

day **J**last week, I forgot my

key to the back door of the office and was forced to enter through the main entrance.

ne

As I passed the sign that stands out front, I noticed that more than 2 decades of sun and snow had taken a toll on my shingle.

Someone less enthusiastic about practicing pediatrics might interpret the fading and flaking of his name as a signal that it is time to hang up his stethoscope, but such is not the case for me. Rather, I viewed the decay as an opportunity to up-

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date my image and do some marketing.

Even when it was new, the black-on-white "William G. Wilkoff, M.D.—Pediatrics" just didn't have enough pizzazz. It's time for a bolder step. Color? A logo, perhaps? Some-

thing that says, "This guy is up to speed." But what to choose? A caduceus is too traditional, and the snake might scare some of the toddlers. Brightly colored balloons or an arrangement of dolls and toy trucks would offend the preteens who now constitute the biggest cohort in my practice.

No, a logo isn't going to work. What I need is a few well-chosen words that will accurately describe me to the families who are looking for a new pediatrician. "Older but Wiser" pops into mind, but that would conflict with my plan to create a younger, more vital image. "Evidence-Based Medicine" has a very professional ring, but I'm afraid that I might be mistaken for a forensic pathologist.

What about "Holistic Medicine"? I've seen those words on a lot of shingles lately, but I'm never sure what they mean. Would I have to change my practice style? What exactly is a holistic physician doing that I'm not already doing?

I was trained to consider patients as people with emotions, families, and religious beliefs. I have learned to treat minds and bodies as single units. When a high school soccer player sprains his ankle, I examine

— VERBATIM

'For what is hopefully only a brief on-hold period, why not use the waiting time for good old-fashioned PR?'

Dr. Charles A. Scott, p. 50

LETTERS FROM MAINE Signs of the Times

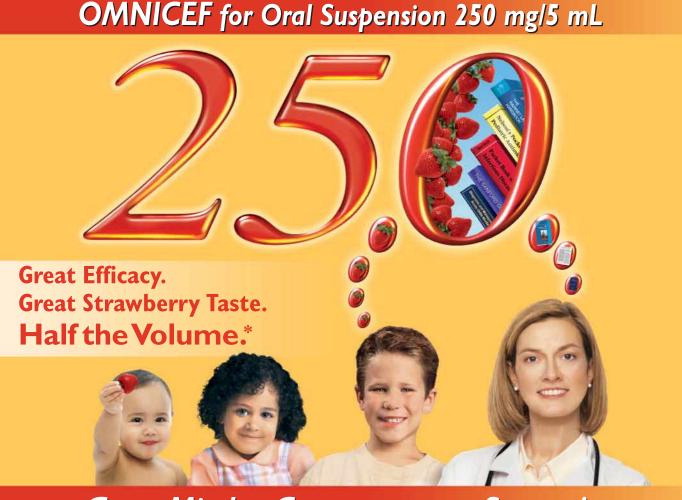
both of his lower extremities and ask how I can help him deal with the anger and disappointment of having to miss the first game of the playoffs.

I consider the whole family when I am seeing a child, because I know that children of depressed mothers and unemployed fathers are more likely to have belly pain and headaches. I'm careful not to impose my own religious views on patients, but I encourage families to include faith-based resources in their search for solutions.

I support families who are searching for safe alternative therapies such as acupuncture, but if holistic means that I must embrace every unsubstantiated remedy that comes down the pike, I guess I'm not worthy of the label.

So here I am, back at square one, with a rotting shingle that isn't going to make it through another winter. I can't find a newmillennium label that fits, and a glitzy logo isn't going to work. I guess I'll just have to stick with the same old, same old. But since the guy who's going to paint the sign is charging me by the letter, I'll make one change. "Will Wilkoff, M.D.—Pediatrics." It's four letters shorter, and it says it all. ■

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Great Minds... Concentrate on Success!

2 tsp

20 lbs

Indications (mild to moderate infections)

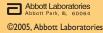
Acute Bacterial Otitis Media and Acute Maxillary Sinusitis (adults and adolescents) due to H influenzae (including $\mathcal B$ -lactamase producing strains), $\mathcal S$ pneumoniae (penicillin-susceptible strains only), and M catarhalis (including B-lactamase producing strains). Use of cefdinir in the treatment of acute maxillary sinusitis in pediatric patients is supported by evidence from adequate and well-controlled studies in adults and adolescents.

Pharyngitis/Tonsillitis due to S pyogenes. Cefdinir is effective in the eradication of S pyogenes from the oropharynx. Cefdinir has not, however, been studied for the prevention of rheumatic fever following S pyogenes pharyngitis/tonsillitis. Only intramuscular penicillin has been demonstrated to be effective for the prevention of rheumatic fever Uncomplicated Skin and Skin Structure Infections due to S aureus (including B-lactamase producing strains) and S pyogenes.

Important Safety Information

- To reduce the development of drug-resistant bacteria and maintain the effectiveness of OMNICEF and other antibacterial drugs, OMNICEF should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria
- Compared to the 125 mg/5 mL formulation of OMNICEF. Calculated dose is based on 14 mg/kg/day. Dose in teaspoons is rounded to the nearest 1/4 teaspoon and is not an exact measure of calculated dose volume (mL). I tsp \cong 5 mL Once-daily dosing has not been studied in skin infections; therefore, OMNICEF for Oral Suspension should be administered twice daily in this infection (7 mg/kg BID for 10 days)

Reference: I. OMNICEF® (cefdinir) for Oral Suspension Prescribing Information, Abbott Laboratories. Please see adjacent brief summary of full prescribing information.





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OMNICEF is contraindicated in patients with known

• For patients with previous hypersensitivity reaction

allergy to the cephalosporin class of antibiotics

to penicillins, caution should be exercised because cross-hypersensitivity among β-lactam antibiotics has been clearly documented. If an allergic reaction to cefdining

Safety and efficacy in neonates and infants less than

adverse events in US and ex-US clinical trials. Discontinuations were

The most common reported adverse events occurring in \ \% of

pediatric patients in US clinical trials (N=1,783) were diarrhea (8%),

rash (3%), and vomiting (1%)
• Maximum dose of OMNICEF for pediatric patients weighing 43 kg.

is 600 mg/day. For pediatric patients with a creatinine clearance of

Antacids that contain magnesium or aluminum and iron supplements,

including multivitamins that contain iron, should be taken at least

cefdinir should be 7 mg/kg (up to 300 mg) given once daily

2 hours before or 2 hours after taking OMNICEF

² and not requiring hemodialysis, the dose of

Expert recommended.

Kid preferred.

occurs, the drug should be discontinued

primarily for gastrointestinal disturbance, usually diarrhea

• 2% of 2,289 pediatric patients discontinued medication due to

6 months of age have not been established

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