

Bluemle named president of UO health sciences center



Dr. Lewis W. Bluemle, Jr.

Dr. Lewis W. Bluemle, Jr., has been named president of the University of Oregon Health Sciences Center. The appointment, announced July 23 by the Oregon State Board of Higher Education, will become effective early this fall.

Dr. Bluemle will be the first chief executive of the new Center which will combine the medical, dental and nursing schools under centralized administration to allow a coordinated, multi-disciplinary approach to education, research and patient care in the health science fields. Establishment of the Center will coincide with Dr. Bluemle's appointment date.

Dr. Bluemle is currently president of the Upstate Medical Center, State University of New York, Syracuse. He is a 1946 graduate of John Hopkins Medical School and served both an internship and medicine residency at the University of Pennsylvania.

The new president taught at the University of Pennsylvania from 1941 to 1968 and during the same period served as director of the Clinical Research Center, University Hospital, and associate dean of the University of Pennsylvania School of Medicine. He became president of the Upstate Medical Center in 1968.

A former Markle Scholar, Dr. Bluemle is a consultant to the Artificial Kidney/Chronic Uremia Program for the National Institutes of Health, has been a member of the Study Section on Nursing Research for the NIH, a member of the Study Group on Treatment of Chronic Renal Disease, Bureau of the Budget. He is a member of the Advisory Group, Central New York Regional Medical Programs, the board of directors Community Health Information and Planning Commission of the New York State Joint Committee on Health Program Development.

Dr. Bluemle just completed terms as a consultant, Arthritis and Metabolic Diseases Program Project Committee, NIH, and as a member of the Board of Trustees, Educational Television Council of Central New York. He is a member, boards of directors, The Research Foundation of the State University of New York, the Heart Association of Upstate New York, the Health Services Planning Association of Central New York and the Blue Cross of Central New York.

A Phi Beta Kappa, Sigma Xi, and winner of the Lindback Award for Distinguished Teaching, Dr. Bluemle also serves on the executive committee for the Lincoln National Bank Board of Directors and is a member of the Syracuse Symphony Orchestra Board of Trustees, in addition to a number of other professional groups.

Author of 62 articles published in scientific and professional journals, the new Health Sciences Center President is married and the father of four children, a son 16, and three daughters, 14, 10 and 4.

Parrott voted to top AMA post

Dr. Max H. Parrott, Portland obstetrician on the Medical School's volunteer faculty and graduate of the UOMS class of 1940, was voted president-elect of the American Medical Association June 27.

Dr. Parrott, who is an assistant clinical professor of obstetrics and gynecology, is the first Oregon doctor to be chosen for this position.

He will assume presidency of the 158,000-member organization at the AMA convention next summer.



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PSROs will monitor delivery of health care services in U.S.

In recent years a great number of changes have occurred in the nation's health-delivery services spanning the breadth of our complex medical system. The newest, most extensive change in American health-care is the development of Professional Standards Review Organizations, more commonly known as PSROs.

PSRO, mandated by Congress in the Social Security Amendments of 1972, is a federally funded program organized, administered and controlled by professional associations of physicians. Its purpose is to scrutinize the institutional health care provided to federal beneficiaries under Medicare, Medicaid and Maternal and Child Health programs. PSROs are to be set up by 1976 according to designated regions throughout the United States.

The PSROs will only review care delivered in institutions and will not cover care delivered in a physician's office, clinic, or other ambulatory settings

unless the physicians in a PSRO request that it do so. The PSROs will not concern themselves with the fees for services charged by physicians or institutions.

The law states that "it is the purpose of this program to assure, through the application of suitable procedures of professional standards review, that the services for which payment (for Medicare and Medicaid) would be made conform to appropriate professional standards for the provision of health care. Further, these services must be medically necessary, and the length of stay within health facilities will be regulated according to regional criteria. The quality of care provided under these circumstances must meet professionally recognized standards of health care."

In early January, 1974, the Department of Health, Education and Welfare (HEW) designated geographic regions for PSRO development.

The Multnomah Foundation for Medical Care has

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A rescue helicopter descends on UOMS parking lot.

Officials report on recent drill

As an aftermath to the city-wide disaster drill in which we participated June 8, UOMS officials and the Oregon Air National Guard have submitted reports of the Medical School's performance during the drill. Strong points, problems, and avenues for improvement were discussed.

Dr. Joseph Vander Veer, Jr., director of emergency services, commented: "The drill generally went very well. Miss (Marla) Clark (director of volunteer services) is especially to be commended for her performance and for that of her volunteers, without whose help we would never have been able to carry it off."

Dr. Vander Veer observed that there is room for improvement in the contents on the face of the "triage tags" which were attached to victims. These tags are color coded according to urgency of the wounds, and help officials at the disaster site and at the hospital to sort victims and treat those most seriously afflicted first. Dr. Vander Veer found the information on the tags "inadequate."

The emergency director also noted that "the two

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Presidential search committee ends eight-month assignment

The committee selected by the Chancellor of the Oregon State System of Higher Education to nominate candidates for the Presidency of the University of Oregon Health Sciences Center finished its primary assignment on May 21.

It had met continuously from September 6.

In completing its assignment, the Presidential Search Committee, while running about six weeks behind its informally adopted time schedule, had carefully reviewed backgrounds of nearly 200 of the individuals suggested to it, had brought eight potential nominees to the campus and had visited another.

In the 8½ months, committee members missed only a few Fridays—meeting, with brown bag lunches, from noon until 2, 3, 4 or 5 o'clock. More than thirty regular meetings were held as well as subcommittee and interviewing sessions.

Lieuallen described task

The members of the Presidential Search Committee were appointed by Dr. Roy E. Lieuallen, Chancellor, from names recommended by the deans of the Medical, Dental and Nursing Schools. The interinstitutional committee included representatives of the faculties of the three schools, administration, nonacademic staff and the community.

It was at the initial meeting of the committee that Dr. Lieuallen described the task of the group—one of identifying from four to six nominees for the Presidency of the University of Oregon Health Sciences Center any one of whom would be satisfactory to the Search Committee. Once the nominating process is completed, he told the committee, names would go to the Board of Higher Education for the final selection.

Dr. Lieuallen indicated that he would serve as a member of the committee as would two members of the Board—George Layman, Board President, and Edward Westerdahl—for liaison purposes with the Board of Higher Education.

At the committee's second, or organizational, meeting Dr. John Brookhart, professor and chairman, UOMS department of physiology, was elected chairman and Dr. Ralph Merrill, professor and chairman of the Dental School's department of oral surgery,

was named vice chairman. It was then that the timetable was accepted as a guide for committee activities and a budget adopted.

An immediate concern of the group was that the affirmative action policies of the institutions be followed. To be assured that the widest possible circulation be given to information about the opening, the committee solicited names from a wide variety of sources.

Nominations sought

Faculties of the three schools were invited to submit nominations. Letters to all major professional groups and to presidents of all institutions with academic health centers describing the position and inviting the submission of names were sent. In addition, news releases describing the change went to a number of professional publications. Advertisements were placed in *Science*, *Chronicle of Higher Education*, *Journal of the American Medical Association*, *American Journal of Nursing* and the *Journal of the American Dental Association*.

At the same time, one subcommittee immediately set out to examine institutional goals in the light of the proposed organizational structure; no attempt was made, however, to change these statements inasmuch as mission statements of the three schools had been approved by the Board of Higher Education. Another small group went to work to develop guidelines to be used in judging qualifications of nominees. Input for these guidelines, solicited by the committee, had come from numbers of full-time and volunteer faculty and from members of various professional societies. In addition, the committee had meetings with the deans of the three schools.

It was early in these sessions committee members determined that qualities of strong, decisive leadership were among the most important to be sought in a potential nominee.

Strong academic leadership

According to Dr. Brookhart, "From these hours of discussions emerged several shared perceptions which influenced the committee's actions importantly. It was agreed that the search should be directed toward the identification of persons who have demonstrated their capacity to provide strong, forward-looking academic leadership in the health sciences area coupled with experience in high level health sciences complex. It was agreed that these qualities should override considerations based on academic origins reflected in the nature of the terminal academic degree.

"The committee recognized that no matter what the original field of study engaged in, none of the persons sought would have been actively practicing in their professional field for some time. It was agreed, further, that persons sought for must have accepted the concept of the integrated health sciences center and be prepared to fulfill the many roles demanded of a chief executive officer in a complex which interfaces so importantly with a large number of public groups.

Finally, it was agreed that in its own actions the committee must reflect the integrated center concept and its representative make up."

Although the committee was interinstitutional in nature, the degree of unanimity expressed throughout the 8½ months of meeting, was substantial. Agreement came early as to the kind of person who could best serve the new institution as the changes take place.

Committee members' ability to work as a unified whole despite differing points of view, was impressive and due in part to the fact that ample opportunity was given for all facets of opinion to be discussed before a decision was reached. Every matter came before the committee for complete discussion; decisions were not pressed until each member had been heard, until the chairman was sure there was understanding.

Mutual respect grew

As a result of these discussions, committee members held a clear view of the qualities necessary for a president and there was mutual respect among committee members which only grew as the time for selection came nearer.

Screening of the names suggested to the committee began in mid-fall. In all, more than 200 names were submitted along with supporting documents (in one case, a cardboard carton-full). Files grew as material was received and acknowledged immediately with personal letters.

The procedures adopted by the committee worked well and by late fall a list of between 20 and 30 names had been developed from which the final nominees would come. After intensive further investigation, the list was pared to eight, each of whom was invited to visit the campus for two days.

Nominees were evaluated

The committee met with each of the visitors on the first day for an orientation breakfast and for a final dinner at the end of the second day. During the two days the visitors met with approximately 70 people from all three institutions including faculty, administrative, student representatives, civic and professional groups. Each person who met with the visitor was asked to provide the committee with his evaluation of the visitor expressed on a structured questionnaire. These data were important sources of information which the committee used in the formation of its final judgments.

Nominations are now in the hands of the Board of Higher Education which is in the process of engaging in further conversations with nominees. If the Board is successful in making an appointment, the committee's work will be complete.

Other members of the committee were Dr. Laurel Case, professor and chairman of the department of family practice; Dr. William Krippaehne, professor and chairman of the department of surgery; Dr. David Mahler, professor and chairman, dental materials science; Dr. Clifford Melnyk, associate professor of medicine; Ruth Wiens, assistant dean of the School of Nursing; John Doerfler, director of research services; Dr. Louis Percy, president, Standard Insurance Co.; and Joseph J. Adams, UOMS assistant dean. Mary Ann Lockwood was executive secretary.

Group's new grant to eye research brings total contribution to \$80,000

A grant to promote development of new techniques and advanced concepts in the saving of sight has been awarded to the UOMS department of ophthalmology for the 15th consecutive year.

Presented by Research to Prevent Blindness, Inc. (RPB), the \$5000 grant brings the total amount of RPB research money received by the UOMS to \$80,000.

According to Dr. Kenneth C. Swan, chairman of the department of ophthalmology, "The funds have been very important in the development of research, such as fundamental studies on the retina." The retina is a layer of cells that are sensitive to light on the back of the eyeball. Images formed by the lens of the eye on the retina are then carried to the brain by the optic nerve.

In addition, the funds provide research training programs, the ability quickly to follow up new re-

search leads, and freedom to initiate pilot studies, Dr. Swan said.

Dr. Jules C. Stein, chairman of RPB, said work at the UOMS is an example of the increased intensity with which the problem of blindness is being attacked. In a grant announcement, he said, "The school is a part of a growing nation-wide effort to end the tragedy of visual loss. Only through constantly intensified scientific research can we hope to control the unpreventable eye diseases that cause 95 percent of all blindness in the U.S."

THE PERSON WHO GRABS a doughnut and coffee in the morning and a cup of soup for lunch, saving calories for an enormous dinner may end up with raised cholesterol levels, decreased glucose tolerance, and ischemic heart disease, according to a Czech nutritionist.

medical center news

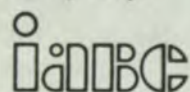
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New summer volunteers

The art of shampooing a bedridden patient was demonstrated to UOMS summer volunteers by Nurses Phil Rector, left, and Betty Charles at a training session June 20. The 73 new volunteers range from the ages of 13 through 45. Most are high school students. Volunteer services recruited them in May with advertisements, letters and applications sent to high school counselors.



It's smiles on patients' faces that count, say volunteers

"I guess I just like to help people," commented thirteen-year-old Jeanne Duff, a new UOMS summer volunteer. "After you've seen someone in bed for a while, and then they get well enough to walk around, it makes you feel good to know you've had something to do with it."

"I enjoy working with old people. I like to talk to them and work with them and see their

faces light up," said 16-year-old volunteer Ruth Schomberg.

"It shows on peoples' faces how much they appreciate us," added Kathy Cornberg, 15.

Jeanne, Ruth, and Kathy are just two of 73 new volunteers, most of them high school students, who are working for volunteer services this summer.

In an orientation class in June they were prepared for their hospital duties. They learned about hospital bedmaking and patient feeding, dressing, and transport. Their job also includes shampooing and manicuring patients, cleaning nightstands, watering flowers, walking patients up and down the halls and running errands for patients.

Cece Connors, acting director of physical therapy, also helped in the training session, instructing volunteers on low-back mechanics and how to transport patients down ramps and elevators, from bed to wheelchair, and from bed to stretcher.

The only requisites for becoming a volunteer are a minimum age limit of 13 and attendance at the training sessions.

Eight of the young summer volunteers are working 40-hour weeks, although volunteers may choose to work any number of hours they wish from 8 a. m. to 11 p. m.

"I like working with people. I like my job, and I think it's something I can do well," said one volunteer, 16-year-old Becky Buhler.

"I talk with the patients. I comfort them before they're going to have an operation," she explained. "You try to get them to have confidence in you, and you try to help them take their minds off their operation. I feel good about what I'm doing."

Volunteers will staff information booth

Volunteer services will soon begin staffing an information desk for patients in the admitting area of the Medical School Hospital. Volunteers Mary Weber and Judy Boyd will be at the desk from 9 a. m. to 3 p. m. weekdays to give information concerning patient room numbers, sort and deliver patient mail, handle phone calls concerned with patient information, and keep families up to date on patients in the recovery room.



Members of the Women's Auxiliary to the Multnomah County Medical Society, Dolores Shipps, left, and Pat Weed, right, presented a service cart to Director of Volunteers Marla Clark in June. Items on the cart are sold to patients and visitors.

City mayor joins volunteers' ranks

Being a hospital volunteer is something new for Clara Strickler.

She's more accustomed to seeing that roads are in good repair, disposing of federal funds, and paying the bills for an entire city.

Mrs. Strickler has been mayor of Johnson City, Oregon, "a city completely on wheels," for more than a year, after being elected to the post by fellow city council members. Johnson City is a city of mobile homes with a population of 400.

In addition to being a mayor and a UOMS volunteer since February, she is also a Webelos leader, and mother of an 11-year-old adopted son. (She already has one grown, married son.)



Mary Carleton, who has been a volunteer since the spring of 1970, has amassed the highest number of working hours of any UOMS volunteer: 1838 hours. She works in the emergency room, and is shown above with Dr. Joseph Vander Veer, former director of emergency services.

Dr. Seaman is NASA advisor

In the weightlessness of outer space, man may discover some of the important answers to questions about human disease.

Research which can be performed well only under conditions of zero gravity will add to our knowledge in such diverse areas as cell immunity (important in organ transplants), leukemia, sickle cell disease, and methods to control the sex of offspring, which are especially desirable in animal husbandry.

Dr. Geoffrey Seaman, UOMS professor of biochemistry and medicine, has been advising the National Aeronautics and Space Administration (NASA) on space research since 1972 when he was appointed to the organization's Universities Space Research Association Committee on Biological and Chemical Separation Processes in Space.

Dr. Seaman explained that one of the most important of these separation processes is electrophoresis which is the movement of a charged molecule or particle through a fluid when an electrical field is applied.

For example, human red blood cells normally carry a negative electrical charge. If a voltage is applied to such cells suspended in chamber, the cells will migrate to the positive electrode (anode).

Almost all biological particles vary in charge and may therefore be separated from the mixtures in which they naturally occur by electrophoresis.

However, on earth, where gravity causes particles to sediment, or sink, in the suspension, the effectiveness of the separation by electrophoresis is compromised. So an atmosphere of weightlessness is ideal for the separation of such particles.

NASA will use his apparatus

Dr. Seaman developed the original microelectrophoresis apparatus which NASA has modified for use on future space flights.

The UOMS professor is also closely involved in biorheological experiments on blood flow planned for future studies in space. Dr. Seaman is secretary general of the International Society of Biorheology and edits the Society's newsletter.

Biorheology is the study of flow properties of biological materials such as blood, lymphocytes, and other fluids from the human body or plants.

When studied on earth, the particles which are in suspension in blood, for example, tend to settle due to gravity. Space offers new possibilities in biorheological research since there is no gravity to disturb such factors as the concentration and aggregation of cells in plasma, the suspending medium of blood.

Dr. Seaman was a research advisor during the Apollo program, and is now advising on experiments to be performed aboard America's joint flight with Russia, the Apollo-Soyuz mission. He will also help outline research for the Sounding Rocket Program and subsequently the joint U. S.-European Space Lab Shuttle System.

Russian, U.S. ships will dock

During the Apollo-Soyuz mission of 1975, Russian and American vehicles will dock in space, and connecting doors between the two ships will be opened. Astronauts from the two countries will perform joint experiments.

The Space Lab Shuttle System, which begins in 1980, will involve an orbiting space lab where scientists will carry out novel research projects. Scientists and engineers will themselves be aboard these flights to monitor experiments and equipment.

Dr. Seaman is involved in the planning of experiments in chemistry and biology for the shuttle program. He commented that although a good deal of basic research will be conducted on board, researchers are also very interested in investigating the practicality of space manufacturing.

"We are actively pursuing the question of whether or not man will be able to produce certain things more successfully in space," observed Dr. Seaman. "If such material can be produced feasibly in a great enough quantity, then we can offset the cost of the launch and equipment."

One chemical research project concerned with space manufacturing involves the containerless processing of metals. Under zero gravity, metal can be melted without a container. Thus, it can be made very pure without contaminants from the container. Such



Dr. Geoffrey Seaman, advisor to NASA on space research, clocks red blood cells moving across an electrical field on an apparatus he designed which has modified for use in space by NASA.

perfect, single crystals of metals will be used in research concerned with the fundamental mechanical, electronic, and magnetic properties of metals on earth.

Another chemistry project to test manufacturing capabilities in space will concentrate on crystal growth for electronic equipment. Since gravity causes sedimentation of particles during the growth of such crystals, scientists have not found it economically practical to grow large quantities of "chips" for electronic equipment on earth. But manufacturing in outer space may solve the problem.

Kidney cells separated in space

In the area of biological manufacturing, an experiment entitled "Electrophoretic Separation of Kidney Cells in Space" will be conducted on the Apollo-Soyuz flight. Dr. Seaman explained that human embryo kidney cells produce urokinase, an enzyme which is needed in large quantities for therapeutic purposes.

Urokinase is important in the elimination of blood clots. One drug research lab has begun a program to isolate urokinase from human embryo kidney cells; however, only about five percent of the cultured cells produce urokinase.

One possible way to obtain enriched populations of these "producing cells" would be electrophoresis since experimenters have found that there is a difference in electrical charge between those kidney cells which produce urokinase and those which do not.

Scientists plan to take a mixture of frozen kidney cells into orbit aboard the Apollo, separate them by electrophoresis, and refreeze the separated bands which will be returned to earth. These viable cells would then be subcultured and used to produce the large quantities of urokinase needed for treatment of patients with pulmonary embolism.

Human, dog, chicken cells mixed

The experiment with which Dr. Seaman is most closely involved is designed to calibrate and check the electrophoretic apparatus and to determine the effectiveness of separations in space.

For this experiment, the red blood cells of a human, dog, and chicken will be mixed, frozen, and transported into space. Since the electrophoretic movements of these three types of cells are already firmly established, the well separated bands which they produce will be used to calibrate the equipment for other experiments.

Another space research project will involve the electrophoretic separation of subpopulations of lymphocytes during weightlessness. Unresolved questions in immunological research await the availability of these subgroups which play roles in antibody formation; cell mediated immunity; the treatment of lymphocyte

leukemia; and the conferring of passive cellular immunity on organ transplant or graft recipients.

Researchers also hope to separate by electrophoresis the X and Y chromosome-containing spermatozoa in space so that eventually the sex of the offspring of various animals could be controlled by artificial insemination.

Between the Apollo-Soyuz mission in 1975 and the space shuttle in 1980, Dr. Seaman will work in an advisory capacity in the Sounding Rocket Program.

This program will involve ICBMs (minus the warhead stage). During their free fall flight, there will be about 10 minutes of zero gravity during which experiments will be carried out. A sidelight of this program is that NASA has agreed to allow Dr. Seaman and other scientist-advisors to launch these rockets.

Dr. Seaman commented that research in space will continue to play an important role in biochemical research. "The possibility of biochemical and biophysical research in outer space has opened up the vista of significant improvements in separation and purification methods. From the molecular to the cellular level, materials produced by life processes generally occur as mixtures of components that are similar in their gross properties but differ in their fine structure in ways that decisively affect their biological functions. Space separation techniques will allow us to learn much more about these functions."

Plan pays for prenatal care

Blue Cross of Oregon is now making benefit payments for subscribers referred to the prenatal diagnostic clinic at the Child Development and Rehabilitation Center. As far as can be determined, it is the only insurer in the state to do this.

Under either the group or the individual program, Blue Cross will pay benefits for services if the subscriber's health plan has either diagnostic X-ray and laboratory or major medical provisions. So that payment will be authorized, the doctor's referral must indicate the need for testing.

The prenatal diagnostic clinic screens unborn children whose mothers are referred to the clinic. Physicians test the amniotic fluid surrounding the fetus to determine the presence or absence of Down's syndrome (mongolism), Tay-Sachs disease (enzymatic disorder), sickle cell anemia and certain metabolic disorders.

Area physicians will establish PSRO's standards of practice

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been conditionally designated as the PSRO for Multnomah County (Oregon Area I). MFMC has initially recruited 35 percent of the doctors in Multnomah County agreeable to participate in the work of the organization. HEW guidelines call for a minimum of 25 percent membership to qualify as a conditional PSRO.

Greater Oregon PSRO (GO-PSRO) has been tentatively awarded the HEW contract to develop plans necessary to qualify as a conditionally-designated PSRO for Oregon counties other than Multnomah County (Oregon Area II). As a result of its initial

membership effort, 43 percent of the physicians in Area II have expressed a willingness to participate in PSRO activities.

A PSRO for "Greater Oregon" was developed instead of multiple, smaller PSROs in order to eliminate the possibility of conflicting PSRO memberships for the physician whose practice encompasses several rural areas. The Oregon Foundation for Medical Care, which includes physician representatives from all Oregon counties, will serve as a coordinating and liaison organization between the PSROs in Area I and Area II.

The Multnomah County PSRO is also the recipient of a Kellogg Foundation grant under the "Private

Initiative in PSRO" program to explore concurrent quality assurance methodology. The purpose of the grant from the private sector is to assure that the aspects of *quality* of medical care are included in PSRO activities.

The local physicians who make up these PSROs will establish the standards and criteria that reflect acceptable patterns of practice in that particular PSRO's area. The National Professional Standards Review Council must approve norms that are significantly different from professionally developed regional norms. Regional norms are based on the previously established criteria of national specialty societies and on the assessment of hospital medical abstract forms.

This functional structure is based upon the premise that physicians are best qualified to determine the necessity and quality of medical services. By the successful operation of these peer-review components of PSROs, the government expects that medical managerial skills will be developed to evaluate the quality of medical care and to effect an efficient utilization of services and resources.

HEW states that the purpose of the program is to improve the quality of care, not to discipline physicians. "If a physician's pattern of practice indicates that he is delivering excessive or insufficient health care . . ." it is the intention of HEW that "his peers in the PSRO will advise the physician and recommend appropriate remedies, such as professional consultation and education. Only in rare cases would sanctions provided by law be imposed, such as suspension or termination of Medicare or Medicaid payments."

Parrott is president-elect of American Medical Association

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Dr. Parrott has been on the AMA board of trustees for the past eight years, and for the six years before that was an Oregon delegate to the AMA house of delegates. From 1960-61, he was president of the Oregon Medical Association. Dr. Parrott began private medical practice in Portland 25 years ago.

After so many years in the front ranks of AMA policy-making, Dr. Parrott says he believes in the "team approach" to medical problems.

But he has some definite ideas of his own about the course that American medicine must take if quality care is to be preserved.

Catastrophic insurance would also be available to everyone, but would be a basic coverage deductible on a sliding scale.

Touching on other medical needs, Dr. Parrott says he intends to work to set up an institute of continuing medical education within the AMA to coordinate and stimulate doctors "to keep up to date" with medical knowledge.

He is proud of the Oregon Medical Association plan that makes continuing medical education a requisite for membership in the organization, and thinks it could be extended, unified and better coordinated.

He is a proponent of better social care as a key to preventive medicine and health, pointing out that poor nutrition, living conditions and neglect can lead to sickness and disease.

Dr. Parrott is only one among several UOMS faculty members who have distinguished themselves in leadership of the AMA. Dr. Ernest Livingstone is chairman of the Council on Legislation; Dr. Huldric Kammer is chairman of the Council on Scientific Assembly; and Dr. Edward Press is chairman of the Council on Environmental, Occupational and Public Health.

Dr. Livingstone is an associate clinical professor of medicine at the Medical School and immediate past president of the Alumni Association. He graduated in the UOMS class of 1951. Dr. Kammer is clinical professor of medicine. Dr. Press is clinical professor of pediatrics and public health and state health officer.

All the sick deserve quality care

Dr. Parrott says all of the sick deserve good medical care, but adds that the first problem that has to be solved is the financial mechanism for making this care available to those who need it. He recognizes the need for some kind of national health insurance program.

The new president-elect believes that doctors can no longer fight for their rights by pretending that all is well with medicine in America. But he doesn't feel that physicians should be manipulated or bound by government restrictions that could endanger medical care.

Dr. Parrott makes it clear that during his administration he plans to push for "more aggressive relations with government officials."

He says he is convinced that doctors have to stand up and be counted, and he says that when doctors "took a hard line" on price controls and on opposing preadmission certification for Medicaid patients needing hospitalization, it paid off.

Fears restrictive health program

His fear that America could "wreck" its good medical system by a headlong rush into an unrealistic and restrictive health program, is a real one.

"We need to be careful that we don't wreck what we have. We must preserve quality medical care for those who need it. The personal doctor-patient relationship is central to good medical care. I think the physician can survive without it. But I'm not sure the patient can."

After helping work out the AMA "Medicredit" bill (one of many health care bills now before Congress), Dr. Parrott is convinced that purchase of insurance policies for the medical indigent is the best program for national health insurance.

He believes that the financing of medical care for the indigent should be on a national level since the states do not have sufficient funds. However, he does not want health insurance financed with dollars "which are first laundered in Washington, because only about 60 cents comes back."

Dr. Parrott would like to see quality control and rate control kept at a local level.

Funds for national health insurance should be raised on the basis of ability to pay, or a tax on unadjusted gross income, he suggests. This would assure that persons with a tax-sheltered income pay their share, he says.

NEWSMAKERS

The conference room in the new medical library at the Cottage Hospital of Santa Barbara, California, has been named after Dr. C. Horace Coshow of the Class of 1930. Dr. Coshow was instrumental in obtaining funds to establish the new library.

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At the Bethany United Presbyterian Church's May Fellowship Day in Tigard, Paula Bingham, UOMS nurse specialist in diabetes, spoke on opportunities in the nursing field open to women and men.

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A test to evaluate the adequacy and functioning of marriages has been made available to the Baker, Oregon, Mental Health Clinic by a team of UOMS visiting psychological consultants. Members of the team, which is sponsored by the American Psychological Association Visiting Psychologist Program, were Dr. Sheila Eyberg, medical psychology resident; Dr. Jeff Steger, medical psychology intern; and Dr. Arthur N. Wiens, professor of medical psychology.

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Dr. William E. Morton, acting head of the division of environmental medicine and professor of public health and preventive medicine, addressed the Western Labor Press Editors Association convention May 17 at a luncheon on the River Queen.

Many physicians are skeptical

Many physicians, however, are skeptical about the adherence to this ideal when an actual physician-PSRO confrontation occurs. Doctors are concerned that however altruistic the intention, the immediate effect of PSRO disapproval will be government termination of payments for those services in question. Moreover, they fear that a long and arduous procedure must ensue to appeal the determination of the local PSRO to the Statewide Professional Standards Review Council and to HEW.

Doctors are concerned that the PSRO program, though ostensibly designed for quality controls, might easily be subverted into a cost-control system.

Many people in the health-delivery service are, in fact, speculating that the primary thrust of PSRO is to cut Medicare-Medicaid costs and, only secondarily, to upgrade the quality of care provided under these programs.

Dr. Daniel Bernstein, Harvard School of Medicine, expressed this view in *Medical World News* (May 3, 1974). "Accelerated inflation of medical costs had the effect of turning the Congressional attention toward the development of legislation aimed at cost containment." Dr. Bernstein believes that "the federal government is concerned primarily with the number of dollars spent, and has placed very little emphasis on the quality of the care delivered. Quality medical care is not synonymous with peer review. A quality-assurance program generally requires a system capable of measuring and evaluating the outcome of the delivery of health services and, when indicated, the process of medical-care delivery," Dr. Bernstein explains.

Other doctors are enthusiastic

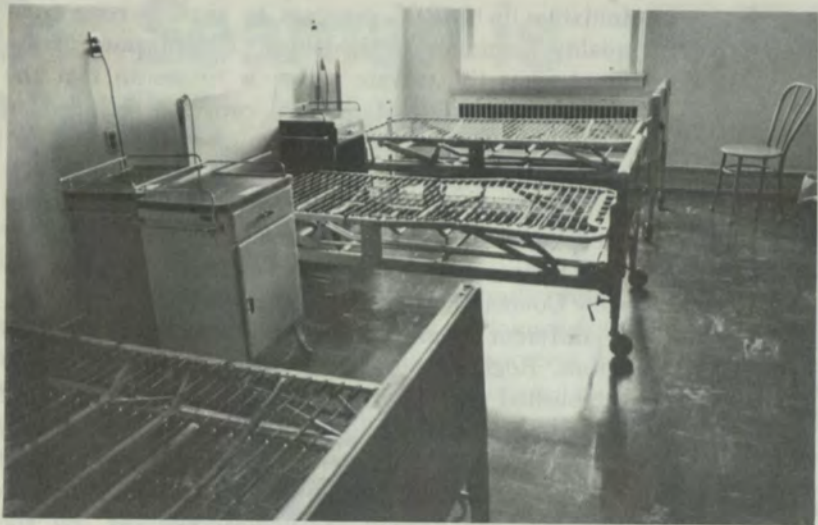
Many doctors, on the other hand, are quite enthusiastic about the PSRO program.

Ray E. Brown, executive vice president of Northwestern University's McGaw Medical Center, expressed this feeling in *Medical World News* (May 3, 1974). "PSROs provide the most feasible and least offensive means for assuring appropriate hospital utilization. The fact that PSROs are nationally legislated will give credibility to their work, something the current hospital utilization review committees have very little of. Physicians can get a great protection out of just formalizing everyday practice."

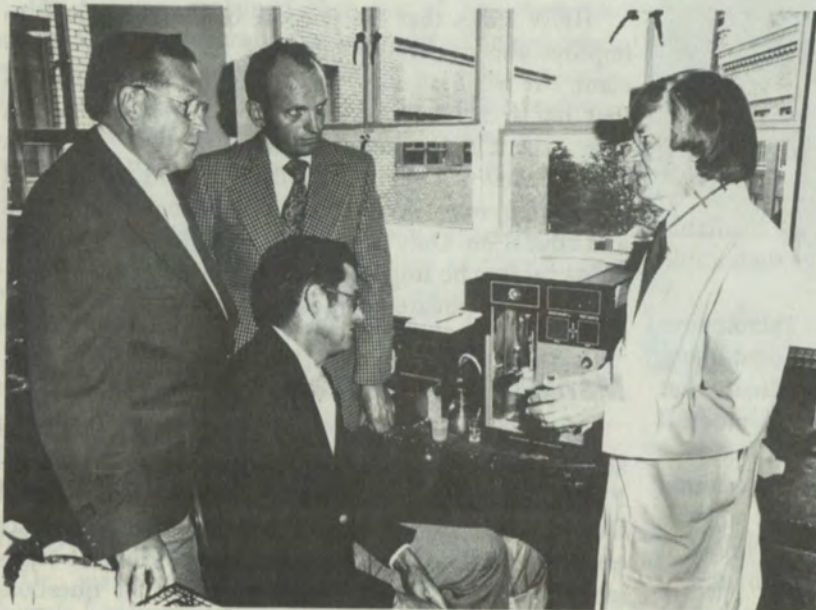
At its meeting last month, the American Medical Association voted to work for constructive amendments to the 1972 PSRO legislation rather than to seek repeal of the law.

Historically, Congress has never required the health-care system to account for the quality or costs of the programs it funded. This attitude has clearly changed, and Medicare and Medicaid programs are

(continued on page 7)



A suddenly empty ward June 24 was the result of efficient planning by nurses and others on UHN 2 NE. The ward was vacated for remodeling, and all patients, equipment, and supplies were moved to new quarters on 3 SE.



Members of the Oregon State Elks' Association, Jim Damon, seated, Bill Flatt, and Russ Hines, right, presented a \$1,500 check for the Osgood Leukemia Center to Dr. James Linman, left, director, in June.

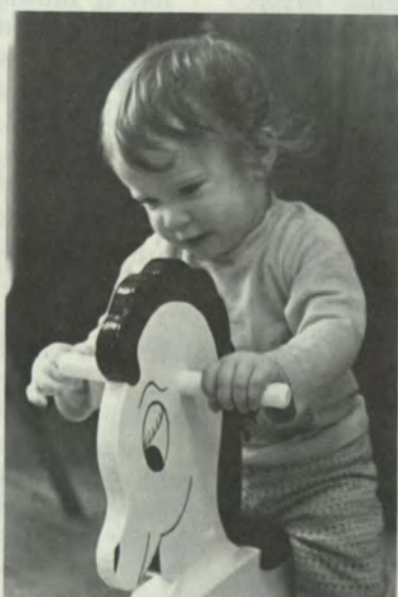


Charlie is one lucky chinchilla. He is one of a colony of about 50 chinchillas who were given to the Medical School several months ago by Mrs. Phoebe Bergman of Walla Walla. The animal care staff has grown especially attached to Charlie and has selected him as a breeder for the colony. Most of the chinchillas will be used in hearing research by Kresge Lab.

Charlie, who is described by the staff as "very intelligent," hops like a kangaroo and is sometimes let out of his cage in the animal care department for a little exercise.

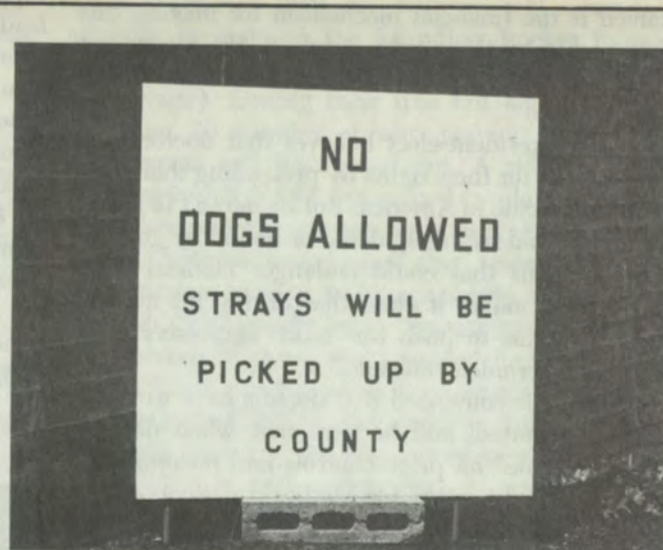


Martin Siegel, center, has been chosen by sophomore med students to receive the CIBA book award for outstanding health-related contributions. Above, with SAMA representative Steve Dressler, Martin shows the campus to CIBA Sales Representative Bob Thoman.



There were lots of smiles this month at the Elks' Children's Eye Clinic and other children's wards at UOMS, thanks to donations of toys by local groups. In the far left photo, Michelle Barrows cuddles two of the 345 stuffed toys which were given to the Medical School by the Oregon State Grange.

In the near left photo, one of six rockinghorses built and given by the Beaverton Elks and Beaverton Belles gets a workout.



Norman Ray, supervisor of grounds, finally got tired of all those dogs killing his flowers and ivy, messing on the grass, and digging in the barkdust. So last month he put up a warning near the library; see top photo. But someone who apparently has an antipathy for stray frogs soon took over the sign. Mr. Ray has taken the whole thing pretty well; in fact, he thinks the novelty of the new version may draw even more attention to his cause.

Retirements

DR. GEORGE SASLOW



Dr. George Saslow, professor of psychiatry and former chairman of the department of psychiatry, retired in June and was honored at a special reception June 18 in the Library.

Dr. Saslow received his Ph.D. in physiology from N. Y. University's Graduate School of Arts and Science, and his M. D. from Harvard Medical School. He was on the faculty of Washington University School of Medicine, and served as director of the division of psychosomatic medicine there from 1950 to 1955.

Before joining the UOMS in 1957, he was clinical professor of psychiatry at Harvard Medical School. He was chairman of the department of psychiatry at UOMS from 1957 to 1972 when he stepped down to devote more time to teaching and research.

In addition to serving as consultant and advisor to many agencies he authored or co-authored nearly a hundred publications and served on editorial boards of several journals.

DR. JAMES T. SPEROS



Dr. James T. Speros, professor of medicine and former director of medical services for the University State Tuberculosis Hospital, retired in June after 34 years of association with the Medical School. He was honored at a special reception in June.

Dr. Speros received his M. D. degree from the University of Oregon Medical School, and his M. P. H. from Johns Hopkins School of Public Health.

He served as director of J. L. Meier Tuberculosis Clinic and has been associated with UOMS since 1940, serving as assistant medical director, chief medical consultant, and director of medical services at the TB Hospital.

Dr. Speros is past-president of the Oregon TB and Health Association (now Oregon Lung Association) and the Western TB Conference.

A. J. CLEMONS



After 24 years of service to the Medical School, A. J. Clemons retired last month.

Mr. Clemons came here in 1950 as superintendent of physical plant after serving as assistant superintendent of physical plant at Oregon State University. In 1968, Mr. Clemons advanced to director of facilities planning. He is originally from Montana and attended Montana School of Mines in Butte.

"Retirement" as applied to Mr. Clemons is only a relative term. He is merely relinquishing his administrative duties to "catch up on overdue work around the house." He plans to spend the first few months of his retirement traveling and taking part in a wilderness excursion in Montana and Idaho. Mr. Clemons is also interested in the history of the earth as recorded in rocks and expects to join a local geology club. In his "spare time," he may get involved in some type of voluntary service or work part time for the UOMS facilities planning department.

DR. ROY L. SWANK



Dr. Roy L. Swank, professor and head of the division of neurology retired in July. A reception in his honor was held July 3 in the Library.

Dr. Swank received his B.S. degree from the University of Washington and his M.D. and Ph.D. degrees from Northwestern University.

Dr. Swank, author of numerous articles, did his internship and residency at Peter Bent Brigham Hospital in Boston. He studied on a Commonwealth Fund Fellowship for two years with Professor U. S. von



Rose fancier Dr. Vincent Sneed shows off some of his miniature roses.

profile

Rose fever is a well known affliction among Portlanders, but Dr. Vinton Sneed, professor of pathology, has probably got one of the most serious cases in the city. "It hit me in 1946, when I only had two or three rose bushes. I won a ribbon for a rose and then I was hooked."

Though he has had 160 bushes at one time, he explained, "I only have 31 now. That's all I have room for where I live now."

Rose fancy led him to become an accredited American Rose Society judge; he's been judging roses for more than 15 years. "To be a judge, you must go to school (sponsored by a local or district rose society) and take written and practical examinations. Part of the test is identifying

at least 75 of 100 roses by looking at the bloom."

Naturally, Dr. Sneed has done a lot of work with the Portland Rose Festival, having twice been general chairman of the Rose Show. This year, though, he spent Rose Festival Week in judging. On Monday and Tuesday of the week, he judged private gardens in the Royal Rosarian Rose Garden Contest. On Thursday, he helped judge the show at the Masonic Temple.

Dr. Sneed remarked, "A rose has to be almost perfect to win. Judges use point scoring on seven qualities — coloring, substance (freshness), form, foliage, stem, size and relationship of bloom to stem length."

How do you get a rose ready to show? "Well, you go out in the garden the evening before and see what you have," he said. "Then you harden the rose (or roses) off by splitting the stem a little and placing it in a combination of corn syrup, sugar and tepid water. After that, you hope the weather doesn't get too hot the next morning. Though you might be tempted to try to save a good rose in the refrigerator for a day or two, the judges can usually spot it, and the rose will lose points on substance."

"My sentimental favorites are Crimson Glory (a red rose) and Blanche Malerin (a pure white rose). They've both won me sweepstakes awards. But actually, I like them all. There's nothing as beautiful as a single well grown rose."

About the thorns, he added, "Among rose lovers, it's well known that if you are gentle with the roses, talk with them, tell them how beautiful they are, you can work all day with them and not get stuck."

Commenting on the doctors who received awards at the rose show in June, he said, "It's a good hobby for a doctor to have. You can pursue it and be at home with your family, yet take emergency phone calls."

Top honors at the 86th annual Portland Rose Society Rose Show went to Dr. Robert S. Thornfeldt, associate clinical professor of pediatrics. The event's number two runner-up prize was presented to Dr. Richard Bolton, assistant clinical professor of obstetrics and gynecology. Dr. Bolton also won trophies for the best vase of three roses and best garden decorative rose. Anna Jo Ness, retired secretary to the hospital administrator of the former Multnomah Hospital won a trophy for best of colorama challenge.

A trophy donated by Dr. Richard Franklin, assistant clinical professor of obstetrics and gynecology, went to the show's third-best bloom.

Dr. Franklin's garden won the grand challenge trophy of former garden sweepstakes winners in the Royal Rosarians Rose Garden Contest.

Euler at the Karolinska Institute in Stockholm from 1939 to 1941. The following year he studied under Dr. Wilder Penfield at the Montreal Neurological Institute.

Dr. Swank was an instructor in neurology at Harvard Medical School from 1945 to 1948. He held various posts at Boston City Hospital, McGill University, and Royal Victoria Hospital before coming to the University of Oregon Medical School in 1954.

In addition to numerous articles, Dr. Swank has written *The Swank Low Fat Diet: Reasons, Rules and Recipes*. This book, which is used throughout the world, is the result of his interest in and long term study of the effects of a low fat diet on multiple sclerosis.

A member of many professional associations and societies, Dr. Swank received the Governors Award in 1966.

MILDRED RYAN

Mildred Ryan retired last month after 14 years of service to the Medical School.

Mrs. Ryan, who has been a state employee for 23 years, served as personnel assistant in the personnel department, recruiting and interviewing employees, and working closely with the various departments.



"I'm going to miss my association with the employees and department heads," said Mrs. Ryan. "During my years here, I've really seen the Medical School grow. They just keep building more buildings even when you think there isn't another inch of space."

Mrs. Ryan is looking forward to spending several days a week at her favorite pastime, golf. She took up the sport only four years ago.

She and her husband are planning a second trip to Hawaii next year.

PSRO (continued from page 5)

being treated much the same as any other government purchase.

The PSRO program is also indicative of the trend toward consumerism that has affected nearly every profession. The escalation of health-care costs has led to a public determination to control the costs and distribution of medical services.

It is still too early in the development of the program for a clear picture of exactly what the ultimate impact of this legislation will be on the health-care system. What is clear is that the government has presented a challenge to the medical profession. PSRO legislation has recognized the evolution of foundations for medical care and has provided a mandate for the generation of a more cohesive and organized system.

MARLYS LEVIN

Drill shows room for improvements

(continued from page 1)

hospitals here should coordinate their activities better, and each should be categorized so that certain types of patients could be sent to one or the other hospital, even though the major receiving area would be in the emergency department."

He said that in the future more extensive preparation for the drill would be necessary at MSH or "if we were to have a real disaster, I think that would definitely cause problems."

He proposed that an area in each hospital be designated for receiving critical patients who would be going to surgery within a few hours. He added that the recovery room might serve this purpose best.

Dr. Vander Veer also commented, "We found a great need for transportation personnel just to move patients out of the emergency department to x-ray or the operating room or the various holding-observation areas. In the event of a real disaster, I am not sure where these persons would come from, and provisions should be made to get them as needed."

Nurse too busy for radio

In regard to the Hospital Emergency Ambulance Radio System (HEAR System, which was the main radio communications network for the drill), Vander Veer observed, "It was demonstrated by this drill that the triage nurse cannot man the HEAR System and also serve as triage nurse. Therefore, I think the functions of the HEAR System radio should be delegated to a clerk, and we should probably try to make arrangements that a number of the clerks get training in the use of this system which is really not terribly difficult."

He added, "I would strongly recommend that the emergency department elevator be cordoned off for use for transfer of patients only during such an event."

In conclusion, Dr. Vander Veer stated, "The medical personnel including the nurses and doctors and clerks functioned very well in this drill. However, I think that a drill which tests the ability of the hospitals themselves to respond internally to a disaster situation should be planned to see how patients could be handled once they are admitted from the emergency department." (Dr. Vander Veer is now director of emergency services at Providence Hospital.)

Royal Archer, director of security, outlined other problems in his report. These, he said, boiled down to one common criticism: the lack of "one ultimate authority figure" for the entire city-wide drill and the resulting "impossible task" of unifying disparate groups into a common purpose.

Perfect timing not achieved

Therefore, the requirements of perfect timing, measured response, and errorless performance were often not achieved.

Archer suggested that cooperating agencies meet to discuss the creation of a position for Disaster Director—Portland Metro area.

William Prentice, director of the institutional planning office, remarked that the morning of the drill, a mobile home was discovered parked in the proposed helicopter landing site near the Library. Fortunately, occupants of the trailer were inside and were awakened and asked to move.

Prentice commented that in a real disaster if vehicles were parked at the landing site, the helipad area would have to be relocated at the PGE helipad near Marquam Bridge.

He noted that three helicopters landed at the campus, and that victims were efficiently transported to the emergency room in regular campus maintenance vehicles which are radio-equipped.

Problems developed when the UOMS HEAR System component, which is stored in the telephone exchange area in the Administration Building, was moved to its operating location in the security department. Prentice explained that security officers discovered that the radio plug-in adapter would not function. This problem will soon be alleviated, he said.

The report of the Air National Guard described the expertise of the hospitals involved in the drill as "excellent."

The report added, "Literally hundreds of individuals and organizations are to be highly commended for their parts in this huge undertaking."

VTPs

From Personnel

MAY

Moving Up

Michael M. Rutledge, clerk 1 T to clerk 2 T, med records
Delphine J. Rolland, keypunch opr 1 to keypunch opr 2, computer center

Claire S. Messenger, RN 1 to RN 2, MSH nursing
Norma J. Kennedy, seamstress 1 to cust wkr 2, hosp hskpg
Helen H. Johnson, clerk 3 T to clerk 4 T, business office
Hazel Hall, cust wkr 1 to cust wkr 2, hosp hskpg
Edna Dawkins, clerk 2 T to clerk 3 T, MHS admitting
Bette Johnson, RN 1 to RN 2, UHN nursing
Jessie L. Porter, laundry wkr 1 to hosp aide, UHN nursing
Carla J. Wigle, clerk 3 T to clerk 4 T, hosp patients' business office
Jan E. Williams, lab asst 1 to hosp aide, MSH nursing
Carl A. Lewis, cust wkr 1 to cust wkr 2, hosp hskpg

Retirements

Pauline B. Laird, ophthalmology
Lillian T. May, pathology

JUNE

Moving Up

Karen Danton, clerk 3 T to computer opr 1, computer services
Christopher Brown, psyche aide 1 to psyche aide 2, MSH nursing
H. Lorraine Chapman, clerk 2 T to hosp aide, OPC nursing
Linda C. Hobbick, clerk 1 T to clerk 2 T, med records
Priscilla Sue Ernst, clerk 3 T to clerk 4 T, business office
Tracy A. Schrick, clerk 1 T to cust wkr 2, phys plant
Barbara Temple, sec 4 to admin asst 2, personnel
David Schacht, psyche aide 1 to psyche aide 2, MSH nursing
William Campbell, lab tech to RN 1, MSH nursing
Mary Lou Jones, hosp aide to interviewer, OPC admitting
Else Skudra, office trainee to clerk 1, lab store

NEW FACULTY

Full-time

Alexander Ryland Kehayes, instructor in anesthesiology
Edward Everett Kice, III, instructor in anesthesiology
Stephen Kessler, assistant professor of pathology
Robert Gale Harper, assistant professor of medical psychology
Daniel F. Brown, assistant professor of OB-GYN and CCD
Errett Everett Hummel, Jr., assistant professor of neurosurgery
John Haynes McAnulty assistant professor of medicine
Scott Hamilton Goodnight, assistant professor of medicine
Henry DeMots, assistant professor of medicine
Robert Anthony Sikes, instructor in anesthesiology
Rodney Owen Pelson, assistant professor of audiology (clinical audiology)
William Elliott Gibson, assistant professor, CCD
Donald Houghton, instructor in pathology
Richard A. Walloch, assistant professor of otolaryngology
Jaclyn Meryl Vidgoff, instructor in medical genetics
Stephen Allen Morse, assistant professor of microbiology
William A. Fisher, associate professor of family practice
Catherine Elizabeth Burns, instructor in pediatric nursing
William McCandless Petty, Jr., assistant professor of obstetrics and gynecology

Volunteer

Alan Frederick Dixon, lecturer in medical psychology
Mark Thomas Hattenhauer, clinical instructor in medicine
Arthur Edward Retzlaff, associate professor of dentistry
Roger Corry Lunt, assistant professor of dentistry
Arnold Vincent Hurtado, clinical associate professor of medicine
Elmer Robert Wells, clinical instructor of orthopedic surgery
Frans Peetoom, assistant clinical professor of clinical pathology and medical technology
Alan David Russakov, clinical instructor in physical medicine and rehabilitation
David Harold Regan, clinical instructor in medicine (hematology)
Aspi Doctor, assistant clinical professor in surgery
Leland Loyal Cross, assistant clinical professor, physical medicine and rehabilitation

Part-time

Edward Michael Scott, associate professor of medical psychology
Robert Ray Reichart, professor and director, office of medical education
Walter A. Sunderland, instructor in anesthesiology

Unit alters name to reflect growth

Though it may not be too well known on campus, inhalation therapy in the Medical School Hospital has changed its name to respiratory therapy.

Respiratory Therapy Head Jean Rosendahl explained, "There are several reasons for the change. The term 'inhalation therapy' carried with it the idea of intermittent positive pressure breathing, oxygen therapy and a technician caring for a few kinds of machines.

"Now we take care of many complex pieces of equipment, do treatments that we've always done, plus do procedures for patients with respiratory disorders, including mist and mechanical ventilation support. We also participate on the 'Code 99' (cardiac arrest) team."

One reason there has been such a change in the

department's activities is that the number of patients with diagnosed cardiorespiratory problems has been on the increase. More sophisticated care and treatment in respiratory therapy has been developed in response to the need.

"Seventy percent of the patients we treat are in intensive care units," she continued. "Now we have eight kinds of ventilators, compared to two several years ago. And we've gone from not-too-well-understood therapy to several kinds, which therapists and technicians must go to school and have clinical experience or internships to understand.

"Training for inhalation therapy workers used to be only on the job, but as of December 1974, to be certified or registered, technicians and therapists must meet rigid standards specified by the American Association of Respiratory Therapists and the American Medical Association.

"So, the name change to respiratory therapy was really necessary to stress the growth and development that has occurred."

medical center news

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