



# THE MEDICAL AND SURGICAL OBSERVER



THE QUARTERLY NEWSLETTER OF THE BLUFF CITY MEDICAL SOCIETY



## PRESIDENT'S CORNER

The past year has certainly been one like no other. As local health professionals, we've continued to care for our patients, our communities, our families, and ourselves while battling COVID-19. I am encouraged by your dedication and commitment to this calling of medicine. I encourage our Memphis metropolitan community to continue to adhere to the safety recommendations of masking, social distancing, and frequent hand washing.

While we are in a better position than we were in the spring of 2020, we are nowhere near the end of this pandemic. I encourage you all to take the COVID-19 vaccine and if you have taken the vaccine, please encourage your family, friends, and colleagues to get vaccinated as well. Please know that we, the Bluff City Medical Society, will continue to serve you by bringing you relevant medical information and resources that you can use as you navigate life during this ongoing global pandemic.

**LaTonya B. Washington, MD, MBA**  
**President**  
**Bluff City Medical Society**

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# THE NEED FOR MORE PHYSICIANS OF COLOR

## A STUDENT'S PERSPECTIVE

Before coming to medical school, I taught high school for three years. During my first year as a teacher, when speaking to one of my senior students about her career options after high school, she expressed that she never thought that being a doctor was something within her reach because she had never seen one who looked like her. This interaction was heartbreaking for me and illustrated the importance of representation. Now, as a medical student, I continually hear how important it is to find mentors, not only for guidance through the medical curriculum, but also for residency application letters of recommendation. Unfortunately, as Black and Hispanic physicians make up only 11% of the active physician population according to the AAMC, it is disheartening to not see many who I confidently trust to guide me through the unique challenges of navigating the medical field as a Black woman. This dearth of diverse faculty is also to the detriment of non-minority medical students. Being taught by a gamut of professors from different backgrounds, both in pre-clinical and clinical years, will help student learners open their perspectives and equip them to provide quality, unbiased care to patients from backgrounds different than theirs.

Even though I am only a second year medical student, my family often asks me for healthcare advice, the most recent of which being whether or not to take the COVID-19 vaccination. Because I am their family, they trust my opinion and heed it. Historically, minority populations have been mistreated by the healthcare profession, leading to the development of mistrust between the two. Physicians of color will likely have an additional level of understanding and empathy in regards to having experienced racism both generally and at the hands of the healthcare system, allowing them to serve as better advocates for their patients. There is value in having the physician population mirror the treatment population because it can allow patients who may otherwise be skeptical of medical help to connect with physicians who share a similar background with them, further encouraging them to seek care. We need to have diverse physicians in every specialty so that patients see their sisters, brothers, aunts, and cousins in those providing them care because it could be the difference between receiving a life saving vaccination or a deadly infection.

**Natasha Tillett, M2**  
**UTHSC College of Medicine**  
**Class of 2023**  
**SNMA Pre-Professional Chair**





# COVID & OTOLARYNGOLOGY

The COVID pandemic has posed a detrimental risk on all healthcare personnel over the past year. Otolaryngologists were noted to be at significant risk due to the increased exposure to the upper airway where SARS-CoV2 was found in higher concentrations - the nasopharynx and nasal cavity. Examination of these areas typically requires close patient contact, with increased aerosolization secondary to cough and sneezing.

As overwhelming evidence emerged from overseas that otolaryngologists were at high risk of contracting the virus while performing upper airway procedures without proper Personnel Protective Equipment (PPE), availability of such PPE in the US became scarce. Care was suggested to be limited to time-sensitive and emergent issues. Challenges surfaced on how best to address airway procedures such as tracheostomies and dilations as well as urgent head and neck cancer resections due to associated exposure risks and limitations secondary to hospital utilization.

Expectantly, new data from the American Medical Association shows that otolaryngology has had a 28% drop in Medicare physician spending in the first half of 2020 - the second highest drop of all specialties. We are still recuperating as we adapt to the new normal, embracing the need for PPE for in-office procedures, COVID testing and the like. Our assessment of common symptoms such as anosmia, dyspnea and hoarseness has evolved to include post-COVID syndrome on our list of differential diagnosis with research still pending on how best to manage these issues. As a specialty, we are navigating the system with pandemic related changes that have permanently changed the field of otolaryngology for years to come.

**Sandra Stinnett, MD**  
**Assistant Professor**  
**Director, Division of Laryngology**  
**Dept. of Otolaryngology - Head & Neck Surgery**  
**University of Tennessee Health Science Center**



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**Internal Medicine**

# COVID & INTERNAL MEDICINE

Life at the best of times is a patchwork of varying experiences, interwoven paths and evolving relationships. In order to serve one's patient population, it is imperative that one has a keen sense of when to pivot away from the beaten path.

Oftentimes on reviewing objective data, the physician may walk into a patient encounter with a few plausible theories on the clinical picture at hand. The ability to abort the original spiel in favor of holding one's thoughts after noting the set of the patient's shoulders; the glassy sheen in the eyes; or the sense that something important is awry - is an art that has been further fine-tuned by necessity, during this pandemic. Rare is the recollection of a time in which, simultaneously, dread, despair and impending doom have occupied real estate in the minds of so many. Uncertainty adds a morbid fixation on the unknown, paired with the mundane, requires the physician to be adroit in recognizing the subtle signs of depression.

Not since September 11, 2001 had we needed, on such a broad scale, to employ empathy as well as measured tones for reassurance. With all but the eyes uncovered, patients needed to feel the sincerity; the validation of fears; the assurance that someone cared to listen to their grief and distress. All this while gently reminding them of the need to monitor blood pressures and blood sugars. Of the benefits of regular exercise. Of the need to pursue needed health screens. All this while praying fervently as the unseen, stealthy virus wreaked havoc on our world.

**Michelle Kitson, MD**  
**Methodist Medical Group**

# FEATURE PHOTO OF THE MONTH

Check presentation for \$5,200.00 raised by Pro Duffers South for The Sickle Cell Foundation of Tennessee.



The following persons are in the photo: -Larry D. Colbert, President/Pro Duffers South  
-Reginald French, President/The Sickle Cell Foundation of Tennessee  
-Dr. William Terrell, Board of Directors/The Sickle Cell Foundation of Tennessee  
-Dr. Jesse McGee, Pro Duffers South

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