Message from the Chairperson

Arthur Maron, MD, MPA, FAAP
Chairperson, Section on Senior Members
artmaron@aol.com

The AAP Annual Leadership Forum (ALF) is traditionally an informative, interactive and inspirational event and 2014 was no exception. Over 550 Academy leaders, from chapters and sections and committees and councils debated a large number of resolutions, those which were adopted will go forward for consideration by the AAP Board of Directors. Historically, the ALF has been a fertile ground for new AAP initiatives and burning issues. A significant number of resolutions were placed on the consent calendar and thus went forward, essentially by acclamation. Many others, however, inspired contentious debate and came to a vote only after exhaustive analysis.

A Top Ten list of resolutions was voted, as follows:

1. Ban on marijuana advertising that could be perceived as directed to children.
2. Human trafficking education as a component of pediatric education and training.
4. Will Your Estate be paying Taxes?
6. Resources for Senior Members Seeking International Health Volunteer Activities
7. SOSM Executive Committee Visits “SickKids” in Toronto CN
8. The Pediatrician Was Watching
9. Disaster Ready Resources and Checklist
10. Aspirin, Whiskey and a Purring Cat

Seniors: Check out the PRE-RETIREMENT CHECKLIST

Mead Johnson Nutrition Thanks

MOVIE REVIEWs

IF YOU’RE NOT A MEMBER - JOIN!

It's Not as Difficult as You Think

AAP History Center's ORAL HISTORY PROJECT

“CELL” by Robin Cook

Did You Know . . . ?

Technology – Oh where are you taking us?

AAP Travel Office

PUNOGRAPHY

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4. The risk of non-standard childhood immunization schedules.
5. Expanding regulation of electronic cigarettes.
6. AAP medical home standards and certification.
7. Universal paid parental leave.
8. AAP policy and educational initiatives toward electronic cigarettes.
9. Facilitation of medical student membership in the AAP.
10. Enhancing universal support on children’s issues by remaining politically neutral.

The broad scope of these resolutions is readily apparent and reflects the involvement of the AAP in issues affecting children. In addition to the resolution process, there was ample opportunity for collegial networking, presentations by the candidates for the AAP presidency, and discussion of several “burning issues”.

Our own Section on Senior Members (SOSM) was recognized for its diligence in supporting membership programs and effective communication resources. All in all, the meeting was rewarding and inspiring, reflecting the dedication of pediatricians to their patients and to the betterment of society.

Your Executive Committee met in Toronto in April, for what was termed our “spring” meeting, but someone must have forgotten to alert the weather man. We welcomed our new member, Dick Wicklund and covered a wide range of issues. An amazing tour of the Hospital for Sick Children, known widely as SickKids, will be described more fully in this publication. The recipient of the section’s Annual Advocacy Award was selected and will be announced prior to the NCE in San Diego. The AAP by-laws proposal was

Continued on Page 3
approved, replacing the previous emeritus and retired member categories with a single “Senior Member” designation. This change has inadvertently resulted in a conflict of terminology, since the criteria for “Senior Member” and member of the Senior Section are not identical. We are addressing this disparity by considering a change in name of the section, a change in name of the new membership category, or both. We will keep you closely apprised of our progress.

We have found our new Webinar initiative to be well-accepted and popular. Quarterly webinars are planned for a computer near you during the next year – hop on board! Accolades to Jerry Aronson, our Webmaster and Webinar guru! This prize-winning Bulletin will be even better, thanks to our dedicated Editor, Lucy Crain.

The section is planning, jointly with the AAP Pediatrics History Center, a poster session at the NCE describing various highlights and legends in the proud history of American Pediatrics. A large number of applicants for poster session displays are being reviewed by a selection committee. The posters selected will be displayed prominently at the meeting. Hope you can meet me in San Diego and enjoy the many features of the NCE.

Meanwhile, have an exciting summer!

**EDITOR’S NOTE AND WHAT’S IN A NAME?**

*Lucy Crain, Editor, SOSM Senior Bulletin*

With best wishes for a happy summer to our readers, here’s the summer edition of your Senior Bulletin. We’ve had several comments recently musing about whether there’s a better name for our section than the **Section on Senior Members**. Undoubtedly, there are benefits of being seniors—like occasional discounted ticket prices and membership advantages, but some members feel that the title implies more negatives than positives. It’s not all that easy finding an alternative. For example, my own CA Chapter I (northern California) Committee on Senior Members changed its name to **Vintage Docs**, resulting in an interesting acronym! (I don’t think I’m ready to be editor of the VD Bulletin!)

So, please e-mail your thoughts and suggestions on this to me and Jackie Burke at [jburke@aap.org](mailto:jburke@aap.org) for further consideration by your Executive Committee.

**2014 Section on Senior Members Election Results**

Arthur Maron, MD, MPA, FAAP • Chairperson

Eileen M. Ouellette, MD, JD, FAAP • Executive Committee Member

New Term Begins November 1, 2014

*Thank You to the 2014 Nominations Committee*

Carol Berkowitz, MD, FAAP and Michael O’Halloran, MD, FAAP
Health Issues for Pediatricians: “Physician Heal Thyself”

The attendee will come away from this conference with:

1. an understanding of the most recent data concerning the aging of the human cardiovascular system, the role of blood pressure control, nutrition (lipids, supplements, etc.), exercise, medications, preventive measures;
2. an updated knowledge of the various forms of dementia and current advances in therapy and of exercises and other treatments to maintain mental agility through the senior years;
3. an awareness of and ability to recognize problematic skin lesions of aging and a reinforced knowledge of proven steps to maintain a healthy integument through the senior years.

8:00 AM Welcome – Jim Shira, MD, FAAP
8:05 AM Optimizing Heart Health
Kern Buckner, MD
8:55 AM Defenses Against Dementia: Maintaining Mental Agility
Dilip Jeste, MD
9:45 AM Break
10:00 AM Caring for Aging Skin
William Crain, MD
10:50 AM Podium Presentations for Three Best Pediatric History Abstracts
11:30 AM Section business meeting and presentation of Section Award
12:00 PM Section lunch and socialization
1:00 PM Adjourn

2014 National Conference Preliminary Program
www.AAPexperience.org/preliminaryprogram.pdf
The CRC, The United Nations Convention on the Rights of the Child

Bronwen Anders, MD, FAAP
Ayesha Kadir, MD, FAAP

The Convention on the Rights of the Child (CRC) is a treaty that promotes the human rights of children worldwide. Although the U.S. was instrumental in drafting the CRC, we remain one of 3 nations left to ratify it. Now is a great opportunity to combine the advocacy efforts of the Section on Senior Members with the energy of the Section on Young Physicians on this issue.

Many colleagues have been working for years as individuals, and in groups, to bring the United States forward as a nation that promotes and protects the rights of children in both law and in everyday practice. Dr. Jeffrey Goldhagen authored an AAP policy statement on equity, published in Pediatrics in 2010, and has developed CRC teaching modules, a toolkit for implementation at the local level, and a list of child rights curricula to make the convention meaningful to children in their everyday lives.

There are some new developments that may facilitate ongoing efforts to ratify the CRC and bring it into pediatric practice:

The CRC has been recognized twice at the AAP Annual Leadership Forum (ALF) as an issue of importance to pediatricians. This year, ratification was named as one of the top ten resolutions. This designation can serve as an impetus for AAP members and leaders to begin working with the Campaign for U.S. Ratification of the CRC (the “Campaign”) to encourage the President of the United States and the United States Senate to ratify the CRC.

The AAP’s Department of Federal Affairs (DOFA) in Washington D.C. has established a new position, the Manager for Global Health Advocacy Initiatives. We are delighted to be able to work with Aaron Emmel, the new manager, to help advocate for children by raising awareness about issues such as the ratification of the CRC, and to help pediatricians worldwide implement aspects of child rights in their workplaces.

The Section on International Child Health (SOICH) has a newly formed Advocacy Committee and Policy Committee, and they are collaborating with members, the DOFA, and others to advocate for improving global child health, including ratification of the CRC.

The Campaign is planning two activities:

(1) A social media campaign and other activities around Universal Children’s Day, on November 20, 2014

(2) Another request to the Obama Administration to send the treaty to the Senate.

In addition to supporting the Campaign’s efforts, we can advance child rights and lobbying efforts for ratification as a united AAP group. As pediatricians, we could lobby handpicked senators, providing individual testimony about why the CRC is important to physicians in practice. This work

Continued on Page 6
could be guided by our Washington DOFA staff and would need to be approved by AAP leadership personnel at the Elk Grove Village headquarters because it has implications for all children and could involve multiple groups within the AAP.

The U.S already meets most of the standards of the CRC. So why is ratification important? There is little or no record of which standards our country meets and which standards we still need to improve. Furthermore, we consider the United States to be a world leader in human rights – we must prove this both in practice and in law.

We believe the time is now to step up our work on implementation at the local level and to take our advocacy messages to our elected officials in Washington D.C.

If you want to play a more active role in this advocacy effort please review the documents mentioned in this brief overview and then contact either Bronwen Anders at BAnders@UCSD.edu in the Section on Senior Members, or Ayesha Kadir at KadirA@gmail.com in the Section on International Child Health.

References:
1. http://pediatrics.aappublications.org/content/125/4/838.abstract?sid=f89e53a1-0b64-4433-b72a-431722a5fe30

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**Resources for Senior Members**

**Seeking International Health Volunteer Activities**

**AAP Global** [http://www2.aap.org/international/](http://www2.aap.org/international/) – a new AAP initiative describing AAP international partnership opportunities throughout the world.

**AAP Section on International Child Health** [http://www2.aap.org/sections/ich/preparing_to_go.htm](http://www2.aap.org/sections/ich/preparing_to_go.htm) – find a Tool Kit for Volunteers, learn about Health Issues; explore a curriculum on International Child Health, and consider I-Catch funding for your project.

Specific Information from the AAP Section on International Child Health about working opportunities in International child health [http://www2.aap.org/sections/ich/working_overseas.htm](http://www2.aap.org/sections/ich/working_overseas.htm) and specific steps to take to prepare before you go.
SO SM Executive Committee Visits “SickKids” in Toronto CN  
(April 25-27, 2014)  
Submitted by: Jerold M. Aronson, MD, FAAP

During the chilly and blustery weekend of April 25-27 2014, the Executive Committee of the Section on Senior Members (SO SM) held its Spring Executive Committee meeting in Toronto, CN at the Marriott Eaton Center Hotel. SO SM welcomed new SO SM Executive Committee member Dick Wicklund. Fellowship, good food, and productive discussion facilitated by SO SM Chair Art Maron MD FAAP produced a comprehensive set of action items for SO SM going forward in 2014-2015. Stan Singer (Membership Chair) reported on the healthy growth of section membership. This is due, in part, to Membership Criteria changes and brainstormed strategies to further increase membership and participation in the section.

Enhanced communications strategies were discussed, highlighted by an interest in developing a SO SM social media presence to facilitate member interaction and online discussion of issues as well as planned enhancements of our terrific Senior Bulletin (Lucy Crain – Editor) and website www.aap.org/seniors (Jerry Aronson Webmaster) are examples. The SO SM Education Program for 2014 and 2015 (Jim Shira and Bronwen Anders) was approved and the SO SM Executive Committee approved a recommendation to institute quarterly SO SM webinars based on a review of the “pilot” SO SM webinar evaluations. All in all, a productive meeting.

We discussed various advocacy efforts in which our members are involved around the country. Several projects working toward reducing poverty and childhood hunger were of special interest, as were the international efforts toward these goals, as reported by Dr. Bronwen Anders more extensively on the SO SM website.

Continued on Page 8
TOUR OF TORONTO’S HOSPITAL FOR SICK KIDS

SOSM Executive Committee continued its practice of visiting a children's hospital in the cities in which we meet. This time, we visited “Sick Kids” – Toronto Hospital for Sick Children. We were met and hosted by Dr. Denis Daneman – University of Toronto Chair of Pediatrics and Pediatrician-in-Chief at Sick Kids (2006 – Present). Dr. Daneman was the Division Head of Endocrinology at SickKids. Dr. Daneman is also a Senior Associate Scientist in the Research Institute at SickKids and he continues his important contribution to clinical work within the Division of Endocrinology. Assisted by Nelson Paiva (Administrative Assistant-Public Affairs), Dr. Daneman toured us through the extraordinary facilities of Sick Kids, introducing us to many faculty by name as we wandered the halls of the hospital, and the newly completed Research Building. Enjoy learning more about Sick Kids by reading below or visiting the Sick Kids website http://www.sickkids.ca/ProgramsandServices/index.html.

History and milestones

Sick Kids is a symbol of innovation and excellence (KPMG 2012). It all began way back in the spring of 1875, when a group of Toronto women led by Elizabeth McMaster http://www.sickkids.ca/AboutSickKids/History-and-Milestones/Our-History/Elizabeth-McMaster-Biography.html rented an 11-room house in downtown Toronto for $320 a year, set up six iron cots and declared open a hospital “for the admission and treatment of all sick children.” On April 3, Maggie, a scalding victim, became SickKids’ very first patient. Read more of our history http://www.sickkids.ca/AboutSickKids/History-and-Milestones/Milestones/index.html and milestones http://www.sickkids.ca/AboutSickKids/History-and-Milestones/Milestones/index.html. Improving the lives of children is the focus for Sick Kids and was the promise made by Elizabeth McMaster when she opened this hospital in 1875. In that first year, 44 patients were admitted to the Hospital. Sixty-seven others were treated in outpatient clinics.

The demand for services was so great that the Hospital had to move to a larger building in 1876. But even the larger building and its 16 beds were too few. In 1891, under the leadership of John Ross Robertson, publisher of the Evening Telegram and chairman of the Hospital’s Board of Trustees, SickKids moved to an impressive new four-story, 320-bed facility at the corner of Elizabeth and College Streets. The Toronto city council asked that it be named Victoria Hospital for Sick Children, but the new name was never officially adopted. A few highlights of the important clinical contributions of Sick Kids clinicians: In 1908, the Hospital installed the first milk pasteurization plant in Canada, 30 years before it became mandatory. SickKids staff led the fight in Canada for compulsory pasteurization.

The Nutritional Research Laboratory was established in 1918. Work led to the development of content standards for Canadian bread, flour, and agricultural products. The results of nutritional

Continued on Page 9

The polio epidemic struck in 1937 and SickKids workshop staff were kept busy manufacturing more than 30 iron lungs for use throughout Ontario. Medical and nursing staff organized temporary treatment centers that cared for more than 300 children. During the epidemic, the Hospital’s Orthopedic Workshop made more than 3,000 splints and braces in a period of six weeks.

On February 4, 1951, the Hospital moved to its current location at 555 University Avenue, occupying the grounds where the childhood home of actress Mary Pickford once stood. At the same time, there was a switch in emphasis from nutritional research to the repair of congenital defects. Three years later, the Research Institute was established.

The Hospital also pioneered renowned surgical developments such as the Salter operation to repair dislocation of the hip and the Mustard [http://www.sickkids.ca/AboutSickKids/History-and-Milestones/Our-History/William-Mustard.html] procedure to correct the previously fatal transposition of the great vessels for so-called “blue babies”. In the 1960s, SickKids opened one of the first intensive care units in North America devoted exclusively to the care of critically-ill newborn and premature babies.

Throughout the 1980s, advances in genetics have led to the identification and cloning of a number of genes responsible for causing hereditary diseases such as Duchenne muscular dystrophy and cystic fibrosis. And there are many more milestones.

In January of 1993, SickKids opened its brand new patient-care wing, the Atrium, just behind the 555 site. The Atrium was designed by Eberhard Zeidler of Zeidler Roberts Partnership. Believing that light is important to healing, Zeidler designed the building around a nine-story, glass-roofed atrium to let in as much natural light as possible.

Continued on Page 10
The $232-million (CAD) Hospital has been paid for by taxpayers and contributors to the Hospital's capital campaign, SickKids Foundation, and other donors and bequests.

Today in Sick Kids, a tertiary and quaternary care institution, as we saw, most patients now have their own room, with a washroom, storage, and a day bed so a parent can stay at night. With the addition of the new wing, SickKids now fills an entire city block in the center of Toronto by the Eaton Center. The Atrium, a multi-story architectural masterpiece houses exciting facilities to help provide enhanced care and improve the treatment and diagnosis of childhood disease. The Critical Care Unit, where children with life threatening illness and injury receive care, almost doubled in size to 36 beds. The Emergency Department has two trauma rooms and a six-bed observation room. SickKids cares for the whole child and family. Creative and innovative features of the Sick Kids program include: Marnies Lounge. This recreational room offers a wide variety of programming along with various video games, board games, computers, movies and a full size pool table and supervised by a Child Life Specialist.

Dr. Daneman repeatedly complimented the members of his “team” at Sick Kids for their efforts in behalf of children. His team includes an extraordinary array of Specialties, and more the 800 residents trained each year, more than 400 Specialty Fellows (60% of whom are non-Canadian), and medical students from the University of Toronto and other aspects of the education and fellowship programs. A hallmark of a quality children's hospital is the basic and clinical research engaged in by its faculty, fellows, and students. Learn more about research and some key research milestones via the blue hyperlinks.

SOSM Executive Committee members listened closely as Dr. Daneman highlighted differences between Sick Kids and US Children's Hospitals funding and delivery of care. Primary pediatric care in Canada is generally provided by community-based family physicians. Pediatricians serve as “Consultants” caring for children with acute and chronic complex disease. The Consultant is usually based in hospitals. Continuing care for the individual child is coordinated by an advanced practice nurse in conjunction with the Consultant and Family Physician. The financing of care in Ontario and Canada is distinctly different from the US, as well. Ontario is considered a “single payer system” with a private practice ambulatory care model. However, Sick Kids receives an annual “lump” of funds from the government to pay for facilities, and clinicians. These funds, provided under the Canadian Health Based Allocation Model (HBAM) are demographically based and are expected to fund the full services of Sick Kids. These funds are supplemented by a limited donor base, and research grants. Dr. Daneman expressed confidence in the ability of Sick Kids to responsibly manage the funding streams for the benefit of children, the community, and the institution. Challenges remain! Read more about the socio-economic impact of Sick Kids (2012) from a report by KPMG. SOSM Executive Committee Visits “SickKids” in Toronto CN Continued from Page 9
Finally, if you want to see more, view the Archive photos of Sick Kids [http://www.sickkids.ca/AboutSickKids/History-and-Milestones/Archive-Photos/index.html]. Once again, our deepest thanks to Dr. Denis Daneman, and the staff of Sick Kids for hosting a terrific visit by the SOSM Executive Committee.

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**Will Your Estate be paying Taxes?**

There is an old saying that you can't escape two things in life: death and taxes. Many people also end up paying taxes even after they have passed away. Even with no federal tax now for estates below $5.3 million ($10.6 million for a married couple), your heirs may still owe state and federal income tax on certain types of assets.

Earnings and income on these assets are called, “Income in Respect of Decedent” (IRD). These assets include such items as savings bonds, qualified pension plans, profit sharing plans, SEP, Keogh, and certain IRAs. While your beneficiaries can receive most assets of an estate income-tax free; IRD assets, however, are generally taxed at the ordinary income tax rates of your beneficiaries.

For example, heirs who inherit $50,000 in savings bonds may have to pay $25,000 in taxes on accrued interest. Also, your estate could owe federal estate tax on the full $50,000, leaving your heirs with only a portion for the bond’s full redemption value.

You can eliminate taxes on IRD assets, like savings bonds, by leaving them in your will or trust for the benefit of a non-profit charity, like the American Academy of Pediatrics. Savings bonds, for example, can transfer at their full redempive value to the Academy, and we will owe no taxes on them.

The full dollar value of the bonds can be used to fund programs to benefit the health and well-being of children, now and in the future. In addition, by donating IRD assets, your estate will receive charitable deductions, leaving more of your estate for your heirs.

It is important to know that you cannot name an organization as either joint owner of death beneficiary of savings bonds, per U.S. Treasury regulations. However, you can leave the bonds to us in your will or trust, as long as there is no other surviving joint owner or death beneficiary named on the bonds. It is important that you specify donating your savings bonds, or other IRD assets, to the American Academy of Pediatrics, in order for the full value of the savings bonds to transfer to the Academy.

Savings bonds that were purchased in the 1940's, 50's, or 60's, may no longer be earning interest. Most savings bonds stop earning interest after 30 years; series E bonds purchased before 1965, however, earn interest for 40 years. While you cannot transfer bonds during your lifetime, you can cash in the ones that have matured and donate the cash proceeds to the Academy. You then may be able reduce your taxes, if you itemize your charitable deductions. Please consult your attorney or accountant before you make any changes to your estate plans. If you have any questions about how to create a legacy with the American Academy of Pediatrics, please contact Joseph Like, CFRE, Director of Individual Giving and Major Gifts, at 847-434-4740.
The Pediatrician Was Watching

Robert E. Yim, MD, FAAP

Heads turned when the young mother and her four year old daughter entered the restaurant. They were too attractive, too perfect to be real. The mother, in her late twenties, straight blond hair to her shoulders. A yellow cashmere and bright green scarf set off the blonde hair. A wide leather belt matched an expensive oversized handbag and spiked heels. Her daughter, also blonde with striking blue eyes, was a children's fashion plate. They sat at the next table. Mom ordered a cup of soup, a small sandwich and produced an apple for the child. I inwardly smiled my approval. Wholesome and healthy, I thought. For herself a salad; preserving that figure. I approved. It was the perfect scene—waiting for Dad, I guess.

“Isabel, be careful, don't mess your dress.” Mom cautioned. “Use your napkin.” The little girl primly complied. Mother's eyes kept darting towards the door. She pressed a cell phone to her ear and began talking seriously. The little girl seemed hungry, put down her spoon and began drinking the soup from the bowl. “Don't spill that on your dress.” Mom snapped. “Besides, that's bad manners; now I want you to behave!” Isabel hurriedly put the bowl down and glanced out the window. Mom continued her phone conversation eyes turning periodically to the door. The meal progressed mostly with Mom conversing on her phone and Isabel nervously eating her sandwich.

Suddenly Mom straightened in her seat, a dazzling smile suffused her face. She suddenly became a radiant, vivacious, coquettish young woman. “Sit up straight, Isabel,” she hissed. A handsome young man had entered scanning the room. Medium height in a corduroy jacket and tie. He had the modern, fashionable stubble and denims that on him seemed so correct with the otherwise business-like attire. When he spotted the couple, he smiled and hurried over.

“Isabel, this is Chad. Chad, Isabel.” So it was not the father for whom they were waiting. I was pleased at his approach to Isabel. He did not talk childishly to her like many inexperienced adults with children. He engaged her normally, asked about her day and complimented her dress. He seemed more interested in the little girl than her mother and I could sense a rising irritation in the older female. Several times Mom giddily entered the conversation and with wide eyes looked enticingly at Chad but he only acknowledged her perfunctorily and continued his conversation with Isabel. It became increasingly obvious that Mom was competing for Chad's attention, giggling, chattering, and once reaching over to briefly touch his arm. He politely withdrew his arm and seemed almost mildly annoyed at her intrusion.

From the adjoining table I could easily hear the conversation. “Sorry, I was a little late,” he said, “I only have a short lunch break and I was really looking forward to meeting your daughter. She's beautiful. Just coffee,” he said to the waitress, “I have to leave soon.” The meeting was over in less than fifteen minutes. Chad looked at his watch, muttered an excuse and rose. He said a quick good bye, smiled at Isabel and disappeared into the crowd at the door. Mom's face was set, hardened. The bubbly persona and smile had vanished. Suddenly, she seized Isabel's arm. “Come on,” she commanded, “It's late. We have to go.” “Mom, I haven't finished eating yet,” Isabel protested. “I said we have to go!” Mom yelled and jerked Isabel from her seat.

My pediatric heart broke as I watched the pretty mother leave the restaurant along with all her accessories: the cashmere, the belt, the handbag, and a little girl.

Continued on Page 13
Note from Dr. Robert Yim: The title for the vignette is “The Pediatrician was Watching.”

My book “Sleeping with Mae West and Other Stories” was published July 2012 and available at Amazon.com. It is a collection of vignettes and short stories written with a group of Seniors called “The Wednesday Writers.” We met at a local gym each week reading material each had written the previous week. I was repeatedly encouraged to publish them so it was an easy task to just categorize them and put them into chapters: early childhood, schools, the Navy, etc. Mae West is actually the Navy Life Jacket I wore on the ship in the Pacific. I think the main reason the book is selling is the mothers in my practice are buying the book for their kids who can now read. I practiced in Timonium, MD a suburb of Baltimore for four decades after doing a pediatric residency at the University of Md. Hospital.

AAP Offers New Affinity Program for AAP Members Pediatric Purchasing Program

The Child Health Advantage program provides access to group pricing discounts, member choice on products, services, and distribution channels with no fees or minimum purchase requirements. Register today for savings on vaccine purchasing, medical/surgical supplies, pharmaceuticals and business services or call 1-877-220-2008.


Disaster Ready Resources and Checklist

The Pediatric Preparedness Resource Kit http://www.aap.org/disasters/resourcekit promotes collaborative discussions and decision-making among pediatric and public health leaders about pediatric preparedness planning. Specifically, the kit aims to increase state- and community-level preparedness efforts regarding how best to address children’s needs. The strategies shared in this resource are designed to stimulate action and inspire you to take steps to form key partnerships and improve day-to-day emergency readiness for children in your area.

The Preparedness Checklist for Pediatric Practices http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Documents/PedPreparednessChecklist1b.pdf offers steps that pediatricians or their practice staff can take to improve office preparedness. This checklist will allow for advanced preparedness planning that can mitigate risk, ensure financial stability, strengthen the medical home, and help promote the health of children in the community. The checklist also offers strategies on keeping vaccines safe during an emergency as well as steps to promote professional self-care.

We would like to disseminate these resources to anyone who is attending spring conferences or meetings where this resource would be useful. If you would like free copies of either resource, please let me know. Members can e-mail DisasterReady@aap.org to request copies. We are trying to disseminate the print copies so that they can be put to good use.
Aspirin, Whiskey and a Purring Cat

John Raffensperger, MD
Surgeon in Chief, Children's Memorial Hospital, Chicago, (resigned)
Professor of Surgery, Northwestern University (emeritus)

I have been skinny for eighty five years, exercise, eat green leafy vegetables and except for a few
puffs on a cob pipe have never smoked. The end was supposed to be in a high speed car crash or
a sinking boat. For those reasons, I ignored intermittent chest pain and shortness of breath until
one morning after breakfast the room went gray and I saw a translucent figure walking across
the room. A religious person might have thought it was his soul leaving for elsewhere, but it was
probably the hallucination of an oxygen starved brain. I fell down, unconscious. My wife asked if
I had the ‘flu’ when I woke up. My diagnosis was a plugged coronary artery.

I begged my wife not to take me to the hospital where they would poke needles, attach moni-
toring wires, take X-rays, do a cardiac catheterization put in stents or even do surgery. There
would be sleepless nights and agonized days in an intensive care unit. I preferred to live or die in my
own bed.

It seemed reasonable to take aspirin for its mild anticoagulant activity and there was a half empty
bottle of Irish whiskey left over from a hunting trip. Alcohol is a vasodilator but French Brandy is
supposed to be better. The regime was complete, when Buster, our lazy, fat, black cat snuggled up
and purred as I stroked his neck.

There were many advantages to being home in bed, not the least was going to the bathroom on
my own feet and not being bothered by nurses. The large sliding glass doors of our bedroom looked
out on waving palm trees and sea grapes. On the second day, I noticed a leaf, shaped like a cat's
face, with pointy ears and holes for eyes that bobbed up and down with the breeze. I immediately
thought of Ernest, our old orange tom cat who had died a few years back but was keeping an eye
on things. It was pleasant to read, doze and stroke Buster the cat. After three days I sat on the porch
in the sun. Six days later, my wife's internist found a high pulse rate, low blood oxygen and an
electrocardiogram that did suggest a heart attack. He heard bubbling rales in my left lung and there
were ominous shadows on the chest X-ray. The doctor recommended hospitalization, but we
compromised on home treatment with a patch of nitroglycerin for the heart and antibiotics for
pneumonia.

Two weeks later, after a normal stress test, a lung CT scan showed multiple pulmonary emboli.
I looked at the scan with amused clinical detachment. The emboli looked like small eels that had
migrated from leg veins to the lung. In retrospect, I must have had small emboli for a couple of
days, and then a larger clot transiently obstructed the main artery. They had probably originated
in a leg that had been injured several months before the onset of symptoms. I had considered a
pulmonary embolus, but the clinical signs learned in medical school, pain on inspiration and
coughing of blood, were absent. The internist prescribed an anticoagulant.

I graduated from medical school in 1953 then spent nearly fifty years witnessing the
technological advances in medicine. Surgery, chemotherapy, artificial ventilation and intravenous
nutrition can prolong life but how much life is left at age 85 under the best of circumstances?
Doctors rarely consider ‘quality of life’ issues. Could anything possibly improve on a day of
drinking a little whiskey, stroking a cat, reading and watching waving palm trees? Many of my

Continued on Page 15
friends who are retired doctors have advanced directives and are adamant about their “do not resuscitate” status. Unfortunately, once one is in a hospital, procedures escalate from drawing blood for ‘tests’ to X-rays and CT scans and then to doctors with ‘scopes’, who can peer into any orifice or body cavity and take biopsies. After all this, the average patient is worn down and confused. It is hard to refuse the next step. If things go poorly, the nightmare continues when the patient's heart stops and young residents rush in to pound on the chest and shock the heart. If you survive this atrocity you are left with an endo-tracheal tube connected to a respirator, a feeding tube and diapers.

The January issue of the Bulletin of the American College of Surgeons had an article, recommending that patients be asked to cancel their 'do not resuscitate' order prior to an operation that might provide 'significant benefit'. The operation might be a leg amputation or the relief of an intestinal obstruction on a terminally ill patient. The meaning is quite clear; it looks bad for surgeons and hospitals to have patients die on the operating table. It seems unlikely that an operation of this sort will either prolong or improve the quality of life, yet doctors are forever advising more procedures. I would prefer to stay at home with aspirin, whiskey and a purring cat.

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**Seniors: Check out the PRE-RETIREMENT CHECKLIST!**

The pre-retirement check list provides an overview of various considerations associated with retirement. Written by members from SOSM and SOAPM and located on the Senior Section Web Page: check it out at [www.aap.org/seniors](http://www.aap.org/seniors), and look for “Pre-Retirement Check List” under the ‘Education and Career Resources’ section.

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The AAP Section on Senior Members would like to thank Mead Johnson Nutrition for their support of the Child Advocacy Award.
MOVIE REVIEWS...

Lucy Crain, MD, MPH, FAAP

MUPPETS MOST WANTED:
This 2014 release is the most recent in a string of Muppet movies over the years. It is fast paced, lively, and distressingly lacking in cohesion. With a huge cast, thanks to cameos by Tony Bennet, Lady Gaga, Celine Dion and others who augment the already large cast. The plot has the Muppets going on world tour, with their new manager, Dominic Badguy (pronounced Badgee, “It’s French” and played by Ricky Gervais) arranging for Kermit the Frog to be replaced by his double, Constantine, the world’s number one criminal. (“It’s not easy being mean”) Performing in various European venues, the Muppet troupe appears unaware that robberies mysteriously occur along the way. Ms. Piggy is swept off her feet by the suave Constantine, who is referred to as “Number One” and his sidekick, Mr. Gervais. Kermit is exiled to a high security prison gulag in Siberia. Chief prison guard Nadya (the phenomenal Tina Fey) realizes the merits of having Kermit the showman teach her prisoners (Ray Liotta, Frank Langella, etc.) to sing and dance and plan another show at the gulag. The plot was convoluted by multiple subplots, but entertaining enough for my 8 year old grandson and his grandparents to enjoy for just under 2 hours during spring break week. (A good summer movie for the grandchildren with something for all ages.)

TWO TOM HANKS MOVIES:

CAPTAIN PHILLIPS:
Based on the true story “A Captain's Duty: Somali Pirates, Navy SEALS, and Dangerous Days at Sea” by Capt. Richard Phillips and Stephan Tatty, Tom Hanks gives a convincing (and Academy Award nominated performance) as the captain of the US cargo ship Maersk Alabama and its high jacking by a band of violent, armed Somali pirates in 2009. Phillips was taken hostage by the pirates who boarded the unarmed ship off the coast of Somalia, out of immediate range of US protection. The often shown trailer of the leader of the Somali band, played by Barkhad Abdi (also nominated for an Oscar in the supporting actor category, one of 6 unsuccessful Oscar nominations for this remarkable film), depicts Abdi instructing Hanks: “I am the captain now!” The cinema verite style previously used successfully by director Paul Greengras in the Bourne Supremacy, United 93, and other films works well in this engaging, anxiety provoking movie. It certainly gives an enlightening glimpse of the potential dangers experienced by cargo ships and their crews in unfriendly waters.

SAVING MR. BANKS:
Also reportedly based on the true story of Walt Disney (by Tom Hanks) and Mrs. Pamela L. Travers, author of the Mary Poppins Story (by Emma Thompson, this is an entirely different role for both of these 2 time Oscar winners (Hanks in 1993 for Philadelphia Story and '94 for Forrest Gump and Emma Thompson in 1992 for best actress in Howard’s End and '95 for Sense and Sensibility, for which she also won an Oscar for screen writing). Hanks plays Walt Disney in an uncomfortably saccharine style, while Thompson appears throughout most of the movie to have sucked on lemons to attain her unpleasant characterization of Mrs. Travers. Underlying her bitter demeanor is the revelation of childhood traumas in Australia (Toxic stress?). But, she finally succumbs to the persistence of Disney and his talented staff who convince her to sell the rights to the Mary Poppins stories. The musical score with all of those lovely Mary Poppins film associated tunes is the real winner for this movie, which came away empty handed from the Academy Awards this year.

Continued on Page 17
20 FEET FROM STARDOM:
Well-deserved winner of the 2014 Oscar for Best Documentary, this film about behind the scenes—often entirely uncredited—backup singers provides phenomenal and often quite personal insights into the careers of the mostly African American who have made successes of countless recordings for many major stars. With the exception of rising star, 29 year old Judith Hill, who won “The Voice” competition earlier this year, all of the singers featured in this film are now 60 and older and most are still singing either professionally or in gospel or church groups. Merry Clayton, now 64, blew the lid off the Rolling Stones rendition of “Rape, Murder, It’s Just a Shot Away” years ago, shocking even the R&R world. Claudia Linnear and her amazing performances as backup for the Stones and various other groups, Darlene Love, whose backup for “He’s a Rebel” and her unrecognized backup for numerous hits by the Crystals and other groups keep this film moving along at an enjoyable pace, while highlighting the exploitation of these talented singers, who never quite made it to be recognized as stars in their own right. Tata Vega, now 61, sang the songs off stage for Margaret Avery’s Shug in The Color Purple. Avery was an Academy Award nominee for the role, while Vega was unrecognized. The phenomenal Lisa Fischer has performed in every Stones concert since 1989, but after a successful debut solo album, decided to remain “20 feet from stardom”. Darlene Love shares her frustration about having been contractually bound to Phil Spector’s exploitative “Wall of Sound” empire, ghosting songs for successful groups and hits, while she remained unrecognized. Finally, she left Spector’s employment and resorted to cleaning houses to make a living for herself and her children before finding her way back to singing and eventual induction into the Rock and Roll Hall of Fame in 2010. Insightful and supportive comments by Mick Jagger, Bruce Springsteen, Bette Midler, Sting, Stevie Wonder and others help balance the focus of the film, making it entirely worth seeing and help to acknowledge and appreciate the talent of the background singers. Just hearing those oldies but goodies again make this a must for an enjoyable and educational movie for anyone who ever enjoyed rock music. (PG-13, mostly because of contents of the lyrics and the skimpy outfits worn by the backup performers in their youth.)

IF YOU’RE NOT A MEMBER OF THE SENIOR SECTION . . . JOIN!

If you are an Emeritus or Retired member of the AAP, you can now join the Senior Section for free! It is included in your benefits as a member of either of these membership categories.

Please visit the AAP Web page at https://fs25.formsite.com/aapmembership/SOSM/secure_index.html and complete the short form.

If you have any questions, please contact our staff at jburke@aap.org.
It's Not as Difficult as You Think
Lance Chilton, MD, FAAP

One of the many things I like so much about the Senior Section is its ability to laugh at itself and our individual and collective ages. The last newsletter – thanks, Lucy! – exemplified our ability to enjoy ourselves more than most AAP groups, or perhaps more than most groups aside from the stars of Saturday Night Live.

In that vein or artery, I will report on at least the beginning and end of my recent Committee on Federal Government Affairs (COFGA) meeting attended in late April in Washington. There were a number of stealth senior members around the table – you know who you are!

The chair of COFGA, Marsha Raulerson, presiding over the meeting with her usual grace and enthusiasm, asked each of us to introduce ourselves and to then mention a favorite toy from our childhood, claiming Eileen Ouellette’s Teddy (an honorary FAAP, I believe) as inspiration. Marsha produced her own doll; those of us around the table were unable on such short notice to produce a prop for our discussions, but there were a number of dolls (including ninja Turtles and Wiley Coyote and Cabbage Patch) mentioned, and a stealth SOSM member mentioned his Davey Crockett outfit. My own was more prosaic: a wonderful set of blocks that my father made for me and my brothers. I wish I knew where that was. That wasn’t so difficult!

The end of the session, as usual, was making visits to our Congressional delegations to talk about AAP priorities in the Congress, which contrary to much public opinion, still occasionally passes legislation. We were given leave-behinds (in other contexts, perhaps known as handouts) by the always well-prepared Washington Office staff. These covered three areas:

First and arguably most important, the urgent need to reauthorize the Child Health Insurance Program (CHIP) before the program expires in September 2015. CHIP is largely responsible for child health care coverage percentage being the highest ever on record. Failure to reauthorize it would result in a chaotic situation where some states would eliminate that portion of their covered population, some would be forced to cover them from state funds, some would try to shoehorn them into their exchanges, and some 2,000,000 would lose coverage altogether due to something called the “child glitch.” CHIP coverage tends to be better than exchange coverage, and at a lower cost. The fact that CHIP’s original sponsor, Sen. Jay Rockefeller, is retiring from the Senate at the end of the year adds extra urgency to getting his legacy extended.

Second, the Emergency Medical Services for Children authorizing act needs to be reauthorized, as its provisions are also expiring. EMSC provides a relatively small amount of money, $21 million [this reminds me of the famous quote, attributed to Everett Dirksen: “A billion here, a billion there, pretty soon, you’re talking real money.”], to improve the care of children in emergency rooms. Eighty-nine percent of such care occurs outside of children’s hospitals, and pre-hospital care and in-hospital care may not be state-of-the-art in many of those places. The EMSC Act helps, and should be reauthorized.

Third, the Combatting Autism Act needs to be reauthorized. CAA has provided research, coordination, and direction for many federal government resources dealing with autism. You may be aware that autism is getting more and more common – CDC studies the matter frequently and carefully, and indicated recently that one of 68 American children fits along the autism

Continued on Page 19
spectrum – one in 42 males. No one knows why it is becoming so much more common – it was thought to afflict one in 4000 as recently as when I was in medical school. Then it was thought to be caused by “refrigerator mothers,” further punishing those most affected. Similarly ill-conceivedly, Andrew Wakefield and Jenny McCarthy (there’s a match made in heaven or the other place!) have thought it caused by vaccines. Perhaps it’s really caused by the CAA legislation – the prevalence has certainly gone up since that program was first passed. But really folks…

So, armed with our leave-behinds, bright young pediatric resident Chris Cahill from Stockton, California and the Children’s National Hospital in DC and I set out for Capitol Hill, where we met with the staff of my three legislators (Sens. Udall and Heinrich and Rep. Luján Grisham and Chris’ representative, Rep. McNerney, not to be confused with AAP Past President Tom McInerney, also in DC for the meeting. And here’s where you’ll see the second iteration of the important message, “It’s Not as Difficult as You Think!” We were received respectfully and attentively in all four offices, and though we did not meet the Senators or Congressmen, their aides vowed to take our messages to those people. My experience doing this over many years is that I’ve never been interrogated under a bright light, subjected to attack, or turned out of an office, even the offices of the occasional Congressperson who disagrees with Academy policy.

In short, YOU CAN DO THIS. It may be a little enervating for someone my age – even 20-something Chris said he was tired at the end of the day, but he – and I – were exhilarated as well. We’ve sent the message to the Washington office that some of us older members will do more of this work.

_Dignum et iustum est._
“CELL” by Robin Cook
Herb Winograd, MD, FAAP

For a fast reading mystery novel, by this well-known author of many with medical plots, I can heartily suggest his newest of this genre.

The future of telemedicine is related in a terrifying, impersonal scenario created by a health care conglomerate and accepted by another entity (identity saved for the reader) moving to create a virtual doctor for everyone, thus eliminating the primary care shortage, and cutting costs as well. (Listen up fellow pediatricians!) with a small backup of “real doctors” to advise the computer as well as the patient. We learn that health care organizations act altruistically. A brilliant fourth year radiology resident at UCLA Medical Center, whose diabetic fiancée dies during her sleep, is surprised to find, in the ensuing weeks, that several of the patients on whom he has recently performed an MRI, positive for possibly terminally ill conditions, have been brought to the ER dead. They were all part of the ongoing study of this new telemedicine. Attending a lecture presented by the health care conglomerate, the resident realizes that they have run with an idea he had during his medical school years and which he shared with one of the presenters, who was a fellow student at Columbia Medical School and who was in a combined MD MBA program. From there the hunt for explanations takes off in true mystery fashion and, at that point it became hard to lay the novel down. I finished it in three sittings, a near record for this reviewer.

It was interesting, that as it unfolded, I thought of articles that I had read recently by Eric Topol, the eminent west coast cardiologist. These have been about the use of smart phones to cut medical costs by sending glucose reading, EKGs etc and avoiding more costly procedures and visits. At the end of the book, these previous thoughts of mine were validated by credits to Dr. Topol! If we believe that some of the things happening in medicine today are scary for us old docs, pick this one up and come along for the exciting ride into the future of medicine as seen by this novelist.

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**Did You Know . . . ?**

A neat shortcut is available to allow you to get to our Section on Senior Members website really fast.  
Try it, you’ll like it!  
Happy browsing.  
[www.aap.org/seniors](http://www.aap.org/seniors)
Editor's note: About 15 years ago, in the pre-EHR era, I dictated my Pediatric Disability Clinic consultation reports to Medical Records Transcription of the university medical center where I practiced. I always edited the reports before finalization and signature. Most were accurate. But, the most surprising mis-interpretation of my dictation was one which read: “I referred the child to the Birthday Sex Clinic.” Amazed, I re-read the note, and finally realized that it should have read “to the Birth Defects Clinic.” And that is the honest truth!

Technology – Oh where are you taking us?

Donald Schiff, MD FAAP

One of the unforeseen but significant changes that the electronic medical record has brought to contemporary health care is that of the “scribe”.

Many of our readers have visited physician's offices where a scribe is employed as a data input employee. But these individuals have been brought out of the “back room” where records are stored into the examining room and physician's offices where important questions of history and physical findings are sought, revealed and recorded.

My first experience with a scribe occurred 7 years ago when I accompanied my grandson to the pediatric ophthalmologist for an examination to determine whether he had strabismus or pseudo strabismus. Although the “scribe” was not introduced nor was her role described. It was soon apparent that she was there to relieve the physician from the responsibility of recording data of history, physical and a medical plan if one was determined.

My immediate reaction was positive, thinking that this support staff member created an efficient and effective method of providing 21st century care. Further questions about data input arose as I mentored pediatric residents using a well-established hospital EMR system to take a history and perform a physical examination.

It was evident that many were becoming skilled in dealing with the electronic intruder and did not find that there was any interference with the interface between pediatricians and patient. But for others it was not so easy and it was apparent the process it had become quite mechanistic.

As one would anticipate, physician response varies from one extreme believing that the scribes are cost effective and enables them to see additional patients each day which covers the cost of an additional staff person to those who are convinced that the extra cost could not be recovered.

The response of patients to the “scribe” experience may in the end depend about the nature of the visit and the specialty of the physician being seen. There may be no issue in the office of the dermatology visit for treatment of adolescent acne nor of the orthopedic surgeon or ER physician as an examination of a soccer injury is carried out. An emergency room physician stated that he believes that data input is not the best use of a physician's time and that currently scribes serve a useful role. Some physicians doubt the ability of the scribe to accurately input important data and many believe that the physician must review every record to be certain that the record is accurate. Many practitioners believe that the scribe is an intrusive presence in the exam room and that patients are reluctant to share personal important information with their physicians when a scribe is present. It would most likely be true for a pediatrician who is interviewing an adolescent. Do notes recording a patient's visit need to be made during the visit? Many physicians have

Continued on Page 22
traditionally made their notes after the patient has finished the visit or even later in the day. Perhaps that works for many, but certainly others fear a delay leads to lost data.

So many of us who are particularly concerned about maintaining the personal connection between pediatrician and patient and family are trying out a variety of approaches hoping to find the best one for our own individual use.

Future advanced technology in the form of improved computer voice recognition would enable the pediatrician to record to the computer later without a scribe. This would require improvement in current voice recognition. It is likely that scribes will increasingly be utilized by those specialties i.e. ER, Dermatology, Orthopedics, etc. where intimate data is not likely to be discussed.

For pediatricians, where history taking frequently includes questions re alcoholism, drug abuse, child abuse, parental dysfunction and divorce, every effort should continue to be made to protect our office environment where critical questions can be raised and discussed by children, parents and pediatricians.

Respond to: DONROSCHIFF@comcast.net
• I tried to catch some fog. I mist.....

• When chemists die, they barium.

• Jokes about German sausage are the wurst.

• A soldier who survived mustard gas and pepper spray is now a seasoned veteran.

• I know a guy who’s addicted to brake fluid. He says he can stop any time.

• How does Moses make his tea? Hebrews it.

• I stayed up all night to see where the sun went. Then it dawned on me.

• This girl said she recognized me from the vegetarian club, but I’d never met herbivore.

• I’m reading a book about anti-gravity. I can’t put it down.

• I did a theatrical performance about puns. It was a play on words.

• They told me I had type A blood, but it was a type-O.

• This dyslexic man walks into a bra....

• I didn’t like my beard at first. Then it grew on me.

• Did you hear about the cross-eyed teacher who lost her job because she couldn’t control her pupils?

• When you get a bladder infection, urine trouble.

• What does a clock do when it’s hungry? It goes back four seconds.

• I wondered why the ball was getting bigger. Then it hit me!

• Broken pencils are pointless.

• What do you call a dinosaur with an extensive vocabulary? A thesaurus.

• England has no kidney bank, but it does have a Liverpool.

• I used to be a banker, but then I lost interest.

• I dropped out of communism class because of lousy Marx.

• All the toilets in London police stations have been stolen. Police say they have nothing to go on.

• I took the job at a bakery because I kneaded the dough.

• Velcro - what a rip off!

• Cartoonist found dead in home. Details are sketchy.
I am committed to making sure that the AAP continues to take care of pediatricians in practice because they are on the front-line taking care of children and families, the center of our mission. We must work with large private payers to ensure that pediatricians are paid fairly for the services they provide. We should seriously respond to a top 10 resolutions at ALF this year that asked the AAP to create its own certification process for the Pediatric Medical Home. We must also help pediatricians adapt to new models of payments based on quality and population health, not fee for service.

Of equal importance, I am committed to the increasing number of pediatricians, in hospital medicine or primary care, who need leadership skills to advance their careers. We will need to teach organizational and business leadership to our members, including young physicians, sooner rather than later. We must help young physicians with the large debt they face and invest in our electronic platform so that the AAP becomes the electronic portal for all pediatricians seeking tools to take better care of patients.

Finally, I know that many of you are passionate about the issues of child poverty, firearm safety, obesity, and early childhood and brain development, as am I. My pledge to you is to actively lead the AAP in making policy and advocacy, education of our trainees and members, and improvements in health care come together to make a real difference for the most vulnerable children and families.
How can you help ME take care of children?

Joseph F. Hagan, Jr., MD, FAAP

The AAP is committed to the care of children and families, and the AAP must also care for pediatricians. The health of youth depends upon primary care, specialty care, and academic pediatricians for both health care and advocacy in policy and in media.

As I practice primary care pediatrics, my AAP experience revolves around collaboration with pediatric subspecialists, allied professionals and families in projects related to theory, practice and systems to enhance child health. In The Bright Futures Guidelines, we ask specialists to provide evidence for what we do. We help primary care clinicians to select what is important for their patient and practice, with the intent to help pediatricians accomplish what they know to be important, not to dictate what they do. I am committed to continuing this work.

Pediatric practice has to thrive and remain not just viable, but strong in both the traditional fee-for-service setting and in the new Accountable Care environment. Pediatric practice must continue to be personally and professionally rewarding. I founded a small practice, serve on the board of a PPO and am clinical faculty in an academic Pediatrics department. I am committed to the business of pediatrics, the science underpinning our work and teaching and mentoring those who will carry this work forward.

I will seek and utilize your input to serve you effectively. Our leaders must understand the needs of children, the realities of practice, the demands of academia and the ability of the AAP to empower each of us.
Tax Exemption Portability Worth Carrying In Bag of Estate Planning Strategies

Joel M. Blau, CFP®
Ronald J. Paprocki, JD, CFP®, CHBC

With the rules and tax laws constantly changing, it has become more important than ever to be aware of unique estate planning techniques and how to utilize them properly. Estate taxes are one of those issues everyone seems to be talking about, but few understand the complexities of the ever changing laws. For the vast majority of married physicians, when it comes to defining estate tax planning goals, the focus is on minimizing estate tax liability, and ensuring that assets flow to their designated beneficiaries. The general expectation is that the estate be available for the surviving spouse, and then pass to the next generation upon that spouse’s death.

Federal Estate Tax Exemption Portability offers a huge potential benefit for many estates that should not be overlooked. Hundreds of thousands, if not millions, of estate tax dollars can be saved through proper utilization of the portability provisions.

Under the current Federal Estate Tax Laws, a decedent’s estate is allowed an exemption from estate taxes up to an amount indexed for inflation. For deaths occurring in 2013 and 2014 the exemption amounts are $5.25 million and $5.34 million, respectively. Portability of this exemption between married couples means that if the first spouse dies and the value of their estate did not require the use of all of their exemption, then the unused amount of the exemption may be used by the surviving spouse, thereby increasing their exemption when they die.

A comparative example will help show the benefits of portability: In Example #1, John and Mary are married and have all their assets jointly titled with their net worth being $8 million. John died in 2013, and then Mary dies in 2014.

This example assumes there has been no portability elected. Under this scenario, John’s estate will not need to use any of his $5.25 million exemption, since all of the assets are jointly titled and the unlimited marital deduction under the Federal estate tax law will allow John’s share of the joint assets to be transferred to Mary without incurring any federal estate taxes. If the estate is still worth $8 million upon Mary’s death, she can use only her $5.34 million exemption, and therefore has a taxable estate of $2.66 million. With an applicable estate tax rate of 40% Mary’s estate would have an estate tax liability of $1,064,000 ($2.66 million times 40%).

However, for Example #2, let’s assume portability has been elected on John’s “Form 706 Estate Tax Return.” With portability, Mary’s estate would owe no tax. This is because with portability, John’s entire $5.25 million exemption is transferred to Mary to give her a combined exemption of $10.59 million. Since the exemption greatly exceeds the $8 million value of the estate, Mary’s estate pays no estate tax. Thus, portability has saved Mary’s beneficiaries $1,064,000 of estate taxes.

Clearly, portability is beneficial to estates. But, there are several caveats. First, portability does not occur automatically…it must be elected. Therefore, executors of estates working with their tax advisors, accountants, and estate attorneys must make certain that the election is made. Since the election can only be made on a timely filed Estate Tax Return (Form 706), executors often will have to file an Estate Tax Return on behalf of a decedent, even if the decedent has no taxable estate.

Continued on Page 27
order to preserve the portability of the unused estate tax exclusion. Second, many states do not follow Federal Law on portability with respect to their own state estate tax. Therefore, one must calculate a higher state estate tax when doing estate tax planning, if most of the assets of the estate in question are in a state that does not allow portability of the exemption. Portability does not eliminate the necessity for careful and in-depth estate tax planning. The best plan of action is to schedule some time with your estate planning attorney to ensure that your documents are up to date regarding your personal wishes, and at the same time accomplish your estate tax minimization goals.

2014 Senior Bulletin Schedule
We welcome contributions to the Bulletin on any topic of interest to the senior community. Articles for consideration and letters to the editor should be sent to the Editor at lucycrain@sbcglobal.net with copies to the Academy headquarters tcoletta@aap.org.

2014 Fall Bulletin
August 14 articles due to Lucy Crain, MD, MPH, FAAP
September 19 mailboxes

2015 Winter Bulletin
December 11 articles due to Lucy Crain, MD, MPH, FAAP
January 9 Electronic

Have an Issue?
Join the Section on Senior Members Listserv by contacting tcoletta@aap.org

For more information or to join the section…

Visit our website at: www.aap.org/seniors
How Children Perceive Their Grandparents:

1. She was in the bathroom, putting on her makeup, under the watchful eyes of her young granddaughter, as she'd done many times before. After she applied her lipstick and started to leave, the little one said, “But Grandma, you forgot to kiss the toilet paper good-bye!” I will probably never put lipstick on again without thinking about kissing the toilet paper good-bye....

2. My young grandson called the other day to wish me Happy Birthday. He asked me how old I was, and I told him, 62. My grandson was quiet for a moment, and then he asked, “Did you start at 1?”

3. After putting her grandchildren to bed, a grandmother changed into old slacks and a droopy blouse and proceeded to wash her hair. As she heard the children getting more and more rambunctious, her patience grew thin. Finally, she threw a towel around her head and stormed into their room, putting them back to bed with stern warnings. As she left the room, she heard the three-year-old say with a trembling voice, “Who was THAT?”

4. A grandmother was telling her little granddaughter what her own childhood was like. “We used to skate outside on a pond. I had a swing made from a tire; it hung from a tree in our front yard. We rode our pony. We picked wild raspberries in the woods.” The little girl was wide-eyed, taking this all in. At last she said, “I sure wish I’d gotten to know you sooner!”

5. My grandson was visiting one day when he asked, “Grandma, do you know how you and God are alike?” I mentally polished my halo and I said, “No, how are we alike?” “You’re both old,” he replied.

6. A little girl was diligently pounding away on her grandfather’s word processor. She told him she was writing a story. “What’s it about?” he asked. “I don’t know,” she replied. “I can’t read.”

7. I didn't know if my granddaughter had learned her colors yet, so I decided to test her. I would point out something and ask what color it was. She would tell me and was always correct. It was fun for me, so I continued. At last, she headed for the door, saying, “Grandma, I think you should try to figure out some of these colors yourself”

8. When my grandson Billy and I entered our vacation cabin, we kept the lights off until we were inside to keep from attracting pesky insects. Still, a few fireflies followed us in. Noticing them before I did, Billy whispered, “It’s no use Grandpa. Now the mosquitoes are coming after us with flashlights.”

9. When my grandson asked me how old I was, I teasingly replied, “I’m not sure.” “Look in your underwear, Grandpa,” he advised “Mine says I’m 4 to 6.”

10. A second grader came home from school and said to her grandmother, “Grandma, guess what? We learned how to make babies today.” The grandmother, more than a little surprised, tried to keep her cool. “That’s interesting,” she said. “How do you make babies?” “It’s simple,” replied the girl. “You just change ‘y’ to ‘i’ and add ‘es’.”

Continued on Page 29
11. Children's Logic: “Give me a sentence about a public servant,” said a teacher. The small boy wrote: “The fireman came down the ladder pregnant.” The teacher took the lad aside to correct him. “Don't you know what pregnant means?” she asked. “Sure,” said the young boy confidently. ‘It means carrying a child.”

12. A grandfather was delivering his grandchildren to their home one day when a fire truck zoomed past. Sitting in the front seat of the fire truck was a Dalmatian dog. The children started discussing the dog’s duties. “They use him to keep crowds back,” said one child. “No,” said another. “He’s just for good luck.” A third child brought the argument to a close. “They use the dogs,” she said firmly, “to find the fire hydrants.”

13. A 6-year-old was asked where his grandma lived. “Oh,” he said, “she lives at the airport, and when we want her, we just go get her. Then, when we’re done having her visit, we take her back to the airport.”

14. Grandpa is the smartest man on earth! He teaches me good things, but I don’t get to see him enough to get as smart as him!

15. My Grandparents are funny, when they bend over, you hear gas leaks and they blame their dog.

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Donate to AAP Brick Program

The Academy invites you to be a part of its building. The plaza and entry way of the Elk Grove Village, Illinois, headquarters office recently was renovated. For a limited time, you can make a donation to the Friends of Children Fund and sponsor a brick to be placed in the walkway or walls near the main entrance. Dedicate a brick and express appreciation for a mentor, colleagues, family or friends.

To design your brick and make your donation visit [http://aap.thatsmybrick.com/](http://aap.thatsmybrick.com/) or contact Grace Geslowski at [ggeslowski@aap.org](mailto:ggeslowski@aap.org) or call 888/700-5378.
COMMON QUESTIONS ABOUT CHANGES
FOR SENIOR MEMBER CATEGORIES IN THE AAP

1) What are the criteria for the new senior category?
   - Good standing members who have reached the age of 70 OR
   - Members age 65 or older and no longer derives income from professional employment

With passage of the 2013 bylaws referendum, all national AAP members will be eligible for the Senior Member category when they meet the eligibility criteria described above. CURRENT Emeritus and Retired will be automatically rolled into the new Senior Member category, whether they meet the criteria or not. This will be accomplished through the FY2014-2015 membership renewal process. Newly eligible members will have to request Senior Member category as there is no automatic roll to this category.

2) What are the dues and benefits? How do these differ for people over 80?
   Dues are $200.
   Privileges include:
   - FAAP Designation (for previous FAAP members only)
   - Inclusion in and access to Member Directory
   - Inclusion in the Find a Pediatrician search tool, upon request
   - Can Serve on National Committees
   - Can vote in AAP elections (FAAP members only)
   Benefits include:
   - AAP News (online and print)
   - Automatic membership in the Senior Section at no additional cost
   - Discounted pricing on AAP publications, subscriptions, meetings
   - Discounted travel through CONCUR, the AAP Travel Office’s on-line travel booking agent
   - Member discount programs
   - eBreaking News and On-Call alerts
   - Key Contact Network
   - Access to members-only content on all Academy Web sites
   - PediaLink
   - Pediatrics (online, print by request)
   - Red Book Online (print by request)
   - Section/Council membership

The only benefit that is specifically for 80+ year olds is that their national dues are waived.

3) Is senior member category automatic or do you have to request it?
   Not automatic; eligible members must request to switch to the Senior Member category. Senior Members will automatically receive the national dues waiver the membership renewal year they become 80 years old.

4) Can members 55 and older still join the Section on Senior Members?
   Yes.

5) If a Senior Section member achieves the new age criterion for AAP senior membership, can he/she stop paying section dues but maintain section membership?
   Yes, but only if they change member category.

6) Is the Senior Member category a mix of board-certified and non-board certified members?
   Yes, all national members are eligible for the Senior Member category. Those who were previously FAAP will retain their FAAP designation.
Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics.
The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care.
Variations, taking into account individual circumstances, may be appropriate.