President’s Message
Deborah J. Lightner, M.D.

In the past year, we have addressed several issues of discrimination brought to us by SWIU members, some in residency, many in private practice positions, and a few more in academic posts. We’re pleased that you came to fellow urologists with these concerns, and we hope we’ve been supportive and of wise counsel. Additionally, we have spoken to the AUA and to the Residency Review Committee, and we plan on addressing the Society of University Urologists and the Women’s Issues Committee of the AUA. SWIU even has a representative going to the AMA. Please make your presence known locally as well: “think globally, act locally.”

Prejudices seem to be expressed much more subtly nowadays. Fewer people will directly call us names (though they do). Rarely will we be blackballed as we apply for privileges (but we have). Rather, harassment often takes the form of overarching generalizations or convenient “explanations” for our choices: that we are moms, not surgeons; that we work part-time rather than take our careers seriously; that we have lower billables because we just don’t seem to have those elite surgical cases coming in for new office visits. (Gee, I wonder why?) Then there’s that always-fatal whisper among colleagues, “She’s not full professor and/or chair material.” These forms of discrimination are much harder to confront because they are much more insidious: it’s hard to disagree if being Mom is a priority, or if you feel there’s more to life than another Friday afternoon urgent visit for a 20-year history of bilateral testis pain. Many of us do spend more time talking to our patients and hence, more patients come to see us who need to talk rather than be cut upon. The traditional male leadership styles are outmoded, and what used to qualify as “chair material” should definitely change!

We have made great strides, but there’s a lot more to do to get women into the leadership positions for which we are most skilled; into research funded at levels commensurate with our talent; and, finally, into positions in which we are paid, promoted and valued in equal measure to our hard work, training and expertise.

All the best to all of SWIU!

In the Spotlight:
Janice Lee Arnold, M.D.

[Editor’s Note: This is the first in a new series highlighting the careers of exemplary woman urologists.]

After speaking to Janice Lee Arnold, solo practitioner in Reston, Va., and President-elect of SWIU, about her career in Urology, one can only think of the encomium “Woman of Valor” from the Book of Proverbs. The hymn celebrates dedication to family, community and high standards of personal achievement, and, certainly, Dr. Arnold exemplifies all of these.

Perhaps it is because she has been interviewed so many times for pieces in various newspapers, among them, The Washington Post, that she sounds very matter-of-fact when recounting details of her life – or perhaps it is her humility. Either way, as she speaks about being the fourth of nine children and only one of five to attend college, or her father suddenly dying of a stroke when she was...
In the Spotlight, cont. from page 1

only 12, or the homesickness she experienced when she left Atlanta, her birthplace, to attend college at the Illinois Institute of Technology on a full academic scholarship, or the tremendous disappointment she felt when Howard University reneged on the promise of an academic position, forcing her to go into private practice, it is clear that this is a determined, confident woman whose strong principles and prodigious inner strength guide all aspects of her life. She attributes much of this inner strength to a very close, caring family with parents committed to hard work and excellence as well as a very supportive church and community. Her formative years were spent in Atlanta during the Civil Rights Era of the 1960’s, her family living only 3 blocks from the home of Martin Luther King, Jr.

Although Dr. Arnold states that she “was in the right place at the right time,” it is clear that her mentors, Drs. Harry Schoenberg, Ed Lyon and Jerry Chodak, at the University of Chicago where she attended medical school, recognized in her the talent and tenacity that would make her the accomplished urologist and prostate cancer activist that she is today. Under their tutelage, she grew to love urology, but had serious reservations about the field. Being a woman and African-American, she felt that going into general surgery was risky enough. She did not want to be a “pioneer” and try to break the gender barrier that seemed to be present in most urology programs at that time. Nevertheless, although she started a program in general surgery, urology continued to beckon and she decided, “If it’s urology you love, it’s urology you must do.” She was accepted into the urology residency at University of Chicago where she thrived.

After completing her residency training, Dr. Arnold intended to go into academics. She and her then fiancé and now husband, anesthesiologist James F. Koch, wanted to live on the East Coast and chose the Washington, D.C., area as their home. After moving to the area, the Dr. Arnold was informed that, due to a likely change in the urology program’s accreditation status, the offer of a position at Howard University had to be withdrawn. She suddenly found herself jobless. Determined to stay in D.C., she went into solo practice and was an immediate success. However, she loathed the long commute from her Northern Virginia home, so elected to move her practice to Reston, Va., an affluent, predominantly white suburb in Fairfax County. It is a tribute to her professionalism and integrity that she was immediately accepted.

It was very important to her that she saw both men and women in her practice, so she worked hard to gain credibility as a “man’s urologist.” She began speaking to retired male military groups, local businesses, African American churches and later aligned herself with the local chapter of the American Cancer Society, eventually becoming a member of their National Prostate Cancer Advisory Panel. Gradually, she not only acquired a large male following (her practice is now about 40% male), but she also gained a reputation as an expert on prostate disease and as a prostate cancer activist. Each year for the past 5 years, she has organized a regional D.C. metropolitan area-wide prostate cancer symposium with such notable keynote speakers as Senator Robert Dole and Damon Harris, former lead singer of the Temptations. She also participated in a nationally televised prostate cancer special, Prostate Cancer: Are You at Risk? with General Colin Powell and Senator Dole. She has appeared at the United States Capital in Washington, D.C. with the National Association of Broadcasters, to present on the importance of community awareness of prostate cancer and to request government funding for prostate cancer research and initiatives. In recognition of her volunteerism, she was the recipient of the 2002 Best of Reston Award for “outstanding community service in the area of prostate cancer awareness and screening.” In addition to her involvement in prostate cancer education, she has served as Chairman of Urology at Reston Hospital Center and as a member of the Board of Directors for the Northern VA Medical Society and for the Loudoun County Chapter of the American Cancer Society. It seems particularly appropriate that she will be moderating a poster session on prostate cancer screening at this year’s AUA in Chicago.

If Dr. Arnold has a motto, it is “You determine your own future. No one else can do it for you.” Her lifelong resolve to “do it on her own” has resulted in consistent success and accomplishment. Although she never wanted to be a pioneer, a pioneer she truly is. She realized she was under a great deal of scrutiny being the first woman in the urology program at the University of Chicago. But that did not shake her resolve, and her efforts were validated when the program accepted another woman as she was completing her tenure there. She was able to make a virtually all-white community look beyond race and gender and accept her for the highly competent urologist she was and continues to be. It is perhaps most impressive that she managed to establish herself as an expert in a man’s disease. This is indeed a modern woman of valor. “Give her the fruit of her hands, and she will be praised at the gates by her very own deeds.”

E-Communication with Patients: "New" Guidelines

In prior issues of the SWIU Newsletter, we have discussed the medicolegal aspects of using e-mail as a tool to communicate with patients. Recently the eRisk Working Group for Health Care, a consortium of national medical societies and malpractice carriers, in conjunction with state medical boards, developed specific guidelines to limit the liability risk of such communication. The purpose of the guidelines was two-fold: to establish the appropriate uses for e-mail consultation and to protect physicians from liability. This initiative was prompted by recent actions by state regulatory agencies to shut down online consultative and prescriptive services in which patients are "evaluated" and treated online, without face-to-face contact.

The guidelines emphasize that secure online messaging with authentication and encryption capabilities should be used to protect patient privacy. It is also imperative that a physician sees a patient and establishes a therapeutic relationship with that patient before communicating via e-mail. One should also consider obtaining written informed consent, discussing “risks and benefits” of online communication, before proceeding.

These guidelines are largely common sense and are not significantly different than what has been presented here previously. However, formalization of the guidelines sets a standard of practice for physicians and for the governance of online patient communication.

Is Discriminating Sex Sexual Discrimination?_______

The officers of SWIU have often found themselves to be a sounding board for individuals who, sadly, have encountered sexual harassment or discrimination in their training programs or in their practices. A recent letter to Deborah Lightner, SWIU president, and Dr. Lightner’s response illuminate concerns that many of us have had.

Dear Dr. Lightner,

Is it considered sexual discrimination in the workplace to have schedulers ask male patients if they mind seeing a lady doctor? I know the female patients are not being asked if they mind seeing a gentleman doctor. I do not know if experiencing this situation is problematic or not.

The response: You raise an excellent question because many of us have had.

Discriminating, cont. on page 3
nately, women working with women feel very hierarchical, and many will feel "honor-bound" to tell the prospective patients that you are a woman; i.e. they feel somehow uncomfortable with it, or want to "prepare" the patient. If it's one or two people at the front desk that spearheaded this, assert your position and gently suggest that they stop this practice.

If it comes from the partners, consider in your own mind if this is a gender issue only. A way to get at this is to ask if they would inform prospective patients that you were of another "minority." Would they suggest asking if the patients mind seeing a Native American or a guy from Afghanistan with a Saudi birth certificate or a guy over 65 years old or - how 'bout this one - a partner who has a malpractice judgment against him? Are they paying you the same wages as other physicians? Are you taking the garbage referrals while another younger partner is getting the cream?

I'd keep these thoughts to yourself as you consider the depth of any obvious gross discrimination and your response to it. Speaking openly about it will label/libel your partners as prejudicial, raise their righteous indignation and they'll adopt an adversarial stance ("We are not! Some of those guys with multi-million dollar malpractice judgments against them are our best friends!"). Your opportunity to affect their behavior positively has just been severely curtailed.

Bottom line - be constructive.

If the answer to the broad prejudicial question is yes, they likely inform the caller of any "deviant" characteristic, they pay you less and give you garbage, then find yourself another position and fast. These guys are dangerous and you, as a partner, will be named in the group's discrimination lawsuits in the years to come.

If the answer to the broad prejudicial question is no and they just want to maintain a policy of "full disclosure," then you need to gently persuade them that this is a tacky detrimental to the growth of your (and their) practice (and to their revenue generation through you.) Reassure them that you had no problem during residency with male patients and that the male patients have never had any problems with you. You are a skilled and experienced professional. You've been evaluating and treating male patients for how many years?! Add after all that, you are incredulous that they think patients will be off put by your gender! Your professional manner, your expert training, the trust and respect you partners have placed in you, the growing reputation you're developing all make it extremely difficult to understand how this gender question is appropriate. Certainly your ability to do a radical prostatectomy in an hour with perfect potency and no blood loss is not related to your gender. (or - alternatively - is it the real reason we're all so very good at what we do?)

The ONLY positive reason to allow them to continue doing this is for marketing; if you want a practice limited to female urology/female pelvic floor medicine and reconstructive surgery, and the guys around you are all men, then go with your strength and play this card to the hilt. I'd go out and get a spot on the local TV; I'd talk at the local Rotary Club (now that it has lots of women); I'd volunteer to give grand rounds on new surgical management strategies for stress incontinence; I'd learn how to do Interstim ... Then their question to the new patients would be: "You would rather see our female urologist with this problem, wouldn't you?" Just make sure that this is your choice and not done by acquiescence.

Lastly, it's very interesting that the practice feels a need to openly ask this question. Your name - after all - is Linda, for goodness' sake. And Linda, unlike Forest or Hunter, is clearly a female name! Do they think that the patients are actually going to be surprised? I don't think anyone's misinterpreted that I am a male when my business card and the sign on the door say "Deborah"!

I'd love to hear others comments ... and we'll put 'em in the next newsletter. Thank you very much for asking!

*Please note: Doris Stoll, Executive Director, ACGME wishes to know of any incidents of sexual harassment or discrimination that occur in urologic training programs. All information will be dealt with in a confidential manner. Contact information is as follows:

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Phone: (312) 464-5585 Fax: (312) 464-4098
Internet: das@acgme.org

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**Founded in 1980**
Medicare Cut Stopped! Plans for a 1.6% Increase on March 1, 2003!

Congress has acted to stop the planned 4.4% Medicare payment cut. On Thursday, February 13, both the House and the Senate passed House Joint Resolution 2, the Omnibus Appropriations package. Weighing in at 32 pounds, it included all of the Medicare payment corrections. HJR 2 also included appropriations for all federal agencies for fiscal year 2003.

At yesterday’s House Ways & Means Committee hearing for the package, CMS Administrator Tom Scully indicated that as a result of Congress’s action, he intends to implement a 1.6% INCREASE in Medicare physician payments effective March 1, 2003. HJR 2 also includes language authorizing the Department of Health & Human Services to correct the 1998 and 1999 projection errors that resulted in the recent cuts. The Congressional Budget Office projects that these corrections to the physician payment provisions included in the package will increase baseline spending by $54 billion over 10 years.

The House passed HJR 2 by an overwhelming vote of 338-38; following suit, the Senate then passed the package by a vote of 76-20.

This victory is in a large part due to the grassroots contacts from physicians throughout the nation in response to the many alerts and calls to action from local, state and national medical societies. Also, a sincere thank you should be sent to those members of Congress who supported HJR 2. You might consider a call or e-mail expressing your thanks to their D.C. offices.

A Heartfelt Intervention

Want to help change attitudes and save lives? Here’s your chance. Heart disease and stroke are the leading causes of death among women, yet less than 8% of women consider these to be major health concerns. Like so many diseases, awareness and early detection can make a difference. Go to the Guidant Web-site at: http://www.guidant.com/webapp/emarketing/women/women.jsp?file=click_heart and click on the red heart icon. For every “beat of the heart,” the Guidant Foundation will donate $1.00 to help inform people of this important issue. Heart disease affects everyone and now you can help get the message to those that need to know. Do it now! February is Heart Month and this opportunity ends on the 28th. Now’s your chance to make a difference.

Kudo Corner

Congratulations to Tracy Cannon for obtaining NIH funding for her basic science project: Tissue Engineering for Stress Incontinence.

The rationale is as follows: "We have demonstrated the ability to generate muscle derived stem cells (MDSC) that can form and organize into muscle structures, which are genetically the same as the host. Utilizing these MDSC tissue-engineering techniques, we will explore the feasibility of developing a truly physiologic sling that can be implanted and repair a damaged urethral sphincter. By reengineering the deficient urinary sphincter through functional tissue engineering, we offer the hope of significantly improving the treatment of SUI." This work has great promise and we wish Tracy much success and happiness as she embarks on her urologic career.
The Christina Manthos Mentoring Award

Christina Manthos was an extraordinary young urologist whose life and career were sadly curtailed by breast cancer. The SWIU, as a means of perpetuating the flame of her inspiration and honoring her memory, has established an annual award to recognize those men or women who demonstrate extraordinary mentoring skills in supporting the career of a female urologist. SWIU believes that a mentor is an important element in the life of each professional woman and wants to encourage and reward those who set a good example.

To submit a nomination for the Christina Manthos Award, please contact the SWIU at 847-517-7225 or e-mail info@swiu.org.

The Elisabeth Pickett Research Award Program

The Elisabeth Pickett Research Award Program is seeking candidates for 2003. The Program makes funds available for small research grants for basic science or clinical urologic research. The awards may be used to continue or supplement a current project or to initiate new study.

Each candidate for the award must be a trained urologist (MD/DO), a urology resident/fellow, or a post-doctoral basic scientist with a research interest in urologic related diseases and dysfunction. Each candidate must also be a current member in good standing in the SWIU.

To request an application, call 847-517-7225. The awards are for one year. The deadline for application is September 1, 2003.

The 2002 Christina Manthos Mentoring Award Winner

Martha Terris, M.D.

The 2002 Elisabeth Pickett Research Award Winners

Anne-Marie Houle, M.D.
Sophia Drinis, M.D.

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Please notify the SWIU of any changes in your contact information, including change of address, phone or fax numbers, and email address. This information is only disseminated to the membership and is used for networking, one of our primary missions.

Thank you.

Call for SWIU News Contributions

If you have an idea for a column, wish to contribute to the newsletter, or have comments about the newsletter, please contact Dr. Nina Davis. We are particularly interested in information regarding job prospects, as well as individual achievements, both personal and professional.

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Society of Women in Urology
Program Schedule & Registration Form

ANNUAL BREAKFAST MEETING  (Location: Hilton Towers / Marquette Room)
Sunday, April 27, 2003  6:30 a.m. – 9:00 a.m.

Tentative Schedule:
6:45 a.m.  Welcoming Remarks
  Deborah J. Lightner, M.D., President, SWIU
6:50 a.m.  AUA Update
7:00 a.m.  Featured Speakers:
  Mary O. Sotile, M.A., and Wayne M. Sotile, Ph.D.
  Truth, Power and Wisdom:
  The Secrets of Resilient Women in Physicians
8:00 a.m.  Annual Business Meeting
8:30 a.m.  Networking
9:00 a.m.  Adjourn

NETWORKING RECEPTION  (Location: Hilton Towers / Joliet Room)
Tuesday, April 29, 2003  5:30 p.m. - 7:30 p.m.

There is strength in numbers! The Society of Women in Urology welcomes you to its reception. This is a great opportunity to meet with other female urologists to discuss the issues facing women in the field of urology, as well as other medical issues. In addition, receive membership information to join SWIU. We look forward to this great networking opportunity every year and hope to see you there!

Featuring:
Presentations by recipients of the Elisabeth Pickett Award and the Christina Manthos Mentor Award

Please indicate which event(s) you will be attending.

SWIU Breakfast Meeting  ☐ Self ☐ Guest
SWIU Networking Reception  ☐ Self ☐ Guest

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