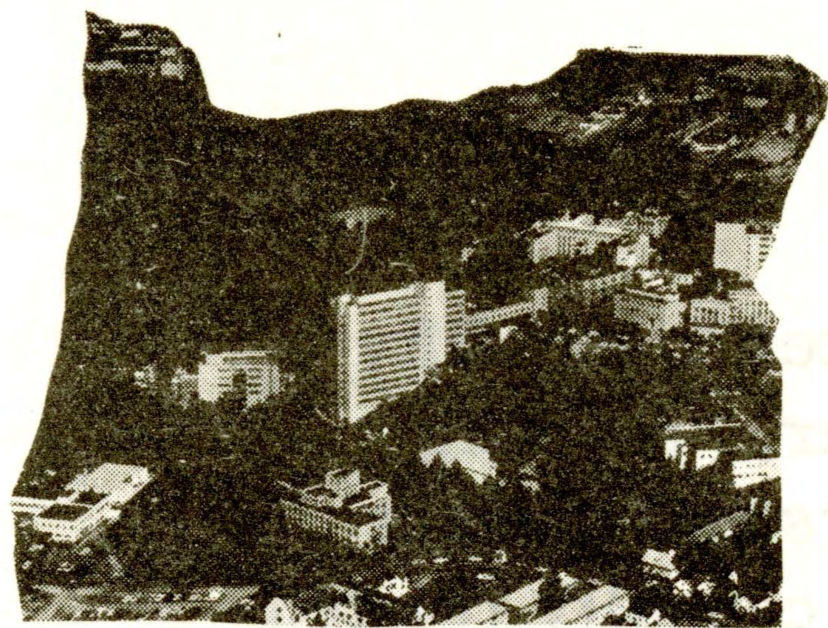

# THE PULSE

Vol. 6 No. 6 University of Oregon Medical School April 20, 1970

YOUR OFFICE OR HOME MAY BE SEARCHED "at any time of the day or night . . . Any officer authorized . . .may, without notice of his authority and purpose, break open an outer or inner door or window of a building or anything therein. . . if a magistrate issuing such a search warrant believes you are not following certain of the Attorney General's regulations respecting 'dangerous drugs'." Drug Control Bill H. R. 13742 and H. R. 13743.

HENRY STEPHENSON, M. D., NEWCASTLE, WYOMING, NOTED 52% OF THE STATE is owned by the Federal Government. John Tysell, M. D. of Eugene, Oregon, said the United States owns over one-half his State. He allowed that the "Federal Government is very good at collecting money, but very poor in dispensing it." He expressed his concern with the unwieldy bureaucracy, alluding to Daniel Moynihan's paper "Why Big Government Fails." He told of local governmental conflicts, hired planners, multiple delays, bogged down grants and lack of horizontal communication in Washington. The Journal of Phi Rho Sigma.

THE CHRISTIAN MEDICAL SOCIETY announces their annual spring banquet on Saturday April 18 at 6:30 PM, the King's Room at the Imperial Hotel, Portland, Oregon. The speaker will be John Dawson, M. D., general surgery, who is on the staff at the University of Washington Medical School. His topic will be "The Special Touch." Adult members $4.50 per person. Students, $2.50 per person. All medical dental technology, and nursing students, interns, residents and faculty are invited. Reservations can be made through John Custis, MS III (228-4804) or Doctor Leonard Ritzmann (223-5468). Tickets will also be sold at the door.

HELP DRAIN THE KEG! An informal physican-student session early Saturday night, May 2, 5:00 PM at the Oregon Medical Association (2164 S. W. Park Place). All students and physicians are invited.

BRAIN GAIN. Forty-five per cent of the postdoctoral students in U. S. universities and other institutions are from outside the U.S., according to a report published by the National Academy of Sciences. The report titled "The Invisible University: Postdoctoral Education in the United States," summarizes the results of a survey of such students, who play a major role in the day-to-day work of science in the U. S. Of the 10,470 students with doctorates answering the survey questionnaire 4,845 were citizens of other countries. Scientific American, January 1970.

## PERHAPS

(Editorial)

An unmarked, unlit highway-train crossing on a cloudy winter night; fifty feet of skid marks; a battered boxcar and the remains of the family car. A young Lane County surgeon, one year out of residency, was brought into personal contact with seven such deaths. He became convinced that these events were causally related to a lack of adequate signals at such intersections. What can one man do to tackle such a problem?

This physician had a full-time practice, family life, volunteer clinical involvement, and teaching responsibilities; yet he found the time and energy over many months to dig for hard-core statistical data, to research the political and economic forces behind the problem, to convene with railroad and public officials about possible solutions, to arouse public sentiment and to obtain state medical society support (such a process is not unlike a medical case).

Will the State legislature appropriate money in its next session to fund such a "new and urgent" issue? It would be naive to think so, but the forces are in motion, the initial legwork done and five years hence (or six or eight years) will see a solution similar to that in California.

Watch and see. Better yet, try it.

To the Editor:

"This is one of my very rare 'To the Editor' letters, but the letter from Dr. Metcalfe should not, in my opinion, go unanswered. Such weeping, such wailing from a professor of medicine is perhaps not out of character, but certainly out of contact with reality. The professor on one hand is quite willing to extend a hand for increased government grants to the Medical School, which as I understand, have increased some 400% in the last few years, but is most unwilling to accept some of the unpleasantries of life which the government feels obliged to bestow upon the State of Oregon. Thus, he seems to typify the small untrained child at Christmas time, most willing to receive all the goodies possible, but full of tears when forced to share. And he speaks of self-respect; it would appear to me that anyone whose very existence is at least certainly enhanced by government handouts, could be more tolerant and understanding when that same government finds it necessary to reclaim past favors.

"In brief summary then, I think it is time that the professor's anguished crying ceased. Such attitudes are not needed here, nor would they be welcome at that far distant pacific island."

Robert C. Jackson, M. D., Salem, Oregon

THE PULSE - Office OPC 4352 Editor: Bud Nicola

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

# FROM YOUR IVORY TOWER TO MUD - THE RURAL COMMUNITY PRACTICE

Ed. note: The author attended the 1st National SAMA Conference on Community Health held in Kansas City, Missouri, March 13-15.

You might expect that a group of medical students, gathered together for two days to discuss rural community health, could accomplish little more than the consumption of several kegs to wet their dry throats. Needless to say, we were to accomplish this goal with ease, yet as surprising as it may seem, we proceeded not only to define many of the problems of rural health care but also to discuss a variety of solutions.

All too often the common excuse for poor rural health care has been the lack of physicians and the all too common solution offered is larger medical school classes. If all of the medical schools in the United States were like the University of Oregon, this would take many moons. The solution will involve actual changes in medical school policies; it will involve greater use of paramedical personnel; it will involve a complete re-evaluation of our present rural community health programs; and finally it will require a public relations agency to change the image of the rural "doc."

We might first consider a review of medical school admission requirements and curriculums. The admission committees might look more carefully at the lower GPA student who demonstrates a genuine interest in rural medicine. I would be the first to admit that medical school requires an academically well-qualified student yet the community currently requires family physicians and not physician-researchers.

Curriculums should be designed to encourage rural practices. For example: the University of Oklahoma Medical School has instituted a program similar to the OMA preceptorship in which first and second year medical students may work during the summer in a rural physician's office; the University of Texas Medical School gives credit for participation in a rural medical project; and Stanford Medical School offers instruction in rural community medicine.

Furthermore, the medical student should take an active role in initiating rural health care programs. For example, the Howard University Mississippi Project (HUMP) will allow students to spend one term in an impoverished rural area of Mississippi with members of the clinical faculty; at the University of North Carolina a similar program is being initiated; and this coming summer medical students from our campus will be participating in a migrant worker health clinic. All of these programs were designed and organized by students.

Other proposals may be placed under the general category of "paramedical personnel." Such individuals would be highly trained nurses, ex-medical corpsmen, trained midwives, etc., who would be qualified to handle minor health problems not requiring a physician's time. At the University of Washington, the MEDEX program has placed fifteen ex-medical corpsmen with rural physicians. In various areas of the southern United States nurse midwives routinely handle all deliveries and are trained to spot cases requiring a physician's presence.

Nevertheless, we remain faced with the major problem of the image of rural medical practice. Perhaps what is required is a good advertising man who would make the rural practice more alluring. Perhaps the rural physician could be pictured out on a golf course, or sipping a cocktail in front of an open fire, or flying his Lear Jet to the city for a medical conference. It is time that we erase our image of the rural "doc's" lonely practice and replace it with the modern image of two or more G.P.s heading a team of nurses and paramedical personnel who will be charged with the health care of a rural community. The physician's knowledge will be updated by "circuit riding"

medical school clinicians who will present their "ivory tower" medicine to the rural "doc" in exchange for his "mud" medicine which will be of practical importance to the education of the medical student.

Wayne Burton, MS I

## SENATE BILL 193: THERAPEUTIC ABORTION

Everyone knows that Oregon has one of the most liberal abortion laws in the country, but no one knows what it is. Part of a condensed version of the bill follows, below. Section 6 is considered the weakest part of the bill; written consent of parent, guardian, or husband is required for legal abortion. Many feel that the decision for termination of pregnancy should be based solely on the request and consent of the mother. Sections 1 and 9 are two of the more significant parts of the bill. Section 1 declares the legality of abortion performed under three categories: maternal, fetal, criminal. Under Section 1 a. the physician may base a decision for abortion on "the mother's total environment, actual or reasonably foreseeable."

Senate Bill 193 was effective as of August 22, 1969.

Cheryl Taubman, MS II

1. A physician is justified in terminating the pregnancy of an Oregon resident if the physician has reasonable grounds for believe that:

   a. There is substantial risk that continuance of the pregnancy will greatly impair the physical or mental health of the mother. (In determining whether or not there is substantial risk under this section, a physician may take into account the mother's total environment, actual or reasonably foreseeable.); or

   b. The child will be born with serious physical or mental defect; or

   c. The pregnancy resulted from felonious intercourse. (Felonious intercourse includes statutory rape, forcible rape or incest.)

6. No pregnancy shall be terminated without the written consent of the pregnant woman, and:

   a. Written consent of the parent or guardian who has custody if the pregnant woman is an unmarried minor; or

   b. Written consent of the guardian if the pregnant woman has been judicially declared a mentally incompetent person; or

   c. Written consent of the husband if the pregnant woman is married and the husband and wife have been living together; (copies of the consents become part of the hospital records.)

9. Hospitals operated by this State or by any political subdivision may not adopt a policy excluding or denying admission to any person seeking an abortion.

OMA Position: Supported

To the Editor: The lead article in your March 16 issue left me confused. What method of deduction was used to conclude that because the AMA derives 45% of its income from advertising that it has a vested interest in the "exorbitant" profit rates of the drug companies? Also, is it a fact that drug companies make exorbitant profits or is this merely the opinion of some writer for "Grand Mal" and of the editor of "The Pulse" who reprinted the article apparently without questioning its truthfulness, accuracy, and honesty.

To go a step further, are you even sure that "45% of the AMA's operating budget comes from the drug and medical supply industries?" Don't you really mean that 45% of the AMA's operating budget comes from advertising? And, are you aware that all of this advertising money does not come from drug companies and medical supply industries?

As a case in point, the March 23, 1970 issue of American Medical News contains 211 column inches of advertising which was 23.6% of the total space available in this issue. None of this advertising was from drug companies or medical supply industries.

To go on. The April, 1970 issue of Today's Health contained 419 column inches of paid advertising which was 15.5% of the total space available. Interestingly, 216 inches of this advertisement was for products or services not marketed by a drug company including 10 inches advertising the State of Oregon as a great place to vacation. The remaining 203 inches of ads were by pharmaceutical remedies, skin lotions, etc.

The March 16, 1970 issue of JAMA contained 2020 column inches of paid advertising which was 51.5% of the total space available. In this case the big majority, 1650 column inches, was drug company advertising of prescription drugs. This left 370 column inches of miscellaneous advertising.

My whole point is that clearly all of the advertising money collected by the AMA does not come from the drug industry or medical supply industries. Thus, your "fact" is untruthful, inaccurate and your implication is dishonest.

Another point of your article that deserves challenge is the implication that the AMA is involved in some sort of insidious plot with the advertiser against its readers and the general public. The only thing the AMA is involved in as far as advertising is concerned is using the revenue to produce publications aimed at benefiting the readers. Without the advertising the publications would cease and who, may I ask, would benefit from that? Probably it would be the lay-run and lay-controlled medical publications whose prime object is to make money on their publications.

As editor of Portland Physician, the official publication of the Multnomah County Medical Society, I can say I have never been compromised in my news judgement by an advertiser. Nor do I feel I have in any way compromised our readers. My ethics as an editor and my readers' ethics as physicians should not allow advertising to affect judgement. If you fail to understand the journalistic ethics of truth, honesty and accuracy to the reader and the medical ethics of always having the best interest of the patient foremost, than I suggest you re-examine your own ethics as both journalists and future physicians.

Mr. J. David Lortie
Multnomah County Medical Society
Managing Editor, Portland Physician

(Ed. Note - The AMA prior to 1953, did much in the public interest concerning drug companies.

They supported laboratory work to test new drugs; they inspected drug plants, lobbied for the prescription of drugs on a generic basis, and issued a seal of approval that allowed no drug advertised in their publications without this seal. But the AMA found that it had only increased its revenues from drug advertising by 3% in the period 1946-1953 compared to a 50% increase other publications were making. So the AMA withdrew its seal of approval system. Now the AMA earns more than $10.5 million annually from drug advertising, jumping from a pre-1953 low of $3.5 million (Transaction, a reputable sociological journal). This accounts for about half its annual income. The AMA may not be joined in an "insidious plot" with the drug advertisers against the consumer, but it unquestionable has an interest in these companies' profits. It is the patient (or consumer) who has no control, and extremely little knowledge, of what a specific medication is going to do to him and why its cost is so exorbitant. The present situation with the pharmaceutical companies is an unfortunate one, where the true health needs of the community play a secondary role to the profit-oriented direction of drug manufacturing. Thus, it is out of a sense of conscience and conviction that, we, as future physicians, speak out so vociferously on a situation that prevails contrary to what is the best interest of the patient - Ben Podemski, MS I)

Demolished

Old boards newly broken
-the sharp acrid odor
of mildew and years of people
living in
the upside down cracked wash basin
nest to the stairs,
2 flights
leading to nothingness.
I stand, a voyeur
peeping into the past
through the gaping wreckage,

and I see
NO ONE.

Karen Ireland, MS II

THE PULSE
University of Oregon Medical School
3181 S. W. Sam Jackson Park Road
Portland, Oregon 97201