



THE

PULSE

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DANGEROUS DRUGS? Noting the debate over whether or not the use of marijuana is dangerous, the AMA has given its opinion that the drug is dangerous and as such is a public health concern. --- *AMERICAN MEDICAL NEWS*, December 15, 1969.

PHYSICIAN DRAFT College students who beat the new draft lottery and go on to medical school, may again face obligatory military service as physicians, according to a Defense Department spokesman. A member of the Senate Armed Service Committee affirmed this, but noted that physicians have a "privileged" status in society and should not object to the "discrimination." - *U.S. MEDICINE*, December 15, 1969.

BERRY PLAN DRAFT INDUCED According to Brigadier General Thomas J. Whelan, Jr., special assistant to the surgeon-general for medical corps affairs, projections for 1970 predict that enough physicians will come into the service through the Berry Plan that a doctor draft will be unnecessary. However, he added, the Berry Plan is clearly "draft induced," and needs the continued threat of the draft to keep it working. --- *U.S. MEDICINE*, December 15, 1969.

POVERTY LEVEL The U.S. Labor Department has lifted what can be considered the national poverty level. The Department says a city family of four now can earn up to \$3,600 a year and still be considered poor. Before this ruling, such a family wasn't poor--at least technically--if it earned more than \$3,300. --- *AMERICAN MEDICAL NEWS*, December 15, 1969.

ABORTION POLL Forty percent of those persons queried in a recent Gallup Poll on the question of abortion said they favored a law which would permit a woman to go to a physician to terminate pregnancy at any time during the first three months. The percentage rises to 58% among the public's college trained. --- *AMERICAN MEDICAL NEWS*, December 15, 1969.

U.S. MEDICAL CARE BEST? Consider the following statistics: U.S. ranks sixth in maternity fatalities, fifteenth in infant mortality, and sixteenth in average life expectancy.

ZERO POPULATION GROWTH Anyone interested in joining the Health Professions Chapter of ZPG or wishing information concerning this organization should contact John Kitzhaber through the campus mail.

FAMILY PRACTICE A bill proposed by Senator Yarborough of Texas will provide in excess of \$100 million for support of family practice residency and internship training programs. This bill will be introduced in the new session of the Senate. In addition to administrative and faculty support for interns and resident programs, it will provide funds for house staff stipends and for students who are planning on family practice. --- *SAMA NEWSLETTER*, December, 1969.

CONTRIBUTIONS WELCOMED Any member of the medical school community wishing to contribute articles, announcements, news, etc. to *THE PULSE* should contact Bud Nicola, M.S. I, through the campus mail.

EDITORIAL

Where are we going? Why? How are we getting there?

Medical education, by definition, is concerned with the development of the physician. The meaning of "physician," the definition of his job, changes according to the community's perceived health needs, medical science and technology. Since this role is in constant evolution in society, the structures of medical education should also be provided with the flexibility necessary to remain meaningful, i.e., an institutional mechanism for ongoing change.

Adequate evolution of health "care" and "cure" systems to meet changing community needs demands constant reassessment of the present structure. It is appropriate for a newspaper (or a student) to apply the critique of reason and relevancy to the issues at hand. Any analysis involves the constructive procedures of Where? Why? How?

MINUTES OF SAMA GENERAL MEETING January 8, 1970

Mike Mundell, chairman of the meeting; Tom Duncan, and Mason Smith gave introductory remarks about the goals of SAMA, national and local SAMA relations, and monetary resources. The prelude of the Seattle Conference on Medical Education was given by Tom Duncan. Frank Lord explained the details of the Migrant Project which is funded for this summer and is currently being planned by a group of juniors. A former participant of the National SAMA Appalachia Project, Selwyn Spray, talked about his past summers' experience in Northern Georgia. A list of possible programs overseas has been compiled by Doctor Siegel and Tom Hoggard for general use by interested students. The Big Brother Program is currently "in progress." The sophomore Preceptorship Program has been expanded for this summer. A physician-student banquet (beer bust) is in the planning, according to Keith Griffin. John Kitzhaber spoke about the formation of a medical personnel chapter of Zero Population Growth, Inc., a national organization concerned with population control.

THE DARK AGES AT UOMS

A Reaction of the SAMA Conference on Health Care and Medical Education

Picture a freshman Oregon medical student. He was not happy with the courses or other policies at his school, he naively believed the situation was similar at other medical schools, that the basic science years were everywhere a necessary evil, an ordeal by boredom that must be endured to win entrance to the clinics. But attending the SAMA Conference shattered this naivete; he was brought to the realization that his peers at other schools were even enthusiastic about their basic science years, enjoying what was supposedly an ordeal.

With the UOMS new curriculum we have begun to creep out of the Dark Ages; yet we are far behind and cannot proceed slowly. The members of this community have the responsibility to see that our school ceases to exist as an island of darkness. The light shines so brightly and so very insistently all around us.

HOWARD HARRISON, M.S. I

INNOVATIVE APPROACHES

At the recent SAMA Medical Conference on Medical Education in Seattle, thirteen west coast schools, including Hawaii, University of British Columbia, and Utah, exchanged ideas and information about existing school programs.

The talk ranged from new curriculum to community projects.*

1. Integration of subject matter and "block" system instruction (USC, UCSD, and UCLA)
2. First year clinical preceptor program (UW) and elective clinical programs (UCSF)
3. Full voting student membership on admission committees (UCSD, UW, UCLA) and special minority admissions committees (UCSF, Hawaii)
4. Adoption of pass-no pass grading systems (Utah, USC, and UW)
5. Extensive community involvement (the Columbia Point community clinic through Tufts University, managed and directed by community members; Doctor Richard Smith's MEDEX Program at UW which is placing ex-medical corpsmen with practitioners in a paramedical role.)
6. Student evaluation of lectures and courses (UCSD, UW, and Stanford.)
7. Large amounts of elective time (UCLA and UW)
8. UOMS?

*Here are examples of medical schools actively involved in innovative approaches.

PRECEPTOR PROGRESS REPORT

In the second year of its existence the enthusiasm for preceptors increased by 300 percent. This is primarily an indication of its success last year. Nearly all the reports from both physicians and students have been extremely positive.

At present the situation looks like this. Forty-five sophomores are currently interested in participating in the program this summer. Their reasons for electing this program include a desire to gain clinical experience, a desire to close the gap between student and physician, or a curiosity towards a particular type of town or particular type of practice with respect to career goals. Aid is being extended to these students in their search for a preceptor from many sources. Doctor Daniel Labby of the Medical School faculty has been coordinator of the program. The Oregon Medical Association has been lending its full support and has set up a committee to study and further advance the program. Several specialities, most notably the Oregon Society of Internal Medicine, have become involved and have extended their enthusiastic support.

AAMC MINORITY GROUP ADMISSIONS

Data collected by the AAMC on enrollment for fall 1969 shows that 440 black students are enrolled in this year's freshman class as compared to 226 last year. This raises the total enrollment of blacks from 782 out of 35,828 students last year to 1042 out of 37,576 this year--a percent increase of only 0.59. American Indian and Mexican American enrollment also showed an increase from 9 to 18 and 59 to 92 students respectively.

HIPPOCRATIC OR HYPOCRITIC?

Zero Population Growth, Inc., was formed so that all people concerned about the overpopulation crisis could work together and convert their concern into effective action. On January 21, 1970, positive action was taken by forty concerned members of the medical school community for the formation of a Health Professions Chapter of ZPG. Yet, why did the well-publicized meeting draw only forty individuals out of almost 1000 medical students, nursing students, faculty, and staff? Why did 95% of this community choose to ignore an attempt to resolve the crisis they have played so great a role in creating? This question certainly merits serious thought by each of us.

Let us begin by assuming that we are at this institution--as teachers, students, and scientists--because we share a common interest not only in caring for the sick and injured, but also in the prevention of disease. Furthermore, let us recognize the fact that modern medicine has been tremendously effective along these lines. As Paul Ehrlich points out, "medical science, with its efficient public health programs, has been able to depress the death rate with astonishing rapidity and at the same time drastically increase the birth rate" (Population Bomb.)

The population of the U.S. will double in little more than fifty years. To care for 200 million more people we must double the number of hospital beds, double our clinical facilities, double the number of doctors. Even if we can accomplish this feat, we would have only a few decades to again double our facilities to accommodate the health needs of an additional 400 million people. Can we really hope to win in such a one-sided race?

Overpopulation breeds disease and starvation. Combined with insufficient medical personnel and facilities, this formula spells death and suffering on a large scale. If an effort to prevent such a situation is not your concern, then a re-evaluation of why you are in the medical profession is warranted.

JOHN A. KITZHABER, M.S. I

NEW EDITORS

THE PULSE has undergone a change in editorial staff and a revision in format and is now published by the Student American Medical Association. It will be issued on a bi-monthly schedule. Office located in Room 45, Administration Building (the door labeled "Pathology Research.")

Editor in Chief: Bud Nicola

Associate Editors: John Kitzhaber, Joe Rapp, Sue Birkmeier, Ben Podemski, and Wayne Burton

Kenneth A. Niehans, BA

THE PULSE

January 30, 1970

Dear Readers,

For the past two years the editors of The Pulse have attempted to present a representative and stimulating newspaper for your scrutiny. With growing financial, administrative and scheduling problems, it was decided among those students interested in preserving this form of communication to change the entire Pulse image.

Starting with this issue, The Pulse will come out every two weeks as a four-page newsletter. The Pulse will remain a medical school community effort. One page will relay general news, one half page will be reserved for SAMA news and the remainder will present articles, letters and editorials from students, faculty, administrators and Oregon physicians.

Financially, The Pulse was faced with extinction unless some change was instituted. Formerly, each issue was costing about \$250 with the OMA providing staff and lay-out work. With the newsletter format, the costs will be cut to at least one third of the original amount.

The Pulse is also changing its editorial board--thanks to an influx of enthusiastic and optimistic freshmen. Bud Nicola will act as coordinating editor. There is a large new staff and most of the former editors and contributors will continue their involvement.

We sincerely thank all those faculty members who recently contributed to our cause. We would appreciate any comments or advice you may have and hope to continue with much improved service.

Thank you for your patience and good faith.

Respectfully,

Diane Williams

D. W., P. P., J. S., and M. H.
Former Editors of The Pulse

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