

From the Editor

During the past seven years and 28 issues of *The Journal of Insurance Medicine (JIM)*, Dr. W. John Elder has expertly and energetically provided the guidance responsible for its progress to the professional publication it has recently become. He has accomplished every detail of administration, solicitation, editorial overview and publication. He has been assisted by an able Editorial Board, of course, and these individuals certainly contributed far more to the outstanding success than may be readily apparent to the casual reader. In particular, it appears to me that Dr. Bob Goldstone has served as a source of counsel concerning major issues of planning and development as well as detailed advice upon lesser items, when John needed the benefit of "two heads." Of course, Drs. Richard Singer and Mike Kita generously gave their technical expertise to assure consistency and validity in the mortality and morbidity methodology areas, so critical to our specialty. However, despite the definite significance of the efforts of the entire editorial panel, we singularly salute Dr. John Elder for his personal vision and untiring pursuit of a journal which can compare favorably in the field of specialty publications of our profession. The investment that Dr. Elder has made in this *Journal of Insurance Medicine* is so closely identified with its recent success, that despite his notably modest and humble demeanor, I have actually heard it referred to as "John's journal"! I share the respect embodied in that recognition of the extent to which Dr. Elder has shaped and perfected "his" product. But, of course, this Journal is the official organ of the American Academy of Insurance Medicine (founded in 1889, as the Association of Life Insurance Medical Directors of America-ALIMDA), and in that sense it belongs to the membership. In an even broader sense, *JIM* serves as the most visible representative of the unique medical specialty of insurance medicine.

The 1991 name change to American Academy of Insurance Medicine emphasizes the educational nature of this association. The fund of knowledge necessary for the insurance medicine specialist to expertly provide the consultative services required in practice is extensive and technically complex. The complete medical director must maintain expertise in clinical medicine, especially cardiology and other internal medical and diagnostic areas, but must also add substantial skill in medical biometry, epidemiology, contract law, occupational medicine, "administrative medicine" or medical management, medical economics, and mortality methodology (for which I have coined the term "actuariomedical analysis" - to the chagrin of at least one actuary friend!).

This issue of *JIM* includes a number of invited papers which describe education in insurance medicine. In some parts of the world insurance medicine topics are the subject of educational effort by the more traditional medical education establishment, as can be ascertained by perusal of the description of the program in the Netherlands by Dr. Alphons Schröder (pages 20-22). In North America, training in insurance medicine is generally not available through any graduate medical educational program. AAIM conducts an annual scientific meeting of considerable value in furthering the expertise of attendees. The Continuing Medical Education Director for AAIM certifies applicable meeting content of this and other national and regional meetings for Continuing Medical Education (CME) credit, as described in his article (pages 5-7). The Board of Insurance Medicine plays a major and growing role in insurance medicine education, and this is also described by the Board Chairman (pages 10-13). Numerous other educational avenues for the accumulation of pertinent expertise exist in organizations providing courses, examinations, publications and data sources serving the scholarly needs of the insurance medicine specialist. Several of those which seem to be most pertinent and popular for the insurance medicine practitioner are described in this issue of *JIM*. In addition, an invited paper from the Medical College of Wisconsin, Milwaukee, proposes yet another avenue for formalized education in insurance medicine which could conceivably lead toward further recognition of this medical specialty by organized medicine.

Finally, two features on the following pages particularly emphasize the educational goals of AAIM and its publication, *JIM*. The Board of Insurance Medicine, with the enthusiastic endorsement of its chairman, Dr. Keith Pearson, has provided an educational "case clinic" derived from the Board's most recent Triennial Course and expertly discussed by a member of the Board (pages 53-55). Immediately following the scientific portion of this issue's content you will find a new CME opportunity. The CME test is intended to be an educational tool, per se, and provides an avenue for interested readers to receive two (2) hours of Category 1 CME credit.

A result of Dr. Elder's successful tenure as editor has been the growing subscribers' list. With that growth comes complexity in the management of the publication. Accepting the editorship, especially immediately following Dr. Elder, gives one a guarantee of freedom from boredom! But, the same loyal editorial assistants have unanimously

pledged their continued support, and we will strive to maintain the quick pace of progress which Dr. Elder has necessarily bequeathed to his successor,

Roger H. Butz, MD
 Editor

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