

EB: This was a combination for rural communities that worked out well.

TS: Yes, it worked out fine. Still in our view, (and many people will argue this), all of those thirty were given limited licenses, the people who got the regular license law was eighteen hundred doctors. So, eighteen hundred who came and got regular licenses and ended up all over the state and those thirty were getting the limited license based upon not having three years.

EB: Then there were the two that went on?

TS: Yes, there may have been more since that was a year ago. What those statistics clearly indicate is that the law requiring three years of residency did not keep doctors out of Nevada. They poured in, several thousand during that twelve-year period. It didn't restrict many from coming to Nevada. That was one of the big arguments when I testified in favor of that law, many other people stated that we wouldn't be able to get doctors here. They won't be coming. That was nonsense. All you had to do was look nationally and see that ninety-eight percent of all graduates of every medical school in the country, (fifteen thousand graduates per year), ninety-eight percent of those went into residencies of three or more years. I mean, it was almost unanimous. Practically, every person coming out of medical school took a three-year residency as a minimum. Family medicine was three years, internal medicine three, pediatrics etc. We knew all of those statistics. The argument that somehow this would restrict people coming to Nevada to practice was nonsense. The last twelve years or so has proven it was nonsense. Yet, the accommodation to rural communities was provided and I must say there are some very good physicians practicing there. But what we were trying to do was raise the standard of medical care through at least having well trained physicians. We have a medical school now, in Nevada. We are trying to train young physicians to be as up to date as possible and insist that the doctors who get licensed both our own graduates as well as those coming from out of state (because the

medical school only provided three or four hundred of those graduates), that we should do our best to raise the standard in medicine not knock it down to the least common denominator, but to set a standard that was nationally accepted. Anyway, those were the major things that went on in my memory of the sixteen years I was on the board. As a matter of fact, the osteopathic law still allows an osteopath to get a license with one-year internship. All the different health boards are separate, we don't have an umbrella board in Nevada like many other states. Medicine is medicine, osteopath is osteopath, chiropractic, Chinese medicine, acupuncture and of course late homeopathy, which we fought, tooth and nail, but it passed. I told that story earlier. Homeopathy and naturopathy, the legislature in its wisdom passed a lot of this stuff in the eighties. We thought it was nonsense.

EB: It is interesting to me that, we have unique problems here in Nevada, a few other states have these problems that have lots of rural communities. So, within this overall, umbrella of boards of medical examiners, every state can do whatever they wanted, except by getting together and having meetings and then going before the legislature, the early ones must have been as diverse as the forty-eight states.

TS: Right, and now fifty. You are absolutely right, it is all part of the issue of states rights. You know we are a federation of states and state legislatures have the prerogative of deciding who you are going to license to gamble and who they are going to license to practice medicine and so on- there are about ten different models. There are some states where medical licensing and discipline are all run by the state government, no doctors, it is all administrators. There is some that have an umbrella under the health department that controls all health-related professions including nursing, medicine, chiropractic, podiatry, etc. Well, Nevada and several other states, particularly in the west, except California, have individual boards for each one of those. The

Board of Medical Examiners has no authority over a podiatrist or a chiropractor or an optometrist or anybody else. So, you are right, there are all sorts of models. Some, of them have more control by physicians, others have excluded physicians, they use physicians as consultants and they see it as sort of a state regulatory like the....

EB: The tech's positions are kind of good. I am not sure that some of these people like Dr.

Maclean make a lot of enemies and get a lot of respect at the same time, but you know he was almost an \_\_\_\_\_ amount of power.

TS: Yes, he was, he had thick skin too. I made a lot of enemies. I mean we all did. That goes with the territory.

EB: Sort of policing yourselves.

TS: Yes, there are several physicians who I still see from time to time at social events who turn around and walk the other way. That is too bad, the evidence that we had was that they deserved to be disciplined. The evidence that we had that they were impaired by drugs or alcohol and they had to be taken out of the profession and sent to get help. I also say and there are lots of people who can testify to this, that in the issue of drug and alcohol, it was really an issue of tough love.

Yes, you are a physician and you are a colleague but you are a danger to your patients and you are an embarrassment to your profession and you have to get help. I could name a number of physicians in Las Vegas and Reno and some rural communities who have gone away for treatment and come back and recovered. They have publicly acknowledged their addiction and gotten help. They have talked to medical students and nurses about it and are back in practice.

They are practicing very good medicine and are absolutely no danger to anybody. The board always took the position, that addiction is not a reason to have your license taken away, addiction is a disease. If you use the drug of addiction then you are impaired. So, the fact that you are

addicted never lead to any action by the board as long as you got off drugs or alcohol and entered AA and went into an impaired physicians program, which the state medical association set up a number of years ago, to its credit. We had a place to send people (professionals) many themselves, who had been in recovery. Even today the physicians assistance committees of the various state and county medical societies are made up of physicians who are in recovery. They don't say I am recovered, they don't say I am cured, they say I am in recovery.

EB: That is once an alcoholic always an alcoholic.

TS: Yes, it is for life. I am alcoholic everyday of the year and must get through each day without a drink. So, I think rather than putting our head in the sand and ignoring it, as was done for a long time, we confronted it. Back to your question about did we as a profession cover up? I think we as a profession or individually, along with family members and others were enablers, we enabled it. Particularly if the physician had a good reputation. His partners and colleagues didn't want to blow the whistle. They looked the other way, they were afraid that this person would loose their livelihood. Hospitals were very leery about this whole area. So, in fact when the board took on a major responsibility for this area, I think that there was a sigh of relief among many physicians and the public and a lot of others. Hospital administrators, because I have talked to them and they told me. Thank goodness, you are doing something about this. Even the physicians, many of them who were screaming and yelling and angry and cursing at me and yelling at me behind closed doors that I was ruining their lives, etc, (not me but the whole board, but I was the secretary, so I took the brunt of a lot of that), they came back later and said I was in denial and I am glad I was pushed. Thank you, I am now back in practice I realize what my disease is and others who haven't to. I wasn't in the business to get thanked. What I am saying is nationally of the ten or twelve percent of physicians who are impaired, thousands have now gone

through the program in Georgia, started by Doug Talbott, (there are now programs all over the country) and are back in practice.

EB: What was that program?

TS: Doug Talbott is a recovering alcoholic who, when he was in Georgia, along with others recognized this problem in the early 1970's, and essentially with the help of the Georgia Medical Association, started I believe, the first impaired physicians program in the country. It is what they called it, at the time. They set up a unit in a local hospital, which at that time, had a heavy psychiatric unit. They would intervene, as they called it, on their colleagues and he and others would go and confront their colleagues about their addiction. They slowly started writing in the literature, and gather statistics and showed that you could get physicians back into practice. The other thing that is interesting which we presented to our own legislature, was literature from Oregon when Oregon prior to getting a law similar to ours, disciplined alcoholic physicians, but didn't try to help them. They just disciplined them and took away their license. They had a very high suicide rate. The suicide rate was above fifty percent for those physicians, because the attitude back before 1975 - 1980 in that period of time, was you are an embarrassment to the profession and you ought to be drummed out of the core, your license is taken away. Well, to a physician, especially a physician who is addicted and impaired, he or she will give up family, money, friends, but they will hold on to their license at all costs, their M.D., it is part of their identity, their self identity. A very high suicide rate. Oregon changed their law and their attitude, (I spent several days up there and recopied some of their stuff, they were very helpful, as a matter of fact, as I said earlier, and some consultants came from Oregon to help us). When they changed their attitude and set up an Impaired Physicians Program like Georgia and began to say to their colleagues look, we are not going to take away your license. We are not here to destroy your life.

We are here to protect the public. You are going to get help for your disease or we will take away your license. It became a carrot and a stick approach, which we had adopted. Once, that happened the number of license revocations for alcohol dropped, dropped to practically none and there were no more suicides. I have forgotten the exact figure, but in the range of. Eighty-five to ninety percent of the physicians who had been sent into a rehabilitation program returned to practice and practiced fine. Georgia has the same statistics and it has been the same thing here in Nevada, when you offered help to a physician. You threatened him of course with loss of license, but we are offering you, first, a voluntary confidential option to go into therapy deal, with your addiction, come back, you will be monitored. As a matter of fact, the one reason we expanded the number of investigators, we started a monitoring program, where by law, the physician had no choice, if he or she was in a recovery program, our investigators could walk into their office day or night and say urinate in the bottle, unannounced check on their urine for drugs and alcohol.

EB: I can see some people not going along with this.

TS: A few tried not to, but they had no choice. Because the choice was if you refuse to cooperate you previously have agreed that your license will be suspended instantaneous and I did suspend some. I think that I suspended two physicians' licenses over night. I just called them on the phone, your license is suspended. The investigator will be by tomorrow. Then I would call the people on the impaired physicians program and say you had better go see Dr. so and so, who refuses to cooperate, which probably means that he is back using alcohol or drugs or what ever. They would intervene and ship him off to treatment. There was a small relapse rate. That also became a very potent stimulus to stay in recovery. You never knew when the Board of Medical Examiners was going to have an investigator on your doorstep.

EB: Was there a cap? How many times could a person.....

TS: Anytime, we had reason to do it . We would just do it randomly. That was the whole idea.

EB: He could go away for treatment, come back, go away for treatment again...

TS: Oh, no, as a matter of fact, I don't think that we had anybody go away more than twice, well maybe a few that went three times. Most only once!

**\*\*(EB: A small recipient?)**

TS: Most of them after one, because remember most of them went to the Georgia program and to the one in Oregon. Most of those programs for physicians were fairly long, two to three months.

It has been shown in the literature that physicians have a very strong denial mechanism, the usual four weeks in hospital patient detoxification with follow-up as an outpatient for most alcoholics who are non-physicians, seems to be enough. Most everybody who deals with physicians says that is not enough. They need a longer time. They are dealing often with long suppressed psychological as well as emotional problems, by their own emissions when you listen to physicians. I have gone to many of these conferences where the entire audience were physicians in recovery and AA meetings, most of them say that they started their alcohol in high school, college, medical school. They were so bright, many of them that they could be "stoned" and still pass an exam. They could be in class hung over and still pass exams. They could get through residencies and they could work day and night. If they looked exhausted, they were excused because they were working so hard. Then they could cover it up in their practices for long periods of time. I am not making this up, these are their stories it often took a very heavy stick with a very nice carrot. I have confronted a number of physicians when I was the Board secretary and as I said earlier, many of them didn't like it. I said here is your choice. We would frequently have members of the physicians assistance committee come to the board and be sitting in another office when the investigative committee and I confronted these physicians and said here is the



evidence. Here are your urines, here is what we have. Now, in the other room there are a couple of your colleagues who will help you. If not, we will have a Board order suspending your license tomorrow morning. Even that wasn't as important frankly, as being confronted by colleagues. Many physicians said being confronted by colleagues, not everyone, but most of who had been through what you have been through was most important in getting them into treatment. They have been in treatment, they are in recovery.

EB: You can respect that other person.

TS: Respected but also knew every excuse in the book.

EB: The other person wasn't being holier than now, because the other person had been through it.

TS: Correct and also knew every ploy in the book. They knew every diversion, every way to deny, every excuse known to mankind, because they had all used them. What I would hear from my colleagues who were in recovery, is they are the best liars in the business. They can convince lots of people. If they can convince their wives and their family, and their colleagues and other enablers that I won't ever take another drink and I will be fine. I was just depressed for a few days, give me another break. We, at the Board said, "sure we are going to give you another break, but we are going to check your urine and blood whenever we want to, not when you call". It has been demonstrated that if you call a doctor on the phone and say we will be by next Wednesday afternoon to check your blood and urine. They would stop using whatever they were using and who is kidding whom.

EB: Is this still going on?

TS: On gosh, yes. It is a very good program. It is all confidential. The people involved.....

EB: Is it on any record?



TS: No public record.

EB: If a person were to have some sort of disciplinary action, then .....

TS: That is a public record.

EB: He is confronted and it goes on his record. I mean you have some records that you keep, that so and so is in recovery ? He leaves here and goes away.....

TS: Never, is it revealed, by law it must remain confidential.

EB: It is not then part of his.....?

TS: Public record. As a matter of fact, two separate files are kept. The public file includes where he came from where he went to school. Any public disciplinary action. Let's say a physician had his license suspended or revoked publicly because of his refusal to enter a program. Yes, that is now part of his public record. Just as the public record would include, mal practice suits that were judiciated against him. He had to pay a million-dollar settlement. That is all public. The investigative file including anything to deal with drugs or alcohol if he or she voluntarily enters a treatment program, is all kept in a separate file and in an entirely different part of the board office. It is not given to anyone. The only ones who see that are the attorneys and the investigator who puts the file together and the investigative committee, three members of the board, who, for a specific period of time, usually a year or two, constitute the investigative committee. They are all privy to that information. They are bound by oath not to reveal that. The law says that they can't. But anything that is a public reprimand as here, (public disciplinary action) license suspended because of drug or alcohol or fined because of some fraudulent behavior, whatever the public record says this, that goes with you, where ever you go. It is printed in the Boards newsletter, which goes to all physicians in every hospital and all legislatures and everything else. So, the legislature in giving the Board of Medical Examiners and the profession considerable

leadway to deal with these problems also expects accountability. I think that it has worked out to be a fairly fair system.

EB: If someone goes to Utah from here and you get a call (the Board of Medical Examiners) from the Board of Medical Examiners there, you are free to divulge this information, because he is not going to divulge it when he appears at this place in Utah. This gives you this freedom to....

TS: Yes, we have under the law, the ability to put in writing a written request. You don't talk to anybody over the phone, as you don't know whom you are talking to. In writing we have the ability to transmit information on physicians to any other duly constituted board. Also, the Federation of State Medical Boards of the United States, which has its offices in Fort Worth, keeps.....

EB: Oh, so there is a federation that is what I wanted to hear.

TS: Yes, it was established twenty-five to thirty years ago. It is like a federation, a voluntary participation by state boards. There were a couple of years where several state boards didn't want to participate, but now I understand all fifty-state boards participate, plus osteopathic boards. They have a national computer data bank, so that whenever a public action is taken against a physician, computer sends it almost instantaneously to Fort Worth. So, a doctor leaves Nevada and goes to New York, the New York Board can tap into the computer in Fort Worth and find out that two years ago in Nevada, even if he doesn't divulge it, he was reprimanded (a public reprimand) for whatever he was publicly reprimanded for. Now, every state followed our lead in our application for initial licensure and our renewal every two years. We ask about forty questions including are you or have you..... It says on the bottom of the application if you withhold information or lie or fail to reveal and it is discovered, that is a reason for an automatic revocation of your license. So, the physician who says I can go to some other state and I'll fool

them. They will never know what happened to me in Ohio or Nebraska, well we may not, if you don't tell us, or we may not if the computer doesn't have it in there, but if we eventually find out we will be sitting on your door step with a revocation simply because you have lied. So, as I said earlier, we know a lot about physicians from other states who have come here and have been up front, they have told us what the problem was and we have gone to that state and gotten all of the records, hearing transcripts. I have read transcripts that were five inches thick. The board sat and talked to the physician. We saw what the disciplinary action was. We saw what re-mediation the physician went through, such as recovery for alcohol and have licensed such physicians. It is not an automatic denial.

EB: This would take a lot of your time.

TS: It takes the time of all those investigators. Oh gosh, yes, an enormous amount of time.

EB: Tell me, in all the years that you were on it, any real disappointments?

TS: That is a very good question.

EB: Why am I doing this, this isn't worth it?

TS: No, I don't think that or feel that all. I am very happy.....

EB: You were satisfied?

TS: There were times when.....

EB: You were making changes, so obviously it wasn't perfect. You had to change with the times and the growth.

TS: Absolutely. I was a part of that, so that was very rewarding. Also, we saw lots and lots, (thousands as the statistics show you), of wonderful young doctors coming to Nevada to practice. I always had to remind myself. I would come home at night after a particularly bad day or an horrendous hearing where I would listen to stuff that would just make your hair stand on end and

say how could .... that is an embarrassment, how could any physician do what he or she did?

You just want to scream, but you have to keep reminding yourself for the few physicians that got into all sorts of horrendous problems and did all sorts of things and were unethical and immoral, the vast majority of the physicians were good people, treating their patients well and practicing good medicine. I have often said, yes, in that position and from that view, you saw the seedy side of our profession and it wasn't terribly rewarding. There were times.....

EB: It was an eye opener.

TS: Yes, I am going to get out of this. The hell with it. But I think I felt more like that before the law was changed, because we felt so helpless and frustrated. The new law, after 1985, provided the tools for the board to act. I also have to say the other great reward was seeing a lot of the physicians who were impaired getting into recovery and getting back into practice and at some point thanking me and other members of the board. We used to make a policy of, and we still do, when a person would come back from recovery and had been in recovery for a year or two, we would invite him to a confidential meeting to tell us about their experience and to tell us how they felt about the board and its behavior toward them. Many of them said I hated you at the time, but now two years later, I think you did the right thing and I wouldn't change it. We listened to their recommendations. What would you do? Many of them would say do the same damn thing. Force the physician to get help, because very few physicians when it comes to drugs and alcohol, will get help by themselves. The ones who were disciplined for inappropriate sexual contact, that was the most depressing. That physicians would use their authority and power, (physicians do have power over patients when they are sick), to use that for their own sexual gratification to me was far worse than addiction from drug and alcohol.

EB: You didn't have the tolerance for that. What about the ability to pay? At these treatment programs.

TS: That was a problem for some, but many would borrow. Many would take out loans. The physician assistance committee themselves would provide some scholarship money. Many of them would go to the hospital program in Georgia and in Oregon and their health insurance programs would pay for a big part of it. Many of them would use health insurance to pay for part of it. I am not too clear on that. Of course, many of them did go into debt, there is no question. Most of the physicians got back into practice and were able to eventually deal with it financially. The alternative was no practice at all. So, you say well, two tough choices, but the worse choice is being out of practice. As I said earlier in Oregon, before these self help programs started, the whole issue of suicide, which in its self was terrible. Back to your question, disappointments. Frustration yes, but I think the other positive thing is I was so involved with the medical school and I was seeing so many of our own graduates coming back. Our first graduate returned in 1978 - 1979. The first group who left here in 1973 was coming back six to seven years later. So, from around 1979 to 1980 and beyond I was seeing, among all of these physicians getting licensed, a significant number of our own alumni and it was wonderful to see them coming back, beautifully trained, with wonderful experiences, excellent credentials. They were coming and entering the profession. So, that was a joyous thing. I would make it a point to shake hands with every doctor. For years, we insisted that everyone had to show up and actually meet the board. We haven't done that in the last couple of years because of the numbers are so horrendous.

I wanted to get to one question you asked earlier, there is nothing national. Well, there is no national licensure, you are correct, but part of that has changed. I was on the National Board of Medical Examiners for a couple of years, (I haven't mentioned that yet). I was a member of the

board and I also served on several of the committees that wrote exams, (for about twenty years starting in the mid seventies). I was a part of the Federation of State Medical Boards, (that I just mentioned) and the National Board of Medical Examiners and the education committees of the AMA use to have joint meetings in Chicago. Then they started meeting in Atlanta, Dallas and all over the country. They worked toward a uniform exam process, one way of getting a license in the United States, a uniform licensing exam, which all physicians whether they were foreign trained, or American trained, American citizens or International citizens, all of them would take one set of exams. It would replace the National Board. They would be taken over two or three years, several days at a time. That was really satisfying to see that approved a couple of years ago. It is now called the USMLE (United States Medical Licensing Exam). All fifty states now require it . It has replaced FLEX, which was for foreign graduates. It has replaced all state exams. (I took a Nevada State exam in 1966, when I came to Nevada). It has replaced the National Board Exam that all American medical students take. Now, everyone who wants a license in any of the fifty states, beginning with sophomore medical students an then senior medical students, interns and residents, they take six days of written examinations over three to four years. They take two days at the end of the second year, two days at the end of their senior year, two days sometime after their internship. Those exams now are given internationally. There are given in Calcutta, Bombay, Hong Kong, Manila, etc. The reason for that was to answer the fundamental assumption in your question, how can states say that foreign graduates and American graduates or people from Idaho and people from Nevada and people from Illinois all have some common level of knowledge. There was a lot of politics that went on for a long time, over those twenty years. Ultimately it was passed a few years ago and now there is no such thing as national Board exams anymore. There is no such thing as FLEX anymore. There is no such thing as state exams.

Every state in the union now accepts the United States Medical Licensing Exam and that is the final common pathway, if you will, for licensure in this country. States still reserve the right to give an oral exam or, for example, we give an exam on our law. If you apply to Nevada (and many states do this for a license), you are sent a copy of a forty page booklet, and you are given an open book written exam. So, you can look up the answers. Then you sign a certificate and the passing grade is 100. You have to get every one of the questions right, because you just look the answer up in the book. Then of course that helps later. A physician can no longer claim ignorance of the law was an excuse for not doing something. I didn't know that I had to tell you I moved my office address. I didn't know I had to tell you whatever, I didn't know that I had to tell you that I was disciplined in another state. Many other states now require physicians entering their state to pass a written exam on that state's law. If I went to New York tomorrow I would probably have to take their exam. So, that was another innovation that we put in 1985 in our law. So, disappointment, I can't think of many.

EB: Did it lower the standards, by making it National because I remember when a lot of physicians came here from somewhere else, had a license in another state, but they didn't have the basic sciences, I think it was that they were complaining about, what was required here.

TS: Yes, I had to take the "basic sciences" exam in Nevada.

EB: They didn't have to take it in the state that they were in, so did this lower the standards?

TS: No, not at all, as a matter of fact, it raised the standard because.....

EB: Did they use the highest common denominator then?

TS: Yes, because the first part of the United States Medical Licensing Exam is very much like the first part of the National Boards. It was rewritten. They didn't want to discriminate against the foreign graduate, but essentially the first part, which was a two-day exam usually taken by



students at the end of their sophomore year, was all basic science. There was some clinical medicine. It didn't lower the standard at all, it raised the standard. It also unified the standard, that is, every doctor getting license in any of the fifty states began with the same database. They all begin having passed the same exams. That is the purpose of it. That was another innovation that took place in the last couple of years.

EB: You know, a lot of doctors that maybe don't know this.

TS: Yes, they do now, if they have read the board's newsletter.

EB: So, this will come out in the book. A lot of them have been in practice for so many years, they don't know what the new laws are.

TS: Most of them don't care, but if they read the newsletter that comes out they do. This was written up a lot in the *New England Journal of Medicine* and *JAMA* and in a lot of areas. There are physicians who argue that what we ought to do is do away with a general license and go to specialty licenses, but there has been a lot of political fighting about that. I don't think that I know a lot of the arguments pro and con. There are people who say, you give a general license right, yes. Well, this guy has had three years of pediatrics and that lady has had four years of OB and that man has had seven years of neurosurgery and are just giving all of them a general license. The answer is yes. Under state law, here and in all of the other states, you essentially get a license to practice medicine and surgery. What prevents you from practicing neurosurgery when you are not trained is mal-practice and hospital privileges. Who would let you do neurosurgery if you don't have any training. Yes, there are people with limited training who try to do things that they are not trained to do. Well, then what generally happens is that when they get into trouble, they can either be disciplined at an administrative level at the Board of Medical Examiners or they can loose their privileges at a local hospital, or they can be sued by the family

or the patient and end up with an horrendous civil judgement. If they are really off the wall and someone dies, they can even be prosecuted under criminal law for a felony. There are a number of different ways a physicians freedom to practice any kind of medicine is limited by either the possibility of civil suit or administrative action. Frankly, under the law if I wanted to attempt to practice psychiatry dermatology, or neurosurgery, which I wouldn't ( I would never get privileges anyplace). I could attempt it.

EB: In your office only?

TS: Right, where no one was watching over my shoulder. But, I wouldn't try. There are those using that kind of argument. What we really ought to do is say, " you are trained as a neurosurgeon and that is what you get a license for. You are trained as a psychiatrist that is what you get a license for. You are trained as a pediatrician and that is what you have a license for. If you step over the boundaries then we will discipline you". I guess it could be done, but I don't know exactly how you could regulate or monitor such a thing. In that sense a license is the least common denominator. But, we raised the bar by getting in the three-year residency requirement to increase the quality. The new United States Medical Licensing exam worldwide has also raised the bar.

EB: That is what I wondered. The physicians in their own specialty get boarded?

TS: They get "boarded" and they also can get thrown out of their own specialty society because they violate their own code of ethics. If they don't stay abreast in their surgical field and some patient is injured they can lose their privileges at the hospital or have their privileges restricted or they can get sued and end up with a big mal practice suit if it can be proven. There are lots of checks and balances on physicians. Some physicians would argue too many. This is just big government telling you what to do. Yes, maybe in a way but frankly, I think.....

EB: It is a profession policing itself.

TS: Yes, I think that you just said it. Many people who have served on the board or have been consultants, (as we said earlier we had hundreds of physicians who have consulted for the board )and are very supportive. It is a profession policing itself. Yes, with the arm of the state, yes with the backing of a law. I certainly would rather have it that way, than in some states where physicians are sort of pushed to the side and you have a state agency set up with some bureaucrats and a whole bunch of lawyers who wait for someone to get hurt or wait for some complaint, and they prosecute and get into a big legal hassle. Yes, we have done that too. Frankly, I think ours is a better system. There are also those who think that if you get a license in one state you ought to be able to carry it all fifty states. There are people in the federal government who argue that. A lot of states aren't going to go for that simply because it does limit the states ability to control commerce within their own state. You don't get a license in one state to drive a car, every state you go to they say you need a license to drive in our state. We don't say if you get accepted to Harvard you ought to be able to go to Berkeley. I think that the idea that license in one state should allow you to go anyway you want, won't fly. I do think that the idea that some more uniformity of standards is good if you are a board certified surgeon, you have passed the national exam and you call yourself a board-certified surgeon nationwide.

EB: We are going in the right direction?

TS: I think so.

EB: This is what we have now and it is working. Okay, we will stop now.