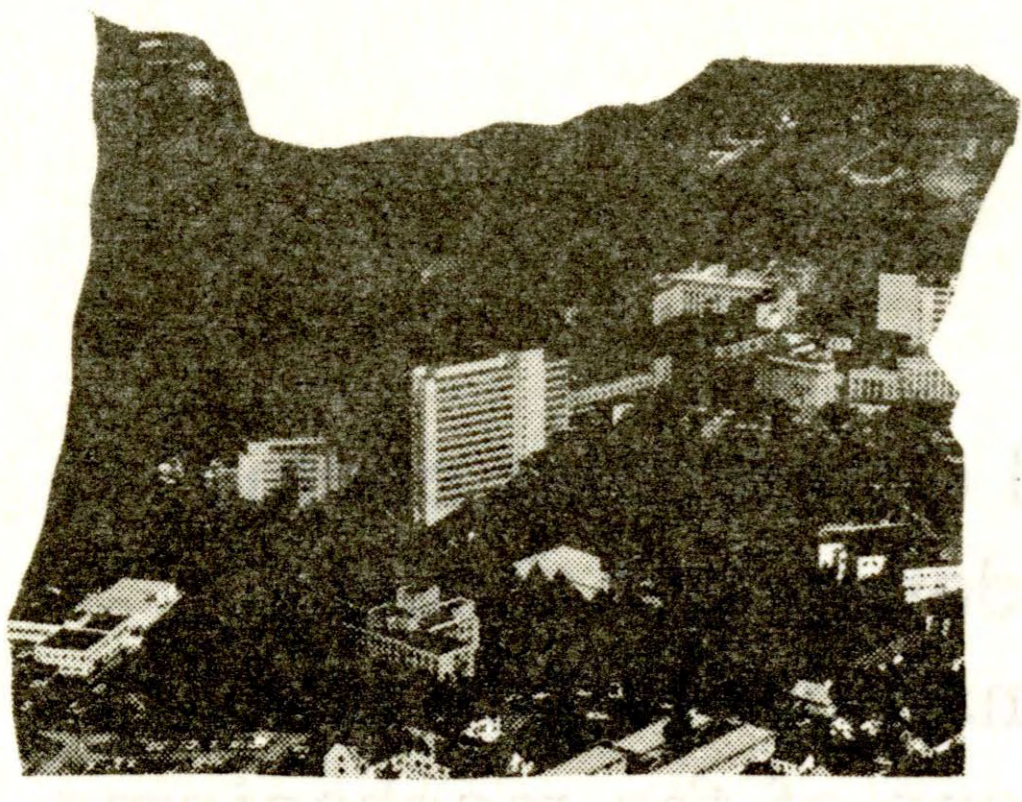


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THE PULSE

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University of Oregon Medical School

October 12, 1970

At the annual OMA meeting held October 7-11, the House of Delegates passed the following resolutions of particular concern to students:

"That, consistent with policy adopted by the House of Delegates in April, 1970, the Oregon Medical Association have introduced and actively support legislation to delete subsection (1) of ORS 676.035 which would strike the requirement for three years of practice for waiver of the Basic Science Examination, providing a candidate for medical licensure has successfully passed Part I of the National Boards. . ."

"That an attempt be made to interest the University of Oregon Medical School in offering a program on the medical aspects of sports. . ."

"That the OMA, with the cooperation of the Oregon State Board of Medical Examiners, University of Oregon Medical School, and other appropriate bodies initiate an active and aggressive program of recruitment of gifted black and other minority students from secondary schools. . ."

"That the Oregon Medical Association urge the University of Oregon Medical School to admit an entering class every nine months on an around-the-year basis, and that such students attend school on an academic four-quarter calendar year, so that each class would graduate in approximately three years."

Dangerous Drugs? "Forty-eight drugs containing fixed combinations of penicillin-sulfa or penicillin-streptomycin have been ordered off the market by the Food and Drug Administration. It says they are not effective. Singly, the antibiotics and sulfa drugs are effective, the FDA points out, but the combinations are "potentially dangerous." Today's Health, September, 1970.

Sterilization at the Pentagon? "The Department of Defense is going ahead with policies, initiated some months ago, that recognize surgical sterilization as a basic family planning procedure and make abortion a matter to be decided between doctor and patient. Both have been the sources of considerable debate within the department's health structure, and the possibility of a sizable fuss is foreseen when lay and civilian medical sources hear of the plans.

"The policies, signed by Dr. Louis M. Rousselot, Assistant Secretary of Defense for Health Affairs, also constitute a strongly worded notice to civilian medicine that military health officials will move independently in certain areas." Medical World News, August, 1970.

Notice: SAMA West Coast Conference. October 16-18, 1970. Stanford University School of Medicine

To the Editor in Reply to Dr. T.L. Hyde's Recent Letter:

This sort of thinking--if a man has long hair, he is an "avowed Communist enemy" or at best an unsuspecting tool--makes life much easier, doesn't it? Independent thought becomes unnecessary. This is "thinking by definition" which Neil Postman describes in "The Semantic Preparation for War" appearing in the Humanist. It is one of the mechanisms used to "provoke and justify specific kinds of aberrant behavior...which might normally be deemed inhumane or irrational." When means like this are employed as they are more and more in this country, it becomes no longer necessary to deal with matters on face value or on an individual basis...our language does our thinking for us: "My country, right or wrong;" "America, love it or leave it;" or "long hairs are commies."

I would presume that if long hair suggests communist affiliation, long RED hair leaves no question of it.

I'm surprised that Dr. Hyde has distracted himself so with such a "stupid and obscene" book as Jerry Rubin's Do It. However, I assume with the cleverness and alertness of people like Dr. Hyde, the commies will soon cut their hair for their plan is exposed and they will wish to shrink from the public eye and return to anonymity to work their mischief and that very soon it will be only the "nice guys" with long hair.

To the Editor - A Satire for Our Times: DONALD C. HOUGHTON, MS IV

I wish to add my voice of warning to that of a previous contributor concerning the subtle, pervasive subversion of our society's behaviors by the communist protesters so active in our country these days. Knowing the value of symbols, they have taken over many otherwise innocuous or insignificant behaviors, such as males wearing long hair or beards and declared these behaviors to be expressions of their distorted, dangerous, in fact traitorous ideas. Some innocent and good people are adopting these behaviors without conscious malice, thereby becoming dupes of the communists and furthering their cause.

There is another area of such activity, that were it not for the pressing nature of today's problems, I would not deign to speak about. Unfortunately, we must keep fully informed.

The well known, but less openly discussed, area besides drugs, long-hair, protest, and riots that exemplifies the radicals is their sexual behavior. The permissiveness and freedom are notorious. In fact, and this is my point, those of us who engage in acceptable and innocuous sexual behavior may, in fact, be aiding and abetting the communists and their supporters. Let us avoid this possibility by abstaining from any sexual contact so no one will think that we support, however unknowingly, such subversiveness.

Richard L. Grant, M. D.
Portland, Oregon



LETTERS

NATIONAL HEALTH INSURANCE: Where Have We Been? Where Are We Going?

This is the first of a series of articles on National Health Insurance. The articles are meant to be informative, thought provoking, and most of all, relevant to decisions you will be making about your future plans in medicine. This first article is an attempt to clarify the Federal Government's role in medicine TODAY and how it has arrived at that role through particular legislation. The Articles to follow in future Pulse issues will be concerned with 1) suggestions of criteria that you as individual doctors-to-be might use to evaluate the individual Health Insurance proposals 2) comparison of individual proposals currently under consideration on the basis of the suggested criteria. It is hoped that in this way the members of "The Hill" student medical community will be able to discuss this most important issue at an informal level.

Federal objectives in health can be best summarized by quoting from the recommendations of The National Advisory Commission on Health Facilities. "...the Nation must now concentrate upon organizing health facilities and other health resources in effective, efficient, and economical community systems of comprehensive health care available to all."¹ This is 180° from the pluralistic, independent, voluntary nature of our present health system, and to some the Federal Government's philosophy is alarming and dangerous. How then, did this philosophy come about?

It came about because the Federal Government failed to meet the health needs of the people through early legislation, all of which was directed at resource development. Resources are Hospitals, Facilities, Equipment, Manpower, and Knowledge. The Hill-Burton Program, enacted in 1946, has helped 3700 communities build resources with total expenditures of \$11,000,000,000² (1/3 Federal money) but it failed to obtain better health service (the availability of physicians). In 1963 the Federal Government, because of its failure to increase services started investigating the other component of the health care system - the delivery system. It was found that the delivery system had within it two features: 1) multiple forms of organization and 2) multiple forms of financing.

Initially it was felt that guaranteeing purchasing power of services would increase the services available in those certain cases (the elderly) where the medical problems were more than an individual could handle unaided (a concept set forth in Title V and VI of the Social Security Act of 1935). Thus the passage of Medicare and Medicaid legislation in 1965. Clearly we have found that this approach has not provided the solution.

Thus, attention is presently focused on the forms of organization in the delivery system. Since 1963 there have been five basic programs from six major pieces of legislation addressing themselves to experimenting with new forms of organization. They are Community Mental Health Centers (1963), Health Services for mothers and children (1965, 1967), OEO Neighborhood Health Center (1964, 1966), Regional Medical Programs (1965), and The Partnership for Health (1966). It is from these programs that many of the concepts in the proposed legislation on National Health Insurance come from. Unfortunately, much of the discussion on NHI is centered around financing the costs of health care whereas the impact of NHI is how it will change the pattern of organization.

In summary then, because early efforts in developing health resources failed to provide the services required by the nation's population, the Federal Government has encouraged experimentation in new patterns of organization to find ways of getting services to the people. The form of National Health Insurance when passed, will be an extension of that experimentation.

John G. Meyer MS IV

1. National Advisory Commission on Health Facilities: A Report to the President, December 1968, Washington, D.C., Government Printing Office 1968, p. 6.
2. Kissick, William, Health Policy Directions for the 1970's, New England Journal of Medicine 282:1346 (June 11, 1970).

Summer Preceptorship Programs

A survey of opinions circulated to the 35 participants of last summer has shown a fantastic enthusiasm for the program. The students who were distributed all over the State returned comments like:

"Without exception this was the most personally valuable summer I have ever spent."

"G. P. is fun 'cause one gets a fantastic base of normals - kind of a pleasure to know that if there is pathology in the town, you'll see it!"

"I have learned more medicine here than in my entire first two years of medical school."

"More than I expected."

"Really started my life in the practice of medicine."

This kind of enthusiasm is rare in young people today, and it is very that the program will continue. To do so will require physicians willing to have a student for the summer, and may require outside financial assistance.

Jim Allen, MS III

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