By Diane S. Lund AMN CORRESPONDENT

For the first time in its 11-year history, Doctors Ought to Care (DOC) is encouraging the 5,500 physicians, residents, and medical students on its mailing list to become paying mem-

Since its founding, DOC has operated on less than \$5,000 a year, said President Rick Richards, MD, an associate professor of family medicine at the Medical College of Georgia in Augusta, who has been with the organization since its inception.

With 110 chapters across the country and new groups starting in San Diego, Salt Lake City, Philadelphia, and Portland, Ore., in early 1988, DOC has out-

"We're being overworked and overburdened. It's reached the point where we're receiving so many requests, so many phone calls, to do it right we need to hire a coordinator or else stop," Dr. Richards said.

DOC IS ASKING physicians for a \$50 annual contribution; residents, \$25; and medical students, \$10.

Of the funds generated, 10% will be kept by DOC's national headquarters to hire a coordinator and to purchase counter-advertising to combat adver-tising purchased by the tobacço and alcohol industries, Dr. Richards said. The remaining 90% will be returned to the local chapters. If a physician makes a contribution in a city where a DOC

chapter does not exist, the money will

go into the national coffers.
"We feel pretty confident about gaining financial support," Dr. Richards said. "People who've been involved with DOC know what we've accomplished."

Founded in 1977, DOC trains medical professionals to promote healthy lifestyles among elementary and sec-ondary students. During 1987, DOC received 330 requests for its curriculum, called Superhealth 2000, and 102 requests for its slides.

In the classroom, physicians discuss issues such as tobacco and alcohol abuse, nutrition, and exercise. A family dynamics unit covers AIDS, peer pressure, decision making skills, sexuality, self-identity, and the transmission of

sexually related diseases.

Physicians receive a course outline describing the goals of each unit and a list of suggested class activities, along with colored slides that poke fun at contemporary tobacco and alcohol advertisements.

"We want to get more people thinking about how they're being duped by Madison Avenue marketeers," said Alan Blum, MD, DOC's founder and chairman of its board, who is an assistant professor of family medicine at Baylor U. in Houston. "We want young people to become smart consumers and to start taking responsibility for their personal fitness

Students are encouraged to discuss their feelings about tobacco and alcohol advertisements and to analyze the intent of these ads, Dr. Blum said. Physicians use humor and common sense to make students aware of the dangers associated with substance addictions and the tactics used by the advertising

"OUR GOAL is to demystify the image conveyed by the media about addictions such as smoking," he said. 'We draw from contemporary images, to show students how these ads produce the big lie in our society.

Aside from curriculum produced by Drs. Blum and Richards, local DOC chapters have developed materials to share with other physicians. In Cedar Rapids, Iowa, DOC members developed a unit on health quackery, fraud, and over-the-counter diet pills. Teenage suicide and stress management materials were written by Madison, Wis., physicians, and the DOC chapter in Greenwood, S.C., introduced a unit on seat-belt safety.

We encourage physicians, once they have established a chapter, to make efforts to reach out to young people," Dr. Richards said. "Physicians are seen as a reliable source, as a role model in the community, and their message can make a difference."

Although national surveys have not been conducted to study the effectiveness of DOC's curriculum, a local survey was done in Fitchburg, Mass., after a presentation to seventh graders on the ill effects of smoking. That survey showed that students had changed their attitudes about tobacco. Fewer planned to become smokers after hearing a presentation by a DOC physician, Dr. Richards said.

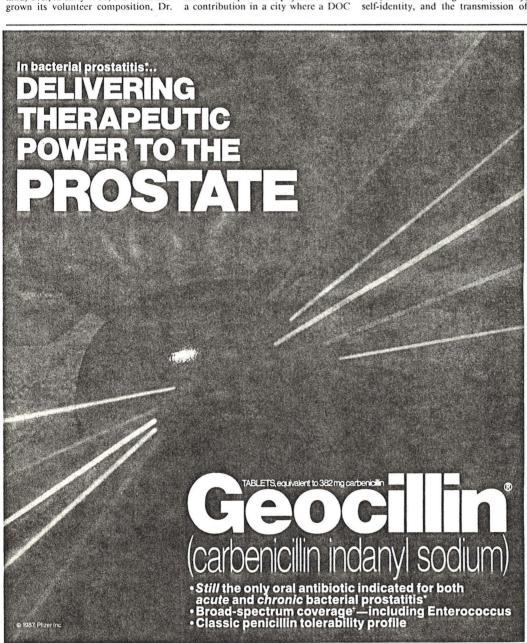
"WE'VE BEEN VERY successful in increasing community awareness and in banning tobacco from school grounds," he added.

To orient physicians about DOC's curriculum, Drs. Richards and Blum frequently make grand rounds, encouraging medical residents to become involved in health promotion activities. On March 4, Dr. Richards appears before the California Medical Assn.'s annual meeting to tell physicians how they can counter lifestyle-related illnesses caused by tobacco and drug addiction.

"Physicians don't receive this kind of training in medical schools," Dr. Richards said. "So we're helping them overcome their inertia and teaching them how to talk to patients by using humor and common sense.

Meanwhile, Dr. Blum, who has what he considers to be the largest collection of tobacco-related materials, including 8,000 slides, hopes to develop a tobaco, our sinces, nopes to develop a tobac-co archive. He's applying for grants to fund such an institute. U.S. Surgeon General C. Everett Koop, MD, has called Dr. Blum's materials a national treasure.

"Hopefully this archive can make a national resource of information available on any aspect of the tobacco in-dustry," Dr. Blum said.



*Due to susceptible strains of indicated organisms, as listed in the Brief Summary below. †Susceptible strains of indicated organisms. *In vitro* activity does not necessarily imply a correlation with *in vivo* results

Indicated Organisms: Prostatitis—Escherichia coli, Enterococcus (S. faecalis), Proteus mirabilis,

Enterobacter sp.
Contraindications: Known penicillin allergy.
Warnings: Serious and occasionally fatal hypersensitivity
(anaphylacifc reactions have been reported with oral penicillin therapy, these reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.
Individuals with a history of penicillin hypersensitivity have
experienced severe hypersensitivity reactions to cephalosporins, and vice versa. Before therapy with a penicillin,
careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMME-

DIATE EMERGENCY TREATMENT WITH EPINEPHRINE. OXYGEN, INTRAVENOUS STEROIDS, AND AIRWAY MANAGEMENT INCLUDING INTUBATION SHOULD ALSO BE ADMINISTERED AS INDICATED.

Usage in Children: Since only limited clinical data are available to date in children, safe use in this age group has not yet been established.

Usage in Pregnancy: Sale use in this age group has not Usage in Pregnancy and Usage in Pregnancy and Usage in Pregnancy.

established.

Procaulions: Periodic assessment of organ-system func-lion, including renal, hepatic, and hematopoietic systems, is recommended during prolonged therapy. Long-term use may result in overgrowth of nonsensitive organisms; superinfection occurs during therapy, appropriate measures should be taken. Since carbenicilin is excreted

by the kidney, patients with severe renal impairment (creatinine clearance of less than 10 ml/min) with not achieve therapeutic urine levels of carbonicilin.

Adverse Reactions: Gastromiestinal Disturbances—
Nausea, vomiting, and diarrhea. Hypersensitivity Reactions—Skin rashes, urticaria, and puritus. Blood, Hepatic, and Renal Studies—Ahemia, thrombocytopenia, leukopenia, neutropenia, and eosinophilia, mid SGOT elevations. Other—Flatulence, dry mouth, furry tongue, vaginitis, and abdominal cramps.

Before prescribing or administering, see package insert.

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