



THE

PULSE

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University of Oregon Medical School

April 3, 1970

AMA reported that they will spend \$2 million in legislative and political activities in 1970 - most of it to AMPAC (American Medical Political Action Committee) (16% of total budget).

Medical World News - 1/23/70

Ernest B. Howard, Executive Vice President of AMA, said the top priority issue of our time is now the supply and demand imbalance in the health system.

Medical World News - 1/23/70

Proposed drug abuse legislation sponsored by Senator Thomas Dodd of Connecticut gives the Department of Justice control over the research and development of a variety of mind-altering chemicals along with enforcement powers in the field of narcotics and mind-altering drugs.

Newsweek - 3/30/70

There are twice as many surgeons in proportion to the population in the U. S. as there are in England and Wales - and twice as many operations. Considering these statistics in an article in The New England Journal of Medicine, John P. Bunker of the Stanford University School of Medicine concludes that the major reason for the disparity is the difference in the organization of medical care in the U. S. and in Britain. The U. S. system may lead to an excess of surgeons in relation to the number of other physicians and to the provision of "luxury" surgery for the well-to-do at the expense of basic medical care for poor people.

Scientific American - March, 1970

Help drain the keg! An informal physician - student session early Saturday night, May 2, 5 p.m., at the Oregon Medical Association (2164 S. W. Park Place). All students and physicians are invited.

"Out of the closets, into the streets!" The Militant Activist Gay Liberation Front is now a reality. Contact J. Kramer, c/o Columbia University, New York.

Ashes, Ashes - A Progress Report

The results of our current physician, faculty subscription drive are still coming in; at this time we are over half-way towards the goal of subscription support thanks to the subscribers. The tongue-in-cheek poll in Issue #2 drew the following results (out of approximately 70 returned forms): 56 - I support active dialogue; 26 - I would support youthful idealism if I knew what it was; 2 - I disapprove but enjoy a good argument; 27 - I believe in volcanoes (1 - I do not believe). Besides the form results, there were additional comments, some encouraging, some upbraiding and criticizing. We do not have room to print them all, but here is a sample: "Glad to contribute. Hope it stays afloat." "You have no survey questions to your request. You can bet it doesn't concern work. B---s!! Get to work!" "Please be encouraged!?" "I believe in volcanoes that are willing to make the stones they throw!" "I support active dialogue at my level of understanding being age 71. I believe in volcanoes because they are real upheavals that leave their mark for posterity to see." "I support idealism whether 'youthful' or 'mature'."

One particular comment has been heard by this editor more than once. "I can't say I see too much evidence of 'dialogue' in this issue." More than one physician has differed with articles, opinion, statistics that have appeared in this paper. I cannot assert that The Pulse is completely unbiased; as students our experience and world-view is somewhat limited. I can only ask the question, Why have we not heard from those who disagree (in writing)? Our critics have perceived that our "dialogue" has been a one-way affair, and yet most have been unwilling to assume the "other" role. We would feel honored to have your response.

Physician Draft Status Clarified

No Draft Call for Physicians in 1970

The new draft lottery system does not include physicians, advises the Department of Military Medicine of the American Medical Association. The department points out that physicians are classified, processed and ordered for induction separately under provisions of the Military Selective Service Act of 1967. It is also noted that a person who fulfills draft obligations before completing medical school has no further liability.

And, from Washington comes word that for the first time in almost a decade there will be no draft call for physicians in 1970. In making this disclosure, Department of Defense officials attributed this suspension of the doctor draft to two factors: reduced manpower requirements due to troop cutbacks in Vietnam and the sustained popularity of the Berry Plan.

Family Physician - March, 1970

THE PULSE - Office OPC 4352

Editor: Bud Nicola

Staff: John Kitzhaber, Joe Rapp, Sue Birkemeier, Ben Podemski, Mason Smith
Mike Mundell, Wayne Burton, Ken Ampel, Glenn Morgan, Dan Thompson.

To the Editor: Enclosed is a copy of a letter the Pharmacology faculty recently sent out. Hopefully others will also write in an attempt to turn back recent Congressional and Administrative actions. Ralph D. Tanz, Ph. D.

The Honorable Robert Packwood
United States Senate
Washington D. C. 20510

Duplicate letters to:
Senator Mark O. Hatfield,
Representative Wendell Wyatt
Edith Green, Daniel Flood

Dear Senator Packwood,

Senator Lister Hill's foresight in championing support of basic medical research is evident today in the major advancements in understanding the etiology, treatment, or prophylaxis, of tuberculosis, poliomyelitis, malaria, venereal disease, typhoid fever, diphtheria, measles, cardiovascular diseases, cancer, and inborn errors of metabolism.

If we are to maintain the quality and quantity of these accomplishments in improved medical care it is vital that Congress continue to endorse Lister Hill's vision, and vote to strengthen the precarious financial support of American medical schools. Since the days of the Flexner report American medical schools have grown steadily to their present international preeminence in the fields of teaching, research, and patient care. You know, as we do, that this rapid attainment of excellence was largely attributable to the Federal Government's wise and generous support of basic research.

Those of us involved in medical school education realize that teaching excellence at this level is inseparable from research activity. It is well known that the teacher's effectiveness and relevance is directly related to his research endeavors and professional activities.

Thus, if Congress continues to cut appropriations to support basic research, the resulting chain reaction in American medical education as well as research, will be disastrous. Predictably, the number and quality of physicians, scientific investigators, and medical educators will be reduced drastically; not to mention the inevitable damage to health research in the major diseases which plague us today. Further cutbacks in NIH funds to support basic research constitute a short-view false economy which will prove extremely costly to our nation. Unless this trend is quickly reversed, the damage to this nation's scientific stature and competence will take decades to rectify.

Prior to your consideration of the HEW appropriations bill for the next fiscal year, we urge you to visit medical schools and talk with faculty, student and administrators, so that you may have a firsthand view of the impact appropriations for support of basic research.

Sincerely,

Hall Downes, M. D., Ph. D.

Elton L. McCawley, Ph. D.

Kaye E. Fox, Ph. D.

William K. Riker, M. D.

John D. Gabourel, Ph. D.

Ralph D. Tanz, Ph. D.

Herbert A. Wendel, M. D.

To the Editor: May I say "amen" to the comments on the practice of drug companies generosity with free samples - and comments too that Ward Curtis' remarks on "massive bulk rate mailings of promotional artwork" in the March 16th edition are very accurate. Having worked occasionally in my husband's office when he was in general practice, I know that too many samples and incoming brochures (which he only occasionally glanced at) were a daily problem. My husband dispensed many, many samples - but still he could not begin to use all that were made available.

In desperation he hit upon an idea that achieved a measure of control. He used eight-drawer files (the size made for index cards rather than letter-size documents). Into the labeling slot on the drawer front he slipped the salesman's calling card. He then informed each salesman that that space was allotted for samples from the salesman's company - no more, no less.

Each representative inventoried his individual drawer when he came to call - this gave him an idea of what the doctor was actually using - and he supplied accordingly. It worked very well.

Mrs. H. H. Hendricks
Milton-Freewater, Oregon

OMA-SAMA Liaison Committee Financial Aid Survey

The figures tabulated below are the results of a financial survey of medical students conducted by the Oregon Medical Association's liaison committee to SAMA. It is hoped that these results will be used by those responsible for and those concerned about medical student financial aid. Approximately 350 medical students were given the opportunity to respond to the survey----134 did so. For various reasons, four responses were discarded with the result that we have a 37% response. (Pretty fair for medical student participation.)

	Married Students	Single Students
Number of Replies	74	56
Average Present Yearly Income	\$6580	\$2525
(a) range	1,800-15,000	1,000-4,500
(b) #receiving loans	23	22
(c) #receiving scholarships	14	10
No. of students that consider their present income inadequate	28	23
(a) average income of the above group:	\$5030	\$2280
(b) average income that would be considered adequate by the above group:	\$6100	\$3090
range	1,800-8,780	2,000-6,000
No. of students that have felt that they might have to quit medical school for financial reasons:	8	8

Keith Griffin, MS II
Wayne Burton, MS I

To the Editor: Medical students are usually very opinionated individuals. But, when it comes to actually doing something they become a very apathetic lot. This was not the case two weeks ago, however. During the traditional term-ending barrage of tests one sophomore student decided to put some of his beliefs into actions. Just before one of the tests he stood up in front of our class and said that he had been taking this type of test for six years, that he did not feel that these tests were an adequate method of evaluation, and that he was refusing to take the remainder of the final exams. He also said that at ten o'clock (the time for the scheduled pharmacology final) he was going to the Dean's office to state his complaints to the Dean. He invited any member of the class to accompany him. At ten he was the only student in the Dean's office.

What is the significance of such an action? In the first place this student's action brought admiration from many of his classmates, myself included. He was doing something about a wrong that exists, which none of us had the courage to do anything about. Secondly, and I think most importantly, this action has confronted the administration with an existing problem that they have successfully ignored for years.

What is the administration going to do? Are they going to do as they have done traditionally - ignore the situation and hope it goes away? Are they going to push it off as just another student who could not take the pressure of final exams? Or, are they going to take this bold step as a significant sign that there is really something wrong and attempt to do something constructive to rectify it?

This sophomore student has jeopardized his future career in medicine for an ideal. What should the rest of us, students and faculty alike, do? Whether we agree with the action taken or not, everyone should be watching the administration. What the administration does will signify to all of us as to their willingness to work with students to improve the medical education experience. Administration, it is up to you!

Ronald W. Sproat, MS II

To the Editor: A few members of the junior class would like to rewrite Karen Ireland's editorial in the last Pulse with one minor change - assume the junior class had done poorly on national boards. They she could have written.

The junior class has clearly shown the need to implement the new curriculum as soon as possible because of their poor showing on national boards. The boards being written each year by members of many different medicals schools reflect the changing attitudes in medical education today, something which is clearly lacking at this institution. Certainly the results prove how backward and resistant to change this medical school has been in the past. I only hope that the new curriculum is not too little too late.

But we all know the junior class got lucky. We don't know why it occurred and certainly don't know what it proves, but we are sure it doesn't have anything to do with a new curriculum.

Thomas S. Miller, MS III
Dennis O. Mayer, MS III

Life and Death

On March 18 and 19, a small but lively meeting was held at the new student center at Willamette University. The title of the get-together was "Life Control..... Death Control, A Convocation on Medicine and Theology." A group of seventy people - a mixture of doctors, ministers, medical students, nurses and social workers - listened to and discussed addresses made by two provocative men, one a theologian and one a psychiatrist. On the opening day each speaker gave an overview of the topic in light of his own specific interests. Dr. Harvey Potthof, Professor of Christian Theology at the Cliff School of Theology in Denver, probed the theological perspective of decision making. He mainly stressed the difference between a life of meaning and a vegetable existence, and he encouraged the medical profession to look at its problems of life control and death control in view of this difference. Dr. Potthof also emphasized that a truly human existence involved living a life of reason, which can only come about through a process of development. In light of this view, he considered the controversial subject of abortion.

Dr. Pattison, a graduate of the University of Oregon Medical School, is now a Professor of Psychiatry at the University of Washington Medical School. In his opening address, he looked at the non-theological aspect of morality and decision making. He differentiated between guilt as an illogical influence on decision making, and conscience, which is basic to mature decision making. According to Dr. Pattison, we have to relativize our moral absolutes. Murder will always be wrong; but what, today, does murder mean? Does it include abortion, negative euthanasia, positive euthanasia? Or has our society changed so that these can no longer be classed as "murderous" practices? These are the decisions we must make, and once they are made, we must stick by them; that is, we must absolutize our relatives. We must accept the responsibility of our decisions without taking either praise or blame. Dr. Pattison's final words in his first address to the ministers and doctors was "don't cop out".

Both of the talks were springboards for a lot of frank discussion on the issues of transplantation, abortion and euthanasia. No solutions were found, but the problems were finally aired and the ministers and doctors were surprised to find how much they agreed with each other.

Mary Weare, MS I

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