

## THE REST OF YOUR LIFE

# An Underwater Bond

BY CHARLES McCLUNG, D.O.

I've heard the statement, "Medicine is my life!" from students and colleagues many times during my career as a family practitioner.

I love medicine, the patients I care for, and the science that makes it possible to use modern technology to create or even extend a better life for my patients. Medicine is my passion and, at times, even my obsession. However, medicine is not my life. After office hours, I engage myself with my family, religion, friends, and by serving as a scuba diving instructor certified by the Professional Association of Diving Instructors (PADI). These aspects of my life—along with being a physician—make me feel like a complete person. I find it important to remind aspiring physicians rotating with me that they will need to find a balance in order to keep their passion for medicine burning long and bright.

I discovered scuba diving several years ago when a neighbor invited me to participate in a beginner's class he was teaching. I had been very lackadaisical about my health and, at the age of 46 years, I was not as thin or as healthy as I should

have been. Having never been particularly interested in sports, I wasn't especially excited about jumping into a cold pool and trying to breathe underwater.

But from the moment I stepped in and placed the regulator in my mouth to take my first breath underwater, I knew I was hooked. I had found something that I loved almost as much as being a doctor.

### Bonding Through Scuba

I was so excited that I drove my family to frustration talking about how amazing the sport was and how proud I was to have actually completed my certification. So excited, in fact, I continued on to the advanced class, and then to the rescue, wreck diving, dry suit, nitrox, and other classes. My health started to improve, as did my quality of life.

My son, Scott, was stationed with the Army in Florida and became a certified diver while there. We immediately bonded in a way that we never had before. Together we traveled to Belize, braved the ocean and, 10 long days later, we came home as proud dive masters. We went diving every chance we got. My wife, Carol, became our official bubble watcher. She watched us dive in lakes, quarries, springs, and rivers.

West Virginia lacks an abundance of open water areas so we saved and planned annual trips to places like Cozumel, Mexico, and Curacao in the Netherlands Antilles. Unfortunately, our dive team was about to be put through the test of separation. Enter Operation Iraqi Freedom.

On Father's Day 2004, I watched Scott and the 756th EOD (Explosive Ordnance Disposal) Company leave for Baghdad. It would be a year before I would see Scott



Dr. Charles McClung (left) and son Scott formed a small dive company for returning war veterans.

COURTESY DR. CHARLES McCLUNG

again and my heart was broken. As tears streamed down my face, I had no idea how my son would survive the trials of war as a bomb specialist. I had no idea how I would survive his absence.

The answer came with his second e-mail home. We talked diving. Our e-mails consisted of new diving technologies and equipment, dive plans, dive sites, and planned trips. My son-in-law joined the effort and became certified. Instead of fearing the worst, we all were able to focus on a positive plan to dive when, not if, Scott came home.

Scott did indeed come home. We celebrated by taking a dive trip to Cozumel. He married and, just a few months later, his unit deployed back to Iraq. We began another year of e-mail exchanges filled with discussions of diving, anything to help Scott focus on the future. My wife became certified in scuba diving,

as did our daughter. We even got matching shark and dolphin tattoos. I became an instructor and started teaching youth classes. We focused on the positive and saturated Scott with our diving news.

### Dive Company for Soldiers

Scott once again returned home safely, and we enjoy diving together every chance we get. There is no way to describe the peaceful feeling that comes when you are floating 60 feet underwater with your family. The amazing world of water and sea life gives us perspective on what life is all about. It has kept my family focused on the good when we could have focused on the bad.

Scott is currently taking the instructor's course, our daughter and son-in-law will soon be dive masters, and we have formed a small dive company.

Unfortunately with war comes after effects. Many of our young service men and women suffer from physical injuries such as amputations and limited mobility. The goal of our dive company is to provide instruction to such heroes so they may enjoy the freedom of movement that scuba diving provides.

Far too many returning veterans, including Scott, suffer from posttraumatic stress disorder. This disorder can make everyday life difficult, and the need for something positive to focus on is great. These veterans need to feel at peace with their present and past. Although I am not a mental health provider, I consider my son's opinions to be valid. Diving puts him at peace and lets his mind rest. ■

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### E-MAIL US YOUR STORIES

The purpose of "The Rest of Your Life" is to celebrate the interests and passions of physicians outside of medicine. If you have an idea for this column or would like to tell your story, send an e-mail to [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).

## Committee Aims to Ease Requirements for EHR Adoption

BY JOYCE FRIEDEN

WASHINGTON — A Health and Human Services Department advisory committee is moving to make it easier for physicians to meet federal requirements for adopting electronic health records.

The Health IT Policy Committee has recommended that providers who adopt EHRs after 2011 or 2012—the first years that federal stimulus money for adoption will be available—have to meet only 2011/2012 requirements for "meaningful use" of EHRs in their first year of adoption. They will then need to meet additional requirements each year in order to continue getting the money, although they will receive less than they would have if they had adopted EHRs earlier.

"A rising tide floats all boats, but if you're not in the water, it just doesn't help," said Dr. Paul Tang, cochair of the committee's meaningful use working group. "So we're just trying to find a way to get people to deal with it, even if it's a little bit late."

Under the Recovery Act, \$19 billion in stimulus money has been set aside to encourage adoption of health information technology, including EHRs. The money includes up to \$44,000 in financial incentives for each physician who purchases a certified EHR system and who makes "meaningful use" of it.

To put the law into effect, the government has to de-

fine "meaningful use" and set standards for system certification and health information exchange. The HIT Policy Committee, chaired by Dr. David Blumenthal, national coordinator for health information technology at HHS, will make recommendations; the actual regulations will be written by staff members at the Centers for Medicare and Medicaid Services (CMS).

At a recent HIT Policy Committee meeting, committee member Gayle Harrell, former Florida state legislator, expressed concern that some of the meaningful use requirements were aimed more at primary care physicians and would not be appropriate for specialists. Dr. Tang agreed that the working group would try to make sure that specialists' needs were addressed when the recommendations were finalized, and noted that not all measures would apply to all specialties. The committee agreed to accept the meaningful use working group's recommendations.

Ms. Harrell also raised the question of whether specialists would now be liable for information presented in the EHR that falls outside of their purview. "Would an ophthalmologist have to verify whether or not I had a mammogram?" she asked.

Dr. Blumenthal said he didn't think the liability issue was within the committee's scope. "I think we have to stay focused on what we think appropriate good care should be, and we can't sort" the system out here.

The standards and certification subcommittee also presented the following five recommendations to the committee:

- ▶ Focus certification on meaningful use.
- ▶ Leverage the certification process to improve progress on security, privacy, and interoperability.
- ▶ Improve the objectivity and transparency of the certification process.
- ▶ Expand certification to include a range of software sources, such as open-source and self-developed systems.
- ▶ Develop a short-term transition plan for certification.

Dr. Neil Calman, a family physician and CEO of the Institute for Family Health in New York, said he was concerned that the last recommendation would send the wrong message to providers who were already certified by the Certification Commission for Health Information Technology (CCHIT), currently the government's only approved certifying body. "It basically makes it sound like CCHIT is temporary," he said.

But working group cochair Paul Egerman said that was not the message the group meant to convey. "I would be very surprised if ... CCHIT wasn't equally involved with this [process] going forward. Basically, they're the ones that know how to do it," he said.

The committee agreed to adopt the working group's main recommendations but to let working group members rework some of the specifics. ■