Portland Physician

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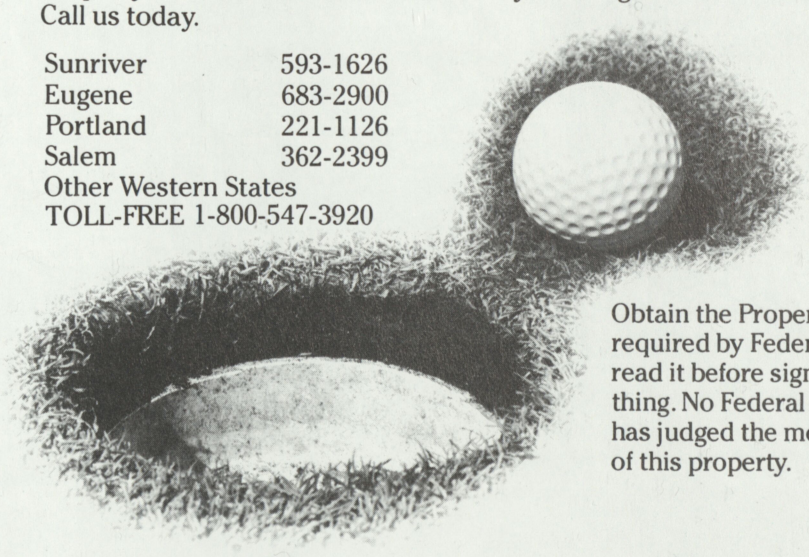

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in summary

The MCMS's new, computerized referral service will go on line June 1. Active and associate members are encouraged to sign up as soon as possible. This service is open to the public from 8:30 a.m. to 9:30 p.m., Monday through Friday. To sign up, call Dorothy Price, 228-4175 or Debbie Braun, 222-9977.

The MCMS is sponsoring two AMA practice building seminars Wednesday, June 16 at the OMA headquarters. The first seminar is for office assistants and will take place from 8:30 a.m. to noon. It addresses telephone management, appointment scheduling, communication skills and patient information brochures. The second workshop is for physicians and addresses practice location, referral patterns, patient satisfaction, marketing, and practice building techniques. This will take place from 4:00 p.m. to 9:00 p.m. and includes dinner.

The American Hospital Association has proposed to Congress a prospective reimbursement system for hospitals under Medicare. The AHA plan would limit the next fiscal year's overall expenditures increase to 14%, saving about $1 billion. According to the proposal only in-patient hospital services would be covered at first but Health and Human Services would be required to submit to Congress within two years a system for other hospital Medicare services, such as outpatient and emergency rooms.

Vision screening clinics to detect Usher's Syndrome in deaf children are being held weekly at Good Samaritan Hospital and bi-weekly at the Oregon Health Sciences University. Over 900 school-age deaf children in Oregon will be tested in the next three years. The Oregon Lions Sight and Hearing Foundation and the Volunteer Braille Services are sponsoring the program. For an appointment or information, call Terrijo Christenson at 239-5522.

A consortium of the Physicians' Assn. of Clackamas County, Dwyer Memorial Hospital and Willamette Falls Hospital has developed a health maintenance organization for employees of the two hospitals. Employees can choose between the new HMO or more traditional coverage. The majority of employees are selecting the consortium's HMO option.

The medical staff and hospital share equally in the risk and PACC acts as administrator of the plan. The consortium pays 80 percent of allowed fees to physicians and 80 percent of the hospital fees. After expenses are met at the end of the year, any remaining surplus is shared among participating physicians and the hospitals.

A two-day conference on protecting people participating in research studies will take place at the Bonneville Power Administration Auditorium May 21 and 22. The conference, which is free, will focus on new federal regulations, the complex ethical issues involved in human research, and the special care needed when children are research subjects. Co-sponsors are Kaiser-Permanente, the FDA and the NIH. For more information, call 233-5631, ext. 10.

The Administration is reported to have halted, for the time being, efforts to put together legislation federalizing Medicaid and handing food stamps and welfare to the states. The proposal, a key part of President Reagan's New Federalism plan, has encountered stiff resistance from the states, which favor the Medicaid part of the plan but oppose shouldering the financial burden of the other two programs.

The Administration apparently will press ahead on legislation that would give the states over 40 programs, including existing health block grants and several other health programs. This is the second part of the New Federalism plan and would take effect over a four year period.

One out of four non-federal patient care physicians, or 78,600 MDs, had some kind of financial arrangement with a hospital in 1981, according to an AMA survey. The total rises to 156,000 when residents and federal physicians are included. The typical physician with a hospital contract reports that 62 percent of his income evolves from the arrangement. Pathologists say they derive 96 percent of their income from these arrangements, and anesthesiologists and radiologists report 87 percent and 80 percent respectively. Approximately 60 percent of the physicians with a hospital contract have a salary arrangement and one-third have a fee-for-service arrangement. Some doctors report arrangements that involve a percentage of the gross or net department billings as well.

in summary

Patient days for acute care at Oregon hospitals dropped one percent last year, according to SHIPDA figures. The current national average for patient days per admission is approximately 1,200. In Massachusetts, a rate-regulated state, it is nearly 1,500. In Oregon, the current rate is about 850.

CAPRI, the Cardio Pulmonary Research Institute, has a new program called "Heart to Heart" for patients facing coronary bypass surgery, open heart surgery or have had a heart attack. Upon physician referral, CAPRI volunteers will visit the patient and provide information and support. These volunteers are members of the CAPRI exercise rehabilitation program and are trained by physicians.

The administration's proposal to limit the government's Guaranteed Student Loan Program to undergraduate students should be rejected, the AMA told two congressional subcommittees. The proposal comes at a time of rising tuition costs and shrinking sources of market-rate loans, and would lower the quality of future medical care by discouraging qualified students, the AMA said. Over the past two years, 72 percent of all medical students borrowed money through this program.

It is unlikely that the Administration will propose restructuring the tax code to limit the tax-deductible amount that employers can contribute to their employees' health care plans, according to Edwin Meese, President Reagan's counselor. The tax change is part of several "pro-competition" health care bills.

Independent Living Services, a new program of Good Samaritan Hospital and Medical Center's Neurological Sciences Center, is providing non-medical services to persons with severe neurological impairments. These services include individual and group counseling in improving living skills and using community resources. The program is funded by the Oregon Vocational Rehabilitation Division. For information call John Blarjeske or Robert Powell, 229-7054.

Nearly 45 percent of all practicing physicians were in primary care specialties at the end of 1981. According to the AMA, 190,770 physicians were practicing in internal medicine, family practice, general practice, pediatrics and obstetrics/gynecology.

Cancer patients and their families and friends are invited to support groups at Eastmoreland General Hospital and St. Vincent Hospital and Medical Center. The group at Eastmoreland meets every second and fourth Tuesday at 7:00 p.m., and the group at St. Vincent meets every Monday at 10:45 a.m. These programs give patients an opportunity to discuss their medical and emotional concerns about cancer. For information call Marsia Gunter at Eastmoreland General Hospital, 234-0411 or John Flanagan at St. Vincent, 297-4411, ext. 2315. Both groups are free and participants do not have to be associated with the hospitals.

Federal health planning has failed and the program should be wiped from the statute books, the AMA told the House Commerce Subcommittee on Health. The program must be repealed so states can discontinue certificate-of-need operations without facing federal sanctions, the AMA said.

Physicians' earnings decreased in the fourth quarter of 1981, falling 4.3 percent from the previous quarter, according to the AMA. Only general and family practice physicians showed a gain (4.7 percent) in net income. It is not possible at this time to determine whether the decline in net income is attributable to the economy, a significant change in the physicians' service market, or a recent change in the tax laws.

Tel-Med is a tape library of health information sponsored by the MCMS and OPS Insurance. Anyone can use the library by calling the Tel-Med number, 248-9855, and requesting the tape they'd like to hear. Over 280 tapes provide clear, concise and medically accurate information at an eighth grade level of understanding. If you would like a free supply of Tel-Med directories to give your patients, call Debbie Braun at 222-9977.

Annie Hulme, R.N., a certified nurse midwife in independent practice, has received privileges to practice at St. Vincent Hospital and Medical Center. She cannot, however, deliver a child unless a physician is present. Associated with Drs. Paul Zuelke and Michael Adler, Ms. Hulme cares for maternity patients during pregnancy, delivery and up to six weeks after childbirth. She also performs some gynecological check-ups.

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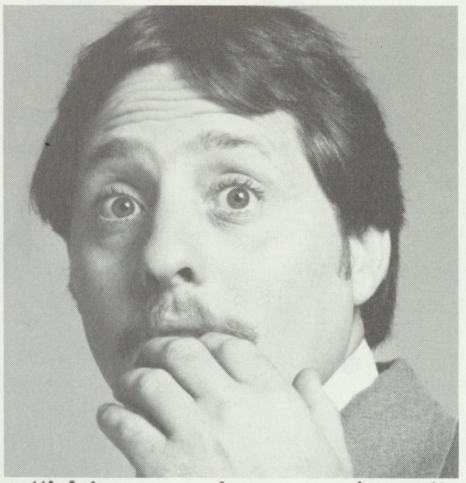

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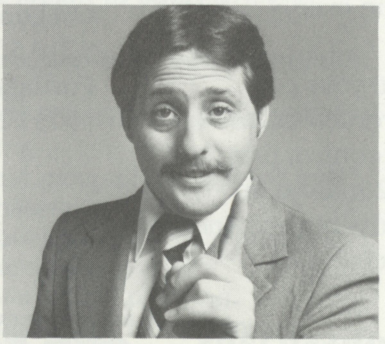

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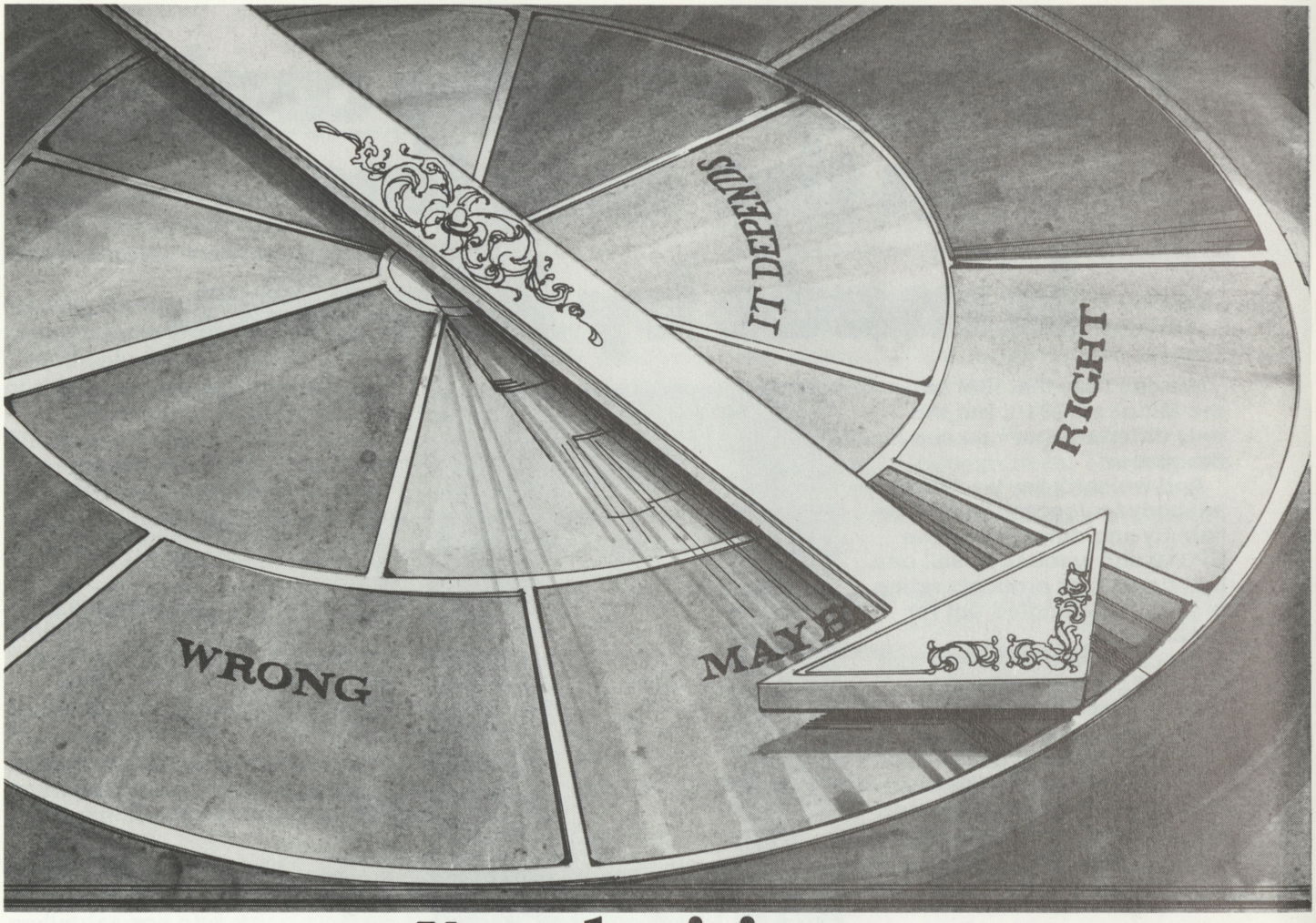

New physicians: How will you choose the right program for your professional liability insurance needs?

You didn't just cross your fingers and count on chance when you chose your medical school and specialty, and you can't count on chance now that it's time to choose a professional liability insurance program. Fortunately, you *can* count on your Oregon Medical Association to point you in the right direction.

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To get more information on the OMA/CNA physicians protection program – and the 50 percent rate reduction for first-year physicians, contact the OMA.

Oregon Medical Association
5210 S.W. Corbett Avenue
Portland, Oregon 97201
(503) 226-1555

INSURANCE FROM CNA

Revealing Facts from Our Membership Survey

president's page

by George Caspar, M.D.

Most of the responses to the earlier MCMS questionnaire are in—and we learned a good bit of information. On the lighter side, we learned that getting doctors to respond to a questionnaire is about as easy as training eagles to fly in formation. Only 133 physicians, or 7.8 percent of the membership, responded. Several other people returned the questionnaire, but they were either non-physicians or physicians who are not MCMS members. In spite of this less-than-satisfactory response, some very interesting trends appear. The most interesting (to us) are highlighted and commented upon where appropriate.

We infer that those who responded are the more actively involved physicians by a variety of measurements: 90% are board certified; 10% are board eligible; 63% belong to the AMA (the national average is about 45%), 94% belong to the OMA; 29% belong to OMPAC (statewide, it's closer to 13%); 59% belong to two or more specialty societies; and 56% serve on MCMS committees. (Thirty-two percent claim they have never been asked to serve on a committee, which defies logic since we annually ask each member, via letter, to indicate his or her willingness to participate.)

As for practice type, 45% of the respondents are office based. Ninety-six percent define themselves as clinicians, 2% as academicians and 2% as administrators. Twenty-nine percent practice in Northeast Portland, 12% in Southeast, 24% in Northwest, 33% in Southwest, and 20% in North Portland. However, 58% reside in Southwest Portland, 6% in Southeast, 15% in Northeast, and 17% in Northwest.

Following are your responses to the rest of our questions:

Why are you an MCMS member?
(Multiple responses were allowed.)

52% said they wish to be identified with those who support quality care.
41% noted the Society's telephone answering service.
27% referred to getting malpractice insurance.
24% said they want MCMS to combat those who threaten their practice.
13% marked "printing service."
9% noted the availability of insurance programs.
23% listed referrals, hospital privileges and placement services.
9% didn't know why they were members, or had other reasons.

Do you feel you have a voice in your profession?

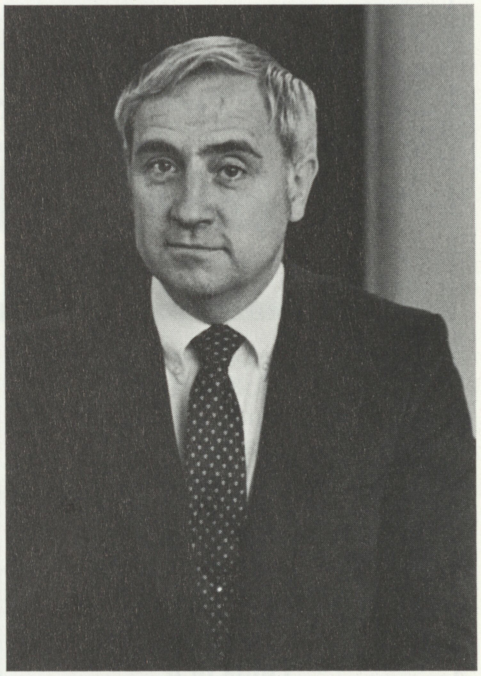
26% believe they have a voice in determining the direction of medicine; 53% believe their voice is limited; 21% believe they have no voice.
33% believe they have a voice in MCMS affairs; 38% feel they have a marginal voice; 29% believe they have no voice.
73% want a voice in MCMS affairs; 26% do not want to participate.

What would prompt you to attend Society affairs? (In priority order)

56% said good speakers.
49% suggested discussions about the problems confronting medicine.
38% said discussions about issues other than medicine.
27% recommended discussions on ways to make a practice more efficient.
24% said technical/scientific discussions.
23% suggested personal financial/estate/retirement planning.
22% said more advance notice of meetings.
13% gave other reasons.
3% said "nothing."

What tangible services would you like the MCMS to offer? (In priority order)

49% cited computer education/training.
34% said financial/investment planning.
34% said group office supplies purchasing.
32% noted group medical supplies purchasing.
30% cited estate planning.
30% cited retirement planning.
28% said continuing medical education.
25% noted group travel.



Is traditional fee-for-service medicine threatened?

96% said yes.

By What?

60% said government (legislators and/or regulators).
57% said HMOs.
52% cited medicine's institutional inability to respond.
32% noted ancillary health care providers.
31% cited consumer groups.
25% said labor.

What are the "burning" issues in medicine?

63% said the expansion of alternative providers' scope of practice.
56% cited the physician surplus.
55% said the lack of adequate reimbursement from government-funded patients.
49% noted the expansion of hospital power.
42% cited government "red tape."
33% said HMOs.
31% noted cost containment activities.
24% said pro-competition/consumer choice proposals.

continued on page 9

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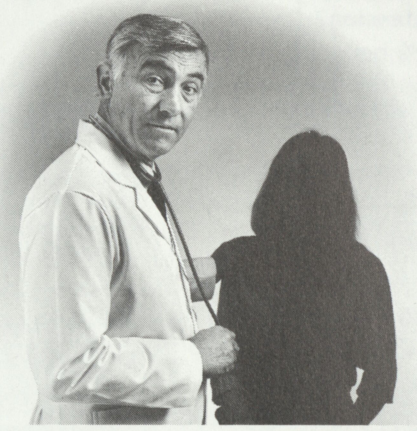

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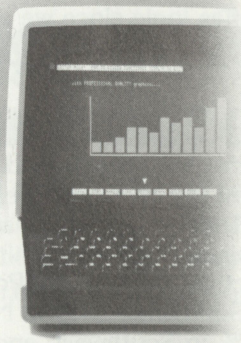

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president's page

continued from page 7

Has the "physician surplus" affected your practice?

53% said a number of factors have contributed to a smaller patient base.

34% said "everything's fine."

76% of the primary care physicians said they have *not* altered their referral practice. (Among those who *have,* the main change has been to refer only to specialists they know well.)

77% of the specialists have *not* altered their practice to receive referrals. (Among those who *have,* the primary change has been to make sure they report back to referring physicians, and increase their visibility through Society and hospital activities.)

What should the MCMS be doing?

ITEM	PRIORITY Highest 1	2	3	4	Lowest 5
POLITICS . . . Fighting legislation harmful to our patients and practice, and actively supporting helpful legislation	62%	28%	6%	3%	0%
POLITICS . . . Helping elect/defeat candidates for public office	18%	27%	28%	12%	16%
EDUCATION . . . Bringing more CME courses to members	17%	14%	35%	13%	21%
ECONOMIC . . . Providing low cost, high quality tangible services to members	21%	29%	28%	17%	4%
PEER . . . Helping to avoid aberrant practice through peer, quality, and medical review	51%	22%	16%	9%	2%

letters

Dear George (Caspar):

I appreciate your remarks on the President's Page of the January Portland Physician, giving us an overall view of the Society and setting forth your visions and goals for the future. I realize the time expenditure required for this important, yet often unpopular, position and wish you success over the period of your administration.

As staff president at Portland Adventist Medical Center, I feel a certain amount of responsibility to the medical community. I would like to take this opportunity to express the desire of the large majority of our staff, the executive officers, and myself to support the Society.

As you know, a significant percentage of the staff are Seventh-Day Adventists. Therefore, it has been difficult for them to participate actively in many of organized medicine's activities, since most significant meetings are held on Friday night and Saturday. I recognize that many of the committees meet during the week, and we are happy to participate in these.

I will make a vigorous attempt to encourage the Portland Adventist Medical Center staff to participate more actively in Society activities and committees so that, hopefully, we can all share the burden that, in the final analysis, will benefit the patient in better medical care.

Congratulations as you carry on this important position and we pledge our support.

Sincerely,
R.A. Gingrich, M.D.

Hi! I have multiple sclerosis and cannot do much of anything but yak on the phone and growl—and you know all about that, so I'll get right to the point.

For some time I have been receiving help from the Home Aides of the Multiple Sclerosis Society of Portland, Inc., and I really appreciate their help. But now United Way is cutting off their funding and casting them out to fend for themselves.

Dr. Roy L. Swank has offered to give $1,000 to the Multiple Sclerosis Society if we can find nine other donors willing to give $1,000 apiece. So, we are beating the bushes to see if we can flush out such benefactors. Would you please pass the word around your Society? Maybe someone will take heart on this hard-working organization and help them continue their worth-while work.

Very truly yours,
Donald C. Evans

I read with considerable interest your March, 1982 issue. It's an excellent example of what a local medical society publication should be:

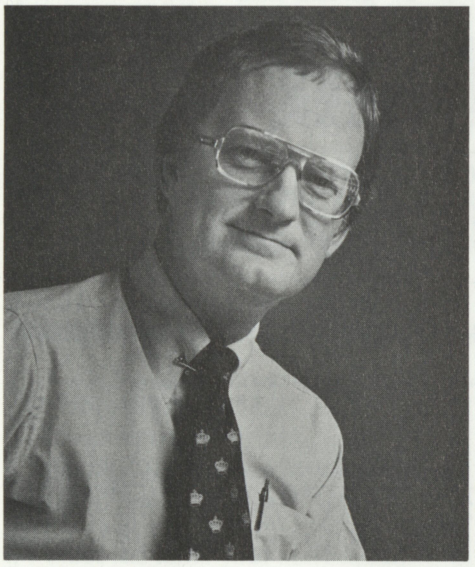
- Timely—the In Summary column.
- Educational—the cesarian section article.
- Exhortative—Brad Davis' and George Caspar's pages.
- Provocative—the nuclear war discussion.
- Insightful—Spence Meighan's whimsical personal story with the hilarious line drawings.

Sincerely,
Charles P. Schade, M.D.
Health Officer

executive director's notebook

An Airplane With Wings of Lead

by Brad Davis



The following is a response to Don Clark's proposal to socialize health care in Oregon. This statement was delivered to Mr. Clark on April 16, both as a courtesy and a way of keeping elected officials informed. It is unfortunate that Mr. Clark does not reciprocate this view—his proposal was developed without the participation of health care providers or insurers.

Don Clark, Multnomah county executive and a candidate for governor, has proposed a new "Health Care Agenda" for Oregon. If enacted, his plan would return us to the 1970s when national health insurance was the hot political ticket. Clark's proposal makes promises that simply cannot be delivered without *immense* sacrifice to both the quality of health care delivery and personal freedom.

Clark prefaces his Health Care Agenda for Oregon—also known as "Statewide Project Health," "State Health Plan," and "State Health Act of 1983"—with an improper pronouncement: "The health care system in Oregon is in a state of crisis."

It's not the health care *system* that is in a state of crisis, though it does have immense and urgent problems. The crisis lies in the deep despair of the state and national economy; it is an economic crisis that has led to acute problems for citizens in virtually every sector of society.

In any event, it is from this invalid assumption that Clark sets out to build a case for restructuring medicine in Oregon.

Clark states: "In recent years, health care costs for consumers have inflated faster than any other area of expense."

The fact is: From February 1977 to February 1982, the annualized change in the consumer price index placed transportation, housing, and all services ahead of the medical care component.

Clark states: "In recent weeks, hospitals throughout Oregon have had to lay off employees, reduce salaries and working hours, or further increase the rates they charge their paying customers."

The fact is: The reason this is true is that government (which Clark believes should be the central coordinating and funding authority of *all* health care) has not met its obligations to fund the needs of government patients. It is government's failure to fulfill its responsibilities that forces hospitals to take these actions.

An August 13, 1981 staff memo to Don Clark from the Multnomah County Department of Human Services, Project Health Division, shows that Oregon's state and local governments paid only 8 percent of the state's health care costs, compared to 12 percent as a national figure. That 4 percent differential alone represents over $100 million. It is also a fact that no industry is passing unscathed through this economic crisis. Every business is cutting back, not just hospitals.

Clark states: "Oregonians spent approximately $2.6 billion in 1980 for health care services."

The fact is: Background papers distributed to participants of the Governor's Conference on Health Care to the Medically Poor clearly state that no one knows how much Oregonians are spending on health care. Clark's own staff, in the memo mentioned earlier, admonishes him that, "The specific figures (regarding health care expenditures) should not be assumed to be precise."

Clark states: "This (1980 $2.6 billion) amounts to 9 percent of the entire gross product of Oregon, and yet only 59 percent of all Oregonians have comprehensive health care coverage and 12 percent have no health coverage at all."

The fact is: The term "comprehensive health care" means the provision of a range of care not always necessary. Ninety percent of all Oregonians have hospital coverage, which, financially, is the single largest component of health care costs. The reason 12 percent have no health coverage is that the economy is in near ruins—not because "the health care system is in a state of crisis" as Clark posits.

No one disputes that a health care crisis exists. However, one can question the accuracy of the facts used to propose a compulsory health care plan for all Oregonians.

There are two elements to Clark's health care agenda for Oregon. Phase I—short term policies—would seek $55 million in federal funds, and match it with monies raised by taxing vehicles, drivers and alcohol by the drink. This new $110 million would be pooled with approximately $200 million in Medicaid money.

A new Department of Health would be created to control the administration of Medicaid and health care to the medically poor. That "control" would consist of qualifying primary care providers, and prepaying them on a capitation basis. Clark believes this would stimulate group practices with pre-payment capitation. Clark proposes this because he feels "fee-for-service operates under a perverse set of incentives which cannot, and do not, control health care costs." Providers who accept a certain percentage of Medicaid and medically poor patients would receive tax advantages.

Further, Clark would: promote safety in the workplace; develop an economic incentive/penalty system for workers' compensation; and stress reduced costs to the dying through hospice and home care. Finally, he would encourage the use of "less expensive" nurse practitioners, paramedics and midwives to serve rural populations where physician availability is limited.

Phase II—long term policies—would expand this general concept to include all Oregonians. Under the

guidance of the new Department of Health, all providers would be certified to deliver a minimum set of basic and comprehensive pre-paid benefits. Oregon residents, whatever their economic status or location, would enroll in specified provider groups, and would only be allowed to change groups once a year.

Let's be clear: Under Clark's plan, the state would set the capitation rate of services rendered by providers; the state would coordinate the enrollment of patients; the state would certify the services provided; the state would evaluate the benefits offered; and the state would "have direct responsibility for setting the rate of reimbursement."

Funding Clark's Program

How much would this new agenda cost? Only $1.53 billion in 1980 dollars—or about $1 billion *less* than what Clark indicates was actually spent in 1980.

To fund this system, $413.1 million would come from existing public sources, including Medicaid and Medicare. Employers would pick up about $810 million and the public would pay up to 20 percent of the remaining costs.

Again, let's be clear: Clark proposes that the state coordinate the provision of service to patients, and he intends to increase the number of providers to render more service while paying only one half to two thirds of the money presently being spent. I call that prestidigitation.

Certainly there are some sound specifics within this proposal that deserve attention and support. Oregon must attract matching federal dollars to help our medically poor, and Oregonians must become more conscious of health care costs. Even pre-paying providers to care for the medically poor is worthy of discussion—though how providers remunerate themselves, via capitation or fee-for-service, should be left to their own determination.

A Department of Health warrants exploration if it allows resources and expertise to focus on assuring care for the indigent. Moving patients in need of primary care away from the emergency room is a sound idea that organized medicine has been pushing for years. We've also advocated tax incentives for providing free or low cost care to the needy.

The Drawbacks

But the unfeasible concepts outweigh the good. First, it is not, as Clark says, the present "perverse" fee-for-service system that is in a crisis or causes a crisis. Today's economic problems are leaving all sectors of society seriously wounded. In order for health care and other problems to improve, society's economic fabric must be repaired.

Second, as we support diversity in health care delivery, we cannot help but wonder why government supports only one system that less than 10 percent of the American population has found acceptable: capitated HMOs.

Third, how can a government that has repeatedly fallen back on its promise and ability to render adequate funding for the medically indigent be trusted when it promises to take care of everybody? One cannot logically make a quantum leap from a Project Health, which provides a useful service to medically poor people in one corner of the state, to the entire population of Oregon.

Fourth, non-physician providers know markedly less about the provisions of most care than physicians. A few of these providers charge less, but their "comfort zone" is such that they see patients more frequently. As a result, health care costs remain the same, or even increase.

Furthermore, SHPDA research shows that 96 percent of all Oregonians are within 1-30 minutes of a hospital. In addition, figures from the Board of Medical Examiners show that 86 percent of the nurse practitioners with prescription privileges settle in non-rural area.

Personally, I'm disappointed in a public official who would conceive of a plan so fundamental to the lives of Oregonians without consulting the health care providers and payers. I'm also disheartened that we must revisit a conversation to mandate and control health care delivery—a concept that has never found significant support.

Serving the Medically Poor

The Multnomah County Medical Society and its individual members are demonstrating daily their commitment to the medically indigent. Last year, our doctors provided $17 million in free services. The Society recently pledged $25,000 to research better ways of providing service to the medically poor. We're also involved in the Adult and Family Services task force to address statewide care for the needy, the Greater Portland Business-Labor Coalition, and the Multnomah County Blue Ribbon Committee to Fund Indigent Care.

Furthermore, we dedicated most of the Salishan Conference to health care cost restraints—a subject we'll be discussing again at the board of trustees retreat. It's fair to say that the Society will meet with anybody at any time to discuss ways of controlling costs.

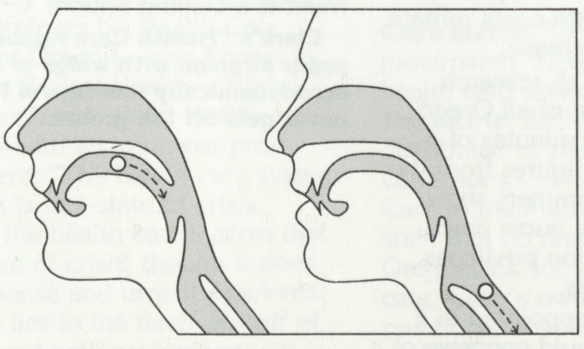
We ask you to join us in developing creative and feasible proposals that respond to the needs of the medically poor. And we ask you to reject proposals that allow government to dominate any portion of our lives. It is sheer sophistry to suggest that government—no matter how noble its intentions—can be as effective as citizens and private enterprise in resolving the problems which confront us. Indeed, the poor, elderly and infirm should be—must be—cared for by society. To suggest that all society should be a ward of government is a chilling notion.

Clark's "Health Care Agenda" is a paper airplane with wings of lead. It's aerodynamically flawed and I hope it never gets off the ground.

If you've never recommended a specific brand of aspirin before,

now's the time to start!

Better tolerated than regular aspirin



Now, by means of a unique water-soluble cellulose coating, Improved Bayer® Aspirin provides oro-pharyngo-esophageal protection for your patients. Furthermore, in a recent short term use study, perceived stomach upset was shown to be no greater than seen with placebo.[1]

This patented coating is *not* enteric in nature, so it is not affected by pH. And the film does not affect absorption or bioavailability. What it does is to stay intact just long enough for tablets to reach the stomach. Disintegration in the buccal cavity, pharynx and esophagus is avoided—easing swallowing and minimizing aspirin

taste, aftertaste and burning in the throat. Once tablets reach the stomach, they dissolve quickly and completely—producing the same aspirin and salicylate blood levels as regular aspirin.[2]

Protective effect demonstrated in multi-center study[1]

In a double-blind, multi-center clinical study,[1] involving 907 subjects, Improved Bayer Aspirin was shown significantly superior to regular aspirin in avoiding aspirin taste, aftertaste, dissolution of tablets in the mouth and burning in the throat.

As well tolerated as placebo

What's more, for short term use when compared to both coated and uncoated placebo tablets, Improved Bayer Aspirin showed *no significant difference in subjective complaints of stomach upset*-as shown in the chart:

Subjective evaluations—average percentage of complaints following each of three 650 mg doses of Improved Bayer Aspirin, placebo and coated placebo—given four hours apart[1]

Symptom & Time of Administration*	Improved Bayer Aspirin	Placebo	Coated Placebo
Burning in Throat			
5 min.	6%	5%	5%
20 min.	8%	7%	8%
50 min.	6%	5%	5%
Stomach Upset			
5 min.	2%	4%	2%
20 min.	6%	8%	5%
50 min.	8%	7%	5%
Nausea			
5 min.	0%	1%	0%
20 min.	2%	3%	2%
50 min.	3%	2%	2%

* Following each of the three doses of test formulations, subjective side effects were recorded at 5, 20 and 50 minutes.

Better patient compliance

With its low incidence of subjective complaints and high degree of acceptance, Improved Bayer Aspirin can help assure the kind of patient compliance needed for successful salicylate therapy.

Now, more than ever—Bayer is the name to specify

To be sure your patients get all the benefits of Improved Bayer Aspirin, be sure to specify the name Bayer, whenever you recommend aspirin. Now, more than ever, it can make an important difference.

References:
1. Soller, R. W. and Baretz, D.B.: Methylcellulose Film Coating of Tablets as an Improved Delivery System for Aspirin (to be published).
2. Soller, R. W.: Bioavailability of Improved Bayer Aspirin (on file, The Bayer Company).

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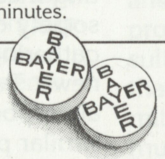

Introducing Improved BAYER® ASPIRIN

Each year, the Public Relations Commission sponsors media night, an event that brings together physicians and media representatives.

MCMS

COMMISSIONS AND COMMITTEES

In a recent MCMS survey, members told the executive committee what they consider the burning issues in medicine are: government cutbacks in health care financing; escalating medical and health care costs; competition, physician surplus and the expanding scope of practice of non-physicians.

Taking this information, the executive committee quickly called three Town Hall meetings to find out more about physicians' views in these areas. The thoughts and concerns raised at these meetings will be discussed—and acted upon—at the Board of Trustees retreat May 14-16.

Every day Society leaders are addressing the problems confronting physicians and their patients, and finding ways to combat these problems—ways such as the legislative key contact system now being developed, or the new $25,000 program to research better ways of providing care for the medically indigent.

Only with a unified voice can physicians make the changes necessary to preserve their rights and those of their patients. Becoming active in Society affairs should be a priority among every physician, and the best way to get started is through the Society's 18 commissions and committees. These groups, representing all areas of medical care, are the Society's backbone. Following is a description of each, as reported by the commission and committee chairmen.

Public Relations Commission

This commission keeps the public abreast of the Society's aims and accomplishments, cultivates public understanding of medical facts, and builds a strong, cooperative relationship between the medical profession and people in the community.

Each year, the commission sponsors Media Night, an event that brings reporters and MCMS members together in a relaxed, enjoyable setting. The purpose of Media Night is to discuss the many issues confronting medicine, and to find ways the society can assist the media in gathering and reporting medical news. Two years ago, the commission also sponsored Legislators' Night, a similar program developed for state senators and representatives from the Portland-metropolitan area.

On an ongoing basis, commission members are responsible for updating the Society's public information brochures, and for recommending ways to strengthen the physician-patient relationship. In the upcoming months, they will be studying the NOCH Telecommunications System, conducting a media seminar to help MCMS leaders prepare for media interviews, and developing a newsletter for physicians to send their patients.

Peer Review Commission

This Commission recommends and carries out policy relating to all MCMS peer review activities. It is responsible for investigating allegedly unprofessional or dishonorable conduct by an MCMS member and, if a problem exists, seeing that the member corrects it through appropriate actions. If the condition or charge is not corrected, the commission may file written charges against the physician.

The Grievance Committee and the Medical Review Committee are divisions of this Commission. All complaints against member physicians are initially investigated by these committees. If a case needs further investigation or disciplinary action, they refer it to the Peer Review Commission. Referrals typically result from an accumulation of complaints indicating practice patterns contrary to Society standards. The Peer Review Commission may also, upon request, help the Board of Medical Examiners conduct investigations of MCMS members.

At least two commission members study each case. After a thorough investigation, they report their findings and recommendations to the others. The commission often meets informally with the physician in question before reaching a decision. Every effort is made to avoid disciplinary action through assistance and supervision. If this is ineffective, action is taken.

Dr. Thomas Miller and Dr. Frans Peetoom of the Committee on the Regional Blood Center

Judicial and Business Commission

The Judicial and Business Commission oversees policy relating to the Society's internal and business affairs, continuing medical education and medical ethics. It is also responsible for reviewing the Society's bylaws, a function that has required a great deal of time and effort in the past year.

Last year, the bylaws were revised substantially to provide adequate appeal mechanisms for members facing ethical and related charges that might involve probationary action. The commission also considered, but rejected, changes in the referendum and initiative mechanisms.

This year, the commission has proposed a more complete set of revisions intended to clarify language, allow procedural changes for greater efficiency, and bring the bylaws into conformity with actual practice. MCMS members received the recommendations in the April issue of Portland Physician, and the board of trustees will consider adopting them at the retreat in mid-May.

Medical Service Commission

The Medical Service Commission evaluates the availability and quality of local medical services, and the relationship between the medical community and government agencies.

The commission is presently studying ways to attract physicians to medically underserved areas, and is considering a study of these areas in light of Portland's physician surplus.

Public Health Commission

Members of the Public Health Commission identify and investigate public health problems, develop position statements, and initiate programs to help the public deal with these problems.

Over the past two years, the commission has been involved in a number of issues. In 1980, it supported floridation of the city's water supply in Multnomah County and encouraged the Society to take a similar stance. When Mt. St. Helens blew that same year, the commission screened and developed information on the health effects of volcanic ash. Last year, commission members supported HB2139, which called for stricter immunization requirements for Oregon schoolchildren. The state legislature passed the bill last session.

Currently, the commission is developing a position statement for the MCMS executive committee on continuing federal financing for health care services to the medically indigent. Considerable discussion has also taken place on the value of sponsoring a teenage sexuality and pregnancy prevention program. Commission members feel that such a program would also reduce the many problems that often accompany unwanted teenage pregnancy, such as school dropout, low birth weight children, child abuse, divorce, alcohol and drug abuse, and mental disorder.

The Committee on the Regional Blood Center

When the American Red Cross established a Regional Blood Center in Portland in 1949, the MCMS formed a committee to work with the center in controlling the quality of blood products.

Though this responsibility now lies with Red Cross personnel, the committee is still active as an advisor in nearly all aspects of the Center's operations. In addition to MCMS physicians, the committee includes personnel from both the Regional Blood Center and the blood banks at major hospitals.

Committee members are routinely included on the budget committee, and help determine the cost of blood products. Red Cross personnel consult the members on any problems that may arise and, in turn, the committee keeps them apprised of community needs that have been overlooked or are not being satisfactorily met.

Committee members are invited to inspect the Center annually with the national Red Cross inspection teams, and have been actively involved in the Center's impending move to a new facility near Emanuel Hospital. The committee has also established a Human Subjects Subcommittee to assist the Center in research projects.

For 33 years the Multnomah County Medical Society and the Regional Blood Center have shared a productive, harmonious relationship, resulting in a Center that is recognized as one of the best in the nation.

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MCCORMICK AND SCHMICK'S
235 S.W. First, 224-7522
Prime rib and seafood specialties. Banquet facilities, reservations recommended, credit cards accepted.

BUSH GARDEN RESTAURANT
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Authentic Japanese restaurant, private rooms, banquet facility, sushi bar, lounge. Reservations recommended, credit cards accepted.

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401 S.W. 12th, 226-1419
Established in 1892, Jake's atmosphere is richly appointed with original turn-of-the-century paintings, and priceless heirlooms. Traditional service and award winning seafood cuisine. Reservations recommended, credit cards accepted.

SOUTHEAST

SALTY'S
513 S.E. Clatsop, 239-8900
Magnificent river view dining featuring steak and seafood specialties. Banquet facilities, reservations recommended, credit cards accepted.

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8324 S.E. 17th Ave., 232-6606
Homemade desserts, exceptional wine list, cocktails. Only fresh ingredients used. Banquet facilities, reservations recommended, credit cards accepted.

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7425 S.W. Barbur Blvd., 245-2188
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Fresh vegetables, seafood, meats and desserts. Big band sounds Friday nights, live theatre Saturday nights. Banquet facilities, credit cards accepted.

MCCORMICK'S FISH HOUSE AND BAR
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Built on a tradition of quality. The freshest, finest, and largest selection of seafood available. Reservations recommended, credit cards accepted.

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A nautical atmosphere sets the stage for a wide variety of seafood specialties, steaks and chicken too. Open daily, 11:30-3:15 AM., credit cards accepted.

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Intimate dining, French cuisine. Six-course dinners served Tuesday through Saturday. Three-course meals available Tuesday through Thursday. Extensive wine list, famous desserts. Reservations recommended, credit cards accepted.

Dr. Siegfried Berthelsdorf, chairman of the Portland Physician Advisory Committee, and Arlene C. Tiland, managing editor

MCMS

Portland Physician Advisory Committee

Every issue of Portland Physician reflects the advisory committee's guidance and creativity. Committee members suggest topics and authors for articles; review controversial articles and advertisements; determine the magazine's advertising and editorial policy; approve requests for format changes; and authorize rate increases.

The committee is dedicated to maintaining a quality publication that keeps physicians abreast of the social, political and economic issues confronting medicine, as well as news about the Society, its members, and continuing medical education programs.

Grievance Committee

Patients who are unhappy with an MCMS member may take their complaints to the Grievance Committee. This committee gives them a forum for voicing their dissatisfaction and assures them that the medical society holds its members responsible for delivering the highest standard of medical care.

Committee members, representing a broad spectrum of medical specialties, thoroughly investigate and discuss each complaint. Their consensus is then conveyed to the parties involved, along with recommendations when appropriate.

The Grievance Committee underscores the principle that organized medicine wants patients to know they can obtain a fair hearing for their complaints. Furthermore, they will be treated with concern and respect, and their grievance will be carefully and objectively studied.

Most complaints originate from patients or family members, and are referred to the committee by the MCMS. The OMA, the Board of Medical Examiners and physicians also make referrals.

The committee takes great care in reporting its findings. If an investigation shows there is no justifiable basis for the complaint, the committee will notify the person filing the grievance and clearly state the reason for its conclusion.

When a complaint is justified, the committee reports its findings to the physician and may offer specific recommendations for avoiding similar complaints in the future. If the committee feels there is a question of competence, it may refer the case to the Peer Review Commission.

Committee members are reluctant to investigate complaints once an attorney is involved and malpractice action has been initiated or is imminent.

Through careful investigation, open discussion, and tactful response, the Grievance Committee has averted a large number of potential malpractice suits.

Medical Review Committee

The Medical Review Committee acts as a liaison between insurance carriers, physicians and patients. This committee investigates complaints about medical fees and services, determine the usual, customary and reasonable fee for a medical procedure, and decides whether insurance carriers are meeting their contractual obligations in a responsible manner.

Every written complaint against MCMS members is pursued. Before starting an investigation, the committee asks the person filing the complaint to sign a release allowing the MCMS to obtain necessary medical records. The committee also asks the physician involved for a written response to the complaint.

The Medical Review Committee encourages open communication among doctor, patient and insurance company, and makes every effort to resolve the problem before it goes to an investigative level. If an investigation is necessary, the case is assigned to one of 12 committee members on the basis of their specialty. At the next committee meeting, the physician studying the complaint presents a case summary, a recommendation, and suggested text for necessary correspondence. Committee members then discuss the case until they reach a consensus. Everyone involved in the case receives a report on the findings.

The Medical Review Committee serves only as a consultant and does not engage in disciplinary action. If a physician requires further investigation or disciplinary action, the committee refers him or her to the Peer Review Commission. If an insurance carrier requires such action, it is referred to the Health Insurance Association of America.

Questions to ask yourself before you open an IRA account.

- **Do I have surplus investable funds?**
  The amount of allowable contribution each year is deductible from your gross income on the federal tax form. Part of this amount is money you would have paid in taxes if you had not contributed to an IRA account.

- **Do I have to have an administrator/custodian for my IRA?**
  Yes, the law requires that you appoint a qualified administrator/custodian.

- **Is the service of an administrator/custodian expensive?**
  The costs vary. Some are far more reasonable than others.

- **Do I want a self-directed plan or a managed plan?**
  That depends on your investment objectives, as well as your desire and ability to make financial decisions.

- **Can I change from one plan to another?**
  Yes, but only once a year.

- **Am I reasonably certain that the funds I invest in an IRA account will not be needed for other purposes before I reach the age of 59½?**
  This is an especially important consideration, since early withdrawals from any IRA account are subject to taxes and a penalty of 10% of the amount withdrawn.

- **Is opening an IRA account as complicated as it sounds?**
  No, not when you consider the possible future benefits. But opening an IRA account does involve a certain amount of red tape, and requires thoughtful planning.

A Black & Company account executive will be happy to help you plan your IRA program and lead you through any red tape you encounter along the way. For assistance, or answers to other questions about IRA accounts, call today.

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Dr. Douglas Johnson (L) and Dr. Vernon Summers of the Jail Health Committee

MCMS

School Health Committee

Each month, teachers in Portland Public Schools receive the Good Health newsletter, a four-page publication produced by the School Health Committee. These newsletters are packed with health and safety tips that teachers can pass on to their students. Topics that have been covered include: venereal disease, flu, hypothermia, sunburn, insect bites, allergies and bicycle safety.

The committee also serves as an advisor to schools in Multnomah County, providing assistance and information in the area of general health problems. It recently helped Portland Public Schools inform MCMS members of the new state immunization laws and ways that physicians could help the district meet this additional responsibility. Committee members are presently studying the increase in child abuse, a problem that may be linked with the poor economy.

Two representatives from Portland Public Schools serve as special advisors to the committee, keeping its members abreast of school health issues.

Tel-Med Committee

Tel-Med, a library of taped health information, is one of the Society's most popular public services programs. Anyone can use the library by calling the Tel-Med number, 248-9855, and requesting the tape they'd like to hear.

There are 80 tapes, all providing clear, concise and medically accurate information at an eighth grade level of understanding. Most of the scripts are written by physicians, and each script is reviewed by an eighth grade student and two physicians specializing in the area addressed. After this initial review, the script goes to the Tel-Med committee for further discussion and final approval.

Tel-Med committee members also determine the topics that will be offered, recommend authors, and discuss ways to promote the program. Tel-Med is co-sponsored by OPS Insurance.

Jail Health Committee

In 1971, the Multnomah County Corrections Department asked the MCMS for its support in improving mental health services for inmates. The Jail Health Committee emerged from this request and includes both MCMS members and representatives from the medical and administrative staffs at the Multnomah County Corrections Department.

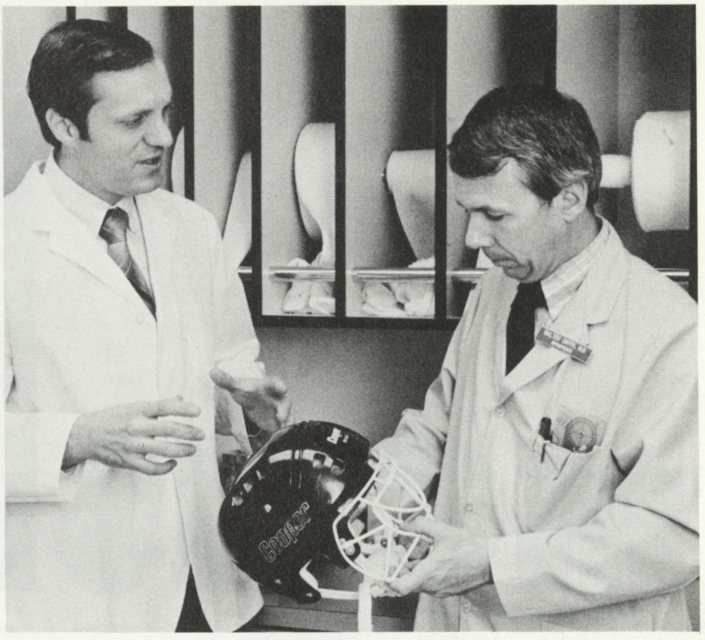
Over the past five years, the committee has been successful in establishing mental health screening and psychiatric services, and has addressed the problems of general health care in the jails. It also helped develop a program at Portland Adventist Medical Center that offers inmates specialized services, including consultation and hospitalization. The committee's efforts have significantly improved delivery of mental and general health services for Multnomah County inmates.

Current activities include: reviewing the medical records of individual inmates to assure delivery of quality health care; evaluating the level of compliance with AMA jail health standards; planning a health care program for the new county jail; arranging for committee members to visit the jails and become acquainted with jail health procedures; and facilitating communications between the corrections adminstration, health care providers at the jails, and medical providers within the community.

Emergency Medical Services Committee

The Emergency Medical Services Committee consists of 14 physicians representing a variety of medical specialties and sharing an interest in emergency medicine. Over the past years, this committee has served as an advisory body to the Emergency Medical Technicians Committee, the Oregon State Board of Medical Examiners, the MCMS Executive Committee, and various community groups concerned about emergency medical care. It has also weathered the gradual introduction of EMTs into pre-hospital care. Issues currently concerning the committee include continued improvement of pre-hospital care services and the ongoing problems of designating a trauma center.

Dr. James Peck (L) and Dr. Walter Smith of the Committee on Sports Medicine



MCMS

Joint Committee with the Multnomah Bar Association

The Joint Committee with the Multnomah Bar Association was set up to help physicians and attorneys work together in a cooperative and constructive manner. This group, comprised of three physicians and three attorneys, is currently revising the Inter-professional Guidelines, a set of principles that help govern interaction between the two professions. Committee members also review and adjudicate conflicts between attorneys and physicians. These conflicts usually involve medical reports to attorneys and payment for these reports, and the scheduling of expert testimony and payment for that testimony. The revised guidelines also address these issues in depth. To date, the committee has been able to resolve all conflicts satisfactorily.

Committee on Alcohol and Drug Abuse

Concerned by the problem of alcohol and drug abuse among physicians, this committee was instrumental in developing the OMA's statewide program for troubled physicians.

Two years ago, after interviewing numerous specialists in alcohol and drug abuse treatment, the committee submitted a resolution at the OMA House of Delegates requesting that the association develop a troubled physicians program. The resolution passed and the program was initiated.

Since then, most of the committee's activities have merged with the OMA program. Committee members are presently evaluating the program's effectiveness and training additional physicians to assist and guide troubled doctors. The committee also serves as a clearinghouse for information concerning alcohol and drug abuse problems in the community.

Joint Committee with Northwest Oregon Council of Hospitals

The Joint Committee with the Northwest Oregon Council of Hospitals serves as a liaison between the MCMS and NOCH. Committee members meet with NOCH representatives to identify, discuss and act upon issues of mutual concern and interest.

Last year, the committee sought ways to improve the relationship between medical staffs and hospitals. This year, the MCMS board of trustees has asked it to address the problem of providing health care to the medically indigent, a growing concern among both organizations.

Public Policy Committee

The Public Policy Committee, previously part of the Public Relations and Public Policy Commission, is now a free-standing committee responsible for monitoring government actions, recommending ways to respond to those actions, and developing policy statements.

Committee members review proposed legislation and regulations at a local, state and national level, and respond to the OMA, AMA and the legislators directly. They will also help direct the Society's Legislative Key Contact System now being developed.

Committee on Sports Medicine

Members of the Committee on Sports Medicine have banded together to reduce the large number of injuries caused by athletics. Focusing on general health care and injury prevention, the committee provides information and advice to school athletic departments on such subjects as medical care for athletes, sports physicals, and on-going educational activities for coaches, trainers and athletes. School adminstrators, athletic directors and coaches are ex-officio committee members and serve as special consultants in committee activities.

One of the group's major projects is its orientation seminars for emergency medical technicians providing sideline medical care at school athletic events. These seminars, conducted at the start of each season, are designed to give EMTs a sound basis for making decisions in an emergency situation. Committee members also provide sideline medical care at various Oregon State Activities Association athletic playoffs.

Paulette Stokes, Tel-Med operator

MCMS

COMMUNITY SERVICES

Multnomah County Medical Society is the catalyst that joins the special needs of people in the community with the special talents of physicians. The numerous community services that MCMS provides on a daily basis may often go unnoticed, but are nevertheless important to the health and welfare of all county residents.

Doctor's Referral Service

When a family moves to Portland, the MCMS Referral Service helps them find a doctor in their area. This service also aids those seeking a second opinion or wanting to change doctors for any reason.

Doctors are listed by specialty and practice location. The service also maintains a list of those who give flight physicals or speak a foreign language, and provides information about low cost and free health care. Referral hours are 8:30 am to 9:30 pm, Monday through Friday.

Tel-Med

Tel-Med is a library of taped health information sponsored by the MCMS and OPS Insurance. Anyone can use the library by calling the Tel-Med number (248-9855) and requesting the tape they'd like to hear.

Over 280 tapes provide clear, concise and medically accurate information at an eighth-grade level of understanding. The scripts are not diagnostic, but offer preventive medical information and help people recognize early signs of illness and, in some cases, adjust to chronic illness. Each tape is three to seven minutes long.

Most Tel-Med scripts are written by physicians. Before a script is released, it must pass a series of reviews to make sure the information is considered valid by MCMS members.

Tel-Med is open from 10:00 am to 10:00 pm seven days a week, except for holidays, and receives approximately 6,000 calls a month. Society members may obtain free Tel-Med directories for their office by calling the MCMS, 222-9977.

Speakers Bureau

Last month, Rotary requested a physician who handles family conflicts, the Alpha House asked for a doctor knowledgeable about drug abuse, and a third grade class wanted a physician who "specializes in daydreaming."

Each month, the Speakers Bureau finds physicians to speak at schools, clubs and professional organizations throughout the city. Popular topics include alcohol and drug abuse, pregnancy, venereal disease, an introductory course for primary students on "What is a Doctor?" and a more advanced version for highschool students on "How to be a Doctor." The Speakers Bureau is a valuable tool in promoting good health and strengthening the relationship between the public and medical community.

Grievances

In this best of all possible worlds, patient grievances are still a reality. Patients who are dissatisfied with an MCMS member can find a forum with the Grievance Committee.

This committee investigates complaints and, working with the doctor and patient, is almost always successful in resolving grievances and averting legal action. The committee is comprised of 19 MCMS physician members. All investigations are confidential by Society policy and Oregon statutes.

Jeanne Vore, auxiliary president (L) and Pat Roduner, president-elect

The Multnomah County Medical Auxiliary

When Portland schools were faced with updating 84,000 immunization records, auxiliary members jumped in to help. And when Medicine for Missions requested medication for under-developed countries, the auxiliary started an ongoing program of collecting unused medicine from Portland physicians and sending it to Tacoma, where the organization is based.

The Multnomah County Medical Auxiliary is dedicated to promoting medical and health education, supporting the state auxiliary in its programs, and cultivating friendly relations among physicians' families.

Auxiliary members raise funds for service organizations throughout the country. They recently gave $3,500 to the state auxiliary to help purchase the Ronald McDonald House, a place where families from all over Oregon can stay while their children receive treatment in Portland hospitals for chronic illnesses. The auxiliary also prints the OHSU resiterns' roster.

Other organizations that have received auxiliary assistance include: the Portland Rehabilitation Center; East Multnomah County Council for Volunteers; Golden Hours, a non-profit radio station for the deaf; the Seaside Conference, an annual meeting to address school health problems; and the E.C. Brown Foundation, a non-profit organization that produces educational films for schools.

A program that best illustrates the depth and importance of auxiliary projects is the Volunteer Registered Nurses program. Developed and piloted by the auxiliary in 1974, this program provides nursing services in Portland Public Schools that would otherwise be unavailable because of budget restraints. The program was authored by five nurses, four of whom are auxiliary members. They are: Charlotte Gray, Lois Miller, Marion Waterman and Pat Wood. Though the Education Service District now sponsors the program, the auxiliary has a seat on the standing committee and actively recruits volunteer nurses. The Volunteer Registered Nurses Program provides services that, if contracted, would be in excess of $500,000 a year.

In addition to sponsoring community service projects, the auxiliary offers a wide range of educational and recreational activities. The Shape-Up-For-Life committee arranges hikes in the Portland area, while the Bookworms review the latest novel.

Every Christmas, the auxiliary joins other state and county auxiliaries in selling holiday greeting cards. The Multnomah County Medical Auxiliary produces its own cards, designed by the children of MCMS members. Proceeds from the sale go to the AMA Educational Research Foundation and are divided among the nation's medical schools. Most of the money raised locally, approximately $1,600, goes to the OHSU School of Medicine.

In upcoming months, auxiliary members will be visiting the state capitol to learn more about the legislative system, staging a fund-raiser for the Ronald McDonald House, and sponsoring a program about the problems that confront physicians and their families.

Spouses interested in becoming active in the auxiliary should contact Jeanne Vore, 223-4620.

Volunteer Programs

MCMS members log thousands of volunteer hours each month on community health projects. Through the Society alone, physicians voluntarily staff the Salvation Army Clinic; assist

continued on page 25

"Reagan's new tax law enabled me to buy my own airplane."

Thanks to the new tax law and Aurora Aviation, I have my own airplane...and I paid for it with tax dollars! Now I'm flying to places like Sun Valley, San Francisco, Reno and many others.

The new tax law was specifically designed to encourage people like you and me to invest in America...and it provides significant tax savings when we do! Now with Aurora Aviation's aircraft ownership program, I've got something I've always wanted...and I've virtually eliminated my taxes for 1982.

Let Aurora Aviation show you the significant advantages of owning an airplane. If you don't know how to fly, Aurora Aviation will include your pilot's license and/or provide pilot services. To shelter this year's taxes, act now. Call today for a free brochure and information packet explaining the complete program...Call Aurora Aviation at 222-1754. Ask for Paul or Bruce.

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Cessna

Jo-Lynne Hamilton, director of the MCMS Placement Service Agency

MANAGEMENT SERVICE CORPORATION

Management Service Corporation is the Society's tangible services arm. The MCMS executive committee serves as the corporation's board of directors to assure that all business operations are clearly understood by knowledgeable people. The Society's executive director is the corporation's executive vice president.

Services provided by Management Service Corporation include:

- **MCMS Placement Service Agency**
- **Portland Physician**
- **Physician's Answering Service**
- **Radio Paging Service**
- **Medical Printing Service**
- **Collections (Provided by Transworld Systems, Inc.)**
- **Group Travel**

MCMS Management Service Corporation understands the unique problems confronting physicians and is dedicated to resolving those problems. Furthermore, its services cost far less than those in the commercial market.

Following is a description of each service:

MCMS Placement Service Agency

For 12 years, the MCMS Placement Service Agency has been helping physicians find medical and business personnel for offices, clinics and laboratories. This job is carried out with two goals in mind: To provide physicians with qualified employees, and to match potential employees with a position suited to their experience, skills and interests.

The placement service works with all types of medical assistants, including RNs, physician's assistants, laboratory and x-ray technicians, transcriptionists, medical secretaries, insurance clerks, bookkeepers and collection specialists.

When a physician or health organization needs an employee, the placement service advertises the position, pre-screens applicants through personal interviews and skill tests and verifies references. Qualified applicants are then referred to the employer. Because of this preliminary screening, the employer does not waste time on unqualified applicants or unnecessary phone conversations.

The MCMS Placement Service Agency is licensed by the State Bureau of Labor. Its fees are among the lowest in Portland and may be paid by the employer, employee, or both.

The placement service also assists employees and employers by providing personal counseling and written information on finding, or filling, a position. "Tips for Applicants," a free brochure developed by the placement service, provides tips on writing an effective resume, preparing for interviews, and gathering resource materials. Another brochure, "Quick Reference Guide to Personnel Management," briefs employers on the Oregon Civil Rights Laws, and explains how to check references, prepare job descriptions, conduct interviews and terminate employees.

To help medical assistants remain current in their field, the placement service sponsors educational seminars and in-service programs. It also stays in touch with community colleges and paramedical schools to keep abreast of program content and applicant availability.

Each year, the placement service surveys MCMS members to determine the average salary and the type of benefits employees are receiving. This survey is available upon request.

Jo-Lynn Hamilton, placement director, has over 11 years of experience in the medical field. For further information about the placement service, call her at 222-9977.

Portland Physician

Thirty-seven years ago, the Society published its first issue of Portland Physician, a modest publication entitled *The Bulletin.*

Since then, the magazine has developed into a leader among Society journals. The International Association of Business Communicators has repeatedly recognized it with Paceseter Citations, and in 1980 it received Sandoz Pharmaceutical's Award of Excellence for medical journalism.

Portland Physician is dedicated to the social, political and economic issues confronting medicine at a local, regional and national level. It also provides news about the Society, local physicians, and continuing medical education programs. MCMS

continued on page 29

CLIP AND SAVE 2-82

Tel-Hospital Tapes

A library of tapes prepared especially for patients in the hospital to help them understand operations and diagnostic procedures.

H251 What Is Tel-Hospital?
H213 Abdominal Arteriogram
H410 Acute Myocardial Infarction
H405 Angina Pectoris
H67 Appendicitis/Appendectomy
H2 Arthroplasty of the Hip
H803 Birth Control
H804 Birth Control Pills
H202 Bone Marrow Examination
H809 Breastfeeding Your Baby
H25 Breast Surgery
H811 Caring for Yourself after a Baby
H191 Cataract Surgery
H216 Cerebral Angiogram
H61 Cholecystectomy
H209 Cholecystography—Cholecystogram
H62 Cholelithiasis
H807 Condom, Foam and Diaphragm
H406 Cystic Diseases of the Breast
H701 Diet and Heart Disease
H205 Electrocephalogram
H810 Emotional Feelings after Childbirth
H503 Exercise for the Bedridden Patient
H215 Flourescein Angiography
H408 Gastritis-Gastroenteritis
H68 Hemorrhoidectomy
H702 High Blood Pressure—Questions & Answers
H1201 Hospital Admitting Procedures
H1202 Hospital Discharge Procedures
H121 Hysterectomy
H805 Intrauterine Devices
H102 Laryngectomy
H105 Lung Surgery
H210 Mammography
H203 Myelogram
H407 Pneumonia
H240 Proctosigmoidoscopy
H130 Prostatectomy, Transurethral
H501 Rehabilitation for the Breast Cancer Patient
H24 Repair of Incisional Hernia
H23 Repair of Inguinal Hernia
H806 Rhythm Method
H212 Run-Off Arteriogram
H706 Sexual Activity Following a Heart Attack
H103 Thyroidectomy
H123 Tubal Ligation
H22 Umbilical Hernia
H403 Ulcerative Colitis
H409 Uterine Fibroid Tumors
H151 Varicose Vein Ligation & Stripping
H801 Vasectomy—Birth Control for Men
H207 X-ray of the Stomach and/or Intestines
H208 X-ray of the Large Bowel

Call 239-6200. The operator will be glad to play any tape for you or your patient. This is a free service to the professional medical community by Portland Adventist Medical Center.

Dorothy Price, manager of Physicians Answering Service

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members are encouraged to submit articles. One of the magazine's main objectives is to provide a forum for members' thoughts and concerns, and an outlet for their creativity.

Advertising off-sets most of Portland Physician's production costs. For this reason, Society members are urged to patronize advertisers whenever possible. Portland Physician does not accept advertising from firms competing with Society services, or for products and services destructive to medicine.

Arlene C. Tiland is the magazine's managing editor. Ms. Tiland graduated in journalism from the University of Oregon and has over five years of writing experience. The Portland Physician Advisory Committee sets editorial and advertising policy and counsels the editor on any questions or problems that arise.

Physicians' Answering Service

Established in 1927, Physicians' Answering Service is one of the largest all-medical answering services in the country. Twenty-eight operators, working at 10 switchboards, answer calls 24-hours a day for over 1,200 physicians in the tri-county area. In addition, Physicians' Answering Service has approximately 25 medically-related accounts, including the Suicide Prevention Center, the Visiting Nurse Association, the Multnomah County Department of Communicable Diseases, the Multnomah County Dental Society, and a number of medical supply companies.

An operator with the Physicians' Answering Service must be a jack-of-all-trades. The list of services operators provide reads something like this:

Advertiser: With each call, a potential customer is contacted and an impression is made.

Bookkeeper: Accurate records of each call must be kept; money, goodwill and service reputation are in the balance.

Clock: Timing can mean life or death. It can mean dollars or doughnuts. It can mean keeping an account or losing it.

Diplomat: The operator represents the client to his or her calling public. Protocol must be maintained.

Dispatcher: Of Doctors.

Electric Brain: Everything must be heard, seen, felt and retained. The operator must be sensitive to the caller and know the subscriber. No mistakes can be made.

Encyclopedia: A caller expects the operator to be a walking, talking bureau of information.

Night Watchman: While our clients sleep, Physicians' Answering Service monitors their business.

Psychiatrist: A telephone operator must understand, aid and listen to anyone who calls.

Salesman: In a majority of the calls, a service is sold.

Thermometer: If anything gets too hot or too cold, it's ruined.

Translator: Even if the caller is a foreigner, or has a speech problem, the message must be correct.

Welder: If something is about to fall apart or burst at the seams, the operator is responsible for patching it back together.

It's no wonder that when all these talents come together during peak traffic hours, an operator might be heard saying: "Could you hold please? . . . I'm on a swissie bitch-board."

Dorothy Price is manager of both Physicians' Answering Service and the Radio Paging Service. Ms. Price has over 30 years of experience in telephone operations, including 15 years with the Society.

Radio Paging Service

Radio paging is available at a reasonable monthly charge to all MCMS members using the Physicians' Answering Service. The Radio Paging Service is in the same office as the answering service, making it easy to pick-up a pager when needed. Open 24-hours a day, the office also provides loaners for damaged equipment.

Two types of pagers are available: A Pageboy II and a Spirit. Both operate the same, but the Spirit is smaller and fits comfortably in a shirt pocket.

The Radio Paging Service is licensed through the FCC, allowing it to page physicians over the air. This reduces emergency response time.

IN ADS LIKE THIS, MOST COMPANIES INVITE YOU TO MEET ONE OF THEIR BROKERS.

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Dale Moyer
Laurence Gibney
Vicki Carson
Joseph Marzucco
Bruce Kroese
Steven Buckstein
Kent Myers
Ben Johnson
Shannon Grant
Gregory Lutz
Peter Boris
Jean Monroe
Gerald Webster
James Field
Shelley Schlecht
Stephen Amdahl
Don Beazely
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Mike Grantz, production director of Medical Printing Service and Sue Kelsall, production assistant

MSC

Medical Printing Service

Medical Printing Service boasts a full range of printing capabilities and a trained, professional staff. Attuned to the special needs of physicians, it can turn any idea into reality.

The printing service specializes in typesetting and printing letterheads and envelopes, appointment and business cards, prescription pads, insurance forms and announcement cards. Staff members are available to help physicians select the right color, typestyle and paper for their needs. Services provided through Medical Printing include:

Preparation: The printing service will layout and paste-up any project. Typesetting is provided by an IBM Electronic Selectric Composer and a Compugraphic System.

Printing: Medical printing can print pieces as small as 2 x 3" cards, or as large as 19 x 22" sheets. Its presses allow fast set-up and high speed production. Half-tones, colored ink, screens and NCR sets are provided. A wide selection of paper, colors and typestyles serve the most versatile printing needs.

Photo copying: A 9200 Xerox Copy Center combines high quality copy image with high speed duplication to assure physicians a fast turn-around on office forms. Paper is available in various weights and colors, and the Center's collating and reduction capabilities are unlimited.

Binding: Medical Printing's bindery collates, staples, drills, pads, trims and folds quickly and professionally.

Mailing: The mailing service addresses, stuffs, and mails materials statewide. Specialty group mailing lists are maintained and constantly updated.

Mike Grantz is production director and has been with Medical Printing for over 21 years. Collectively, he and his five-person staff have over 50 years of experience in working with the printing needs of MCMS members.

For a tour of the shop, or answers to specific questions, feel free to call or drop by the office.

Transworld Systems, Inc.

MCMS Management Services Corporation recently introduced a new pre-collection and collection service provided by Transworld Systems, Inc. Transworld Systems, Inc., a California-based firm established in 1970, handles collection accounts for over 15,000 physicians nationwide.

TSI will collect on delinquent and slow-paying accounts—regardless of size, age, or location—for an average fee of $7.25 per account. There are no percentage or commission charges. Briefly, here's how the system works:

Physicians with delinquent accounts purchase a set of four-part forms from TSI. The cost of these forms vary, but average about $7.25 for a batch of 100. The physician's office staff fills out the forms and sends them to TSI, triggering a series of highly effective, personalized contacts with the patient. Request for payment is intensified with each contact, but no letter is so bold as to alienate the patient. Payments are sent directly to the physician.

After 90 days, most offices recover 50-60 percent of their delinquent accounts. By using one of the four-part forms, physicians may stop or alter collection activities at any time.

Accounts not collected at the end of 90 days will be returned, and the doctor can write them off as bad debts or turn them over to TSI's Credit Management Services for accelerated collection, including litigation. Money collected during this phase is charged a commission between 35 and 50 percent of the amount collected.

TSI will also, free of charge, help Society members increase their own in-office accounts receivable management system. Those needing TSI's assistance, should call Bob Detmer at 226-0245.

Group Travel

Each year, the Society sponsors group travel programs for MCMS members and their families. These programs give physicians an opportunity to travel around the world, while taking advantage of continuing medical education programs and becoming better acquainted with their colleagues. A recent membership survey revealed that MCMS members want the Society to continue offering these trips.

This summer, the MCMS will be sponsoring four trips to various parts of Europe, followed by a tour of the Far East in late September. The Society strives to offer trips that vary in location, price, length, and the medical subjects covered.

"the New Look"

We are proud to announce the opening of the Providence Professional Plaza. This new four-story building is part of an ongoing development program to remodel and update the entire Providence Medical Center campus.

The Professional Plaza will house over 60 physicians and supportive services — radiology, laboratory, physical therapy, and pharmacy. For the convenience of neighbors, patients, employees and building tenants, the Plaza also has an optical shop, bank, and deli.

We would like to invite you to visit the Professional Plaza at NE 49th and Glisan, and also tour other remodeled areas of the medical center.

Sunday, May 2, 1982.

Open House:
2 - 3:30 pm

Dedication and Blessing:
3:30 pm

In addition to the dedication events, we are most pleased to present the Providence Stage Band in a special Twentieth Anniversary Concert at 4 pm in the Auditorium. You are cordially invited to come and enjoy the performance.

Visitors may use one of our "new look" additions — the six-level Parking Structure, located on NE 49th between Hoyt and Irving.

These events are part of Providence's continuing effort to extend to the community our tradition of caring and excellent health care.

Now located in the Professional Plaza

James L. Baldwin, MD
Henry B. Ballantyne, MD
Paul R. Burgner, MD
Shirley Deale, MD
Gordon L. Doty, MD
James W. Eastman, MD
Nora Fairley, MD
H. Freeman Fitch, MD
William M. Garnjobst, MD
Eric Goranson, MD
Robert H. Gray, MD
Virgil L. Hamlin, MD
Thomas M. Haun, MD
James E. Holland, MD
Stanley Huber, MD
Lynn F. Ihringer, DDS
Peter J. Kane, MD
Douglas J. Key, MD
Gary H. Leaverton, MD
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Gilbert R. Lipshutz, MD
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Eric W. Long, MD
George B. Long, MD
Louis H. McCraw, MD
Michael J. Markham
Walter E. Meihoff, MD
Benjamin Podemski, MD
Ernest H. Price, MD
David H. Regan, MD
Dale C. Reynolds, MD
Gary B. Rothenberger, MD
Thomas J. Saddoris, MD
Michael H. Silverman, MD
Eugene S. Sullivan, MD
Gordon W. Summers, MD
Calvin T. Tanabe, MD
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Providence thanks our contractors for their assistance in making this announcement possible.

Four Cold Days in Chicago

By John W. Tarnasky

The mighty oak stood isolated in a flat, barren field. As dozens, hundreds, of physicians berated the AMA, component and specialty societies, and even each other, a rawboned woodsman cut first one branch then another from the tree. Soon the tree was but a spire, limbless and gaunt. As suspicion and hatred spewed forth, the trunk itself was severed and, in excruciating slowness, thundered to the ground. This symbol of life, of vitality, of organization was devasted—not by outside forces, but through internal imbitterment, squabbling, dissention, suspicion and ignorance.

Such was the symbol invoked at the 1972 AMA leadership conference. At this year's meeting, held in cold Chicago over a recent four day weekend, the tree—the organization, the unification—was resurrected under the theme "A New Beginning." The trunk rose, limbs formed, branches grew and leaves sprouted in the spirit of a new start for medicine, buffeted by change from within and without, but resolved not to expire by its own hand.

What did we learn? What did we offer?

We learned that the problems of Portland physicians differ only by degree from those of our colleagues throughout the nation. Following is a summary of these problems.

Pro-competition, known also as "consumer choice," cannot be discussed in detail until the President unveils his plan. In its present various forms, this proposed legislation would mandate alternative health insurance coverages, with government taxing excess employer-paid plans and employees receiving cash rebates for accepting less coverage.

It would also allow the lay corporate practice of medicine, (i.e. hospitals and non-medical cartels employing physicians in a for-profit setting), and expand alternative providers' scope of practice. That is, through "de-regulation" of the health care "industry," everything's fair game. Implicit in the pro-competition theme is that there's presently no competition. (If you believe that, I have a bridge I'd like to talk with you about . . .) Again, while the issue is big, let's tread water until we see what the President has in mind.

Coalitions are springing up like mushrooms and are *very* important at this moment. They are important first because they represent a way for local communities to voluntarily control escalating health care costs. They are also a positive concept created by medicine—which challenges the misconception that we always react, and when we do its against something.

But there's a problem. While medicine conceived this notion three years ago, people outside medicine are forming coalitions today that do not include, or only marginally include, physicians. Isn't it strange that people would discuss the provision of health care without including the providers? (This is the case in Portland, and let me assure you that your officers have held numerous conversations with AMA officers and staff leaders in seeking a way to remedy this situation.)

Indigent care is a subject of immense concern in every city, town and crossroad in America. As government carries its traditional financial load, and the unemployment lines grow, we must find ways to help those in need without crushing ourselves in the process. While it's difficult to find a cure for this disease, no issue is more consuming than this one. George Caspar will soon be sending you a letter describing our direction in representing you and the "medically poor."

Block grant funding will shift money currently expended by the feds back to the states and counties. The amount of money available for medicine/health care will in part rest on our ability to defend those dollars. The Medical Association of Georgia has created some interesting internal forces to fight for medical dollars which we will be considering.

The New Federalism? You saw our executive director's argument against this concept, as it applies to Medicare and Medicaid, in the March Portland Physician. Not one leader attending the conference challenged our notion that while New Federalism might apply to many things, it does not apply to medicine. New Federalism, as it concerns medicine, means nationalizing the majority of health care dollars. Many leaders thanked us for challenging the concept.

We've yet to issue our last word on this subject, and suspect you'll hear more about it in other forums. (If Congress adopts the New Federalism concept, $17 billion in block grants will flow to the states—only part of which has been or will be used for medical/health care—and $19 billion in Medicaid health care dollars will flow to Washington in 1982.)

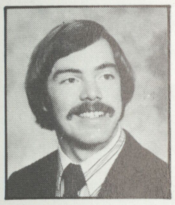
We also discussed marketing, political action, efficiently running meetings, recruiting members, cost effectiveness and much more.

What did we offer? Many were fascinated by our opinion of New Federalism. Washington state physicians requested a meeting to hear about our new efforts in addressing major issues through an accelerated executive committee retreat, our Salishan Conference, the Town Hall meetings, the board of trustees retreat, new bylaws, new interprofessional guidelines, a project-oriented budget, and our recent membership survey. Our executive director participated in a rump session with other execs to discuss organizational management and other major issues.

We had personal conversations with AMA's executive vice president Jim Sammons and Board Chairman Joe Boyle, as well as other AMA officers and staff, AMPAC board members, and state and county society leaders.

I'd give the formal part of this conference a solid seven on a scale of 10. As to our informal meetings, count those a nine. Combining the two elements, we're far more prepared to cope with the issues confronting you, me, and our patients. Though the effort will require all of our collective energies, the four cold days in Chicago were definitely worth the time.

ACTIVE MEMBERSHIP



CRAWFORD, Steven R. **Judy**
GP Washington '75
19875 SW 65th 638-9555
Tualatin 97062
2047 Wembley Pl.
Lake Oswego 97034 636-3253

Letter of Intent form from Associate to ACTIVE

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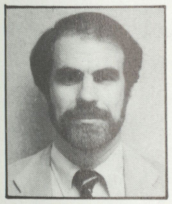

CALES, Richard H. Carolyn
EM-IM* Loma Linda '73
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97216 239-6155

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97217
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97210

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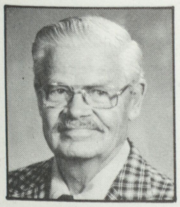

MUNDHENK, Alvin R. Dorothy
OBG-S Oregon '48
4728 SW Luradel #1
97219 245-7431

SPONSORS: Walter C. Reynolds and John W. Tarnasky

KRIEGER, Walter R. Catherine
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97210 228-6755
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97217

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DR Loma Linda '73
2801 N Gantenbein 280-3200
97227
2463 Palisades Crest
Lake Oswego 97034

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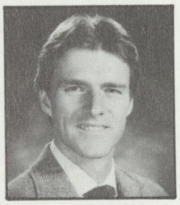
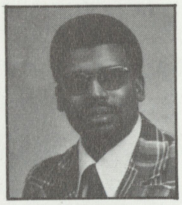


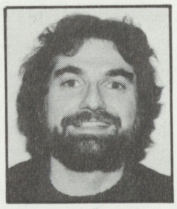
DONNELLY, William A.
S*(C-T) Cornell '73
2800 N Vancouver #242
97227 282-3238
2336 SW Osage #506
97205 225-0532

SPONSORS: Doctors A.C. Thirugnanam and A. Matar



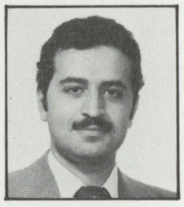
BAKER, Herbert L. Ann
OTO Michigan '75
VA Hospital 222-9221
97207
12320 NW Marshall 641-3620
97229

SPONSORS: Doctors Edwin C. Everts and James D. Smith



AVERSANO, Alexander P.
N* Coll of Osteo '73
5217 SE 28th 231-6008
97202
7975 SW Westgate Way
97225 245-2993

SPONSORS: Doctors Michael J. Goldman and Norman R. Willis



YARED, Sam Susan
S(C-T) Damascus U Fac of Med '73
2800 N Vancouver #106
97227 281-5270

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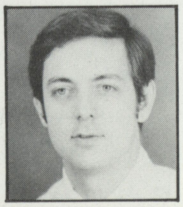
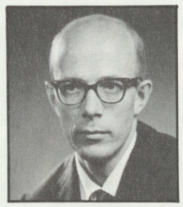
ASSOCIATE MEMBERSHIP



GARDNER, David P. Martha
N Tennessee '75
3181 SW Sam Jackson Pk Rd
97201 225-7772
19050 NW Illahe 645-6976
97229

SPONSORS: Doctors Frank Yatsu and John Howieson



KOLER, Robert D. June
I*-Hem-Genetics Oregon '47
3181 SW Sam Jackson Pk Rd
97201 225-7703
2532 SW Hamilton Ct
97201 244-8486

SPONSORS: Doctors Robert H. Bigley and Scott A. Goodnight Jr.

ABDULHAY, Gazi Suzanne
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97201 225-7797
4268 Albert Circle 620-9587
Lake Oswego 97034

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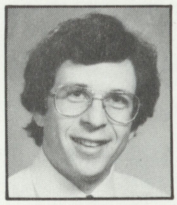
AFFILIATE



SLEVEN, Rodger A. Marcella
GE (Fellow) IM* UCSF '76
3181 SW Sam Jackson Pk Rd
97201 225-8311
11675 SW Clifford 641-1840
Beaverton 97005

SPONSORS: Doctors John W. Jendrzejewski and Emmet B. Keffe

KOIN, Diana
IM/GER (Resident)
Colorado '74
3181 SW Sam Jackson Pk Rd
97201 225-8311
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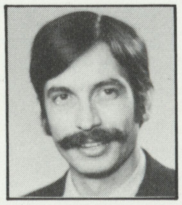

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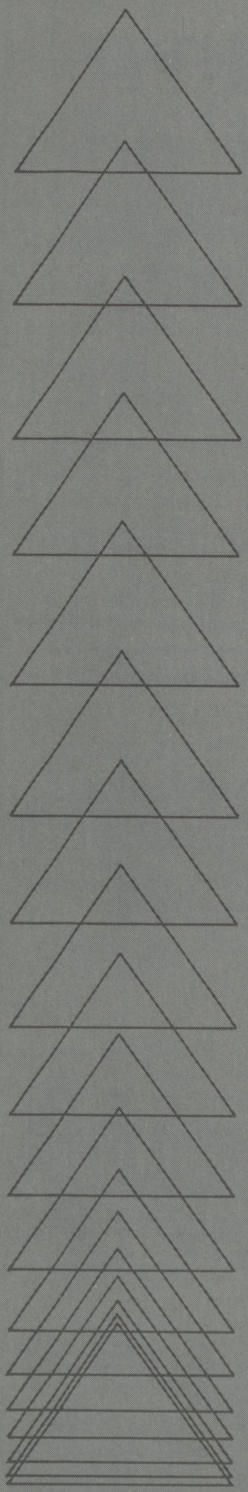

Glut of doctors produces painful prognosis for Portland physicians

Oregonian headline, April 1981.

Newspaper headlines proclaim a "Glut of doctors" and alliteratively forecast a "painful prognosis for Portland physicians."

News reports cite statistics like these:

- **Portland has one doctor for every 166 patients, compared to one for every 750 patients nationally.**
- **Alternative private health care providers are effectively drawing a share of available patients.**
- **The cost of doing business has increased due to higher office overhead and employee salaries.**
- **The "business" of health care appears to be ailing.**

What can be done about it?

Should physicians "market" their services by changing office hours and routines to accommodate consumers?

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In recognition of Parkinson's Day, Wednesday, May 19, the Willamette-Columbia Parkinsonian Society is sponsoring a meeting for people with Parkinson's Disease and their friends and families at 7:00 p.m. at the Easter Seal Society building, 5757 SW Macadam. Dr. Donald Calne, head of the Neurology Division of the Health Sciences Center Hospital at the University of British Columbia, will discuss current research on Parkinson's Disease. For information, call 229-7717.

NAMES IN THE NEWS

Genevieve S. Burk, an Oregon City anesthesiologist, was installed as the 108th president of the Oregon Medical Association at the OMA House of Delegates last month. Dr. Burk is past president of the Clackamas County Medical Society and the Oregon Society of Anesthesiologists. She was chief of staff of Willamette Falls Hospital in 1976 and has been vice chairman of the hospital's board of trustees since 1981.

Other officers are: **Hugh B. Johnston** of Eugene, president-elect; **Thomas R. Reardon** of Portland, vice-president; **Joan K. Tanner** of Portland, secretary-treasurer; **Robert C. Loomis** of Eugene and **Roy W. Skoglund** of Roseburg, AMA delegates; **William A. Fisher** of Portland and **George E. Waldmann** of Madras, AMA alternative delegates; **Jack B. Blumberg** of Portland, speaker of the house; **H. Dann Moore** of Albany, vice speaker.

Dr. Richard Cales has been appointed director of Emergency Services at Portland Adventist Medical Center. Dr. Cales was previously an emergency physician with Anaheim Memorial Hospital and a clinical instructor for the University of Southern California and the University of California at Irvine. He replaces Dr. Duane Bietz, who left the position to expand the hospital's Emergency Surgical Response Team, of which he is chairman.

Dr. Peter C. Fuchs' book "Epidemiology of Hospital-Associated Infections" has been named the 1981 best seller of the American Society of Clinical Pathologists Press. Dr. Fuchs is the infection control officer at St. Vincent Hospital and Medical Center.

Dr. John H. McAnulty has been named chairman of the medical board of directors for CAPRI, the Cardio Pulmonary Research Institute of Portland.

Dr. Howard P. Lewis received the Distinguished Achievement Award at the annual meeting of the OHSU School of Medicine Alumni Association. Lewis, emeritus professor of medicine, was cited for his many personal and professional contributions to the medical school. He is past president of the American College of Physicians and past chairman of the American Board of Internal Medicine.

Dr. Robert Bacon was awarded an honorary lifetime membership in the OHSU School of Medicine Alumni Association in recognition of his scholarship and exemplary teaching record. Dr. Bacon, professor emeritus of anatomy, received the school's Allan Hill teaching award an unprecedented six times.

Dr. Guy Gorrel was elected president of the OHSU School of Medicine Alumni Association. Other officers are: **Dr. Joan Tanner**, vice-president; **Dr. Gary Rothenberger**, treasurer, and **Dr. Robert S. Miller**, secretary.

Mary Anne Wolfe has been appointed president of the Holladay Park Hospital board of trustees. She replaces Paul Badgley, who was promoted to chairman of the board of May Company—Cleveland.

CALENDAR

May 19 "Cancer Update"; Dr. Stephen E. Jones, chief, Section of Hematology/Oncology, Univ. of Arizona; 7:30-11:30 am; Education Center, lower level, Portland Adventist; credit hrs. 3.5, category 1; pre-registration required, contact A.J. Means, 239-6166.

May 20 "Future of Therapeutics in Parkinson's Diseases"; Dr. Donald Calne, dir. of neurology, Health Sciences Cnt. Hospital, Univ. of British Columbia; 6:00 pm; library, Neurological Sciences Institute, 1120 N.W. 20th Ave.

in summary

May 21 Tumor Conference: "Management of Increased Intracranial Pressure"; Dr. Thomas J. Rosenbaum; 7:30 am; Amphitheater, Prov. Hall.

"New Antibiotics: Have We Found the Magic Bullet?"; Dr. Jack L. LeFrank, chief, Div. of Infectious Diseases, Hahnemann Medical College and Hospital; 12:30-1:30 pm; Education Center, lower level, Portland Adventist Medical Center; credit hrs. 1, category 1; contact A.J. Means, 239-6166.

"Olivocerebellar Mechanisms of Motor Coordination"; Curtis Boylls, Ph.D., Rehabilitation Engineering Research and Development, VA Hospital, Palo Alto; 3:30 pm; library, Neurological Sciences Institute, 1120 N.W. 20th Ave.

May 21-22 "NIH/FDA Northwest Regional Conference on Research Involving Human Subjects"; Bonneville Power Admin. Auditorium; call 233-5631, ext. 10.

May 22 "Adolescence and Teenage Pregnancy—A Family Crisis"; Dr. Justin Call, chief of the Child and Adolescent Psychiatry Div., Dept. of Psychiatry and Human Behavior, Univ. of California at Irvine; sponsored by the Oregon Psychoanalytic Foundation; 6:30 pm; Thunderbird Inn at the Quay, Vancouver; pre-registration required, call 297-4858.

May 25 Emergency Medical Services; 6:00 pm; MCMS.

May 28 Tumor Conference: "Clinical Presentations"; Dr. Fredrick C. Wagner, 7:30 am; Amphitheater, Prov. Hall.

"Infection in Medical Practice"; sponsored by Northwest Permanente, and OHSU; credit hrs. 7, category 1; Red Lion, Jantzen Beach; call 240-6220.

"Motor Programming in Parkinson's Disease"; Alan Wing, Ph.D. and Dr. Robert Rafal, Dept. of Neurology, Good Samaritan; 3:30 pm; library, Neurological Sciences Center, 1120 N.W. 20th Ave.

May 31 Memorial Day; Society offices closed.

June 1 Grievance Committee; 6:00 pm; MCMS.

June 2 "Cardiorenal and Metabolic Considerations in Hypertension"; Dr. Ralph E. Cutler, chief, Clinical Pharmacology Section, Loma Linda Univ. Medical Center; 7:30-8:30 am; Education Center, lower level, Portland Adventist; credit hrs. 1, category 1; contact Melanie Graham, 239-6166.

June 4-5 "Orthopedics for the Primary Care Physician"; presented by OHSU; Red Lion, Jantzen Beach; contact Division of Continuing Medical Education, 225-8700.

June 9 MCMS executive committee; 6:00 pm; MCMS.

June 9-11 Seventh Annual Conference on the Clinical Application of Hyperbaric Oxygen; Disneyland Hotel, Anaheim, CA; contact Baromedical Dept., Memorial Hospital Medical Center, (213)595-361?.

June 11 "Management of the Allergic Patient"; Dr. Emil Bardana, prof. of Medicine, OHSU; 7:30 am; Education Center, lower level, Portland Adventist; credit hrs. 1, category 1; contact A.J. Means, 239-6166.

June 11-17 AMA House of Delegates; Chicago, IL.

June 17-19 "Current Concepts in Opthalmology"; sponsored by Devers Eye Clinic of Good Samaritan and the OHSU Dept. of Ophthalmology; credit hrs. 12, category 1; Salishan Lodge; pre-registration required, contact Rebecca Tarshis, P.O. Box 13155, Portland, OR 97213.

June 24-25 "Urology for the Non-Urologist"; presented by OHSU; Red Lion, Jantzen Beach; contact Division of Continuing Education, 225-8700.

classifieds

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MEDICAL OFFICE SPACE NEAR PROVIDENCE MEDICAL CENTER. Physicians interested in office space near Providence Medical Center can call the Medical Staff Office at 230-1111, ext. 5191 for information.

MEDICAL SPACE, Tigard Medical-Dental building: 720 sq. ft., 2-3 exam rooms Xray, lab with refrig., utilities, services. 639-1505.

OFFICE BUILDING AND EQUIPMENT AND RECORDS in Beaverton Family Practice. For more information, call 644-1101 or 641-5319.

LAKE ROAD MEDICAL CENTER, new prestigious professional space. Excellent southeast location, good parking ratio, elevator served. Large and small suites available. For Brochure call Dan Williamson, Norris & Steven Realtors, 223-3171.

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IDEAL SW DOWNTOWN LOCATION for physicians and/or dentists. On bus lines, several blocks from freeway (on and off). Street level patient parking, one story building, good identity, near park blocks and Portland State University. About 1,400-1,600 sq. feet, lease at $8.50-$9.00 Triple net. Contact Drs. Chan or Topinka 228-6681.

GOOD SAMARITAN HOSPITAL MEDICAL CENTER BUILDING. Opportunity to sublease ½ of 1100 sq/ft office. Best suited for subspecialist starting new practice. Call 241-1360.

FOR RENT OFFICE SPACE-2-office units, 11x15 each, and one office, 11x12, with additonal waiting room, group conference room, general receptionist-front office services, telephone and answering service, in newly remodeled house made into professional offices. Across street from Montgomery Ward in Beaverton. Call Y. Kimmitt or J. Furchner 644-7005.

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NORTHRUP MEDICAL CENTER BLDG., 2311 N.W. Northrup. Across from Good Samaritan. 900 & 580 sq. ft. offices, air conditioned with all utilities. Call Dr. Galen 228-6509.

S.E. MEDICAL OFFICE/CLINIC-1,500 sq. ft.-divide to suit. Just renovated medical office complex. 43rd & Division. Ample parking. Bob Butler. 222-4949. Butler Brokers.

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LOT WANTED: West side, residential. No agents, please. Call Arlene, 222-3326 days or 641-6486 evenings.

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CANNON BEACH. 2 bdrm luxury condo at Breaker's Point. Fireplace, $75/day. 244-0244.

BEND On the river, 5 min. walk to dwntn, very quiet street. Fully furnished and renovated, 70-year-old wooden house, woodstove, 2½ bdrm, sleeps up to 6. Non-smokers only, please. $45/day, $250/week. Geoff Hyde, M.D., (238-0162-office) or Helinka Marcinek, M.D., (246-5369-home).

SEASIDE HOME on beach front. Sleeps 8. Rent: Week-$425, Weekend-$135. 628-2509.

SUNRIVER. Beautiful 3 bdrm. house with view of Mt. Bachelor; fully furnished; sleeps 8; $65. per night. Phone 287-0655 or 238-0992.

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MT. HOOD HOME: three bedrooms, sleeps 8. $200.00 per week, $90.00 per weekend. Call 645-3841.

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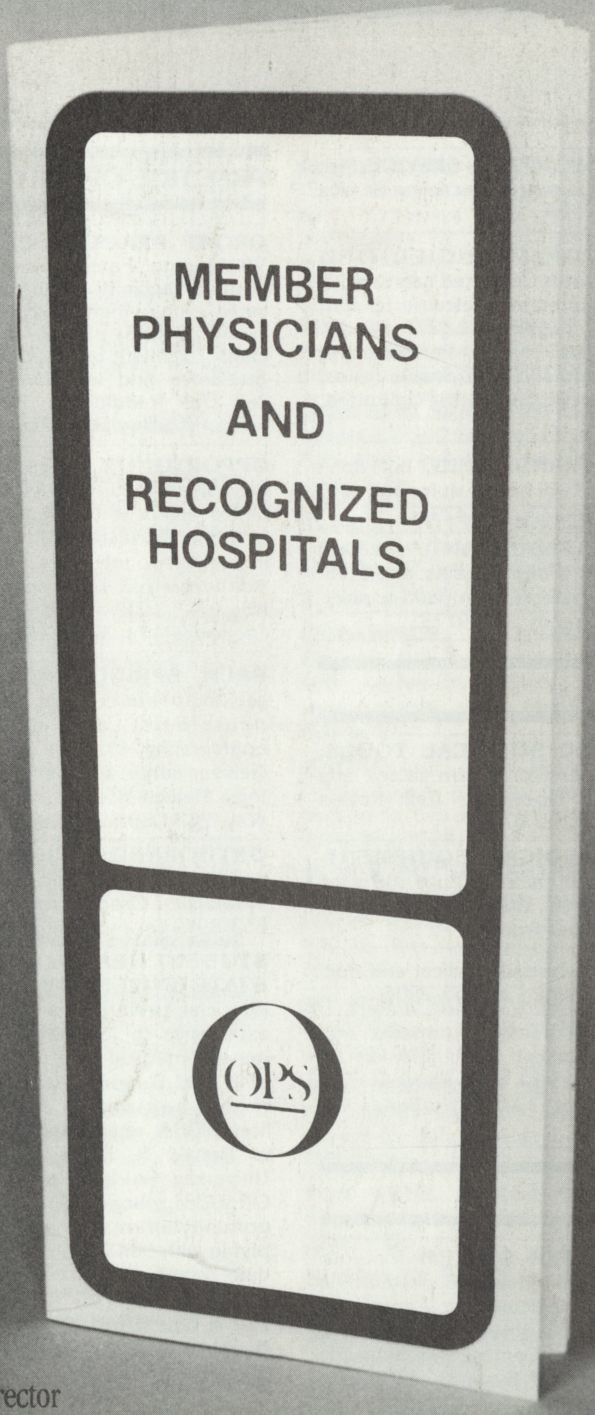

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