not adopted.**

Resolution 26 directs the Wisconsin Medical Society to create aims and metrics for each Governance Task Force recommendation that is ratified by the 2007 House of Delegates and report the conclusions and an assessment of whether the changes achieved their intended outcomes to the House of Delegates for the next five years. It further directs the Wisconsin Medical Society to strive to include aims and metrics with any future proposed change in structure or function of the Wisconsin Medical Society and monitor the metrics over time to ensure the desired outcomes. **Action: Referred to the Board of Directors for implementation.**

Resolution 27 directs the Wisconsin Medical Society to study the current resources being devoted to specialty sections, including monetary and staffing, and compare the resources to those of the counties, districts and regions, and work with the specialty sections to ensure that adequate resources are available to support the needed functions and growth. **Action: Adopted.**

Resolution 28 directs the Wisconsin Medical Society to create an Independent Practice Section, which would have representation on the Board of Directors and at the House of Delegates. It further clarifies that the Independent Practice Section be restricted to physicians who are in solo practice or who practice as members of single specialty groups. **Action: Not adopted.**

Resolution 29 directs the Wisconsin Medical Society to support legislation that promotes research using embryonic stem cells for the relief of human disease. **Action: Referred to the Board of Directors.**

Resolution 30 directs the Wisconsin Medical Society to support the City of Milwaukee Well City initiative and encourages other cities and the state of Wisconsin to pursue WELCOA “Well” designation. **Action: Adopted.**

Late Resolution 31 directs the House of Delegates to remove the council and reference committee portions of the Governance Task Force report from the action agenda and recommend further consideration by the Society. **Action: Not adopted.**

Late Resolution 32 directs that the Society strike the word “District” from the Bylaws, Chapter IV, Section 7A to allow any voting Board Director to hold a position on the Executive Committee. **Action: Adopted.**

Late Resolution 33 directs the Wisconsin Medical Society to support the state reviewing and revising Wisconsin statutes to consider current trends in disease progression and recommendations by the CDC. It further directs the Wisconsin Medical Society to support efforts to move the State toward routine testing or an opt-out approach, which shifts the burden from those who would choose to undergo testing to those who would refuse. **Action: Referred to Board of Directors.**


Board Report A: 2005 House of Delegates Late Resolution 1: Financial Support for Graduate Medical Education. **Action: Adopted.**


Board Report A: Reorganization of the Wisconsin Injured Patients and Families Compensation Fund. **Action: Not adopted.**

Board Report A: Standard Benefit Plan. **Action: Referred to Board of Directors.**

Board Report B: 2005 House of Delegates Late Resolution 24: ER Screening for Alcohol Problems. **Action: Adopted**


Board Report B: 2006 House of Delegates Resolution 9: Improving Nutritional Value of Beverages Available in Primary School. **Action: Referred to the Board of Directors.**


Board Report C: Board of Directors: 2006 Late Resolution 14 – Creation of Ethical Conduct Policy and Procedure. **Action: Adopted as amended:**

Reporting Impaired, Incompetent or Unethical Colleagues
It is imperative that physicians continue their long history of assisting authorities by reporting impaired, incompetent and unethical colleagues. Physicians should make such reports to the appropriate entity or entities, which may be one or more of the following: Medical Examining Board, Statewide Physician Health Program, law enforcement authorities, hospital peer review committees, management staff of the facility or organization.

While such reporting is important, it is also important to keep in mind that allegations are very different from findings of fact.

Physicians should support:

- Observation of the principles of due process during disciplinary hearings or other procedures involving physician participants at all levels;
- Maintaining the confidentiality of the reporting physician, to the extent possible within the constraints of the law, by entities engaged in review of physician behavior; and
- Laws that provide immunity to those who report impaired, incompetent or unethical conduct.

The medical profession should make known its commitment to a whole must correct any misperception that physicians are not adequately protect the public from incompetent, impaired or unethical physicians by better communicating its efforts and initiatives at maintaining high ethical standards and quality assurance.

The Board of Directors is instructed to prepare a report on the ethical standards required for membership in the Wisconsin Medical Society and to develop specific criteria that would constitute grounds for termination of membership in this Society.

**Board Report C: 2007 Budget. Action: Adopted.**

**Board Report C: 2008 Dues. Action: Adopted.**

**Board Report C: Informational: PIC Wisconsin/ProAssurance. Action: Adopted.**

**Board Report C: Governance Task Force**

1. Wisconsin Medical Society institute a new Annual Meeting program component, open to all members of the Society, to include continuing medical education and other meetings and/or activities that would foster the dissemination of information and encourage networking and building collegial relationships. **Action: Adopted.**

2. Wisconsin Medical Society investigate and utilize feasible, fiscally prudent new technology for communications, member and district voting and conducting meetings of selected governance entities. **Action: Adopted.**

3. Wisconsin Medical Society support and promote multiple channels for candidates to seek election to the positions of President, President-Elect, Speaker and Vice Speaker. The Society should increase awareness of the Nominating Committee and its procedures and support self-nomination by applicants, nomination by district, nomination by non-geographic section and nominations from the floor of the House of Delegates. **Action: Adopted as amended.**

4(a). Wisconsin Medical Society establish and implement a process for members to develop and convey ideas, proposals and resolutions on a year-round basis to the Board of Directors and the House of Delegates. **Action: Adopted as amended.**

4(b). Wisconsin Medical Society make available to its members an electronic member communication form by which to submit ideas, proposals and resolutions. **Action: Adopted.**

4(c). Wisconsin Medical Society encourage members to use plain language when submitting ideas and proposals. The Society will assist members in converting their plain language ideas into resolution form. **Action: Adopted as amended.**

5(a). Wisconsin Medical Society improve the operational practices of the House of Delegates. **Action: Adopted.**

5(b). Wisconsin Medical Society continue to work with the Speaker and Vice Speaker to improve the operational processes of the House of Delegates, as needed, through the revision of the Standing Rules. **Action: Adopted.**

5(c). Wisconsin Medical Society distinguish public policy resolutions from other resolutions by adopting the following definition for public policy resolutions:

A public policy resolution is a main motion that would result in the Society stating a particular position as the official policy of the organization for the purpose of influencing the public, the legislature or other groups. Public policy resolutions are distinguished from resolutions that result in an action or activity on behalf of the Society. In the case of the House of Delegates, the Rules Committee will determine if a resolution is public policy; in the case of the Board of Directors, the Executive Committee will make the determination. **Action: Adopted**

5(d). Wisconsin Medical Society shall require a two-thirds vote of the House of Delegates or Board of Directors for the adoption of public policy resolutions. **Action: Referred to Board of Directors.**

6. Wisconsin Medical Society reconfigure the current eight (8) districts to provide a new electoral and representation base with the districts that are equitably sized. **Action: Not adopted.**

7(a). Wisconsin Medical Society restructure its councils to replace the current policy councils with strategic councils. **Action: Adopted.**

7(b). Each reference committee will should include appropriate representation from the Strategic Councils. **Action: Adopted as amended.**

8(a). Wisconsin Medical Society Board of Directors will consist of no more than 31 members and will reflect the full diversity of Society membership; and that the distribution of the district directors will be determined proportionally with each district having one director at a minimum. **Action: Adopted as amended.**
8(b). The composition of the Board after reduction be as follows:

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<thead>
<tr>
<th>Apportionment of Seats</th>
<th>No. of Directors</th>
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<tbody>
<tr>
<td>District Directors</td>
<td>18</td>
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<tr>
<td>Medical Student Sections</td>
<td>2</td>
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<tr>
<td>Residents/Fellows Section</td>
<td>1</td>
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<tr>
<td>Young Physician Section</td>
<td>1</td>
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<tr>
<td>Medical Schools Section Director</td>
<td>1</td>
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<tr>
<td>Medical Specialty Sections</td>
<td>3</td>
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<tr>
<td>Speaker/Vice Speaker</td>
<td>2</td>
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<tr>
<td>President/President-Elect/ Past President</td>
<td>3</td>
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Ex officio without vote: Society Alliance Representative, WHA Representative, WMGMA Representatives, Medical School Deans, AMA Delegates not otherwise serving on the Board. Action: Adopted.

9. Wisconsin Medical Society House of Delegates will consist of no more than 172 Delegates and 172 Alternate Delegates. This reduction is to be achieved no later than the 2010 Annual Meeting. Action: Not adopted.


Board Report CC: Dues Restructuring Proposals/Dual Membership Review. Action: Adopted as amended:

The Board recommends that the House of Delegates grant the Membership Committee the authority to develop a dues structure that offers discounts to members practicing in large physician groups, to reflect the lower marginal cost to the Society. The Membership Committee shall study the impact of changes to the Society’s dues structure and report its findings to the Board. The Board shall have the authority to establish the dues for Society members. In exercising that authority, the Board may offer discounts to physician groups based on the following criteria:

- The group is a large physician group practice
- The group agrees to pay dues for all of its physician members, thereby achieving 100 percent membership status
  - The group provides a multi-year commitment to maintain the 100 percent membership status

Board Report CC: Dues Restructuring Proposals/Dual Membership Review. Action: Adopted as amended:

Chapter I: Membership, Section 3. Membership Classifications: D. Physician Group. The Board may create a category of membership for physician groups.

Board Report CC: Dues Restructuring Proposals/Dual Membership Review. Action: Adopted as amended:

Chapter VIII: Dues and Assessments
Section 1. Dues and Assessments

The dues and assessments for members of this Society shall be assessed to each member annually and determined as follows:
A. Regular Members. Dues and assessments for Regular members shall be determined annually by the House of Delegates Board of Directors.

Board Report CC: Proposed Bylaws Changes. Action: Adopted as amended:

Chapter II: House of Delegates
Section 5. Elections
Elections held under this Chapter may be conducted through electronic voting mechanisms, as available.

Chapter IV: Board of Directors; Section 2.
C. Elections, Elections held under this Chapter may be conducted through electronic voting mechanisms as available.

Chapter V: County Medical Societies
Section 5. Inactive Status
The Society’s Board may consider no more than once per calendar year a written request by at least 10 percent of the Regular and Special members of a county society to hold a mail or electronic ballot to retire the county society to inactive status. The Board shall make a determination based upon established Board policy whether such a ballot shall be conducted. If the Board approves the request, the Society shall send a mail or electronic ballot to all Regular and Special members of that county society. At least 25 percent of these ballots must be returned to the Society’s Executive Vice President, and a simple majority of the returned ballots is necessary before the Board will review the results and take appropriate action to change the status of the county society.

Chapter VII: Councils and Committees
Section 3. Operations of Councils and Committees
Councils and Committees may communicate, meet or conduct other business in person, by phone or through electronic mechanisms as available.

The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The Wisconsin Medical Journal (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the Wisconsin Medical Journal. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the Wisconsin Medical Journal nor the Society take responsibility. The Wisconsin Medical Journal is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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