

THE

PULSE

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University of Oregon Medical School

October 30, 1970

The number of activists in the student body is directly related to the selection procedures used in determining acceptance of applicants. Although faculty jealously guards against formal representation of students on admission committees, students can nevertheless greatly influence the fate of individual applicants. According to one dean of admissions, 10% of applicants are highly desirable, 10% are clearly unacceptable, and the other 80% are nearly equally acceptable. Only half of the 80% can be accepted, however. For this group of applicants, a faculty or student recommendation may be the decisive factor. Students can arrange to meet applicants on the day of their personal interview at the school and can then recommend those applicants who are or may become activists. An excellent mechanism for obtaining the cooperation of the dean's office on this venture is to offer to give applicants a student guided tour of the medical center. Such a program helps the school, the applicant, and enables students to influence the admissions procedures. Familiarity with the staff of the office of admissions and sensitivity to the biases of the admissions committee members will aid you.

The SAMA Newsletter
October, 1970

Review by MDs only: The American Medical Association supports peer review administered by state and local medical societies as part of Medicare-Medicaid.

The AMA's position was explained by its president, Walter Bornemeier, M. D., who said many members and others are confused about the organization's stand.

"The essence of peer review is that only physicians should review physicians," Dr. Bornemeier stated. "The AMA has said many times that abuses in Medicare and Medicaid should be eliminated." The most effective way to review the services of physicians is through the medium of other physicians.

American Medical News
October, 1970

Increase in Specialization. "Though the total number of physicians in the United States increased to an extent that also raised the physician-to-population ratio in the period from 1931 to 1967, the pool of potential physicians in family practice declined."

"Writing in Public Health Reports (June 1970), Mary D. Overpeck, M. P. H., a Public Health Service statistician, reviewed the trend toward specialization."

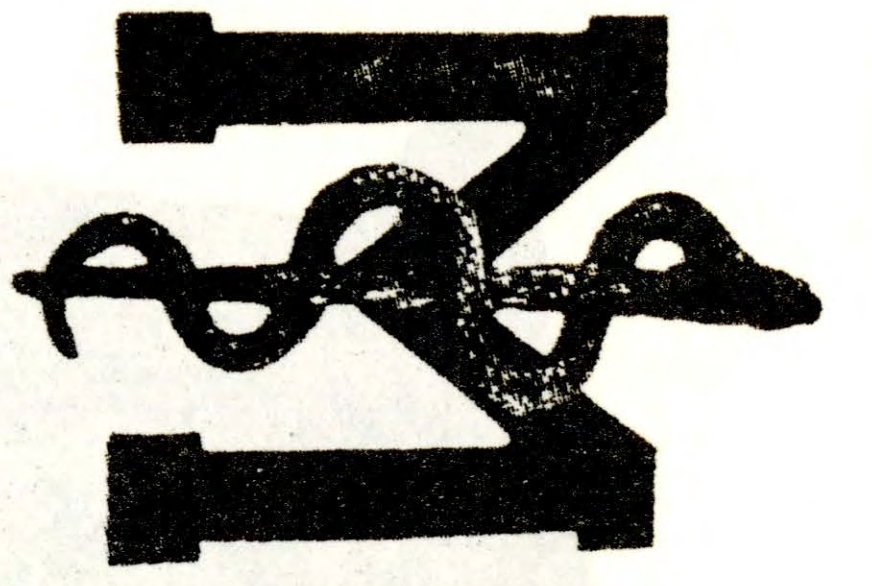
"In 1931, one in six physicians in private practice compared with one in four in 1940 and almost one in two in 1957."

Modern Medicine
October 19, 1970

Ariel

THOMAS JEFFERSON UNIVERSITY

BROTHERS BUSTARD



UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE

THE PULSE

STUDENT AMERICAN MEDICAL ASS.

College of N.

THE SAMA NEWS

UNIVERSITY OF WASHINGTON

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL SOCIETY

Student News

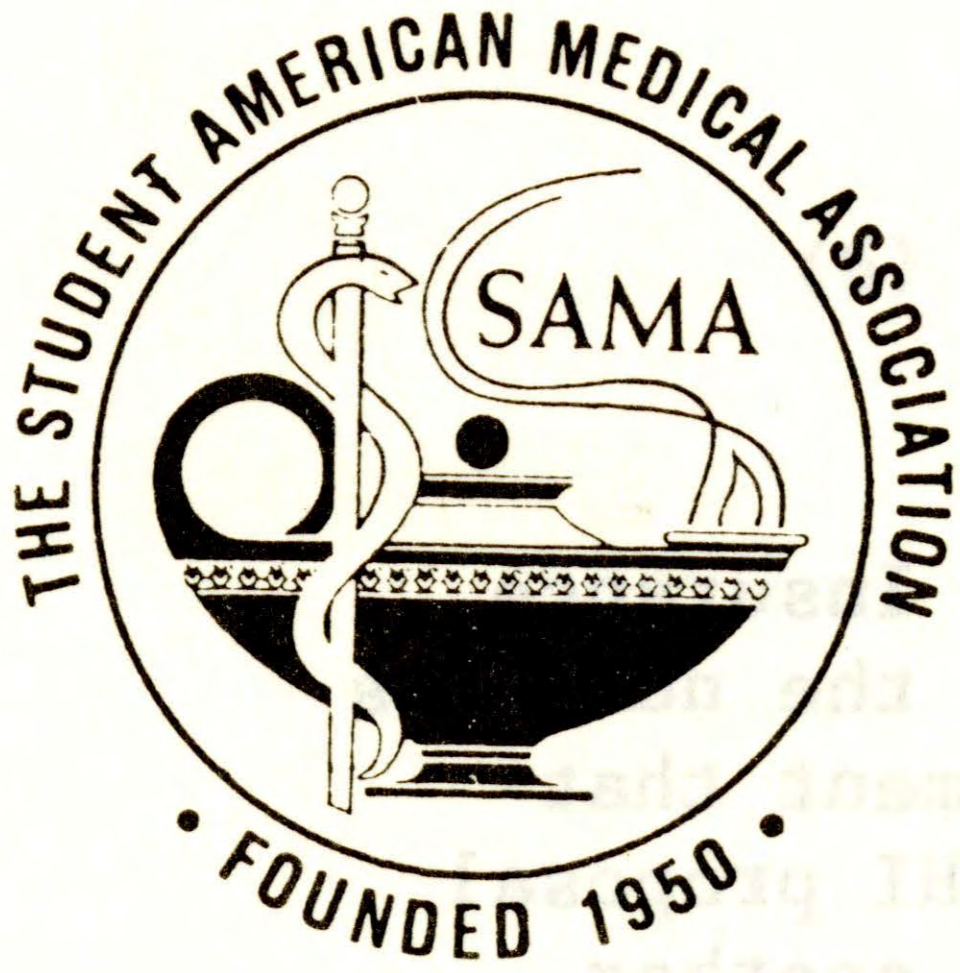
THE UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL
THE PAEON



Cousins

THE SAMA MENSTRUAL





NEWS FROM NATIONAL SAMA

INTERNSHIP EVALUATION

Senior medical students may now obtain reports on most internships offered by hospitals in the United States. Compiled from responses to questionnaires distributed to all interns throughout the country, each report primarily details interns' opinions on the educational aspects of their program, but also includes comments regarding living conditions and demands upon the interns' time. SAMA will provide this information to interested students at its cost of processing and handling. Send your name and address and list of desired internship reports, stating hospital name, address, and specific NIRMP Code No., with prepayment of \$0.50 for each report to:

Internship Evaluation
Student American Medical Association
2635 Flossmoor Road
Flossmoor, Illinois 60422

PLANS UNDERWAY FOR 1971 INTERDISCIPLINARY SUMMER PROJECTS

With the close of the 1970 Appalachia, Job Corps, and Indian Health projects, plans have now begun for the expansion of these programs for next summer. A thorough evaluation of each project is being made to substantially improve and expand these programs. In addition, new programs such as a migrant health project will be added, and all of the projects plan to use a single standardized application. For information on these programs, write to the Division of Community Health, SAMA. You should plan to apply early for these programs since last year more than 500 applications were received for the 141 positions in Appalachia alone.

1971 SAMA-UTMB NATIONAL STUDENT RESEARCH FORUM

The Student American Medical Association and the University of Texas Medical Branch announce the 1971 SAMA-UTMB National Student Research Forum to be held April 22, 23, and 24, 1971 in Galveston. The Forum is open to medical students, graduate students associated with medical schools, interns, and residents. It is designed to include papers on research in the basic as well as clinical sciences, and features the Mead Johnson Awards. For further information and application form, write:

1971 SAMA-UTMB National Student
Research Forum
SAMA Office
Room 122 Keiller Building
The University of Texas Medical Branch
Galveston, Texas 77550

NATIONAL HEALTH INSURANCE: Part II

This is the second in a series of articles on National Health Insurance. This article suggests certain criteria for you to use when evaluating the numerous National Health Insurance proposals. All too often one hears the comment that "national health insurance is national health insurance." Thus any NHI proposal is allowed to remain thought of as either socialized medicine or just another attempt to infuse more money into an antiquated system. An analysis of the proposed bills through the use of the suggested criteria will quickly point out the fallacy of such thinking.

The criteria may be summarized as follows:

- (1) Goals. A national health insurance should attempt to provide adequate health care for all Americans. This does not imply that it should provide all health care nor does it imply that it should be completely free health care. It means that no one should go bankrupt because he happens to get sick. It also means that the indigent should have the same access to care as the more fortunate when he becomes sick.
- (2) Acceptability. A national health insurance should promote consumer and provider interaction. If needed care is to be provided to an area, the consumers of that area must have means by which their interpretations of their needs can be made known by participating in the planning. They then have a vested interest in making the delivery structure successful and responsive. This is not to say that the community wants to tell the doctor how to give an immunization; it simply means that there needs to be a mechanism through which the PTA can make it known that it thinks the community lacks preventive medicine in the form of immunizations.
- (3) Efficiency. A national health insurance should encourage delivery arrangements which have within their framework mechanisms which reduce the unnecessary use of health services, principally in-patient hospital care. Physicians and hospitals are going to have to be accountable for their use of resources and services - Who they will be accountable to needs to be examined in each proposal. It is here that peer review, justification for procedures, rate setting, and capitation are discussed. The degree to which strict cost accountability is adhered to will reflect the degree to which the present delivery system will have to change.
- (4) Incentives. A national health insurance should provide incentives for efficiency, self-regulation, and accountability. Edicts from government officials will not change habits; sanctions will only alienate the providers of care.
- (5) Consumer's Share. A national health insurance should encourage the consumers of care to be responsible in their use of services. Above and beyond the amount paid by the consumer through employee and general revenue tax, he should participate financially at the time he is receiving the service.

- (6) Timing. A national health insurance and the benefits it brings must not be simply dropped onto the present delivery system. Provisions should be made for phasing-in programs and benefits in order to avoid a massive breakdown due to corresponding increase in demand. Resources are fixed in the short run and national health insurance must take into account the lag time in gearing up for these services. Such insurance is an experiment. If at the end of the experiment we have again failed, let it not be because we heated the pot too quickly.

The next article will analyse the five national health insurance proposals currently under discussion in Senate Subcommittees. The analysis will be carried out on the basis of previously discussed criteria.

John G. Meyer, MS IV

LETTERS



To The Editor: Your issue of October 12 is provocative and interesting - as it should be.

I'm provoked by Donald Houghton's sneering comment on Dr. Hyde. I do not agree with Dr. Hyde on all subjects but I've found him to be utterly sincere in his beliefs. And he has always had guts enough to stand up for his beliefs, even though he has frequently been in a very small minority. Therefore, I respect him.

I'm interested in the report by John G. Meyer. He has condensed his material well and his observations are valid. His readers might be able to follow his thought to somewhat better advantage were he to distinguish between medical care and health services. Medical care is provided by physicians and the fact needs to be kept in mind when we are discussing the various schemes that are being presented to us. All other services provided to the ill, injured, and distraught, is health service.

Sometime, I should like to discuss with you the subject of medical care and what it really is, but I think we owe ourselves, and the public, clear distinction between medical care and health service.

Herbert L. Hartley, M.D.
Editor, Northwest Medicine

Into the cosmos
 of the colors of alive
 I will fly
 with wild abandon
 while with a whip-cream smile & whistling
 time trips in
 to orbit with me
 mercurial & quick-silver slick
 as if to conceal
 the real scarlet rhythm
 & to reveal a meaning
 to its strident golden chime
 But - care I not
 for the sawdust nose of time
 but for its violent emotions
 its smooth & silent motions
 & for the purple-violet ears
 raised to hear
 the shearing of the honey from the clover
 & for the orange-crimson eyes
 gazing wide
 as the lusty ocean
 meets the blazing Helios
 & swallows golden
 consuming they the light
 & the colors as of the sky

Laurie Moore, MS II

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