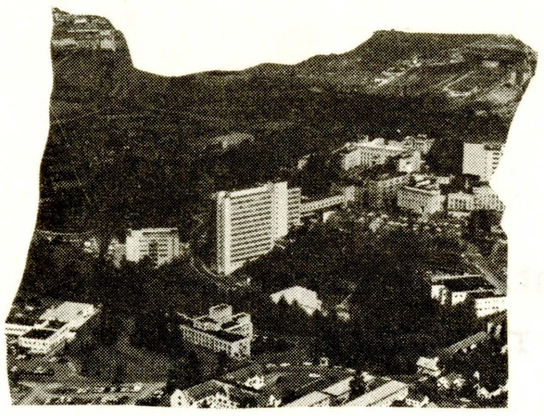


THE PULSE

Vol. 6 No. 7 University of Oregon Medical School May 4, 1970

At the OMA Midyear meeting the House of delegates directed that OMA work for legislation repealing current laws, so that, if she wishes, any woman might have an abortion by a qualified physician; and that hospital medical staffs be encouraged to innovate in finding methods on an out-patient basis to reduce costs. The House also directed a committee be designated by the President to study the feasibility of establishing a scholarship fund for black medical students at UOMS.

OMA Newsletter

MEDICAL STUDENTS NEED SUMMER JOBS! There are a number of students that, as yet, have been unable to find summer employment. If your hospital has a position available for a medical student, please notify The Pulse at your earliest convenience.

Arsenic at a concentration of 10 to 70 parts per million has been detected in several common presoaks and household detergents. Arsenic values of 2 to 8 parts per billion have been measured in the Kansas River. These concentrations are close to the amount (10 parts per billion) recommended by the United States Public Health Service as a drinking-water standard. When used as directed, the arsenic concentration of the different household laundry aids greatly exceed that recommended for drinking water. While a "tub of suds" is not used for drinking, the danger clearly exists that arsenic can be absorbed through unbroken skin. The presence of arsenic at 50 ppm inhibits the healing of wounds. Arsenic is a cumulative poison which builds up slowly in the body. According to some medical sources, long-term arsenosis may not be detectable for 2 to 6 years, or longer.

Science, April 17, 1970

The Drug Control Bill - A letter to one of our staffers

Dear Mr. Ampel: Thanks very much for letting me know your feelings on the so-called no-knock provision, which as you know, was included in the final version of the drug bill just passed by the Senate. Although I would have opposed the no-knock provision as it was originally written into the bill, the language of the authorization was tightened on the floor, and the circumstances under which no-knock may be employed were substantially narrowed. The original bill permitted entry without knocking if the judge or the United States Magistrate issuing the search warrant is satisfied that there is probable cause to believe that "the property sought may, if such notice is given, be easily and quickly destroyed or disposed of." On the floor, this language was changed to read, "the property sought may and, if such notice is given, will be easily and quickly destroyed or disposed of." After studying the potential dangers of enacting a no-knock statute, I am now satisfied that this language as tightened here in the Senate will provide the needed tools for our law enforcement officials without opening the way for abuse or violation of anyone's constitutional rights.

Cordially,

Bob Packwood

From the OMA Mid-Year Meeting at Sun River

In view of testimony given by physicians and by medical students at reference committee hearings, Reference Committee "C" submits the following recommendations for the consideration of the House of Delegates:

1. That the Oregon Medical Association's Council on Medical Education be instructed to investigate the possibility of providing professional financial counseling service to UOMS medical students.

2. That the Council on Medical Education be instructed by the House of Delegates to thoroughly investigate the present status and use of American Medical Association Student Loan Funds for students at the University of Oregon Medical School.

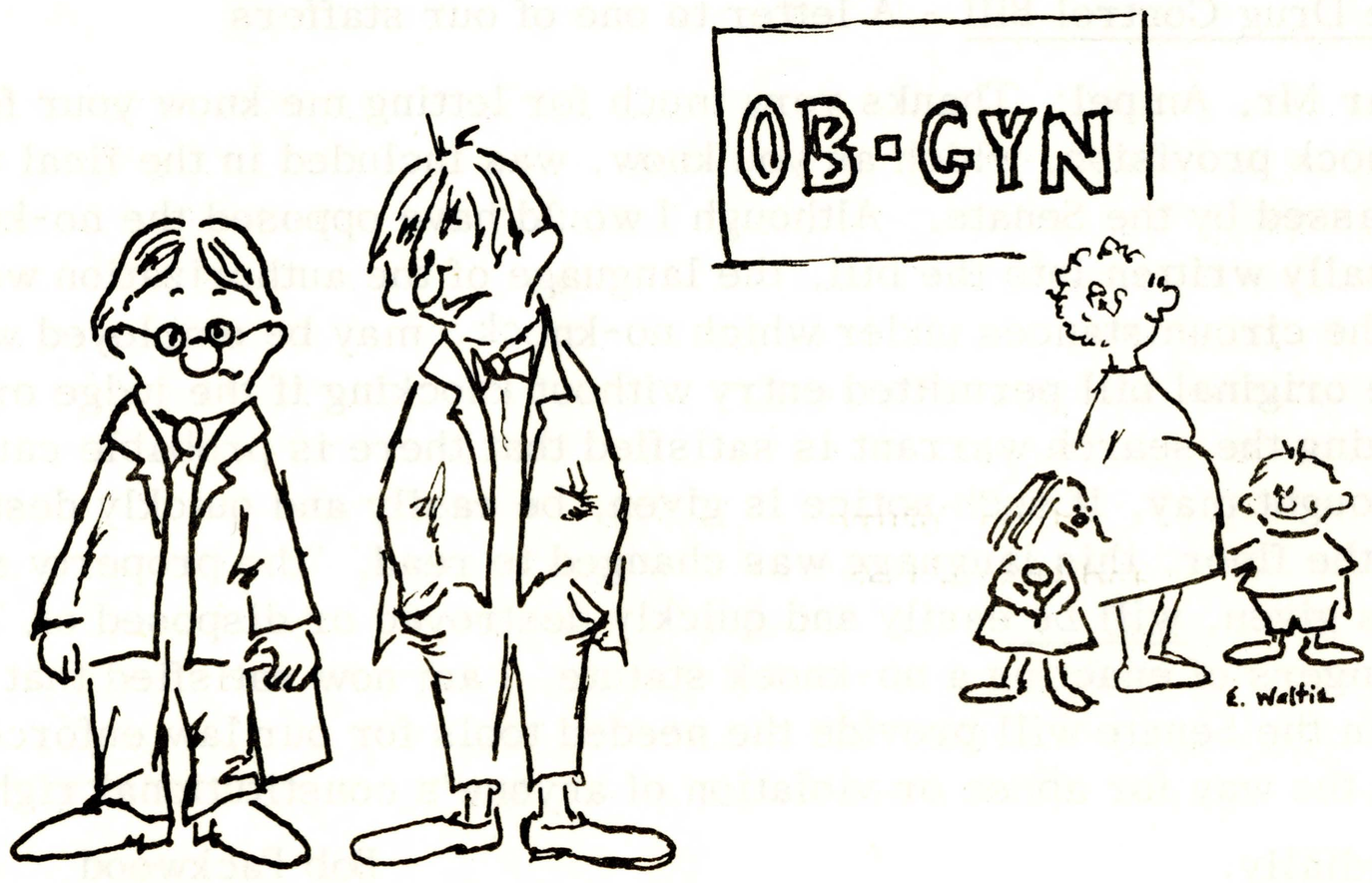
3. That the Council on Medical Education be further instructed to report to the Annual Meeting of the House of Delegates in October, 1970, with recommendations relating to the aforementioned charges.

Your Reference Committee is concerned with the apparent lack of appropriate monies for medical student loans and scholarships at the University of Oregon Medical School.

Your Committee is likewise concerned that many medical students at UOMS are not receiving proper financial counseling. Therefore, Reference Committee "C" suggests to the House of Delegates that it is entirely proper and fitting for the Oregon Medical Assoc. to study the possibility of providing competent professional service in this area.

Reference Committee "C" further wishes to commend the Liaison Committee to SAMA for its ongoing activities with respect to the reconstituted "Pulse" and the hospitality room project in connection with the National SAMA Annual Meeting in Philadelphia.

The Reference Committee also wishes to point out to the House of Delegates that these two ongoing projects are well worth individual physician support, and further urges individual delegates to promote such support through their constituents.



"...And then she said, 'I'd like to trade my menstrual cycle in on a Honda 350.'"

(Ed. Note: The following letter was originally sent to the OMA Ombudsman Committee. Dr. Hibbs wrote to us indicating this letter is an estimate of his feelings at this time.)

Gentlemen:

It seems to me that the only way you are going to get information and ideas which would be beneficial in helping set policy for the O. M. A. is to go directly to the members and students. Some sort of provocative letter, with a realistic and crucial portrayal of what has happened and is happening to organized medicine. The truth of the matter is, many of the mature members of the association have become disenchanted with organized medicine at one time or another. They consequently, have lost interest and are very difficult to reach. They are difficult to reach because they feel that organized medicine has not represented them in the past. Also, some of us have serious doubts that organized medicine can ever represent us in the future. Organized medicine has tumbled a great deal from its pinnacle of respect and trust that it once enjoyed. I think the new image is a fair appraisal of what we have accomplished, and that is very little.

Doctor Howard of the A. M. A. in January, 1969, as noted in the American Medical News, talked directly to this point. I concur with about 99% with what he said. He noted that the A. M. A. could have planned better. This to me is the crux of my criticism. We have had few plans--we have been on the defensive. We have maintained a "dog in the manger" attitude. Because of this people in this county now look upon us as uncompromisingly blind, and with selfish motives.

Dr. Howard points out that the A. M. A. now recognizes many serious health problems. Well, I would say it's about time. Have we done this voluntarily or have we finally been pushed into this attitude? Who knows better than organized medicine that these problems have existed for years. The first criticism is that we have failed to acknowledge the problems, even though I think we knew they existed, and secondly we have done very little in initiating proper legislative solutions. I for one, feel that the A. M. A. should be in the legislative business. Anything that deals with the health service, and its distribution should be considered initially by organized medicine and a solution should be suggested.

The A. M. A.'s plan for a tax credit proposal for the voluntary health insurance is the first major solution that has been initiated by the A. M. A. In my estimation it would never be passed, but at least the A. M. A. has finally taken the initiative. The reason it will not be passed is that politicians like to get the money in their own hands and distribute it themselves. In the A. M. A.'s plan, the politician never gets his hands on it. I don't think it will pass, but we shall see. If the board of trustees of the A. M. A. is in step with Doctor Howard, I think that there is some hope. I seriously doubt that they are.

Ralph E. Hibbs, M. D.
Trustee O. M. A.

P. S. I noted where the report on future planning and philosophy of the A. M. A (Himler report) was not accepted and that a new committee was appointed. And what else is new?

P. S. S. In short, I think what most of us really want is leadership and involvement in the obvious medical problems.

To the Editor: You invite "reply" to your article in your March 16, 1970 issue. For a four page issue it contains a heap of provocation.

Item 1: You quote "Grand Mal" (whatever that is) in an entirely misleading presentation of "45% of A. M. A. operating budget coming from drug companies" and assert that "A. M. A. therefore has a vested interest in their exorbitant profit rates" and imply that the "4,000.00 per doctor per year spent on promotion on their products" is somehow improper.

First of all when somebody behaves in a way that seems wrong, one does well to pause and consider that maybe if one were running a drug company themselves that one would probably be doing it the same way the present managers do. Such temperance is rarely an attribute of youth, of course. To return to the item: The 45% merely reflects the extent to which the AMA is in the magazine publishing business. I am surprised that advertising income is so small a proportion. You as a doctor should be forever grateful to the system that drug advertisers "subsidize" and make it possible for us doctors to read the scientific AMA journals.

Now just what improper action of the AMA is it that is damned with that snide word "vested" interest? Exorbitant profit rates? Who says they are and by what facts? I suggest somebody has been duped by some highly educated ignorant socialist bleating that all profit is "exorbitant". The stock market which represents the most objective appraisal of any company does not consider their profits exorbitant. "$4,000.00 per doctor per year": An interesting figure. Does it include their advertising of the O. C. (over-the-counter in case you have not progressed that far in your profession) items? Most interesting, though, is that the stupid drug companies have not bothered to ask the editor of Grand Mal who undoubtedly knows exactly how much they should spend.

Item 2: Paragraph 7: A question of priorities: $28 billion per year on the war in Viet Nam vs $5 billion per year on the war on poverty. HEW spends about $40 billion a year so I don't know what the $5 billion covers, but nothing would impoverish us all more than for the Russians to march in. If we don't oppose them somewhere like Viet Nam, the fighting will be in Oregon.

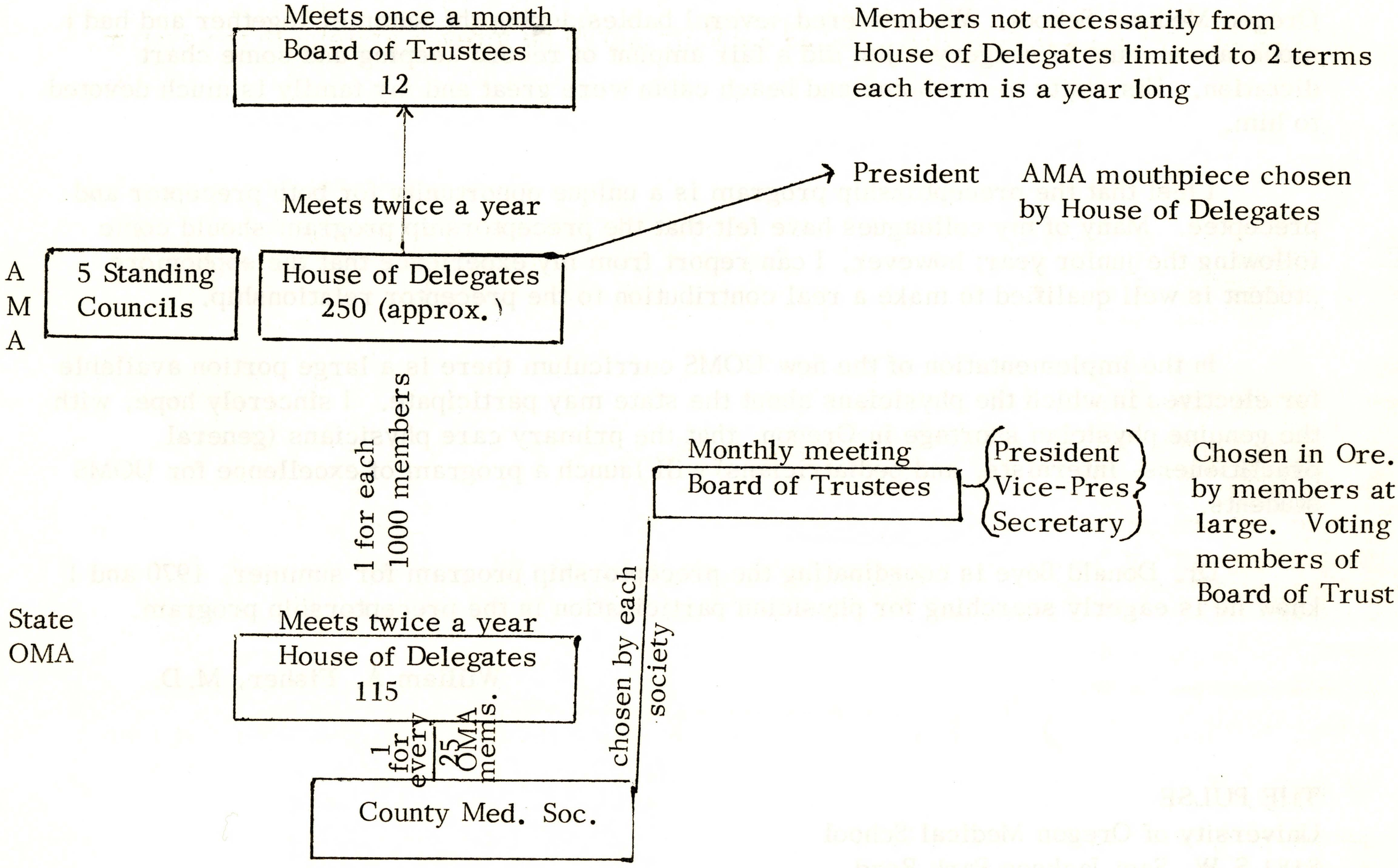
Item 3: Congratulations on providing an outlet for Doctor Metcalf's protest. Not that I am impressed with his logic but I have been frustrated by having letters and articles refused publication too. It seems that there were not enough advertising pages sold to carry the text content!

Item 4: Mr. Smith says the advent of National Health Insurance is inevitable and we should help to plan it and not fight it. It is difficult to see how anyone can be fooled into such a defeatest attitude with the fiascos of Medicare and Medicaid in plain sight. The practice of private medicine is the best system ever devised for the delivery of high quality medical care. It is not perfect. There are inequities of distribution and performance but the deadening hand of government compulsion is now having and can only have an aggravating effect with wasting of the doctor's time and efforts --- and of the long suffering tax payer's money.

T. L. Hyde, M.D.

(Ed. Note: Grand Mal is the student paper of Hanneman Medical School; statistics were obtained from Transaction, a sociological magazine. For a more complete rply see April 20th edition.)

Confused about Organized Medicine? So are most of us. Do you know what the relationship of county medical societies and state societies and the National society is? Below is a political flow chart of the relationships. If you belong to the AMA you must belong to a county society and the state society. To belong to the state society you must belong to a county society. Ideally it is set up for optimal representation but that representation again depends upon the apathy of the physician. Why join? Perhaps you won't like an organization speaking for you when you don't have any say because you are not a member. It may be easier to get hospital privileges if you belong to a county society. You may want to take part in some way in order to effect all of medicine. If you do not, your effect is miniscule. Power? Mostly comes from allocation of professional influence and the dues. Dues vary according to each county and state. The national dues are $70, OMA $115 and $70, and county varies from the price of lunch to $95.



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(Ed. Note: The following letter was received by SAMA president, Mason Smith, earlier this year. It was written by an enthusiastic participant in last summer's Preceptor Program.)

Dear Mason:

It is with real pleasure that I report a most stimulating and rewarding preceptorship experience from the summer of 1969. Jim Sulkosky, MS II, contacted me in May regarding arrangements for summer preceptorship program, we met and discussed plans, and for the months of July and August, 1969 we had a most stimulating relationship.

Our usual working day consisted of meeting at Providence Hospital for breakfast, followed by hospital rounds, and then to the office for a day of general practice. Jim's participation in the office varied progressively during the summer with increasing patient contact and responsibility. The business part of practice interested him mildly, the clinical laboratory was of considerable interest, but patient contact was his real love. I was amazed at his history taking and physical examination capability and clinical judgment for this early in his medical school training and feel it is a real tribute to him and to the University of Oregon Medical School. We delivered several babies during the summer together and had a moderate amount of surgery. Jim did a fair amount of record keeping and some chart dictation. His visits to our home and beach cabin were great and my family is much devoted to him.

I feel that the preceptorship program is a unique opportunity for both preceptor and preceptee. Many of my colleagues have felt that the preceptorship program should come following the junior year; however, I can report from my experience that the sophomore student is well qualified to make a real contribution to the preceptor relationship.

In the implementation of the new UOMS curriculum there is a large portion available for electives in which the physicians about the state may participate. I sincerely hope, with the genuine physician shortage in Oregon, that the primary care physicians (general practitioners, internists, and pediatricians) will launch a program of excellence for UOMS students.

Dr. Donald Boye is coordinating the preceptorship program for summer, 1970 and I know he is eagerly searching for physician participation in the preceptorship program.

William A. Fisher, M.D.

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