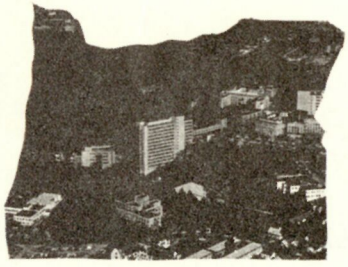


THE PULSE

Vol. 6 No. 13 University of Oregon Medical School November 20, 1970

An interesting article appeared recently (October 2, 1970) in Life, entitled "What Doctors Think of their Patients." Some physician poll responses: Most irritating patient habit - telephoning about every minor ache and pain. Family conflicts are the most frequent cause of hypochondric and psychosomatic ailments. Major ways that patients damage their health: smoking, eating and drinking too much...

In a recent article in Hospital Physician the occupational hazard of drug abuse for doctors was examined: "Peter L. Putnam, a psychiatrist at the National Institute of Mental Health, believes a high proportion of medical students are fooling around with amphetamines. Recently he had an opportunity to discuss the problem of drug abuse with medical educators from approximately 50 medical schools and teaching hospitals throughout the country. I was concerned with their estimates that large numbers of medical students - up to 90 per cent at some schools - were using amphetamines at least occasionally. I was told that large numbers of students exhibited the signs and symptoms of amphetamine use during exam periods"

Hospital Physician
October, 1970

Francis Moore, M.D., Professor of Surgery at Harvard, in an article about the ethics of therapeutic experimentation in cancer research states: "Finally, restrictions and guidelines can become so rigid that society risks a static science in which the scientist (biologist, clinician, physician, surgeon) is constantly bombarded by criticisms, suits and penalties.

This problem, more than any other feature of our topic, is a matter of public relations, the public image, and the willingness of those in the scientific establishment to stand up and be counted on the side of intelligent therapeutic innovation carried out in an ethically acceptable setting. A large segment of the public, possibly lacking educational opportunity, may always be biased by bitter experiences with biomedical science, and perhaps biased without such experiences. These people will cry 'guinea pig' when they hear of anything new being tried by doctors. It is but a step from this antirationalism to congressional unease with 'what's going on in our hospitals and laboratories,' restrictive legislation, inspection of laboratories and hospitals, the establishment of external review boards and finally stifling of effort."

Ca-A Cancer Journal for Clinicians
July/August 1970

NEWS FROM NATIONAL SAMA

DR. MARTIN LUTHER KING, JR. HEALTH CENTER

The Dr. Martin Luther King, Jr. Health Center is an OEO demonstration health care project established in the South Bronx, New York. It has operated for five years and is a cooperative project under Dr. Martin Cherkasky of the Montefiore Hospital at Albert Einstein. The Center has several innovative aspects. First, it has developed a concept of team care in which doctors, nurses, and family health workers cooperate in the care of families. Each team has its own area in the Clinic and its own group of families. Second, the Center has developed the concept of training people from the community to run the health care center. The center has trained them for many of the clerical and technical tasks in addition to many of the skilled and managerial jobs. The Center is also anticipating embarking upon the training of new kinds of personnel for the health care field.

A. Social Medicine Internship - The growing awareness and interest on the part of medical students in community health problems has not been well matched by the availability of house staff training in pertinent areas. Recently, however, there have been some attempts to correct this situation. One of the attempts was initiated through the Montefiore Hospital and Medical Center in the Bronx in New York City. Through a combined program involving the medical center, the department of social medicine, and the Dr. Martin Luther King, Jr. Health Center, an internship and residency program in social medicine has been initiated. This program is described in two articles which appeared earlier this year:

1. "House Staff Training in Clinical Social Medicine," by David A. Kindig, MD, PhD and appeared in the January 1970 issue of The New Physician 19:43-45.

2. "Training for Social Medicine," by Harold Wise, MD which appeared in the August 1970 issue of Postgraduate Medicine 48:183-187.

B. Community Health Advocacy - Another major activity of the Dr. Martin Luther King, Jr. Health Center is community health advocacy. Two documents which describe the problems and their solutions are:

1. "Community Health Advocacy." This excellent paper describes the problem and some goals for a program.

2. "Interim Report of the Community Health Advocacy Department, Dr. Martin Luther King, Jr. Health Center." This document provides a full description of their activity in patient advocacy, housing, schooling, narcotics, health education, training and health related lay advocacy.

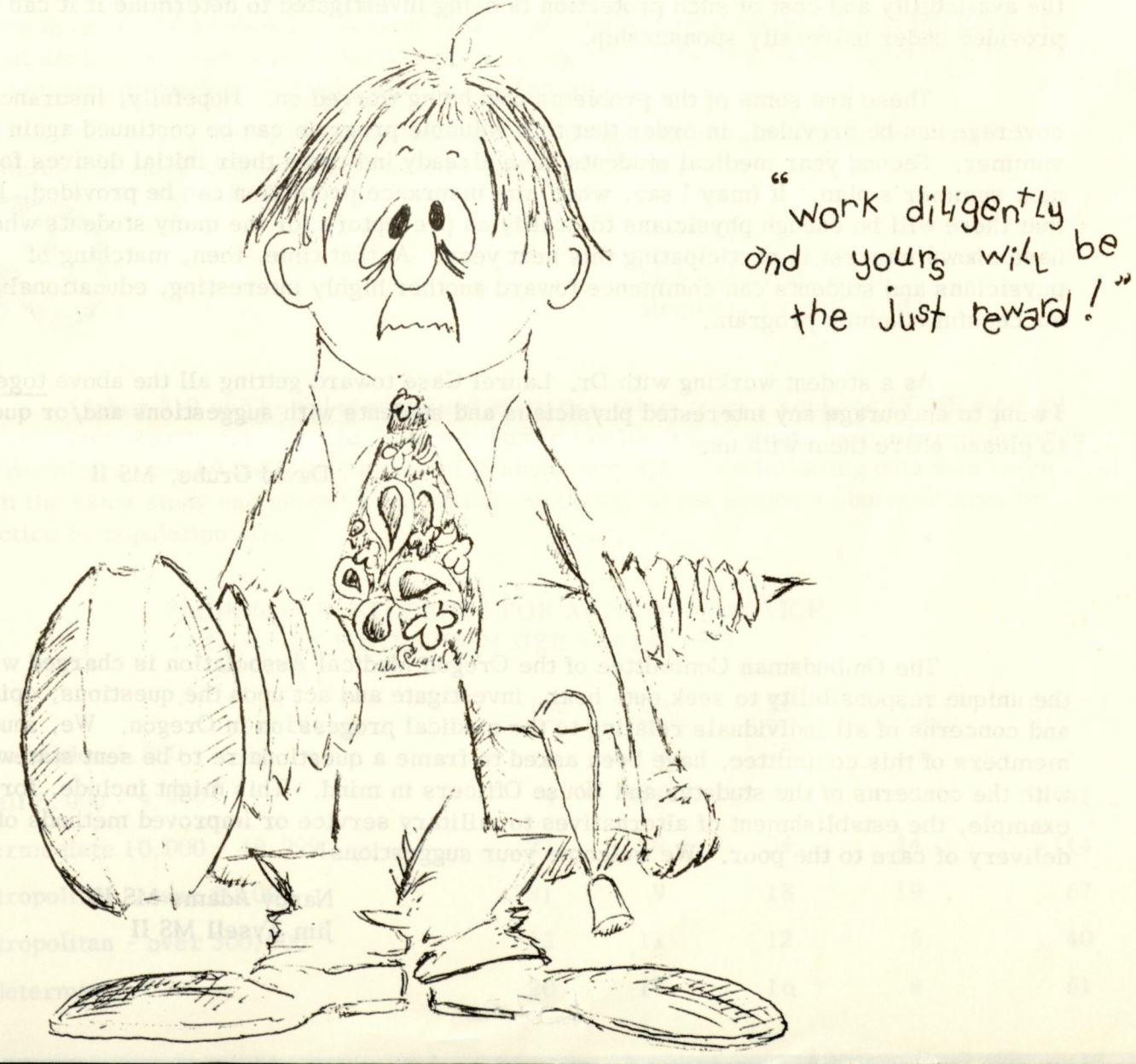
C. Discussion of the Eligibility Requirement - The Dr. Martin Luther King, Jr. Health Center, as well as several other OEO health care demonstration centers, was subjected to new rulings concerning eligibility for care. This document describes the means test and the pressure from OEO to capitulate.

(All the above articles are available by writing to SAMA.)

URBAN PRECEPTORSHIP

Quentin D. Young, MD has developed a three-month course for health science students which scrutinizes the health care power structure and stimulates career choices in favor of the poor, the black, and the aged. Dr. Young developed the urban preceptorship under a grant from the Carnegie Corporation in New York. He is an Assistant Professor of Preventive Medicine and Community Health at the University of Illinois and a past chairman of the Medical Committee for Human Rights.

Students interested in the urban preceptorship, should contact the Urban Preceptorship Program, Room E832, M.S.A., University of Illinois Medical Center, Box 8998, Chicago, Illinois 60680.



PRECEPTORSHIPS?

Two "Pulse" issues ago Jim Allen, MS III shared some expressions of medical students who participated in last summer's Preceptor-Externship Program. It is my purpose here to inform interested students and physicians about our progress toward next summer's program, especially in order that we can keep all channels of information and communication open, to facilitate continuing this great program.

Before the plans for this next summer can be initiated, some means of assuring professional liability insurance protection for all participants must be found. This involves many complex parameters, hopefully all of which are now being considered. Because medical students are legally considered non-professional persons by the insurance carrier Oregon M. D. 's employ, any legal case brought against a summer medical student in the program could result in the organizer of this program being held legally liable. Dr. Laurel Case (Head, Division of Family Practice, UOMS) has volunteered to help us obtain physicians as preceptors and otherwise organize this year's program if the professi onal liability problems can be solved.

Naturally, no one person could possibly shoulder this great responsibility; so the availability and cost of such protection is being investigated to determine if it can be provided under university sponsorship.

These are some of the problems now being worked on. Hopefully, insurance coverage can be provided, in order that this valuable program can be continued again this summer. Second year medical students have already indicated their initial desires for next summer's plan. If (may I say, when) the insurance protection can be provided, I feel that there will be enough physicians to qualify as preceptors for the many students who have shown interest in participating this next year. At that time, then, matching of physicians and students can commence toward another highly interesting, educational and successful summer program.

As a student working with Dr. Laurel Case toward getting all the above <u>together</u>, I want to encourage any interested physicians and students with suggestions and/or questions to please share them with us.

David Grube, MS II

The Ombudsman Committee of the Oregon Medical Association is charged with the unique responsibility to seek out, hear, investigate and act upon the questions, opinions and concerns of all individuals relating to the medical progession in Oregon. We, student members of this committee, have been asked to frame a questionaire to be sent statewide with the concerns of the studetns and House Officers in mind. This might include, for example, the establishment of alternatives to military service or improved methods of delivery of care to the poor. We welcome your suggestions!

Nancy Adams MS III
Jim Tysell MS II

To The Editor: I address this to you, as an open letter to Mike Mundell, President of Oregon SAMA in response to his opinion solicitation of SAMA members.

Dear Mike, Thanks for the request for my opinions.

I often get the feeling that SAMA could be better written sAMA. In the big get-togethers that SAMA stages, the students are a small part of the leadership. Take for instance the West Coast conference that took place in Seattle last year. The speakers there were almost exclusively doctors. Not only that but the discussion groups were led by doctors and were programed to follow a pattern set up by another doctor. Medical education constantly attempts to perpetuate the idea that students don't have good ideas and that only someone with his name hung on an M.D. does. Personally I think that is bull shit. I didn't join a student organization to listen to doctors. I already do that for endless hours Monday through Friday. If we are to stop being student niggers, we have to start believing in ourselves. Meetings of student organizations should feature student speakers. When the AMA meets, are the great majority of their speakers students? No, they listen to other doctors. When the SAMA meets we should be listening to other students, not doctors. Doctors may attend and offer their point of view but the student voice must be given priority. Doctors should not be considered part of the group nor should the meeting be set up to glorify their image. Even if the SAMA has doctors speak who support the student point of view we are still falling into a trap. In that case we are justifying our ideas because they are those of a doctor. Justification of student ideas should first be looked for in the fact that they are student ideas. It may be useful for us as students to seek out doctors to further our ends within their organizations, but we must not look to them for leadership within our own organizations.

Let all medical students lift at least their minds from the nigger status and start believing in themselves and each other.

Sincerely,

Joel Matta, M. S. II
Member, Oregon SAMA

Issue #10 of The Pulse contained statistics taken from a study on UOMS medical students last year by Dr. Harold Osterud, Public Health Department, indicating preference in area of practice by the four classes of students overall. The following data was taken from the same study and gives an indication, by class, of the students choice of area of practice by population size.

CHOICE OF STUDENTS FOR AREA OF PRACTICE
BY POPULATION SIZE - UOMS 1969

	1st	2nd	3rd	4th	Overall
Rural under 5,000	1	5	5	2	13
Small 5,000 - 9,999	9	17	9	7	42
Intermediate 10,000 - 49,999	27	29	34	24	114
Metropolitan - over 50,000	21	9	18	19	67
Metropolitan - over 300,000	12	11	12	5	40
Undetermined	20	17	16	8	61

i could feel you coming
long before you came
each day a prelude for the next
as if you could not decide
to begin, or to end
i could feel you going
long after you had gone
time did not exist in me
for i could remember
how deeply you had moved me
i can feel your presence now
but why have you changed?
was it not enough
to be
the old
summer
winter
spring
and
fall?

Arthur Livemore, MSII

The Pulse - Office OPC 4352

Coordinating Editor: Bud Nicola
News Editor: Jim Tysell
Distribution: Glenn Morgan

Editorial Staff: Wayne Burton, Joe Rapp, Ken Ampel, Dan Thompson, Marilyn Rudin
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University of Oregon Medical School
3181 S. W. Sam Jackson Park Road
Portland, Oregon 97201