



THE

file

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OEO RECENTLY ANNOUNCED that of the 5½ million low income women with families in the U. S. only 15% have family planning services available to them. This results in nearly ½ million unwanted children born to the poor every year. NEW REPUBLIC.

FRED HARWIN, UOMS MEDICAL ILLUSTRATOR has a display of his works at the White Gallery in the PSU College Center Building. Mr. Harwin's drawings demonstrate a wide range of potential styles and effects which can be used to emphasize certain aspects of human anatomy. The drawings may be especially enjoyed by those with medical training who are familiar with the structure being demonstrated. These artistic compositions serve to remind us that old anatomy text books do not do justice to their subject. The exhibit will remain at the White Gallery until March 8, 1970.

WILL THE UOMS JOIN OTHER MEDICAL SCHOOLS IN SWITCHING TO A PASS-REPEAT scale for the evaluation of student academic performance? Possible alternatives to the present system are being considered on a faculty as well as student level. The Student Senate is planning to survey student opinion with regard to the type of system they prefer. This issue may become the first major test of the new Student Senate's potential power to implement change wanted by the students.

EIGHT UOMS MEDICAL STUDENTS ARE CURRENTLY PLANNING the operation of an evening migrant labor health clinic to be held in Sublimity in Marion County. The clinic will operate throughout the summer months 5 evenings a week. Students will work under volunteer physicians from Marion County, and will be under the general supervision of Dr. Peter Baton, Head of the County Health Department and Doctor William Morton of the UOMS Department of Public Health and Preventative Medicine. The students plan to spend considerable time in the field working on a variety of research projects as well as in the delivery of personal health care delivery in the clinic.

THE FIRST NATIONAL STUDENT CONFERENCE ON COMMUNITY HEALTH will be held in Kansas City, Kansas, Kansas University Medical Center on March 14 and 15. Plans are being made for 500 health-science students to attend. GOAL: To increase the knowledge in the area of community health by those students who are actively involved or interested in community health activities. For further information contact Mason Smith, MSIII as soon as possible.

CORRECTION: Only full-time students may enroll in outside courses at Portland State University.

To the Editor: I feel that "Pulse" provides a means of communication between the younger and older generations of physicians which is very much needed. If lines of communication can be kept open, a better understanding will naturally ensue, and perhaps it would be found that the two generations do not have such a large gap as might be imagined.

Frank W. Johnson, M. D.
Klamath Falls, Oregon

PEER REVIEW: SALISHAN CONFERENCE, FEBRUARY 13-15

Confusion, fear, concern, clarification, sympathy, bitterness, awareness, blindness, and human weakness keynoted impressions of the MCMS conference on Peer Review. What is it? Not so simply: a method by which physicians can have quality controls over themselves, as opposed to having this control in non-medical hands. Why the concern now? Basically the realization that if physicians do not do something, the Federal government or some other third party will.

The Physicians Association of Clackamas County has extensive utilization and cost control program; its teeth come through its control of physician checks. If a doctor is determined to have over-charged (according to a computer average cost case comparison) the association subtracts the over payment from the check. They also have a once a year profile run of each physician for study by their board of trustees.

The basic question yet to be decided is "What is good care" and "What is a good doctor." It appears that this definition is going to be determined according to each individual peer review analysis. To what extent this review is going to be computerized is unclear. To what extent this determination is taken out of the doctors hands seems at this point up to doctors, if they are indeed not too late. Probably the wave of future medical practice will be greatly determined by social changes, but physicians can be a part of that wave and effect the practice that all of us will have to live with.

Richard Ireland

IDENTITY PLAN B

was I to turn flips
upon the seagull's wings
or stand upon the shore
and threaten waves with energy

was I to fly kites
in monster's towers
or was I to build empires
out of flowers

was I to hang lobsters
on the streetlights in the city
or was I to plant mushrooms
on the mountain tops

was I to listen
to the voices of the night
or was I to fly with crows
in insane valleys

was I to walk
with elephants and ostriches
or make rafts
to capture tadpoles in the swamp

was I to memorize
the alphabet of liberty
or was I to invade
the sea of life

Laurie Moore, MS I

OLIGARCHY AND THE FACULTY

[Doctor Hecht is an Associate Professor of Pediatrics and Medicine (Medical Genetics and Experimental Medicine) and an Associate Professor at the Crippled Children's Division - Ed.]

The present form of organization at this medical school can be fairly described as an oligarchy, that is, according to Webster's dictionary, "a form of government in which the ruling power belongs to a few persons."

The Dean appoints faculty members to committees. These committees do not need to report to the total faculty, only to the Dean.

The executive faculty acts as the Dean's cabinet. It consists of the departmental chairmen plus certain administrative officers, all appointed by the Dean.

In electrical terms, we have a set of circuits: between the Dean and the committees and between the Dean and the executive faculty. Nowhere in the circuits is there a place for the faculty as a whole.

Thus, UOMS is one of the last two medical schools in the West without an elected faculty government. The American Association of University Professors (AAUP) chapter therefore proposed a system of elective, representative faculty government, in the hope that it might improve communication and aid decision-making here. An AAUP committee submitted a model faculty constitution on May 1, 1969 and met with the Dean on June 24, 1969. The AAUP was told that a faculty meeting on the subject would take place in the autumn of 1969. None has. (There are no regular faculty meetings.) The Dean then appointed a committee to study the need for faculty organization. The Dean now has given this appointed committee the additional charge of drafting a constitution for the faculty and submitting it to him. Presumably he will then pass it on to the Executive Faculty for their approval or disapproval. Some faculty doubt that the established oligarchy will permit more than token faculty representation on committees.

William Neuman (Professor and co-chairman of Radiation Biology and Biophysics at the University of Rochester School of Medicine) wrote in 1969 that the problems facing medical schools "will require heroic leadership by administration" and "the full participation of the faculty and the student body." Medical schools, Neuman believes, are "still stirring a soup made from the same old ingredients: acute social problems, institutional inertia, and the impatience of youth. The striking thing today is that the temperature of the soup has risen markedly. If we don't stir faster, we could get burned." I would suggest that we have already been repeatedly burned in Oregon. One cannot stir soup with an oligarchical toothpick. Nor can one have an adequate medical school today without the full participation of the faculty. This means a faculty senate, senate committees on key matters, and meaningful faculty meetings. But can an oligarchy permit these changes? I think and hope it can.

Frederick Hecht, M. D.

THE PULSE - Office OPC 4352.

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STUDENT SENATE

The ASUOMS Senate is finally a reality. Established as a provision of the Constitution approved by a majority of the student body during Fall quarter 1969, it is now operational and is holding general business meetings about every 10 days.

In order to become a dynamic and effective body, unlike other less representative student groups, the Senate immediately began listing issues of student interest and ranking them according to the degree of concern and importance. It established the following committees to gather information and propose solutions or student positions on the following issues:

- 1) STUDENT REPRESENTATION on the Admissions Committee, Grades Committee, Scholarship Committee and Graduate Council.
(Bruce Fowler, Bill Rasor)
- 2) HOSPITAL POLICY AND UOMS COMMUNITY INVOLVEMENT. (Dan Gebhardt, Howard Henjyoji, Frank Roberts, Mike Danciger)
- 3) GRADING SYSTEM. (Nick Mecklem, Bruce Fowler, Ron Sharp)
- 4) THE RELATIONSHIP OF THE SENATE AND THE STUDENT-FACULTY COMMITTEE.
(Lyle Fagran, Frank Roberts, Don Storey)
- 5) ESTABLISHING A FINALS DEAD WEEK. (Bill Rasor, Don Storey)
- 6) OBTAINING EQUAL TREATMENT AT THE DENTAL SCHOOL. (Larry Rich, Howard Harrison)
- 7) COURSE EVALUATION. (Dan Gebhardt)
- 8) ESTABLISHING AN OFFICE OF POST GRADUATE OPPORTUNITIES.
(Mike Danciger, Doug Campbell)
- 9) CAMPUS PARKING AND ROADS. (Larry Rich, Ron Sharp)

It is readily apparent that 15 Student Senators are not able to make sweeping advances on this number of issues without aid. The strength of the Senate lies in the student body and the amount of support that each person in this community is willing to give. Students not on the Senate are invited and encouraged to work on these committees. They need only contact a committee member (phone numbers are listed on the Senate bulletin board). The student Senate can accomplish a great deal if each student will accept his responsibility to the surrounding community.

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