



THE

PULSE

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Any Student or House Officer who would like to contribute any material or work in any other capacity with The Pulse, please contact Bud Nicola through the campus mail.

Draft Call? "Despite rumors that a draft call for doctors is in the works for next year, there is a better than even chance that the Berry Plan will amply replenish military-M. D. ranks. A Defense Department official declares that no move to draft doctors will be made before mid-January, when Berry-Planners accept their commissions--and 'the plan is in full swing.'"

Hospital Physician
November, 1970

Smoker's Paradise. "Although the life expectancy of a new-born child in the U. S. has increased by 11.2 years since 1920, the life expectancy of American men who have reached the age of 40 has increased by less than two years. Men in their thirties living in such poor countries as Albania, Costa Rica and Portugal now have longer life expectancies than American men of the same age. Various hypotheses have been offered to account for the virtual halt in the extension of life expectancy for middle-aged men in the U. S. and Britain: obesity high-fat diet, lack of exercise, stress accompanying urbanization and even genetic susceptibility. After reviewing death statistics in 17 nations Samuel H. Preston of the University of California at Berkeley has concluded that by far the strongest factor limiting the life expectancy of adults is cigarette smoking. His findings are published in a monograph, "Older Male Mortality and Cigarette Smoking: A Demographic Analysis."

Scientific American
October, 1970

Rights of the Unborn: Two Pittsburgh physicians are seeking to defend "the rights of unborn children" in a court battle involving "therapeutic abortions" performed at a city hospital.

John J. McCarthy, M. D., and Richard McGarvey, M. D., both obstetricians and gynecologists, asked permission to intervene in a case in which the constitutionality of Pennsylvania's 30-year-old abortion law was challenged.

"The unborn child should also be represented by counsel," said Frank Conflenti, attorney for the physicians. "Scientific evidence ought to be presented that the fetus is entitled to live."

American Medical News
November 30, 1970

Editorial:

REVOLUTION? EVOLUTION!

"what is new and significant must always be connected with old roots, the truly vital roots that are chosen with great care from the ones that merely survive"

Bela Bartok

In a recent editorial in the Journal of Chronic Disease (article p.), Dr. Ralph Crawshaw comes to the following conclusions: "As in any successful evolutionary process, all parts of the organism are placed under stress and those parts which lead to contemporary strength are retained in the least altered form. It is apparent that the medical profession is in a period of organic change, testing and reinforcing those ethical values of the past which continue to serve the patient of today."

Change is indeed in the wind - innovations on the level of national and regional health care delivery systems, in medical education, student-run clinics, government medical programs, technological advancement. It is also apparent that only those programs and principles which are both beneficial and feasible to doctor and patient will remain unscathed. One may research the needs, plan a course of action, anticipate the unseen pitfalls, and critically examine the workings of the system; in the end, time is the critical judge.

All too often, however, the vast majority of us participate only in the critical stage; we do not investigate or plan, we merely kibbitz about what should be changed, about what "they" should do. It is therefore impressive and exciting to see a group of students who have participated in the planning and action phases of a project. Such was the experience of those who attended the recent Conference on Migrant Health Projects in Portland on the 21st of November where programs from around the nation, established and staffed to a great extent by students, were presented and information exchanged by participants. Projects and student involvement varied: a three year old volunteer Friday night clinic near Muscatine, Iowa with funding for two summertime preceptors doing follow-up studies; a four times weekly clinic service 300 Chicano families in Livingston, California; a project in the Yakima Valley which will be managed by a Community Action Council and directed toward acute care (students mostly in educational and interviewing positions); a project in Kansas City covering a migrant population of 8,000 over a 10,000 square mile area with 27 weekly clinics; a county-administered program in Virginia; a project in Albuquerque, New Mexico, which is still in the planning stages; clinics in Monroe County, New York, which use students as community organizers; a community-run clinic in Imperial Valley, California, with full-time staffing and HEW funding; and finally, one of the more impressive projects in terms of student organization and clinical treatment, the Stayton project planned by students from UOMS.

The test of time will take its toll. Some of these projects are already in trouble - inadequate or faulty funding, staffing, poor community relations; others are expanding next summer to include nursing students, dental students, pharmacy students, more medical students and better preventive care.

(continued on next page)

At the final meeting of the Conference discussion groups presented suggestions for stable funding, for sources of proper facilities and supplies, for better community relations. As obstacles and strategies were again rehashed, one member spoke up, "We won't have to bother with any of these problems after the 'Revolution.'" Everyone laughed. Change had already begun.



OVERHEARD (And best Forgotten)

Actual recordings of those daily comments which have enriched the lives of a few - and constipated many.

In the Cafeteria

- A. This place grows on you.
- B. Yeah, something like a beta hemolytic strep.

In the Classroom

Prof. Doctor, can you tell me what "oid" means?

Student ????

Prof. If I told you Winston tastes good "oid" a cigarette should, what would you say?

Student I'd say you had bad grammar.

Prof. What do you want, good grammar or good grades.

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THE MEDICAL OATH Change and Meaning

The following excerpts are taken from a study, "The Contemporary Use of Medical Oaths," done by Dr. Ralph Crawshaw of Portland, published as an editorial in the Journal of Chronic Disease 1970, Vol. 23, pp. 145-150 (reprinted with the author's kind permission).

"In an age prone to look to the future, it is wise to remember that perspective, which includes looking backward as well as forward is an even greater attribute for a physician. The purpose of this paper is to measure the actual use of one of medicine's links with the past, the medical oath. To this end, the deans of 97 medical schools in the United States and Canada were surveyed for the use of medical oaths by the graduating class of 1969."

Dr. Crawshaw goes on to give a brief review of the history of medical oaths which are as ancient as the written history of both India and Egypt. The Hippocratic oath (c. 400) was the first cast of our contemporary expression; the oath "represents freeing medicine from religion, that inestimable gift of the Greeks." The medical oath continued into the Middle Ages and was incorporated into the ritual of the university where today it stands "not as an anachronistic tradition but as the keystone for medical ethics."

"Today this vehicle is under a twofold stress. The first is to respond to expanding scientific knowledge which carries the implication that all human values are relative to the matter at hand. For example, is the individual more worthwhile alive or as a donor of a vital organ? The second stress is the expanding political-economic system which carries the implication that all human values are relative to the group they occur in. For example, is the profession more worthwhile as a service to patients or as a latter day guild intent on self preservation by political action?"

"What the oath means to individual physicians is not a direct part of the present study. However, it is assumed that for most physicians swearing a medical oath is a point of witnessing what is true ethical behavior. The act remains for them a measure of right and wrong in their day to day practice of medicine."

There appear to be "four primary points of a medical oath, (1) Personal Commitment; (2) the primary concern for the patient's welfare; (3) the need for confidentiality; and (4) abstention from wrong doing."

Summary: "Two facts emerge from this study of the use of medical oaths by the medical schools of North America. First, there has been a trend during the last 10 years for more medical schools to use medical oaths, with more than 90 per cent of the United States medical schools now using them. Second, there has been a shift from the use of idiosyncratic medical oaths to the three standardized forms.

Conclusions: "The present pressures besetting the medical profession to change are real and intense. Though there are those who criticize the change as occurring too slowly it can be seen that in part the change is a process of considered deliberation by students and teachers of medicine to carry forward the best of the past. As in any successful evolutionary process, all parts of the organism are placed under stress and those parts which lead to contemporary strength are retained in the least altered form. It is apparent that the medical

profession is in a period of organic change, testing and reinforcing those ethical values of the past which continue to serve the patient of today.

African Preceptorships and Externships

Addresses of Matching Organizations:

1. AMDOC, Inc.
19-C E. Canon Perdido Street
Santa Barbara, California 93101

Non-profit organization that matches Dr. 's and students with overseas hospitals.
2. S. A. M. A.
Myra Foster Davis
National Exchange Officer
2635 Flossmoor Road
Flossmoor, Illinois 60422

SAMA's exchange program -- \$20.00 fee.
3. Individual Doctors: Don R. Morrill, M.D.
Mosvold Mission Hospital
Ingwavuma, Natal
Republic of South Africa (Juniors only)

John E. Zook, M.D. (General Surgeon)
B. P. 619 Tshikaji
Luluabourg, par Kinshasa
Rep. Dem. du Congo (Sophomores or Juniors)

Guy Daynes, M.D.
Medical Superintendent
St. Lucy's Hospital
P. O. St. Cuthbert's
South Africa (Externship program mainly for Juniors)

Transportation

(In decreasing order of expense)

- | | | |
|----|---------------------------------------------------------------------|------------|
| 1. | Round trip ticket from Portland to Kinshasa (Congo) | \$1,268.00 |
| 2. | Ninety day excursion flight from United States approximately | 1,000.00 |
| | Ninety day excursion flight from London approximately | 645.00 |
| 3. | Oregon State Schools charter flight to London | 263.00 |
| 4. | Missionary charter flights from London to Nairobi (round trip) | 288.00 |
| | Missionary charter flights from London to Johannesburg (round trip) | 408.00 |

Address: Crusade Travel
P. O. Box 4RH
111 Osford Street
London W. 1. A. England

Michael Merrick MS III

- 5. Immigration to South Africa (one way only) approximately 30.00
No obligation regarding length of stay in South Africa

Address: South African Consulate - General
360 Pine Street
San Francisco, California 94104

FROM THE DATA BANK

The average amount spent for living and educational expenses by students attending medical school in 1967-68 was \$4,394. For single students the average was \$3,421 and for married students the average ranged from \$5,727 for those with no children to \$6,310 for those with two children or more.

These figures are from a survey of medical and osteopathic students in U.S. schools made by the Bureau of Health Manpower Education of the National Institutes of Health in cooperation with the Association of American Medical Colleges and the American Association of Osteopathic Colleges. The results of the survey are revealed in a new publication, How Medical Students Finance Their Education. The findings update an earlier study made prior to the implementation of the Health Professions Educational Assistance Act of 1963.

Medical and osteopathic students utilized a number of sources to meet their school and living expenses. About one-fourth of medical students' income was supplied by their families as gifts and loans, and an additional one-fourth came from their own earnings and savings. Married students relied heavily on their spouses' earnings, the contribution from this source ranging from one-fourth of total income for married students with two children or more to more than one-half for those with no children.

A CHRISTMAS ART AND CRAFT FAIR, sponsored by SAMA and WASAMA, will be held at the OMA Headquarters at 2164 SW Park Place. Works by 14 of Portland's top artists and medical students and their spouses will be shown. Included will be sculptures, paintings, prints, tapestries, pottery and boutique items. This will be a great opportunity for some last minute Christmas shopping. Prices are great for the least affluent medical student and the most affluent MD alike. The proceeds, if there are any, will be used by SAMA and WASAMA to send representatives to the National Convention in St. Louis, this spring. Time: Friday, Dec. 18 from 7:30 PM until 12:00 PM, and on Saturday from 10:00 AM until 5:00 PM. All STUDENTS, FACULTY, AND EVERYONE ELSE ARE INVITED TO ATTEND.

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