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The Wake County Medical Society
Legislative Advocacy Committee

NEEDS YOUR SUPPORT AND NEEDS YOU TO JOIN IN!

The WCMS Legislative Committee advocates for Wake County Physicians with the Wake County Delegation to the NC General Assembly.
Key issues include:

1. Maintain physician led and local quality care initiatives
2. Support the NC Community Care Program and its care management activities
3. Address Medicaid reform issues
4. Prevent “scope of practice” legislation that would allow non-physicians the right to practice medicine.
5. Work in concert with the NC Medical Society's legislative advocacy agenda

INTERESTED?

Please contact
Paul Harrison, WCMS Executive Director
(919) 923-2442 or by email at pharrison@wakedocs.org

**Any physician currently living in or practicing medicine in Wake County may participate. Membership in the Wake County Medical Society is not a requirement.**
L. Jarrett Barnhill, MD is a professor of Psychiatry at the UNC School of Medicine and the director of the Developmental Neuropharmacology Clinic within the Department of Psychiatry. He is a Distinguished Fellow in the American Psychiatric Association and Fellow in the American Academy of Child and Adolescent Psychiatry.

Assad Meymandi, MD, PhD, DSc (Hon) is an Adjunct Professor of Psychiatry, University of North Carolina School of Medicine at Chapel Hill, Distinguished Life fellow American Psychiatric Association; Life Member, American Medical Association; Life Member, Southern Medical Association; and Founding Editor and Editor-in-Chief, Wake County Physician Magazine (1995-2012). He serves as a Visiting Scholar and Lecturer on Medicine, the Arts and Humanities at his alma mater the George Washington University School of Medicine.

Elaine A. Ellis, MSJ Vice President Communication & Marketing at North Carolina Medical Society.
The Wake County Medical Society is inviting its members to write articles for upcoming issues of the Wake County Physician Magazine. Wake County Medical Society members wishing to write an article for publication are asked to submit a brief five sentence proposal.

Proposed article summaries could focus on your first person accounts of the personal side of practicing medicine (e.g., a patient overcoming all odds and achieving a positive outcome, experience with grief/overcoming grief, your best day practicing medicine, or care management success stories, etc.) or any other human interest story that might appeal to our readership—keeping in mind that anything resembling promotion of a current practice or practitioner, or taking a political stance would not be usable, with the final say on such matters resting with the editorial board. Please email your brief proposal to Paul Harrison, editor, by June 16, 2017 at pharrison@wakedocs.org. We would like to include your article in our next publication—April, 2017 which will be posted on our website. Thanks!

Wake County Physician Magazine (WCPM) is a publication for and by the members of the Wake County Medical Society. WCPM is a quarterly publication and is digitately published April, July, April, and October.

All submissions including ads, bio’s, photo’s and camera ready art work for the WCPM should be directed to:

Tina Frost
Graphic Editor WCPM
tina@tinafrost.com
919.671.3963

Photographs or illustrations:
Submit as high resolution 5” x 7” or 8” x 10” glossy prints or a digital JPEG or TIF file at 300 DPI no larger than 2” x 3” unless the artwork is for the cover. Please include names of individuals or subject matter for each image submitted.

Contributing author bio’s and photo requirements:
Submit a recent 3” x 5” or 5” x 7” black and white or color photo (snapshots are suitable) along with your submission for publication or a digital JPEG or TIF file at 300 DPI no larger than 2” x 3”. All photos will be returned to the author. Include a brief bio along with your practice name, specialty, special honors or any positions on boards, etc. Please limit the length of your bio to 3 or 4 lines.

Ad Rates and Specifications:
Full Page $800
1/2 Page $400
1/4 Page $200
The North Carolina Medical Board (NCMB) voted last month to refine how they determine who will be investigated under their Safe Opioid Prescribing Initiative (SOPI). Read the proposed rule changes here. The Board will accept comments on the proposed changes through May 1. Please email comments to rules@ncmedboard.org. A public hearing on the changes will be held at 10 a.m. on May 1.

According to the US Centers for Disease Control and Prevention (CDC) and the North Carolina Center for Health Statistics, there are 97 opioid prescriptions for every 100 North Carolina residents, and opioid overdose deaths are up in the state by 32 percent over the past decade. Faced with this prescription opioid crisis in North Carolina, the NCMB launched its Safe Opioid Prescribing Initiative in April 2016. The initiative is designed as a method of protective oversight with the NCMB investigating licensees who prescribe large numbers of high dose opioids and who have had two or more patients die of opioid overdose within a 12-month period. Meeting the criteria for investigation is not evidence of wrongdoing, simply the threshold by which the NCMB may begin an investigation. Since the initiative launched nearly a year ago, 22 percent of the cases investigated resulted in public adverse action, 33 percent resulted in a private action and 44 percent of the cases were closed with no formal action.

Also at its January meeting, the Board voted to adopt the CDC Guidelines for Prescribing Opioids for Chronic Pain, which was developed in 2016. The NCMB firmly states its primary goal is to prevent inappropriate prescribing, not to disrupt the treatment of patients with a legitimate need for pain management.

Please review the CDC guidelines and the NCMB’s position statement. Learn more about the Board’s SOPI.

You may also be interested in data collected by the NC Department of Health and Human Services including usage by county of the Controlled Substance Reporting System (CSRS) and opioid prescriptions by county. Access that data.

Legislators, too, are looking at ways to address the opioid abuse epidemic in our state. The North Carolina Medical Society (NCMS) anticipates bills will be introduced this session seeking to regulate how you prescribe opioids.
In the late 13th Century the defeat of the Cathars in the Albigensian Crusade drove heresy underground. The Papal Inquisition changed tactics and carried out a mop up operations in France and Northern Europe. The Papal Inquisition had a limited presence in Italy and England- the Spanish Inquisition had a different focus and worthy of later discussion. But even in these troubled times, early Inquisitors dismissed witchcraft cases outright as flights of hysteria or madness. Once accused few were tried and even fewer executed. Social historians argue that these attitudes changed dramatically when witches were recast as dangerous threats to society and the church.

The historians attribute this transformation to increasing levels of fear and uncertainty brought about by accelerating social change. The three most cited trends are: changes in agrarian practices; urbanization and the growing demands for orthodoxy and conformity that accompanied rise of the nation states and the Protestant Reformation-Catholic Counter-Reformation. It was not until the 18th century that psychological factors or mental illness would be considered significant.

The pace of cultural change may have destabilized the medieval social order and world view. Social historians consider the
1. Growing urbanization emerged during and contributed to social disruption and changes in the concept of time and work. One destabilizing outgrowth of emerging urban wage economies appears to have been a change in attitudes towards the poor and marginalized. Increasing numbers of displaced peasants meant a growth in poverty, begging and theft. Begging was once perceived by the church as a means of identification or imitating Jesus and his apostles. It served as the spiritual foundation for the Franciscan order. Social change was also associated with evolving attitudes towards accumulating wealth among the urban merchants. The beliefs also had an adverse effect on attitudes towards the impoverished marginalized peasantry. Instead of caring for one’s less fortunate neighbour, there was a growth in devaluation, social ostracism and social violence towards the poor in the late Medieval-Early Modern period. Most witches were poor, widowed women who scratched out an existence by begging or serving as folk healers (suspected of magic). The majority lived on the fringes of society, although midwives and aged mothers-in-law were viewed with suspicion. Both groups were over-represented among those subject to accusations of witchcraft and more vulnerable to state sanctioned executions.

2. Embedded in these shifting attitudes were the Protestant Reformation- Catholic Counter-Reformation and the emergence of nation states. Both Protestants and Catholics participated in the witch craze- ironically the majority of witches were of the other faith tradition. Conformity and orthodoxy were enforced along with growing suspiciousness and persecution of “otherness”. The Inquisition relied on judicial proceedings by trained professions (mostly mendicants like the Dominicans and Franciscans) and clergy. Consistent with Roman legal codes torture was an accepted practice. Once convicted of recidivist heresy, execution was left to the state. This split was an outgrowth of secularization of legal persecution and violence (state monopoly on violence). Witches were considered a particularly malevolent and refractory form of heresy that generally required public confessions (auto de fe) and execution. The prevailing Inquisitional attitude was that the flames would destroy the body but preserve the soul from the eternal damnation.

3. Witches represented a qualitative leap from the garden variety heretic. From the perspective the 21st century, much of the process seems bound to superstition, hysteria and a strange form of societal psychosis. In Northern Europe the “witch craze” turned particularly vicious. There were many scapegoats in the Middle Ages during times of great social stress and dislocation- lepers, Jews, poor and infidels were victims. Heretics as a rule did not practice malevolent magic; sign contracts in blood with the Devil; receive a mark much like a branding, and denounce all things Christian (including Sacraments). The sense of “otherness” was reinforced by accusations of child cannibalism, sexual orgies and Sabbats in which thousands of witches might fly to on animals, shovels and much later brooms. Eye witnesses swore that they witnessed the ceremonies and frequently named participants.

4. There was a decidedly rural flavour to many of the actions attributed to witches- unexplained destruction of crops, spoiling of wine, milk, cheese and death of farm animals. One particularly interesting complaint focused on erectile dysfunction in males, and infertility and miscarriages in females. As result midwives were a high risk group in large part due to stillborn infants, maternal death secondary to childbirth and the nearly 50% death of infants and children before age five. Most unexplained events were assumed to have supernatural causes and the Devil, demons and witches were the likely perpetrators.

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This is not an essay. It is not a column. It is not a “Monday Musings”, it is not an obituary or eulogy. It is a love letter, a love letter to a lady whom I have never met. Yet she has become a central part of my life and career. The lady is Dorothea Lynde Dix, born almost a century and a half before me. I first came across her name “Dix” on a plaque in a hospital ward. It was in the late 50’s. I was a medical student at The George Washington University School of Medicine in Washington DC. Medical students rotated through Saint Elizabeth Psychiatric Hospital for clinical clerkship in psychiatry. I was assigned to “Dix” Ward which was an acute care admission ward for adults. Little did I know that I would end up in a place called Dorothea Dix Hospital in Raleigh, NC for my psychiatric residency training. Little did I know that someday I would be living on the grounds of DDH when my three sons were born. Little did I know that someday I will be
contributing to turning the beautiful 303 acres of land in the middle of downtown Raleigh into a destination park, Dix Park, that would benefit not only Raleigh but the entire State of North Carolina. It is obvious that North Carolina will benefit from Dix Park as NY has benefited from the Central Park.

A brief Bio:
Dorothea Lynde Dix was born on April 4, 1802 in Hampton, Maine. Her father was a fanatic religious man, almost draconian in discipline, which made the sickly Dorothea’s childhood unpleasant. At age 12, little Dorothea left home to live with her grandmother in Boston, and then she went to an aunt in Worcester, Massachusetts. From a very early age, Dorothea was interested in helping people. Afflicted with tuberculosis, she was physically weak. But she over compensated her physical weakness with moral strength, devotion to duty and compassion for the poor and the marginalized.

Dorothea travelled to Europe to get help from British doctors to recover from her deadly affliction. In those days’ tuberculosis was like Ebola virus or AIDS today. It killed a lot of people. In the course of her travels, on a cold morning in March 1841, she was introduced to the female section of the East Cambridge jail which was full of mentally ill patients. The half-naked inmates, some chained, some in restraints with no beddings or cover, were shivering. The treatment was brutal. The place was extremely dirty with human feces and urine strewn about. The jailer/superintendent told the visibly shaken Dorothea that “the insane do not feel heat or cold.” Dorothea Dix was moved by the sight. She obtained permission to go back and began teaching the inmates Sunday School. Most of the inmates responded to her attention and kindness. She began a campaign of changing the name from inmate to patients. Her success in changing the names was only marginal.

Career:
Dorothea Dix began teaching school at age 14. In 1819, she returned to Boston and founded the Dix Mansion, a school for girls, along with a charity school that poor girls could attend for free. She began writing textbooks. Her most famous book, Conversations on Common Things, published in 1824 is a delight to read. Dorothea was a determined, hardworking and focused person with enormous compassion for the ill, especially for the mentally ill. Tuberculosis had made her weak and often despondent. But she reacted with more vigor and determination to fulfill a mission which she carved for herself, namely improving treatment and living conditions of the mentally ill. In 1848, Dix came to North Carolina to find the condition of care of the mentally ill “despicable”. Through a chance encounter while staying in Raleigh, she met James C. Dobbins of Cumberland County and his wife Louisa. Through her friendship with Louisa, Dorothea persuaded James Dobbins to introduce a bill to create a hospital for the insane, later called Dorothea Dix Hospital. It was her tenacity, discipline, devotion, along with the generosity and thoughtful consideration of NC General Assembly that the land was purchased and the hospital built. Dorothea was a genius in connecting people, identifying and marshalling politicians of influence and persuading them to contribute to her cause. Right in the middle of the Civil War, she lobbied President Lincoln to her cause, creating Saint Elizabeth Hospital in Anacostia, Washington, DC (1855).

Dorothea knew of Lincoln’s psychiatric history and his proclivity to mood disorder and depression. She also knew of Mrs. Lincoln’s emotional and mental difficulties. Cleverly and adroitly, Dorothea used that knowledge and information to persuade President Lincoln to build Saint Elizabeth Hospital. This was in the middle of the Civil War when resources were sparse. Nevertheless, she made the President aware of the need for humane treatment of the “insane”. What a miraculous accomplishment. With these efforts, she single-

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Wake County Medical Society Community Health Foundation is a 501(c)3 organization consisting of service programs that provide access to and improve health care for multiple populations, including the underserved in Wake, Johnston, and Franklin counties.

We envision a healthy, productive, empowered, and engaged community and strive to improve the value of health care by advancing high quality, patient-centered, and coordinated care.

Below is a brief description of our service programs:

Wake County Physicians are generous, compassionate and caring. Since 2000, over 585 physicians and clinical staff have continued to donate care to poor uninsured men, women and children through Project Access of Wake County (PA). They are leaders in collaborating with community health clinics and Wake County Hospitals to deliver care to many who had little hope for feeling better or receiving extraordinary treatment. Lives have been changed because of their passion to help people get and stay well.

Project Access of Wake County is a physician referral program, which means qualified enrollees can only be referred into the program due to medical necessity. These enrollees are carefully screened for eligibility before being referred. Read more.

Our programs continue to focus on people with chronic and complex medical and behavioral conditions, the homeless, and people needing either information about the importance of primary care or assistance accessing services. We’re expanding our Project Access program to focus on dental health, building on a medical model of donated care that has worked for 14 years.

Our aim continues to be connecting our clients to a medical home and reduction of hospital visits. Our innovative processes have shown great success in these areas; nearly 80% of our enrollees have found a primary care home, and a significant reduction in emergency department (ED) and hospital admissions has been achieved. Read more.

Community Care of North Carolina (CCNC) is a statewide, provider-led primary care medical home and care coordination population health infrastructure that has been growing since 1996. It is a private-public partnership with 14 networks covering all 100 NC counties. CCNC activities improve access to, quality, coordination, and cost-effectiveness of care for Medicaid, Health Choice, select Medicare and privately insured populations. Statewide more than 5000 primary care providers and approximately 1.4 million Medicaid enrollees are part of the CCNC infrastructure. Read more.
Wake County Medical Society welcomes our newest members

Darryl A. Sandidge, PA-C
Megan J. Schulz, PA-C
Jessica Son, MD
Prashanti Aryal, MD
Paul V. Bobryshev, MD
Jessica C. Heestand, MD
Angela S. Hira, DO
Terri L. Zacco, DO
Brandy L. McBryde, PA-C
Thomas Batchelor, PA-C
Jamila I. Forte Fletcher, MD
David P. Zarzar, MD
5. The witch craze was decidedly misogynistic. Women were considered more vulnerable to the Devil’s influence because of their limited intellectual abilities, sexual licentiousness and moral vulnerability of women to Satan’s wiles—the story of Adam and Eve in Genesis. Many of these condemnations came from celebrant priests and churchmen who reviled women as temptresses and seductresses.

6. The Inquisition was based on sound jurisprudence of the time. There were evidentiary, procedural and other legal safeguards. Most trials were well documented and generally up to the standards of civil proceedings of the time. By the time of the witch craze procedure and legal theory were drawn from definitive treatises on witchcraft such as the *Malleus Maleficarum* (Hammer of Witches and other demonology texts). The Malleus was a diagnostic manual and a “how-to” guide deal with those under the influence of the Devil. Although primitive by our legal standards, most Inquisitors were not blood-thirsty monsters. Most were among the most intelligent and highly educated clergymen. Perhaps the biggest “sin” was overzealousness and religious fervor. To the Inquisitors, the world and the church were in grave danger from the Devil (“Evil one”) and his minions who were determined to destroy the church, and bring about the destruction of society.

By the end of the 17th century the witch craze was “burning out” in the face of new scientific understandings about the causality—events in nature must be explained by natural, not supernatural causes. The English colonies (Salem trials) were among the last widespread flare-ups of witch persecutions and executions. But like other new world phenomena, the Salem trials presented a different twist. We will explore that dynamic as a part of our analysis of the historical accounts of the trials. The goal of our next article is to compare and contrast Arthur Miller’s version of the Salem Witch trials with these historical accounts. As in most tragedy, the author takes liberties with available evidence, but this work of historical fiction is not a dissertation but an allegory written during one of the most terrifying episodes in American history—the McCarthy reign of terror that dominated the early 1950’s. §

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handedly turned the former jails and snake pits that contained the mentally ill into the clean wards of a hospital setting, with good nutrition, comfortable living conditions, protecting the patients from extremes of cold and heat. In the late 1950s and early 60's, Dorothea Dix Hospital in Raleigh was a national model for cutting edge research and treatment of the mentally ill.

The original tract of land designated for the hospital project was 425 acres. Throughout the years, 122 acres have been given to NC State University, the Farmer’s Market and building of roads leading to those facilities, leaving 303 acres. On May 5, 2015, the city of Raleigh purchased the 303 acres of land from State of North Carolina for 52 million dollars with the expressed purpose of tuning the tract into a destination park. It took 11 years from the conceptual phase of the project (April 2004) to signing of the document (May 5, 2015) to accomplish the feat. Because of the persuasive energy of Dorothea, the wisdom of 1850s North Carolina General Assembly, and the hard work of a group of contemporary Raleigh leaders, we will have a destination park named for Dorothea Dix. It might be helpful to recognize the collective wisdom of the NC General Assembly which in the past has given us the “Horn tooting” Bill in 1932, birthing the distinguished NC Symphony and another bill to create the NC Museum of Art in 1929. We are grateful.

Future
While we rejoice the recent transaction between the Governor and the city of Raleigh to create a 303 acres Dix Park, a destination park, we must not forget the patients who suffer from brain disease and chemical imbalance of the brain (I really believe we know enough neurobiology and brain science related to avoid the stigma laden term of mental illness and use brain disorder instead). Our fellow citizens who suffer from brain disease deserve continued care and compassion. We should support National Association of Mentally Ill (NAMI). It is my hope to change it to the National Association of Brain Disorders (NABD).

*The writer is Adjunct Professor of Psychiatry, University of North Carolina School of Medicine at Chapel Hill, Distinguished Life fellow American Psychiatric Association; Life Member, American Medical Association; Life Member, Southern Medical Association; and Founding Editor and Editor-in-Chief, Wake County Physician Magazine (1995-2012). He is a Raleigh, North Carolina writer and dramaturge and the 2016 winner of the NC Award in Fine Arts.
CURRENT PROGRAMS

Project Access - A physician-led volunteer medical specialty service program for the poor, uninsured men, women, and children of Wake County.

Community Care of Wake and Johnston Counties CCWJC has created private and public partnerships to improve performance with disease management initiatives such as asthma and diabetes for ACCESS Medicaid recipients.

CapitalCare Collaborative - The CCC program is a membership of safety net providers working corroboratively to develop initiatives to improve the health of the region’s medically underserved such as asthma and diabetes for Medicaid and Medicare recipients.

WHY JOIN

Membership in the Wake County Medical Society is one of the most important and effective ways for physicians, collectively, to be part of the solution to our many health care challenges.

A strong, vibrant Society will always have the ear of legislators because they respect the fact that doctors are uniquely qualified to help form health policies that work as intended.

It’s heartening to know the vast majority of Wake County physicians, more than 700 to date, have chosen to become members of the Wake County Medical Society.

HOW TO JOIN

To become a member of the Wake County Medical Society contact Deborah Earp, Membership Manager at dearp@wakedocs.org or by phone at 919.792.3644

A portion of your dues supports to the volunteer and service programs of WCMS. Membership is also available for PA’s. There is even an opportunity for your spouse to get involved by joining the Wake County Medical Society Alliance.

WCMS MISSION

To serve and represent the interests of our physicians; to promote the health of all people in Wake County; and to uphold the highest ethical practice of medicine.
BENEFITS OF MEMBERSHIP

Service Programs - The spirit of volunteerism is strong in Wake County. Hundreds of local physicians volunteer to help our indigent. The Society coordinates several programs that allow low income individuals access to volunteer doctors and to special case management services for children with diabetes, sickle cell anemia or asthma.

Publications - Members receive the peer-reviewed The Wake County Physician Magazine four times a year, and we keep you informed regularly via pertinent emails. The magazine focuses on local health care issues in Wake County, the Wake County Medical Society and the WCMS Alliance, a companion organization composed of physician spouses and significant others.

Socializing with your physician colleagues - Many physicians feel too busy to do anything except work long hours caring for patients. But, the WCMS provides an opportunity for physicians to nourish relationships through social interaction with one another at our dinner meetings featuring prominent speakers and at other events.

Finally, joining the WCMS is plain and simple the right thing to do - Physicians and the community benefit from our membership and our leadership in local affairs.

The Wake County Medical Society (WCMS) is a 501 (c) 6 nonprofit organization that serves the licensed physicians and physician assistants of Wake County. Chartered in 1903 by the North Carolina Medical Society.

ENJOY THE REWARDS OF BEING A MEMBER
JOIN TODAY!