

NEW HAMPSHIRE **PHYSICIAN**

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Advocating for Medicine of the Future

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Specialty Societies

*"Email Catrina
Watson at
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information on
joining your
specialty society's
local chapter!"*

New Hampshire Specialty Societies What's New for Your Specialty Societies

New Hampshire Medical Society manages several local chapters of national medical societies. See what they're up to, and email Catrina Watson at Catrina.Watson@nhms.org for information on joining your specialty society's local chapter!

NH Psychiatric Society (NHPS) held its NHPS Annual Meeting, Awards, Scientific CME Presentation and Poster Contest at Hotel Concord, April 11. The conference was well attended with great updates in psychiatry. NHPS Leadership awards were presented to two well-deserving judges, Judge Barbara Maloney and Judge David D. King. Special Recognition awards were given to Kathleen Duemling, MD and Robert Feder, MD. Gillian Sowden, MD became president of the chapter.



NH Chapter of American Academy of Pediatrics (NHAAP) held its Annual CME at Hotel Concord May 16. NHAAP had a great turnout and presented the Pediatrician of the Year Award to Erik Shessler, MD. NHAAP has been working closely with UNH on grant projects. Christine Arsnow, MD received a CATCH grant from AAP for a project titled Safe Gun Storage in NH.



NH Academy of Family Physicians (NHAFP) had its Annual CME May 2-4 at Mountain View Grand Resort & Spa. Eric Pollak, MD, MPH received the NHAFP Family Physician of the Year award. Lots of familiar faces came to celebrate his win and dance to No Copay Band. In 2026, NHAFP will change locations and hold the CME at N. Conway Grand Resort on May 1-3.



NH Chapter of American College of Emergency Physicians (NHACEP) participated in Managing Medical Emergencies (MME) at Dartmouth in Lebanon on May 7, then met for networking, dinner and a board meeting at Jesse's. The fall cruise and winter ski day are being planned. Stay tuned for details.



NH Chapter of American College of Physicians (NHACP) is excited for their social cruise on Lake Sunapee, June 14. Several members have just returned from Leadership Day on the Hill, where they attend meetings with our NH Delegation. The NHACP hybrid CME will be held October 17 at Hilton Garden Inn. We are sad to see several dear



council members moving on but thank them for their service and dedication to the chapter.

NH Osteopathic Association (NHOA)

is once again collaborating with the NH Society of Physician Associates for the Summer Symposium, August 8 at Portsmouth Country Club. The Winter Symposium will be held January 30-February 1 at Grand Summit Attitash.



NH Orthopaedic Society (NHOS)

met May 22 for their Spring Meeting. Several interesting cases were presented. They will join NHMS November 7, at Omni Mt. Washington for their fall CME.



NH Society of Eye Physicians and Surgeons (NHSEPS)

worked diligently to oppose HB 349, which has been retained in committee. They held their spring meeting at Centennial Inn, May 8.



NH Society of Anesthesiologists (NHSA)

had several members attend Advocacy Day on the Hill, speaking to the NH Delegation and/or healthcare/policy staff regarding important topics, such as CMS reimbursement, balanced billing and physician led health teams.



The Former Hillsborough County Medical Society

held a very lively and entertaining event on May 9, with special guest speaker Matt Iseman. 111 people registered to attend this great event. Planning for the next event is already underway. ■

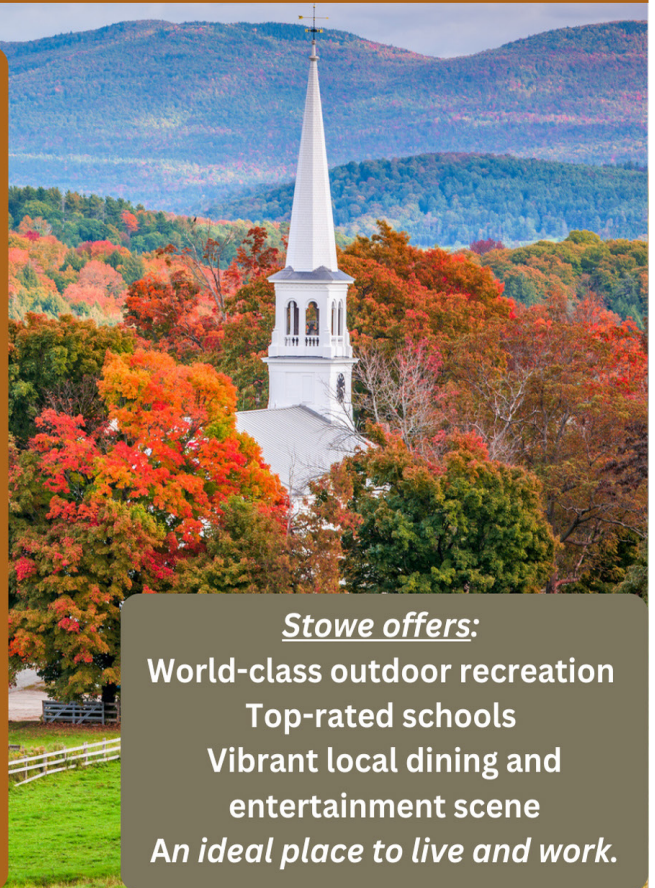
Concierge Medical Practice for Sale – Stowe, Vermont

Located in the heart of Stowe, Vermont — often called the “Ski Capital of the East” — this well-established concierge medical practice presents a rare opportunity to join a thriving community in a stunning New England setting.

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Irena Danys, MD

"A longstanding meditation practice and dedication to studying Buddhist philosophy and ethics proved to be my lifeline to personal equanimity, as well as a way to leverage neuroscience and provide something more for my patients."

Member's Corner: Beyond Medicine

The Impact of Mindfulness-Based Stress Reduction

Life is hard. It is beautiful, exciting, rewarding, intriguing and fraught with difficulties. Navigating it all, with some semblance of grace and ease, has been a lifelong challenge for me.

Choosing a career in neurology in the early 80s, family and friends were mystified. You can't cure anyone, it's the diagnose and adios specialty, it's so depressing, why don't you go into something where you can really help people? Let us be clear, neurology is amazing, the brain is king, and the nervous system is a work of art. So, for sheer fascination and intellectual challenge, it has been a pleasure.

What about facing, day after day, chronic patients with no hope of cure, facing loss of function with degenerative disease? Each day, I asked, how can the suffering in this individual and their family be relieved? Each day, I listened carefully to the struggles of their lives and worked on informing myself, and then them, on ways to be supported. Some days, when everyone was gone, I would just put my head down on my desk and cry.

My personal life provided me the opportunity to get a genuine taste of what real suffering is like. Our household consisted of three high maintenance children and physician parents, with my husband in a busy surgical subspecialty. Over time we were supporting my elderly infirm parents and involved in the sad illnesses from pancreatic cancer and primary CNS lymphoma in my husband's parents. Adding all this challenged my resilience and positive outlook to life.

A longstanding meditation practice and dedication to studying Buddhist philosophy and ethics proved to be my lifeline to personal equanimity, as well as a way to leverage neuroscience and provide something more for my patients. Over a 7-year program of intensive study of Tibetan Buddhist literature and practice methods, I realized a growing capacity for compassion without fatigue, for remaining calm and clear minded under stress, and for recovering mentally and emotionally from intense challenges. And I began to search for an evidence-based way to offer this to patients and families who experience the inevitable emotional and physical stress of neurologic disease.

In 1979 Jon Kabat-Zinn developed Mindfulness-Based Stress Reduction (MBSR) at UMass Medical Center in Worcester. "MBSR is based on rigorous and systematic training in mindfulness, a form of meditation originally developed in the Buddhist traditions of Asia" (from the introduction in *Full Catastrophe Living – Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*). In a secular manner, he incorporated elements of Buddhist practice, together with Hatha yoga, and inquiry into an 8 week highly experiential program.

This stepwise method was designed to teach methods for present moment awareness, mind-body relating, perspective taking and how to transform unconscious stress reactivity into conscious, often wise, responding.

Initial participants were patients failing conventional treatments or who had exhausted the options. These included people with chronic pain, cancer, heart and lung disease, hypertension, headaches, anxiety and panic attacks, stress-related digestive disorders, skin problems and many more. Both anecdotal reports from patients and formal outcome studies have repeatedly shown reductions in symptoms and improvements in mood and stress coping.

By 2015 there was an abundance of evidence-based research in peer reviewed journals validating the efficacy of MBSR for reducing symptoms of anxiety, depression, fatigue, insomnia, and chronic pain. I was determined to become a certified MBSR teacher and bring MBSR into the medical mainstream in my community. By transitioning to a periodic locum tenens position in Anchorage, Alaska, I was able to complete the necessary training programs in Massachusetts.

In 2016, it was my joy to finally establish the Neuro MBSR Program at Concord Hospital. I am deeply grateful for the support of my colleagues in Neurology, and the unflagging enthusiasm and

encouragement of Dr. Ann Cabot and the MS Team. Neuro MBSR was offered to multiple sclerosis and other neurologic disorders starting in 2017 and continued after my retirement under the supervision of my colleague Jeanne Ann Whittington. My dream of relieving suffering continues and includes all individuals who want to manage stress more skilfully in their lives, whether because of burnout, medical issues, or simply to improve their quality of life. My website is www.mindfulhealers.com

Stress and pain are inevitable; we can all learn the skills for suffering less.

Irena Danys, MD is a retired neurologist and the founder of Mindful Healers. ■



Healthcare Banking Program

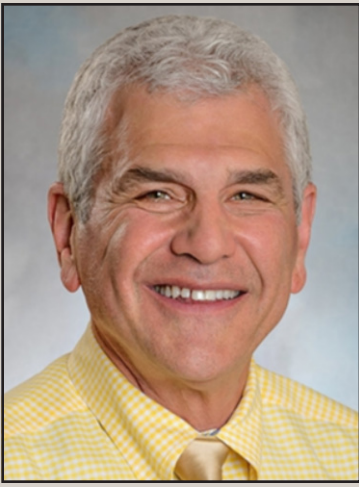


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Mark Selesnick, MD

Physician Wellness: My Story

The Healing Power of Music: Reflections from a Physician's Journey

Music has always been a source of joy in my life as a hobby away from my medical career. I mostly have my mother to thank for this, but my father paid for all those lessons! I recently retired after 46 years of medical practice—primarily in Family Medicine—finishing up per diem doing Urgent Care.

This strategy permitted me to “wind down” and segue into retirement more easily. One of my close doctor friends referred to this as “getting off the drug” of medical practice. This is quite aptly put.

All of us in medicine can relate to the unhappy parts of the job we signed up for. These sad tidings come in many forms: unexpected deaths, a new cancer diagnosis, irreversible neuro deficits, etc. Involvement in music has provided me with some ways to relieve these troubling times. When one is musically challenged and immersed, such as practicing an instrument, an important diversion is provided. Physician burnout is a much-addressed topic these days.

As we all know, musical involvement—especially with a group or a band—gives a stressed-out physician something of real quality to look forward to. Many of us have been aware that medicine and music often go together like PB and jelly. Not infrequent reference has been made to this phenomenon in the literature over the years.

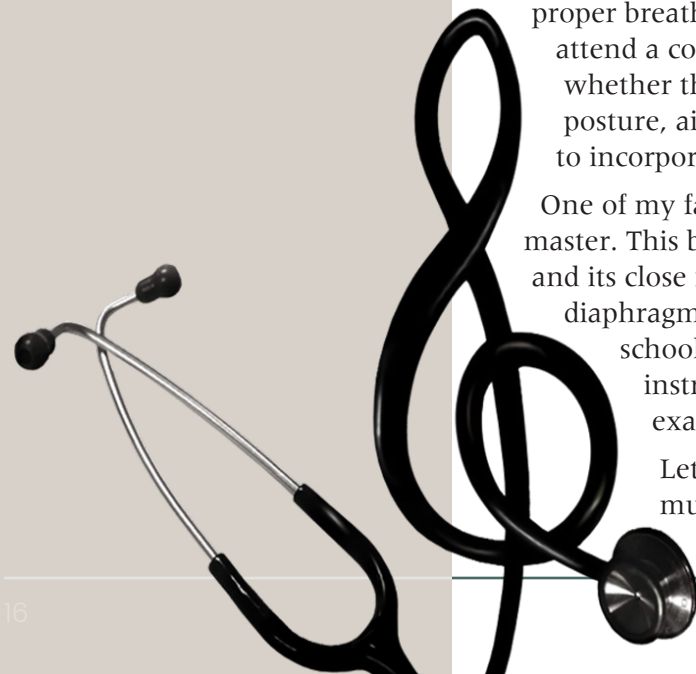
I do not pretend to know why this is often the case, but I find it fun to speculate on the subject. We each have our own pet theories as we search for a unifying explanation. My colleagues in neurology will no doubt have something to say about this—likely along the lines of common neural pathways and synapses.

Others might suggest that the discipline of a repetitive practice regimen required to achieve optimal results is the real hero. The answer is likely a combination of these, along with other factors—i.e., having “music in the genes.”

When one plays wind instruments, one must study and pay attention to proper breathing technique. This is essential for success. Whenever I attend a concert, I feel I am “taking lessons” from that person, whether they play my instrument or not. I carefully notate their posture, air intake, style and speed of respiration, release of air, etc., to incorporate into my own playing.

One of my favorites in this regard is Barbra Streisand—she is the master. This brings us to the medical topic of respiratory physiology and its close relationship to musical performance. The human diaphragm is, of course, a key player in all of this. One of my high school mentors had recommended we singers and wind instrument players take courses at the local medical school for exactly this reason.

Let us not forget our non-wind instrument/non-singing musical brothers and sisters. What we all have in common



is the need to keep good time. (This does not mean going out to the bar for a drink!) It obviously means close attention to tempo, meter, and rhythm—the very “heartbeat” of one’s musical soul. All musicians, not just the drummer, are responsible for the time.

I’ve always been pleased to learn there are physicians (and dentists) who have a special interest in the medical and dental needs unique to musical performers. Over the years, I’ve read several journal articles published by these experts. One that comes to mind appeared in the NEJM many years ago, giving tips and information that was invaluable. It was much like having a “team physician” for one’s voice or instrument, as many specific challenges and problems were addressed in great detail.

Also, I attended a brass conference in New York City years ago, during which a dentist/brassman advertised a 10% discount on his dental services—being sensitive to the unique needs of brass players. Another specific example might include strategies to avoid or treat carpal tunnel syndrome that might occur more often in guitarists and violinists.

All of the above is not to say that music is the only diversionary outlet for physicians. It is well known that involvement in exercise and sports provides similar benefits. Other, more unusual side hobbies used by my colleagues include stand-up comedy. We at the New Hampshire Medical Society were treated to an evening of this on May 9, 2025, with Matt Iseman, MD.

Another such example was an ENT/allergist physician whom I met at a meeting in New York

City years ago. He politely excused himself from dinner because he had a gig that evening at a comedy club on Second Avenue in Manhattan. I thought this was way cool.

Last but not least, I want to mention my section chief in Urgent Care at MassGeneral-Brigham. Much to my surprise, she was (is) a championship poker player. No, this has nothing to do with music or medicine, but the story is too good to pass up. Cindy would travel out to places like Las Vegas to play competitive poker. Rumor has it she was very successful and well thought of on the poker circuit.

One more free-rambling thought: on playing trumpet or any wind instrument, you have a good opportunity to improve your posture. No doubt, the strength and support of the air column to produce the sound is better if you sit/stand up straight. My mother always told me this, and now my wife has taken over this task.

Lastly, facial muscles get some exercise with this activity. I find that I smile more and even speak more intelligently after a trumpet practice session. Not sure why this happens, but it is a welcome and pleasant bonus.

In conclusion, music remains an eternal source of joy in my life. Different styles of music have become appealing at various times along the way. For example, during my family medicine residency, I joined a barbershop quartet society. This went on for two years and had its time and place.

Each musical venture has brought something of value to the table. What I liked most was that each one put me in contact with other

talented people. This helped me to gauge my own level of talent more realistically and learn from the best of them.

Similarities between music and medicine are many, as outlined above. Diligence in practice is required for both. You will fall on your face every now and then—as I myself have done in the past and present. These times should serve as an opportunity to improve and vindicate yourself with the next practice session or performance.

Learn to experience the joy of practice—at least some of the time. The rewards can be great. ■

“Involvement in music has provided me with some ways to relieve these troubling times. When one is musically challenged and immersed, such as practicing an instrument, an important diversion is provided.”

Disclosure of Adverse Events

Glossary of Terms

- **Adverse Event:** Injury from a medical intervention or omission, not necessarily due to error or negligence.
- **Clinical Care Charting:** Document care factually in the medical record; avoid assumptions or blame.
- **Disclosure Conversation & Documentation:** Record outside the medical chart, typically in incident management systems.
- **Incident Reporting:** Identifying occurrences leading to adverse events.
- **Medical Error:** Potentially preventable failure in execution or planning of medical action.
- **Unanticipated Outcome:** A significant deviation from expected treatment results, which may or may not involve an adverse event.

Managing Adverse Events

Healthcare professionals must address adverse events with honesty, ensuring accountability, patient support, and preventative measures. Informed consent helps set expectations and facilitates disclosure discussions.

Disclosure as a Communication Tool

Ethical and legal standards necessitate disclosure of adverse events. Proper disclosure maintains patient trust but, if mishandled, can harm provider-patient relationships and lead to liability issues. Effective disclosure requires clarity and should focus on medical facts without premature speculation.

Disclosure Policies & Legal Considerations

Disclosure is not a cost-saving tool but a means to foster trust. Organizations should align policies with state laws and insurer requirements. Risk managers must understand liability insurance policies and legal implications of disclosure, including protections under state apology statutes.

Models for Disclosure Management

- **One-Person Model:** A single risk manager handles disclosures; suited for small organizations but burdensome.
- **Team Model:** Trained communicators assist clinicians in disclosure discussions.
- **Train-the-Trainer Model:** A trained core group disseminates disclosure knowledge throughout the organization.
- **Just-in-Time Coaching Model:** On-the-spot coaching for immediate disclosure; efficient but riskier.

Steps in the Disclosure Process

1. **Preparation:** Review known facts, determine disclosure participants, and plan the discussion setting.
2. **Consultation:** Engage legal counsel and liability insurer for guidance.
3. **Starting the Conversation:** Ensure HIPAA compliance, assess patient/family comprehension, and use simple language.
4. **Presenting Facts:** Avoid speculation, explain next steps, and clarify ongoing care.
5. **Conveying Sympathy:** Acknowledge suffering without admitting fault. Listen, respond honestly, and encourage questions.
6. **Topics to Avoid:** Do not discuss liability insurance, peer review findings, legal consultations, or blame other providers.
7. **Conclusion:** Summarize key points, outline next steps, and provide contact information.
8. **Documentation:**
 - **Clinical Care Charting:** Log objective facts in the patient's medical record.
 - **Disclosure Documentation:** Maintain records separately in risk management systems.

Legal Protection for Apologies

Some states protect expressions of sympathy but not admissions of fault:

- New Hampshire: protects expressions of sympathy or compassion related to a medical injury, but not statements admitting fault, which remain admissible in court.

Maintaining Provider–Patient Relationship

Post-disclosure follow-up is crucial to preserving trust. Avoid direct contact with patients under legal representation.

Supporting Healthcare Providers

Providers often experience emotional distress following adverse events. Organizations must offer support programs to foster a culture of transparency and improvement.

State Apology Statute

New Hampshire: <http://www.gencourt.state.nh.us/rsa/html/LII/507-E/507-E-mrg.htm>



Notice

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New Hampshire

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Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: *The world we hope to create through our work together.*

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

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**Omni Mount Washington Resort
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