

THE MEDICAL REFORM GROUP

May 26, 1979 CONVENTION

- 2:00pm. Registration
- 2:15pm. Call to Order
Welcoming Remarks
Brief History of the MRG
Statement of Principles
Goal of this Convention
- 3:00pm. Presentation of Workshop Topics
- 3:15pm. Break
Assembly into Workshop Groups--Debates Room
- 3:25pm. Workshops--Meetings Rooms
- 5:00pm. BREAK and REFRESHMENTS
- 5:20pm. Call to Order
Reaffirmation of Principles
Workshop Reports
Establishing Priorities
Selection of Steering Committee
Next Meeting--Toronto Group
- 7:00pm. Adjourn

THE MAY 26 MEETING

The following is a summary of what happened at the May 26 meeting of the medical Reform Group. It was compiled and written up by the meeting's secretary, Miriam Garfinkle.

Chairperson: John Marshall

Attendance: 58 people, including practicing physicians, house staff members, and medical students from the Toronto and Hamilton areas with individuals from Ottawa, Sudbury and Winnipeg

Welcoming Remarks: John Marshall welcomed everyone to the meeting and briefly outlined the goal as officially initiating the organization of the MRG. He also announced the agenda that followed.

Brief History of the MRG: Gord Guyatt gave a brief summary of the history of the existing group from its formation in the fall of 1978 to the present. He discussed the decision to limit the group to practicing physicians, house staff and medical students. He described the early meetings in which the group decided on a statement of principles and some suggestions for action, as well as the events leading up to the May 26 meeting and the problems with anonymity which had led the group to decide that a major gathering was necessary.

Statement of Principles: Gord Guyatt continued with the statement of principles which the group had arrived at. These were modified somewhat at the meeting and the final version will follow later in this chronicle.

Presentation of Workshop Topics: The Chairperson outlined the various workshops that were to take place in the course of the meeting. He explained that the purpose of the workshops was as follows:

- 1) To get to know each other better
- 2) To discuss the principles outlined by Gord and to accept, reject or alter them
- 3) To come up with some suggestions of policies relating to the topic of the workshop
- 4) To establish priorities for the MRG as a whole over and above the workshop topics.

He then introduced the following speakers who were to be catalysts for the various workshops.

1) Economics of Health Care--Mike Rachlis

Issues: Universal access: opting out and cutbacks
Physician reimbursement
Community clinics

2) Education of Physicians--Howard Chertkow

Issues: Criteria for admission to medical schools
Approaches to education and to curricula
Continuing education of physicians

3) Decolonization of Medicine--Cynthia Carver

Issues: Expanded role for paramedics and nurse practitioners
Public health education

4) Occupational and Environmental--Jamie Meuser

Issues: Occupational disease: the role of physicians in the past and the need for an expanded and progressive role in the future

Because of the number of people interested in the Economics of Health Care discussion a second group was formed chaired by Fred Freedman and Gord Guyatt

Workshop Discussions- There was a short coffee break and then the five groups met for a discussion period of one and a half hours. Another coffee break was followed by the final plenary session. The content of the workshop discussions will be dealt with in what follows.

Plenary Session-

The three basic principles were amended and passed as follows:

- 1) The universal access of every person to high quality, appropriate health care must be guaranteed. The health care system must be administered in a manner which precludes any monetary or other deterrent to equal care. (In the previous notice describing the results of the meeting which most people received the words "or other" were inadvertently omitted)
- 2) Health care workers, including physicians, should seek out and recognize the social, economic, occupational and environmental causes of disease and be directly involved in their eradication.
- 3) The health care system should be structured in a manner in which the equally valuable contribution of all health care workers is recognized. Both patients and health care workers should have a direct say in resource allocation and the setting of health care delivery.

It was decided that these resolutions were basic, but additions and modifications may be made subsequently.

The discussions of the various workshops were then summarized by the workshop leaders as follows.

- 1) Mike Rachlis- Oppositions to cutbacks in general and in specific areas (salaries)
 - Need for reallocation of present resources
 - It was suggested that the MRG endorse the CUPE resolution against cutbacks and support the CUPE demonstration backing up their resolution but consensus was not reached in this area
 - Some type of statement should be made by the MRG which opposes doctors opting^{out}--the exact mechanism of preventing opting out, whether by legislation or disincentives should be decided by a subsequent research committee
 - Other suggestions included looking into the role of women in medicine
- 2) Fred Freedman- This group managed to arrive at 3 resolutions.
 - 1) That the MRG oppose present threats to universal access and quality of health care which include:
 - i) opting out
 - ii) cutbacks without redirection of funds
 - iii) OHIP premiums as a method to finance health care because these are a form of regressive taxation
 - 2) That universal medical coverage be extended to include dental care, drugs, appliances and other services.
 - 3) That fee for service is a less than ideal means of reimbursement and that alternatives such as salaried positions should be made available to physicians
- 3) Howard Chertkow- Education of physicians topic
 - Criteria for admission to medical school should have more public input and be open to public scrutiny
 - Medical schools should be more open to changing medical needs from 'cure' to 'care' which would involve a much greater integration of contributions by other health professionals
 - The MRG should support continuing education of all physicians and health care workers. There should be tax and financial incentives for this and a

more formalized system of professional evaluation

- 4) Cynthia Carver- Decolonization of medicine
 - Greater funding for preventive aspects of health care
 - Greater funding for home care facilities
 - Greater funding for training of paramedical workers and nurse practitioners and an expansion of their roles
 - Continuation and expansion of HSO funding for community clinics
 - Doctors should support other community groups and act as resource for other groups eg immigrant women, injured workers etc.
 - The MRG should have an important role in supporting doctors who stick their necks out and also in bringing together people who share ^{our} perspective but are at present isolated
 - Need for greater stress on health education and the need for expanded role for doctors in this area
- 5) Jamie Meuser- Occupational health group
 - Need for greater self education of MRG members in this area
 - Establishment of a list of objectives for educating medical students in occupational disease
 - Send letters to newspapers and involved officials in response to occupational and environmental issues as they come up
 - The right of workers to be informed of the hazards of exposure and the right of physicians to the same information
 - The occupational hazards of hospitals to physicians and other health care workers was discussed

Discussion of Overall Priorities for the Group

An attempt was made to establish overall priorities for the group. The following suggestions were made:

- 1) Opposition to opting out
- 2) Opposition to health care cutbacks without redirection of funds
- 3) Extending insurance schemes to other services
- 4) OHIP funding of preventive care and education
- 5) Seeing the MRG as a resource and support group for other doctors and for community groups who are struggling for similar ideals
- 6) Setting up research groups to increase our expertise in certain areas such as occupational health

The group was able to conclude that the present threats to universal access and to quality of care have to be the MRG's number one priority at present. It was clear that it was impossible to work out a wording for our stance at that moment with such a large group of people. It was also felt that a very solid background of factual information was required to support whatever stance we might take. It was therefore decided that it be a high priority to form a committee which would do the research and develop a wording for our position which would then be brought back to the MRG in the near future.

Creating the Organizational Framework

It was recognized that there was a need for an organizational structure that would encompass at least Ontario and perhaps eventually all of Canada. There was a large Hamilton constituency of more than 20 people present. The issue of whether the Hamilton and Toronto groups should meet separately or together was raised and debated at length. The consensus was that it was impractical to have combined meetings and that separate Hamilton and Toronto MRG groups should be formed.

A resolution was passed that a working committee be ^{or} formed to:

- 1) Write a constitution
- 2) Make specific suggestions for a final organizational structure
- 3) Consider issues and resolutions which derived from the present meeting

The work committee for Toronto was formed, consisting of John Marshall, Debby Copes and Jack Onrot. It was decided that a parallel Hamilton committee would be formed at the next Hamilton meeting. In the meanwhile, Annallee Yassi agreed to act as Hamilton contact.

The next meeting of the Hamilton group was set for June 3, and for the Toronto MRG, June 15.

Mike Rachlis expressed his thanks on behalf of all involved to the organizers of the May 26 meeting. The meeting was adjourned at 1910.

By the end of the meeting, of the 58 people who attended, 51 had joined the Medical Reform Group. The remaining 7 requested that they be put on the mailing list, but were unwilling to commit themselves at that time.