

GLEN PATTON, D.O.

Finds Inspiration in MS Society Annual Bike Tour

By Susan Dyer



Dr. Patton & Samantha,
one of the people he rides for



Wife, Joanne and Dr. Patton



Sons, Ben & Noah
with Dr. Patton

Note from the editor: The KAFP is happy to feature one of our newest members: Dr. Glen Patton, Derby. Please let us know of a member whom you think has a terrific story to share! Contact the KAFP office at 721-9005 in Wichita or toll free 800-658-1749 or email kafp@kafponline.org.

Dedicated. Fun. Inspiring. Unselfish. Motivated. These are the words people use to describe Glen Patton, D.O. Anyone who has ever met him feels as if they've made a friend. This Derby, Kan. doctor manages a demanding medical practice, but still finds time for his family and for the National Multiple Sclerosis Society.

Dr. Patton says when he went to college, he wanted to teach and be a football coach. But the influence and direction of one Oklahoma doctor changed all that.

Dr. W.D. McMurry, or Dr. "Mac" as he was known, was a Guyman, Okla. physician who delivered Patton himself, along with thousands of other Guyman babies. With Dr. Mac's encouragement and guidance, Patton graduated from the Oklahoma State University College of Osteopathic Medicine and Surgery and returned home to Guyman for a short time. He later moved to Derby, and after delivering 800 babies in 17 years, Dr. Patton decided to go into family medicine when his own family came along.

When asked how he manages work as a busy doctor, being a great father to two young sons, and volunteering for the MS

Society, his simply replied, "You make time. I take care of a lot of patients, but do it efficiently and keep in mind my priorities."

He doesn't know how many patients he (Dr. Patton) sees daily because he focuses on people, not numbers. "I see as many patients as make appointments," he said.

In addition to his family and work, he also volunteers for the South Central and Western Kansas division of the MS Society. He participates in the annual Autumn Trails Classic Bike Tour, and has become a top fundraiser. The funny thing is, he started riding simply to get back in shape after an injury.

"Dr. Patton was a past cyclist that needed a good excuse to get back into the sport," said Erin Keller, development coordinator for the MS Society. "He saw a MS Bike Tour brochure in a local bike shop and decided that was the perfect chance to get back on his bike and help a great cause."

Since then, Patton has developed close relationships with seven MS clients and on the bike tour, wears seven bandanas, one to honor each of them. Last year he raised more than \$18,000, all of which supports research,

local programs and services, and helps provide financial assistance to those affected with MS. This year, Patton plans to raise \$25,000.

"They can't ride, but I can," he explains. "For me, it's two tough days of cycling. For them, every day is a courageous event."

He said the people he rides for are his inspiration.

The two-day bike tour covers a 150 mile stretch from Derby to Dexter, and last year's event brought out 150 cyclists, all battling the Kansas wind.

"The wind was the biggest challenge," Patton said of the 2006 tour. "If it hadn't been for my friends Bill and Woody, and the inspiration of the seven MS patients I was riding for, I am afraid I might have given up."

Patton's also widely known as one of the nicest guys on the tour.

"Dr. Patton is a huge inspiration to our volunteers," said Keller. "They are continually wowed by the new fundraising heights he reaches."

Patton's nurse, Terri Johnson, agrees. "I've been his nurse for eight years," she said.

large white building that composed the "skyline" of Smith Center was not a professional building full of cardiologists and intensivists-rather, it was a grain elevator. Dr. Steinle serves a population that represents the fifth oldest per capita in the U.S. Not long ago, while trying to log one of her cases in the ACS Case Log System, she found she could not enter the complete data on her patient because the system would not accept a birth date 107 years in the past.

Despite these and similar "impediments," that morning she and I excised a colon cancer in a giant incarcerated inguinal hernia in a 70-year-old man. The operation took less than two hours, and the patient left the hospital a few days later. The social implications of attempting this operation in a regional center were simply untenable: This elderly man-with very few monetary resources; a significant speech defect; an elderly, frail wife; and marginal coping mechanisms to wend his way through a large tertiary care facility-would have been emotionally and physically unable to endure an operation away from his familiar and supportive home. I flew home proud to be a rural surgeon.

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Dr. Hughes is in practice in the surgery department of Memorial Hospital, McPherson, KS, and clinical instructor at Kansas University Medical Center, Kansas City, KS. He is President of the Kansas Chapter of the ACS.

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"He's wonderful and he's one of the nicest people in the world."

He's won numerous awards through the MS Society including the "Mission Possible" award. In 2006, Patton's fundraising efforts landed him a trip to Florida for the MS Society's Tour of Champions event. This annual celebration is an opportunity for MS volunteers to network with other top

Fewer resources equals greater variety
When I practiced in Dallas, TX, I took up flying as a hobby. At that time, perhaps it seemed frivolous, but now, as a rural surgeon, I realize how important general aviation is to rural patients and practitioners. Helicopters and fixed-wing aircraft get sick patients where they need to be fast. Access to general aviation allows the rural surgeon to travel quickly to conferences and short holidays, which is so essential to maintaining both clinical competence and a certain sanity and respite from the constant pressure of caring for an entire community. I certainly do not believe that a rural surgeon must be a pilot, but I can vouch to the reader that it is practical.

The rural surgeon has limited resources. My hospital, which is licensed for 49 beds but usually runs a census of 20, maintains an intensive care unit every day of each year with only 10 registered nurses, one licensed practical nurse, and four monitor technicians. Our operating room handles more than 1,800 cases a year with a total staff of 10. Despite this challenge, we supply quality care to patients ranging from newborns to nonagenarians. Rural people are hardly the hicks that stereotypes make

fundraisers, boost fundraising initiatives and get new ideas.

"The Tour of Champions was great just because it gets you fired up about finding a cure for this disease," Patton said. "The best part was meeting this great group of people who are united in the same cause."

The 2007 MS Autumn Trails Classic is Sept. 8-9. If you would like to participate in

them out to be: Their values are sometimes portrayed as unsophisticated, but they accomplish a great deal with very few resources.

I am often asked what kind of cases I do in such a "small" place. The answer is "everything I need to." According to my ACS Case Log, I performed 531 procedures in the last year. The most frequent cases were endoscopic (279, all types), cholecystectomy (43), inguinal hernias (11), carpal tunnel releases (11), and appendectomies (8). The remaining 187 procedures ran the gamut of surgery. I never know what condition a person who walks through the door might have.

One of my favorite cases was that of a man who appeared at my office complaining of a stingray injury-an unusual injury in central Kansas. He had been hit by the ray's barb earlier in the day and flew home from Florida to be treated locally.

The patient recovered uneventfully thanks to research via the Internet and advice from surgical friends outside my region.

To read the rest of the story, Part 2 will be printed in the Kansas Family Physician, Fall issue.

the Bike tour, sponsor Glen Patton, or make a donation to the MS Society, please visit nationalmssociety.org/KSS or call 316-264-7043.

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