

More doctors seek to leave Shock Trauma

By Eric Siegel
Staff Writer

Elite orthopedic unit could lose all 6 of its surgeons

The Maryland Shock Trauma Center, embroiled in controversy for much of the past year, is facing an "exodus" of doctors from its nationally esteemed orthopedic unit.

Two doctors on the six-person staff have already resigned — one last August and another effective in April. And the other four say they are actively looking to leave Shock Trauma, citing lack of support by the new administration and uncertainty

over the center's future.

"An elite unit at Shock Trauma is essentially being disassembled in the space of a year. With the exodus of people I trained, it is no longer a joy to come to work," said Dr. Andrew R. Burgess, who has headed the unit for the past 10 years.

Dr. Burgess, who said he is "seriously looking" for a new post, predicts that at least one of the four remaining surgeons will "almost defi-

nately" leave and says the others may depart as well. Until this past year, he said, only one orthopedist had resigned in the last decade, while the unit grew from three to six physicians.

Dr. Kimball I. Maull, the head of the Maryland Institute for Emergency Medical Services Systems, which runs Shock Trauma and a statewide network of emergency care, yesterday praised Shock Trauma's ortho-

pedic doctors as an "exceptional group" and said he hoped that "they remain dedicated to our program and stay at the Shock Trauma Center."

"However, when positions become vacant, they will be filled by qualified individuals from across the country," he said in a written statement issued in response to a reporter's inquiries.

Dr. Maull, who took over a year ago, said that "changes in physician staff are taken seriously." But he

added that such changes "occur frequently at academic medical centers" as faculty get recruited elsewhere or go into private practice.

Also, the Johns Hopkins University orthopedic department has decided to end as of June 30 a five-year agreement under which it sent residents to Shock Trauma for training. That decision was prompted by Shock Trauma's move last summer to accept shooting victims as well as accident victims, reducing chances

See TRAUMA, 3B

Man blames teen for Basu death

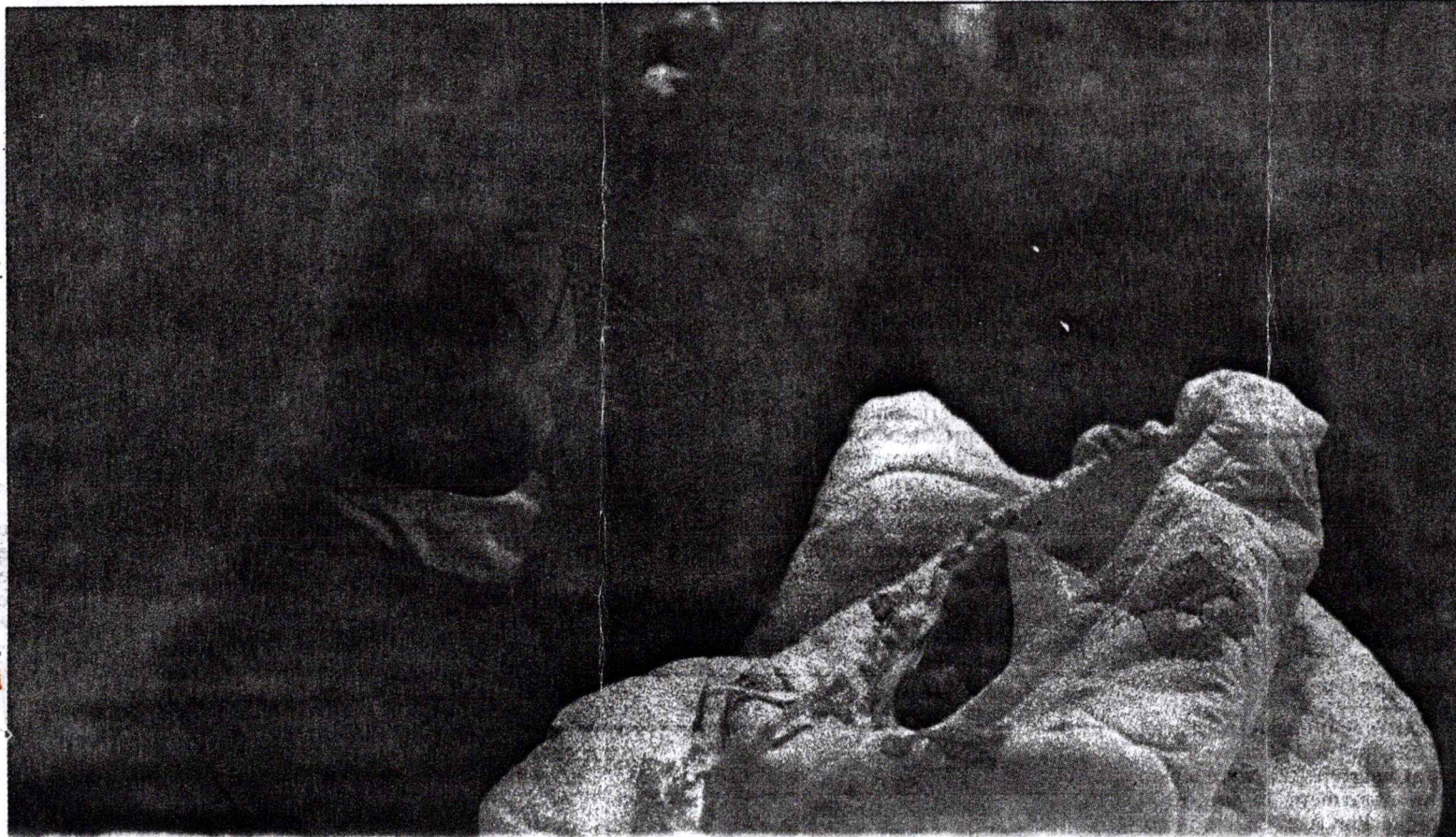
Taped statement in carjacking case

By Alan J. Craver
Staff Writer

A 26-year-old Washington man — who authorities have identified as the driver in the carjacking murder of Pam Basu — blames his teen-age co-defendant for the death in a taped statement released yesterday.

Rodney Eugene Soloman initially refused to be interviewed after officers read him his rights, but he later changed his mind and begged to make a statement hours after his arrest for the Sept. 8 murder of the Savage woman, according to authorities.

"He began begging and demanding to make a statement," Detective Lee Lachman said yesterday during a hearing in Howard Circuit Court. "He kept saying 'I want to make a



MARYLAND/REGION

TRAUMA

From 1B

for residents to work on complex multi-bone injuries, according to Hopkins officials.

Shock Trauma receives the same amount of accident cases as before, said a spokeswoman.

The resignation of two veteran Shock Trauma orthopedists and the possible departure of others has caused consternation elsewhere.

"I'm dismayed," said Dr. Peter G. Trafton, who is in charge of orthopedic trauma at Rhode Island Hospital and an associate professor at Brown University.

"This is a unique group with a level of clinical research probably unparalleled in North America. To see it shattered, for whatever reason, is a blow for all of us," Dr. Trafton said.

The defections come after a tumultuous year in which administrators at the University of Maryland Medical System, of which Shock Trauma is a part, have attempted to end the autonomy that Shock Trauma enjoyed for years.

During that time, three physicians were fired and another was demoted. In addition, some trauma care at Shock Trauma and the University of Maryland Medical Center was consolidated. A gubernatorial commission suggested an independent board be created to oversee statewide emergency medical services.

Also, University of Maryland officials accused doctors at Shock Trauma of improperly diverting \$2.5 million in patient care fees, which were later restored, and an independent study showed Shock Trauma had low patient survival rates compared with 70 other trauma centers.

Members of Shock Trauma's orthopedic department complained bitterly that top administrators failed to publicly defend them or their work.

"I'm dissatisfied with our leadership and the integrity of our leadership," said Dr. Michael J. Bosse, who joined Shock Trauma 18 months ago

after 17 years as a Navy surgeon and said he is returning for second interviews at two institutions.

The orthopedic doctors said their decisions to seek other employment were directly related to the turmoil.

"There's no way you can be there and not wonder what it would be like to go somewhere else. Morale is very low," said Dr. Robert Brumback, a 10-year veteran of the unit and a nationally renowned authority on femur, or thighbone, fractures.

All of the five doctors expressed ambivalence at the prospect of leaving the orthopedic unit, and emphasized that there would be no immediate decline in the quality of patient care. But some said that it would take years to re-create the cooperative environment that has existed and that they worry the unit will have trouble attracting top talent.

And they agreed it could be difficult to improve the level of care at a time of rapid staff turnover. "We need to build on what we have, not tear it down," said Dr. Burgess.

In August, Dr. Attila Poka, a 10-year veteran of the unit, left to join the staff of Grant Medical Center in Columbus, Ohio. Dr. Poka could not be reached for comment.

Last month, Dr. Howard Bathon, who has been at Shock Trauma since 1986, said he will go into private practice in April.

Despite the problems of the past year, Dr. Bathon said, "It will be difficult to leave" but he added, "The feeling of camaraderie that existed is definitely gone."

Dr. Carol E. Copeland, who trained at the University of Maryland and joined the staff of Shock Trauma in 1991, said she wished she "didn't have to" look elsewhere but said she was job-hunting in part because "there's a good chance most of my partners are leaving."

"This is not the kind of place where one or two people can run a service. I'm concerned about their ability to recruit people" as replacements, she said.

MOTHER

From 1B

"respiratory distress syndrome," requiring oxygen from a ventilator and special medication.

And then there was the long stay at the University of Maryland Medical Center, which is associated with Shock Trauma.

Though Mrs. Stephen was discharged from the hospital after three days, little Mauricia remained in the neonatal unit until yesterday. She spent all but a week of that in an incubator, a stay of 75 days costing about \$1,000 a day, paid by Medicaid.

During that time the infant nearly doubled her weight and progressed "really well," said Jill Bloom, a hospital spokeswoman.

She said that about two or three times a year, University of Maryland Medical Center must deliver a baby early because of the mother's injuries in an accident. A fetus older than 23 or 24 weeks may be able to survive if given appropriate neonatal care after delivery. A normal pregnancy lasts about 40 weeks.

Mauricia's case shows the value of close cooperation between different arms of the emergency medical establishment, Dr. Gewolb said.

Even the volunteer community stepped in.

Alerted that Mrs. Stephen and her daughters had no money for plane fares to rejoin Mr. Stephen, a student in Alabama, a nonprofit group paid their way. The tickets came to more than \$1,400.

"Without us, they wouldn't have been able to get home," said Michael Polk, president and founder of Roads To Recovery Inc., an Owings Mills-based group that helps families of children with critical illnesses.

The outpouring of help and sympathy leaves Mrs. Stephen with warm memories of Maryland.

"I felt pretty excited that I had help," she said. "My daughter was well taken care of. I think they spoiled her, for that matter."

SOLOMAN

From 1B

police officers that he had not been driving the car, according to testimony

Detectives Jones and Miller said Mr. Soloman freely made the statements. They added that they did not

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CARROLL COUNTY HEALTH

Baltimore doctor calls on Carroll

Physician chairs gubernatorial panel

By Donna E. Boller
Staff Writer

The chairman of a gubernatorial commission that recently recommended a new oversight board for Maryland's emergency medical services spends part of his time in the emergency room at Carroll County General Hospital.

At 41, Dr. James A. D'Orta wears half a dozen hats. One of them is senior partner in Professional Emergency Physicians, an eight-member Baltimore-based physicians group that contracts to provide emergency room physicians at Franklin Square, St. Agnes and CCGH.

The group is also to provide emergency room physicians for the new Atlantic General Hospital, scheduled to open in Berlin in May.

Dr. D'Orta usually spends two or three days a month in the CCGH emergency room.

One of his most recent hats was medical director for President Clinton's Inauguration, which won him an invitation to review the Inaugural parade from the presidential box and a chance to return to the White House after the parade.

Dr. D'Orta was able to talk briefly with Mr. Clinton about health care.

"The president is so one-on-one," he said. "He talks to you and with you, the quintessential politician talking with you, not to a dot on your forehead."

His inaugural duties came one month after the Commission on Emergency Medical Services called for a permanent board with authority over all medical rescue services in Maryland.

That recommendation followed a year of turmoil in Maryland's emergency medical system. Critics charged that patients were being diverted from other hospitals' emergency rooms to the Maryland Shock Trauma Center, and rescue personnel complained that they were shut out of decisions on issues such as the use of a device that opens patients' clogged air passages.

The proposed oversight board will bring accountability to a system that spends \$26 million a year in state money and has not been accountable in the past, Dr. D'Orta said.

He sees the board as having a role in holding down health-care costs.

If the existing system of differ-



PAUL HUTCHINS/STAFF PHOTO

Dr. James D'Orta, chair of the Commission on Emergency Medical Services, was medical director for the president's Inauguration.

ent organizations can be streamlined into one effective board, "it will reduce the number of duplicities — duplicating and to fool."

Statewide, Dr. D'Orta said, the board can coordinate transportation of patients to appropriate treatment centers, "eliminating needless referral costs to the patient."

The chairman said the commission found "incredibly strong sentiment" for change among the approximately 30 witnesses, including both volunteer and career paramedics, who testified during hearings.

The commission also recommended charging for medical care given during helicopter flights and expanding the use of helicopters from accident victims to other medical emergencies. The proposed changes will require approval of both the governor and the General Assembly.

Dr. D'Orta, a friend of Gov. William Donald Schaefer, said the feedback from the State House has been that the oversight board is a good idea.

Joseph L. Harrison, the governor's deputy press secretary, said

the commission's recommendations will go into a legislative request this session. "The administration will support it all the way," he said.

If the oversight board becomes law, it will replace the 19-member emergency medical services commission.

At Carroll County General, Dr. D'Orta serves on an emergency department task force in addition to his duty rotation.

The task force doesn't have a formal chairperson. But Dr. Michael Stang, another partner in Professional Emergency Physicians, explained that the task force's job is "to look at ways we can improve the service we give the community."

Dr. Stang said the task force looks at issues such as occasional delays in getting patients admitted to hospital beds, which forces them to wait longer in the emergency room.

An emergency room visit naturally produces anxiety in a patient, and one of the sources of anxiety is not knowing what the problem is, Dr. Stang observed. To ease the stress, the staff is working on getting test results as fast as possible, he said.

Dr. D'Orta's physicians group offers its members the opportunity to rotate onto movie sets as medical directors.

On the set of "The Abyss," he had a chance to advise the movie-makers on how to make a cardiac arrest scene look authentic. "But mostly, we're there for the real-time emergencies," he said.

Dr. D'Orta founded Washington-based International Medical Consulting Inc., which provides emergency medical services in various countries.

He was a medical relief coordinator in Mexico after a 1985 earthquake, triage director at Franklin Square after the 1987 collision between Amtrak and Conrail trains, medical relief coordinator in Jamaica and in Armenia in 1988, and a consultant after the 1989 San Francisco earthquake. He led Maryland's health-care relief team to Kuwait after the Persian Gulf war.

A native of Long Island, N.Y., Dr. D'Orta became interested in emergency medicine in 1969 when his volunteer fire company asked him to take the new medical training program for firefighters.

Volunteer firefighters were his role models. He went on to become a physician, decided to practice emergency medicine and completed a residency training program in emergency medicine.

FYI-
Dr. Maull
Mr. Murphy
Dr. Alcosta
Andy Trohanis
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