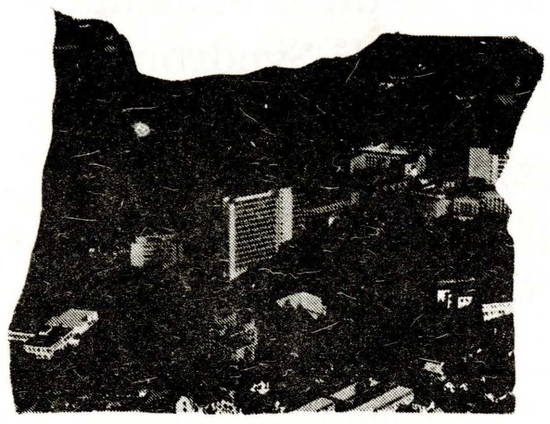


THE PULSE

Vol. 7, No. 6 SAMA Chapter, University of Oregon Medical School May 3, 1971

The Physician Shortage: Help Now Available!

The federal government now has the authority to expand the US Public Health Service to provide direct medical and other health care services in ghettos and rural areas where there are shortages of physicians and other health personnel.

The HEW Secretary has the responsibility of determining, after consultation with local officials and health groups, what areas need such a program. He then can assign PHS personnel there, after receiving a request from a state or local health agency or other public or nonprofit private health organization and a certification of need from the state and local medical society.

The success of the act depends on the vigor with which it is implemented and students can play a direct role in its successful implementation, as they did in securing its passage. Specifically, students can stimulate this activity by:

1. INFORMING LOCAL GROUPS, HEALTH AGENCIES OR PRIVATE HEALTH ORGANIZATIONS OF THE ACT.
2. ENCOURAGING THESE LOCAL GROUPS TO REQUEST PERSONNEL FROM THE SECRETARY OF HEW.
3. SECURING AN ACCOMPANYING CERTIFICATION OF NEED FROM THE MEDICAL SOCIETY.
4. SENDING COPIES OF ALL CORRESPONDENCE TO THE APPROPRIATE CONGRESSMEN.

SPECIAL: This issue of The Pulse is being extended to all members of the OMA. In blunt terms, it is a "last ditch" effort to raise backing for this publication through subscriptions. We have been striving to provide an open forum for medical student-physician interaction and we truly believe our present subscribers feel our cause worthy of continuation. Students are very eager to be exposed to happenings of community medicine and if you are concerned about medical education and wish access to news of students and their plight - consider subscribing to The Pulse!! One year subscription for the modest sum of $6.00. If you wish to help keep "The Pulse beating" complete and send the enclosed subscription form.

Editorial: An exciting discovery was recently made by a group of UOMS students. Actually, they were merely able to elucidate an affliction that has been shared by many medical students for years - probably decades. The temporary term applied to this find - "The Hill Syndrome." The many symptoms and signs included: Headache, depression, apathy, loss or direction, disillusionment, lack of motivation, and seeming estrangement from reality. Of course the symptoms are susceptible to brief moments of amelioration. With the sophistication of the staff that mans this Medical Center, the students find it quite bewildering that this diagnosis has been for the most part missed (or partially ignored).

Why the sudden confirmation of a long recognized problem? This group of students managed to escape from "The Hill" for a brief period of time and attend the mid-year meeting of the Oregon Medical Association. Clad in coat and tie they invaded the convention headquarters at the Dunes Hotel in Lincoln City. They entered, somewhat to their surprise, an atmosphere of acceptance and friendliness and even found themselves the best dressed at the meeting. The air was casual and pervaded by genuine interest for the students and the manner in which students are being educated. Many of the doctors also recalled some of the difficulties, problems and hang-ups which plagued them while in medical school. In most cases, their concerns from past years are still the subjects of consternation at UOMS and most medical schools in the country. As might be surmised, these community doctors were once in the deadly grips of "The Hill Syndrome."

The physicians away from the medical school show a great deal of empathy for the student position; a fact which is not evident to those who are totally locked in this medical complex (which most are) for four years. The doctors, especially in the form of the OMA, are behind student efforts to, at last, make medical education efficacious and in the best interest of the student. The outside backing is there, but to cure this most dreaded syndrome, the real fight must be from within.

l.z.

Quote of the Month

Until our basic commitment is to the teaching of discipline and a rigorous approach to medical problems, instead of non-problem oriented feats of memory, not only will we be unable to take advantage of the enlarged capabilities of the new generation of premedical students and reduce what is now an intolerably long training period but we may also sink deeper into the quagmire of raw information upon which our footing is already insecure. For the number of facts the memory-oriented faculty can impose upon the minds of students is limitless.

Lawrence L. Weed, M.D.

GRAFFITTI

"Profs - Their heart is in the right place, it's their heads that have to be pulled out!"

"Student Nurses - The best ones are like breakfast eggs: Over Easy!"

"Tenure is pathogenic!"

Phil DeLatrine

PULSE-MATE
(Pulse-Riser)
of the Month

"Rrrittenbergs My Name
Rrrreproductions My Game"

SPORTS BRIEFS

The Med-Dent Rackets are undefeated after the first match of the tennis season by way of a cancellation against Reed College on April 22. The next outing for the Rackets will be on Saturday May 1 against Portland Community College at the Portland State University courts. The final two contests of the season will be at Reed College on May 8, and at home against PCC on May 15. Opening serves are at 2:00 PM.

Intramural Volleyball is getting into full swing at the Student Activities Building Gymnasium with league games being played each Wednesday at 6:30 PM and 7:15 PM. After two weeks of combat, the Cardiacs (Interns + Residents) are setting the pace with a perfect 4-0 record. The standings through April 21 are as follows:

	W	L
Cardiacs	4	0
Sea Gulls	3	1
Medical Frosh	2	2
Medical Juniors	2	2
Dental Seniors	1	3

Although the oldtimers have gotten off to a quick start, the long season will probably take its toll; therefore, the fans should look for the youthful Medical Frosh team to best endure the straining season and capture the Volleyball Championship. (The old story of young minds and bodies winning out over the more experienced but aged veterans.)

Cream Cheese

Isn't it odd that doctors aren't expected to be philosophers? We are entrusted by the rest of mankind with the responsibilities of life and death, of birth, of the whys and hows of men's physic and psyche - yet we turn out technicians and unquestioning medicrats with Asimovian precision. Anyone that doubts this to be the case need only look at what the medical profession takes to be important in its future doctors - "what you are taught is what we want you to be" - or the medium is the message.

Bio. I, Bio. II, Chemistry I, Chemistry II, Organic Chemistry, Physics I, Physics II, Calculus . . . and the beat goes on. Once the initiation rite is over, you are granted the role of apprenticeship where you must further demonstrate your staying ability. - Do you mean to stand there in Lecture Room C and tell me that you expect us to Treat The Whole Person, and yet you've never even asked me if I'd read Joyce, or Cummings, or Cleaver? - You can't mean what you say! We are asked to take the most mind pulpating dehumanized courses as our premedical preparation, yet what medical school has insisted on Philosophy, Sociology, or Psychology as prerequisites for admission? (and I don't mean that line that begins: "Of course we expect all applicants to be well rounded, and have a good background in the"). One poem by John Ashbury has done more to make me a good physician than Organic Chemistry ever will.

From the time I first picked up a test tube with the thought of going on to medical school, til today, there has been one basic theme to my medical education; Cream Cheese (Philadelphia Brand)! You know, sterile looking, no offensive odor, a taste no one will puke over. I was even told the other day by one of our doctors that what I should try and strive for in medicine was blandness (his very words), so as not to offend anyone. Well apparently that doctor never asked the woman who waited on a wooden bench all morning to be seen by a medical student (or ten at a time if she was less fortunate) in our clinic if she was offended or not. You bet she's offended, and not so much by my long-ish hair as by the degrading inadequate medical care this hospital and this country offer her. Which leads me to my point: We are not now and never have prepared physicians to CARE FOR the sick. Just as you don't stop war by training good sharpshooters, you can't end suffering by creating good technicians.

There is a pervasive feeling in this country that as we accumulate greater scientific and technological knowledge, better medical care will be the result. Hence in our attempts to produce the "finest" doctors in the world, we emphasize detailed knowledge of biological processes and familiarity with the most modern techniques and equipment. There are probably more students in this school familiar with Marfan's Syndrome than they are with the effects of the high carbohydrate-low protein diets of the ghetto poor they treat. We are taught how to effectively research a disease entity, but not how to follow up the "no show" patient. In other words we're not prepared to give patients the treatment that they need most, but only to offer them the treatment we know how to best deliver. We are bolstered by feelings of real accomplishment as we diagnose a Caucher's disease, those years of training paying off, a personal diagnostic challenge met. Yet we are only succeeding by our own narrow rules of the game. Our infant mortality rate and overall life expectancy remain disgracefully poor.

The answer then as to how to improve medical care in this country does not lie with increased financing of medical projects, ending the war in Vietnam, or even, alas, socialized medicine. The system of medical delivery will remain just as inadequate (though perhaps more sophisticated) with greater government intervention or increased funding as it is today unless there is a concomitant change in the attitudes of physicians. We must radically alter the role of doctor, and to do so we must produce a new breed of physician. This means new criteria for acceptance to medical school, with a real shattering of the myth that a good memorizer equals a good doctor. Finally medical education must be made relevant, and not with token Community Medicine courses, but by an entire redirection of goals. The social context of a person's life is important to his physical well being. His nutrition is important. Pollution and malnutrition are killing more people in this country than Marfan's or Gaucher's disease, or Juru, or Milkman's syndrome . . . It's not funny, and it's not academic - medicine has got to come of age.

by Jim Shames, from Grand Mal, November 1969

The recent Reader Survey in the last issue of The Pulse, taken for some feedback to the staff, had some interesting comments. Among them were the following:

"I find The Pulse too bland - using too many sources like American Medical News or Hospital Physician, and insufficiently provocative or controversial."

"More suggestions by students on how to improve the teaching; comments on successful learning experiences; feedback to the instructors, positive as well as negative!"

"Your presence on the campus is such a phenomenon that I would hesitate to offer criticism. This sort of publication was not tolerable when I was a student at Oregon."

"But I'm sure the medical education is at least 90% the same. (Largely uninspiring, uninteresting and irrelevant.)

"I think it would be to the student's advantage to visit with non-faculty practicing M.D.'s. We don't all bite. We aren't all stupid. And somehow we manage to muddle through and take care of the patient."

" (Students) Don't have time to take advantage of optional opportunities. This should be part of curriculum."

"Lets get the screw out of the student"

the Cathars'is

IT'S A TOUGH LIFE

Physicians are not private people. It is not enough that, as a student, the poor s.o.b.'s must soak up all current information in a bird cage surrounded by professors, peers, and patients. But, on graduation, he must practice in an ever-changing kaleidoscope of new drugs, new diseases, and new social conditions, all the while under the close scrutiny of government authorities, insurance monitors, trial attorneys, TOPS, and the ladies of the Local Order of the Amaranth. And if that faithful beast of burden, the physician's wife, makes any observation of the man of her choice, it must surely include a keen awareness of his fallability. Some of his patients too, with Cosmopolitan or Reader's Digest in hand, hint at grave doubts as to the physician's ability to keep up medically. Other patients, with less insight and in greater need of a father-figure, assign their doctor a certain infallability even extending to non-medical matters, and the mantle of all this wisdom must weigh heavily upon any man conscious of his limitations. Privacy indeed! No wonder that some doctors build a wall of privacy around themselves.

The simplistic physician builds a quarter inch wall of steel around himself and sails the seas of doubt like a battleship; unperturbed by new information from the latest book, undisturbed by an autopsy on a recently dead patient, unconcerned by the possibility that a consultation with a specialist might fill in missing details. To him, it would be heresy to doubt his medical catechism. To such a man, a patient whose complaints are perplexing or merely persistent, or whose economic contributions are less than satisfying, becomes a "pest", and it is easy not to find time for such an one. Yet this man sleeps nights, and takes long weekends.

The more completely honest doctor is painfully aware of his limitations and oftentimes incompetence; he deals with it as best he can, by study, reading, refresher courses, problem-sharing with colleagues, or frequent referral of patients. There is no time for anything else, such as children, family, or fun. He deals with his patients by heding his bets; he mentions every potential diagnosis, every possible form of treatment, and all of the complications of each drug. He shares his responsibility with the patient until the patient loses confidence in himself, his disease, and his doctor. And the doctor, by his own insecurity, abrogates that apparent confidence which gives his pill double power; curative value and placebo effect.

Between these two extremes of medical behavior, each physician must find his comfortable mean. It is not always easy because physicians are not private people. It IS a tough life. There is nothing else like it.

Philip Selling, M.D.

Letters

The following is a letter, in part, from Dr. John Tysell of Eugene, Oregon.

Having been raised in Journalism and having marched continuously in "protest marches" for 35 years, indulge me in a few editorial comments after a solemn warning: Those who protest, and who believe in "putting their money where there mouth is" get into a lot of work. So beware of protestors who chicken and don't follow thru.

"No predominated when SAMA": -- and who may I ask knows how to properly deal with these problems, much less teach them. We desperately need to learn why and how on alcoholism. Do it, then you can teach it. "Experts" on sex counseling? Mrs. Masters learned enough to get a divorce. The best advanced "Sex Counselling" is to be found in the "Golden Rule" and in the 13th Chapter of I Corinthians (Rev. Standard) - but that was a long time ago and "people are different" now. Write a better one and I'll buy it.

Curricula - Everyone agrees "States Rights" are a hang-up for national licensure now. Don't bug the "establishment" into adopting a curriculum which might permanently bar you from moving near your mother-in-law in Florida or California. If we retain the democratic process, I'm afraid that Madras is still a "far piece" from home.

The intellectual gymnastics of "Fable" are nice if we have time. Remember, however, everything we do carries risk. Wipe out DDT and help bury victims of malaria, as I have done. We are not in a "Risk-No Risk" world - but one of horrible choices and alternatives. The "Buck-passing" still stops at the bedside of the dying patient.

I would love to "re-weight" the points in your "adult" game for physicians - but you have already fallen asleep.

May you always "Fly the Friendly Thighs of United."

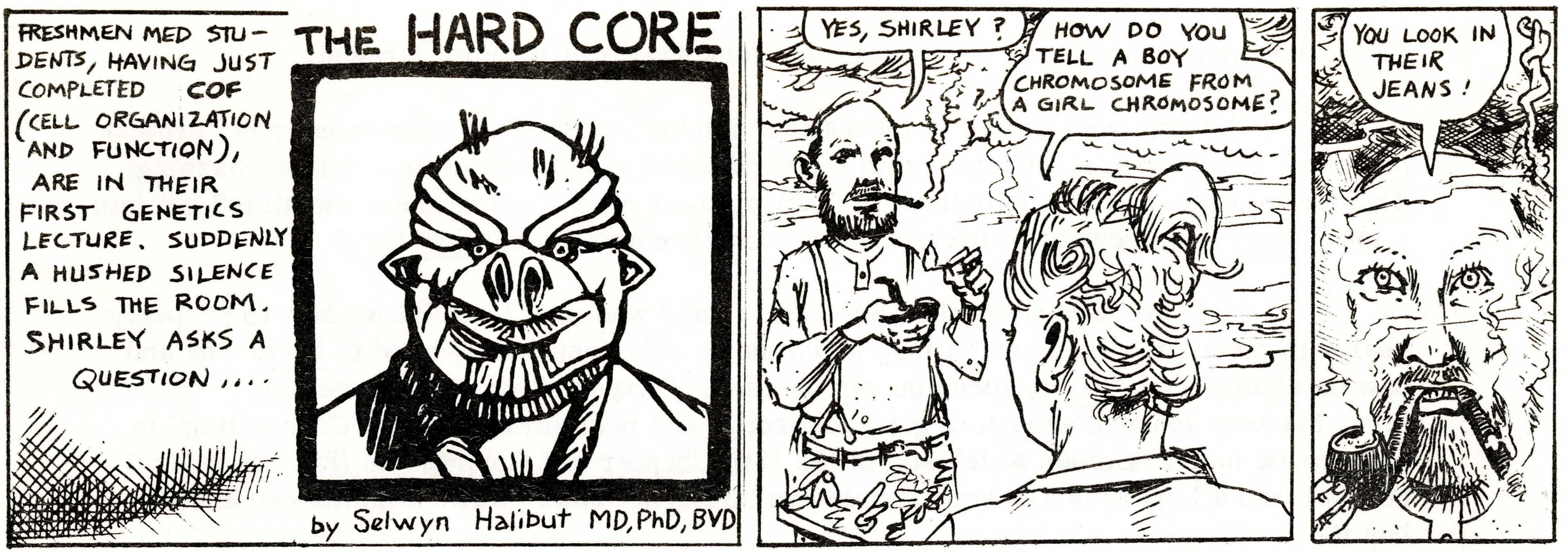
John E. Tysell, M.D.
Past Pres., Oregon Med. Assoc.
Founder of Ombudsman Committee

Still hoping, praying, and believing that you young men are going to do one hell of a lot better job than we have done. But we've tried. And we care - and your're standing on our shoulders and we love it.

JET

THE PULSE - Office OPC 4352

Coordinating Editor: Cody Wasner
Associate Editors: Bud Nicola,
Cline Hickok, Larry Zagata,
Linda Frison, Dave Pearlman,
Lee Davis Hall, Selwyn Halibut



THE PULSE
University of Oregon Medical School
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201