

MEDICAL REFORM

Newsletter of the Medical Reform Group of Ontario

Medical Reform Group of Ontario, P.O. Box 366, Station J, Toronto, Ontario M4J 4Y8 (416) 588-9167

Volume 11, Number 4 - October 1991

OMA: Confrontation or Collaboration?

The topic of the fall general meeting is "OMA: Confrontation or Collaboration?" (The title was chosen to provoke debate; it is realized that other options are conceivable...)

As announced in the last newsletter, this general meeting will have a new format: it will be an evening meeting rather than an all-day Saturday event.

The date of the meeting is Thursday October 17. The meeting will take place at 536 Euclid Avenue in Toronto (west of Bathurst, south of Harbord). The business portion of the meeting will begin at 6:30 p.m., with a discussion of

resource allocation to begin at about 7:15. The time from 8 to 10 p.m. is set aside for a discussion of the main topic, how progressive physicians, MRG members in particular, should relate to the OMA. For example, should working within the OMA - establishing visibility and a presence inside it - become a focus, or should MRG activities continue to be directed at influencing the public, the media, and government? (See elsewhere in this issue for some members' thoughts on these issues.)

Finger foods will be available at the meeting.

Canadian-style health care more cost-effective

The General Accounting Office (GAO), the highly respected non-partisan investigative wing of the [U.S.] Congress, released a study on "Canadian Health Insurance: Lessons for the United States" on June 4. The study strongly confirms PNHP's analysis of the advantages of a Canadian-style NHP, concluding that "if the United States were to shift to a system of universal

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Time to renew your membership

The arrival of fall means membership renewal time for the Medical Reform Group. Our membership year goes from October 1 to September 30, so you will be receiving your renewal form shortly. Please write out your cheque and send it back as soon as possible. The MRG runs on a tight budget, and it helps us a great deal if funds come in early in the fiscal year.

The year before us promises to be a particularly challenging one. Although we have seen the achievement of some of the goals which we have worked for as a group, notably a legislated end to extra-billing (though so-called 'administrative charges' continue), we find that medicare is in greater danger than it has ever been.

New funding arrangements imposed by the federal Progressive Conservative government will mean an end to all federal transfer payments within the next decade. As transfer payments are eliminated, there will be no means of ensuring that provinces adhere to the requirements of the Canada Health

Act. Provinces will be free to bring in user fees and extra charges, resulting in increasing inequalities both within and between provinces.

In Ontario, important changes in the health care system are being considered and implemented. It is vitally important that the voices of those who advocate a decision-making process and a health care system which give all health care workers, as well as the public, a say in resource allocation and health care decisions, be heard. The MRG has played a strong role in advocating such positions, and its voice will be needed more than ever in the time ahead.

Membership fees remain unchanged this year although inflation and the G.S.T. are biting into our budget. However, members who are able to make a Supporting Membership contribution above their basic fee are urged to do so. Income from membership fees alone has never been enough to cover all our costs, so such additional contributions make the difference be-

tween a budget which is slightly in the black, as it is now, and one which goes into the red.

Membership fees are as follows:

Supporting Members Over \$175
Physicians \$175
Residents and Interns \$50
Affiliate (not in Ontario) Physicians \$50
Medical Students \$25
Associate Members \$25
Organizations \$50
Subscriptions to the newsletter are included in your membership. The cost to a non-member for a subscription is \$25/year.

Please also give thought to whether any of your colleagues, fellow students, friends, etc., might be interested in joining the MRG. If you contact the MRG (Box 366, Station J, Toronto M4J 4Y8, (416) 588-9167 (phone and fax)), membership information, including sample newsletters, can be sent out. Alternatively, we can also supply you with brochures and other literature to hand out to your contacts.

Canadian-style health care system is more cost-effective

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coverage and a single payer, as in Canada, the savings in administrative costs would be more than enough to offset the expense of universal coverage." The GAO estimates first year administrative savings at \$67 billion, while the costs of covering all of the uninsured and abolishing all co-payments and deductibles would be \$64 billion. They find that virtually all Canadians have good access to primary care; that there are waits for a few elective high technology procedures; that "there is very little border-jumping" (i.e., Canadians coming to the U.S. for care); that a Canadian-style system

could restrain cost increases over the long run; and that, because the U.S. spends substantially more on health care than Canada, "under a Canadian-style system, the United States would have an adequate supply of high-technology equipment and services to meet an anticipated demand increase," i.e. that there would not be queues or shortages of high technology services in the U.S. Many members of Congress, as well as the media, have remarked that the GAO's report greatly strengthens the case for a Canadian-style reform.

Copies of the GAO report can be obtained from the U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877; (202) 275-6241. (Up to 5 copies free).

-From PNHP Newsletter, July 1991, published by Physicians for a National Health Program, Department of Medicine, The Cambridge Hospital/Harvard Medical School, 1493 Cambridge Street, Cambridge, MA 02139 U.S.A.; (617) 661-1064.

Medical Reform

MEDICAL REFORM is the newsletter of the Medical Reform Group of Ontario. Subscriptions are included with membership, or may be purchased separately at \$25/year. Arrangements to purchase multiple copies of individual newsletters or of annual subscriptions at reduced rates can be made.

Articles and letters on health-related issues are welcomed. Submissions should be typed (preferably double-spaced), or submitted on IBM-compatible computer disks (any program, but tell us which program you used.)

Correspondence should be sent to Medical Reform, P.O. Box 366, Station J, Toronto M4J 4Y8. Phone: (416) 588-9167 Fax: (416) 588-9167.

Opinions expressed in Medical Reform are those of the writers, and not necessarily those of the Medical Reform Group of Ontario.

Editorial Board: Haresh Kirpalani, Cathy Crowe, Gord Guyatt, Andy Oxman, Ulli Diemer.

Production by AlterLinks, (416) 537-5877.

The Medical Reform Group of Ontario is an organization of physicians, medical students, and others concerned with the health care system. The Medical Reform Group was founded in 1979 on the basis of the following principles:

1. Health Care is a Right

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.

2. Health is Political and Social in Nature

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 Institutions of the Health System Must Be Changed

The health care system should be structured in a manner in which the equally valuable contributions of all health care workers in recognized. Both the public and health care workers should have a direct say in resource allocation and in determining the setting in which health care is provided.

Help steer the MRG?

The Steering Committee of the Medical Reform Group needs new members to fill vacancies on the committee. The Steering Committee meets monthly, alternating between Toronto and Hamilton. Serving on the committee can be an excellent way to get a whole new perspective on the challenges facing the health care system (and those who wish to reform it in accordance with the MRG's basic principles.)

The Steering Committee is also looking at implementing a travel subsidy to enable members out of the Toronto-Hamilton axis to participate. This possibility might include the member

attending every second or third meeting if monthly meetings seemed to heavy a responsibility.

If you think you would like to consider membership on the Steering Committee, please contact the MRG office number at (416) 588-9167 or speak to one of the current members of the Steering Committee.

Currently the members of the Steering Committee are Mimi Divinsky, Rosana Pellizzari, John Frank, Gord Guyatt, Andy Oxman, Haresh Kirpalani, Murray Enkin, Rob Chase, Jim Sugiyama, and Nick Kates.

Fax us a letter! Send us a floppy! Modem us an article!

Do you want to react to something in the newsletter, or to something an MRG spokesperson said on the radio, right this minute? Now you can scribble down your comments (well, please make it legible!) and fax it to the MRG's new fax machine. The number is the same as the MRG phone number: (416) 588-9167. The fax contains an answering machine which detects whether an incoming call is a voice call or a fax transmission.

If you have an article which you would like to submit to the newsletter, we appreciate you sending us a disk if it's on computer. That way, you'll help us eliminate the work of re-typing it, as well as the possible errors which can

result. We can use 3 1/2" and 5 1/4" disks with any of the major DOS-based word-processing programs (but please let us know which program you used). We may also be able to accept files created on Apple computers if they are formatted as ASCII files.

We can also receive articles by modem. Call first to get us to turn the modem on.

More questions than answers...(sigh!)

The OMA is not the organization it was five years ago and, alas, neither is the MRG. In 1986, things were clear, the OMA had the horns and the MRG the halo. The MRG was at the peak of its membership and united around the issue of opting out and extra billing. Since then the OMA has changed whether as a result of a true change of heart or because of political expediency – probably a little of both. The OMA is committed to sitting down with the government to look at utilization issues

and little is heard about the need to inject private money into the health care system. By helping to win the battle over extra billing the MRG lost the one issue that had been the central focus of the group since its start. The health care system still faces major problems, but they can be framed in the same black and white terms and none of them seems to be able to unite and excite the MRG. Individually, we are five years older with growing families and other priorities and therefore we have less

time to give to the MRG, especially to an MRG that seems to have lost its momentum. Some of us are feeling that the MRG has made decisions or gone in directions we are uncomfortable with.

Now, we are all faced with the prospect of at least having to pay dues to the OMA. Do those of us who are not members also join the OMA? Will we

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Steering Committee Activities

The following summary of MRG Steering Committee activities is taken from the minutes of the period covering May 1991 through September 1991.

Speaking tour in the U.S.

Several members of the MRG, including Gord Guyatt, Mimi Divinsky, Andy Oxman, Haresh Kirpalani, Rosana Pellizzari, and Don Woodside, have been speaking at events in a number of U.S. cities on the Canadian health care system, as part of the ongoing campaign for a U.S. national health program. Some of these events were organized for Physicians for a National Health Program; this fall, the Democratic Socialists of America have organized a 12-city speaking tour with MRG representatives.

RU-486

The Steering Committee sent out letters urging that the government take the appropriate steps to begin the process of releasing the French abortion pill, RU-486, in Canada

Physicians & drug companies

Steering Committee members Gord Guyatt and Rosana Pellizzari spoke to a committee of the College of Physicians and Surgeons about guidelines regarding physician interaction with drug companies.

Public statement guidelines

Following up on discussion at the Spring General Meeting, the Steering Committee discussed the issue of whether additional guidelines were needed to cover the issuing of public

statements by the Steering Committee. The Steering Committee thought that the existing bylaws cover the situation adequately and had no changes to recommend. If any members do wish to suggest changes, they should make them known to the Steering Committee or send them to the newsletter.

Action outside OMA meeting

The MRG issued a press release regarding the OMA agreement with the government, and handed out leaflets and talked to the press outside of Maple Leaf Gardens on the morning of the OMA meeting to ratify the agreement. The press release was published in the August issue of *Medical Reform*. In brief, it stated support for some aspects of the agreement, like the cap on high billers, but it pointed out some shortcomings, such as the measure to impose penalties on all doctors, not just high billers, in the event of collective physician over-billing.

Fax

The MRG has purchased a fax machine. It is on the same phone line as the regular MRG phone: the machine can distinguish a voice call from a fax transmission and act accordingly. The number for both phone and fax is (416) 588-9167.

General Meetings

The Steering Committee decided to try a new format for general meetings. Accordingly, the fall meeting is being done as an evening meeting rather than a Saturday meeting. Members are asked to make their opinions known as

to which kind of format they would prefer or would like to try on an experimental basis.

Steering Committee Members

The Steering Committee needs more members to bring it up to full strength. MRG members who are interested in helping to steer the organization should contact one of the current Steering Committee members or call the MRG number at (416) 588-9167. The Steering Committee meets monthly, alternating between Hamilton and Toronto.

Travel subsidy

The Steering Committee had a discussion of subsidizing the travel expenses of out-of-town members to attend Steering Committee or general meetings. The idea is that this would make it more possible for members out of the Toronto-Hamilton area to attend at least some Steering Committee meetings and perhaps general meetings, thus making the MRG more of an Ontario organization. Accommodation would be provided at the homes of Steering Committee members. MRG members who might be tempted to consider a greater level of participation, on the Steering Committee or at general meetings, should make themselves known to the Steering Committee.

Male Violence Project

The Steering Committee decided to endorse the 'Men Walking Against Male Violence' project (see ad in this issue.)

More questions than answers...

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keep paying MRG dues? How can we best work to achieve the changes that are still necessary in our health care system—through the OMA or the MRG or both? Having posed all of these questions I must admit that I don't have any answers. One of my reasons for agreeing to write this piece was to try and work through my own feelings on these questions.

Should the MRG try to work within the OMA for changes? Could a small group of people have much influence over OMA activities? Look at Dr. Joseph Berger who heads, or used to head, one of the Toronto districts. He makes a lot of right-wing noise but the OMA leadership is basically ignoring him. MRG people would not be brushed off that easily; I think that the OMA is beginning to echo some of our concerns. If a number of MRG members put in enough work we could probably change OMA policy in some areas. On an individual level some of us have joined OMA sections or been on OMA committees which have produced worthwhile results and I don't mean to denigrate those achievements.

But I have always felt that the MRG's purpose is, or should be, more than just

working on single issues. I think that the MRG has had an underlying view of what the health care system should be like, even if that view has usually been somewhat hazy. And fundamentally I believe that there is a major philosophical gap between that vision of what the health care system should be like and the OMA's view. The OMA even with the input of the current crop of active MRG members, is never going to change that much.

There are lots of good individual reasons to join the OMA e.g. for the services they offer or because people may be interested in certain committees, but I don't see joining the OMA to further the political ends of the MRG. What about paying MRG dues and the future of the MRG? These questions are not so easily answered. I have a strong sentimental attachment to the MRG having been a member since the initial meeting in Hart House in 1979 and I still enjoy seeing people at MRG functions. But I doubt whether sentiment and social intercourse is enough to keep the MRG going.

If I do leave the MRG or if the MRG folds I'll be busy enough with pharmaceutical issues and my involvements with drug groups. Similarly other

people have carved out their own niches of expertise in other areas and are active in various health related groups. Health Action International and the Medical Lobby for Appropriate Marketing, the two groups I'm part of, are certainly much more to my political liking than the OMA, but neither of them is broad enough to reflect my overall view of where the health system needs to go. I expect the same is true for people involved with groups focussed around issues like abortion, midwifery, HSO's, etc. So although my MRG activities are almost exclusively around drug issues, and these could be met through other groups, I think I still need the MRG for the breadth of its view.

I need an MRG that is actively pushing the philosophy I believe in. Do I need an MRG that isn't doing much or isn't seen to be doing much? If the organization withers away what have I lost? If I need an active MRG why don't I do more than attend some semi-annual meetings and write the occasional article for the newsletter? I haven't run out of questions just answers. At this point I'm still considering my future.

Joel Lexchin.

The MRG and the OMA

I have been asked to put a few thoughts on paper regarding our relationship with the OMA in view of the recent Rand Formula implementation. In particular, I was asked to focus on future actions and directions for the MRG. I'm not sure I am up to the task of a polemic but I will throw out a few ideas.

Let me state that to those members who were at the meeting at Haresh's house about a year ago, it will be obvious that some of my views regarding this subject have changed.

I still believe that it would be a serious (probably lethal) blow to the MRG to become bogged down in the quagmire of OMA politics. Our mandate has always been (whether or not we have risen to it) to act as iconoclasts in the debate between the "power structure" (ie: M.D., administrators, bureaucrats) and the public regarding

directions and priorities within the health care system.

To become involved in the internal machinations of the OMA, while occasionally fun, would draw our limited resources away from the public forum.

I have, however, become concerned in recent conversations with MRG members that our lack of direction and the resultant inertia is deeper than I have previously appreciated. The forced membership in the OMA has led to comments to the effect of "what happens to the MRG now?"

While I would like to see an independent organization continue, I'm not sure that is practical. And frankly, I'm not sure the MRG hasn't itself fallen prey to a bureaucratic outlook. I feel my only involvement at present is to maintain social relationships built up over years rather than a feeling of political

representation. I'm not sure the time commitment and membership fee justifies this.

I therefore suggest we immediately apply for Sectional status within the OMA. The OMA is presently on a great goodwill circuit to impress the NDP government and encourage membership activity. As a result, I think we are likely to be approved. This will give us an infusion of money and resources from the OMA coffers, thus allowing us to lower our fees. We could still administratively continue to work in opposition the OMA publicly either from within the Section or via an independent "shell" organization maintained only for public consumption.

I think we must take this action quickly and decisively while the timing

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The OMA and the MRG

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is ripe and before the membership evaporates. But keep in mind, this is only an administrative ploy, not meant to bury us within the OMA.

I want to stress again that our task is to reach the public and not to lobby physicians, and therefore OMA membership would spell moral doom if we let it determine our focus of activities. If we can indeed survive vibrantly outside the OMA, that would definitely be my preference.

When discussing future directions, therefore, I don't think it necessary to mention the OMA. In fact, it is almost counter-productive. Occasionally our interests will coincide and I wouldn't be embarrassed to admit it when they do and work within the OMA when necessary.

Predominantly, I see increasing privatization and the increasing individualization of health care as the future struggle. I think the days of the '60's are gone forever although from some of the resolutions to come out of the MRG lately, I'm not sure many other members would agree.

One can no longer justify social action only because it is ideologically correct. One must provide evidence of effectiveness (I avoid medical terms like "efficacy" in political discussions as the tendency of the left to medicalize politics, is, I think, very dangerous) and cost benefits.

I think we are in a dangerous minefield in the '90's. On the one hand we do not wish to play into the hands of the right ("Thatcherism" as some MRG members like to call it). Nor do we wish to have the debate defined solely by them. Yet I believe we can only gain credibility by being open, honest and rational. My concern is more that we make sense than we worry about the right.

That is why I supported a cap on health care during that debate a couple general meetings ago (although I'm glad to re-assess that particular stand). Unless we take a careful look at all our sacred cows, the whole structure will fall down around our ears and we will be left standing there wondering why.

Community Health Centres are a case in point. During the last year I have had the opportunity to become very

acquainted with the running of CHC's. I have become convinced that if an auditor looked at how they function, they would be disbanded. Worse yet, we would probably lose the whole Alternating Payment Plan with them. It is the latter possibility that worries me.

Another case in point is the Independent Health Facilities Act and its relationship to the four free-standing abortion clinics in Toronto. What is happening now is that they presently have full funding at levels equal to what they were extra-billing. All of them are virtually within walking distance of each other and providing a service which, while more humane, is certainly not in an underserved area. What has happened is that four private clinics have now received full "private-level" funding under medicare. Are Bob Frankfort and I alone in wondering if this is part of the threat of privatization. But of course these are sacred cows and we cannot discuss them.

The NDP is completely naive as to the workings of the health care system and their analysis is likely to be no deeper than that of the average observer. Further, as politicians, they have particular constituencies and are subject to pressures not rational in origin. While we may hope their "hearts are in the right places" let us have no illusions as to who they are.

We must not be afraid to take the new "business ethic" of the '90's and give it a socialist twist to mean "accountability". I think the forces of privatization will likely win over ideology if we don't attempt to enter the debate in the currency in which it is taking place.

There will be new initiatives coming from the new Minister of Health. They are likely to be based on old-fashioned ideas like preserving services and expanding current "progressive" ideas like CHC's. It is our task to point out when attractive-sounding ideas have no evidence in fact to commend them.

As a practicing primary-care physician, I feel it particularly important to emphasize the need to pursue new ideas in street-level health care. I am disappointed in the MRG's lack of follow up to the Primary Care Working Group's model presented at the

General Meeting.

We must have in mind a set of long term goals that include democratization (with the hierarchy of health delivery as well as between providers and users), decentralization, and rationalization. Within that framework we must evaluate trends and ideas as to whether they generally move the system toward these goals. We must also spend some time dealing with the everyday issues of primary care (at least so some members of the MRG can find relevancy in their membership) and make practical, and sometimes reformist, suggestions to move the monolith along.

For instance, we should have our discussions on resource allocation in order to help us set directions. But passing resolutions decrying the state of the world and espousing vague ideological sentiments is not of much use to us (or anyone else). We need to, within the framework of the Resource Allocation Working Group's background work, come forth with specific actions the Ministry of Health could take now to improve the situation. And we should always have an eye to primary care. We should also beware that our suggestions not increase the size or intrusion of the bureaucracy.

Should CHC's come under criticism for fiscal reasons, we should be prepared to be critical of potential problems within the CHC model and not respond with a blanket defense. By ignoring valid criticism we only strengthen the right. Rather we should strengthen the left by responding honestly to suggestions in a non-defensive manner and instead go on the attack with new approaches of our own.

So, have I gone conservative? I don't think so (although I have no doubts I will be accused of it). Rather, I think the left has never been self-critical enough. With what is happening in the world at present, more than ever, socialist alternatives have to be presented to people. Only, we cannot use the terminology of the past, we must address people where they are. It would be sad for the left to equate modernization with surrender. Why let the right own the new world?

Fred Freedman

Thoughts and opinions on the OMA

The following are excerpts from several articles which appeared in the September 1990 issue of Medical Reform on the topic of the Ontario Medical Association and how the Medical Reform Group and its members should relate to it. It should be borne in mind that these articles are a year old, so it is possible that individuals' opinions have changed in the intervening time. The excerpts are reprinted here to stimulate thought for the October 17 General Meeting, the theme of which is "OMA: Confrontation or Collaboration?"

Bob Frankford: After three years in the OMA, I believe it is a useful organization for developing the health care system I want and value my involvement with it.... I want to see the MRG continue. I believe there is a role in continuing to think through the implications of a democratic, socialised system. I would also like to see MRGers participate in the OMA. I am not certain that they should for a separate section.

Barbara Lent: ...It is important for me to know that politically like-minded physicians continue to be thoughtful and outspoken on political and economic issues in health care....

For a long time I looked askance at the OMA and its members. But physicians are looking at health care from a broader social context, and if we are all going to have to pay OMA dues, perhaps we should play a more active role in policy discussions and have others hear our viewpoint.

Fred Freedman: I am adamantly opposed to the MRG voluntarily giving up its independent existence in order to 'join' the OMA.... I worry greatly that our energies would be entirely subsumed in internal battles within the OMA.... I fear there will be little time or energy left for the other good work we should be doing.... I really think our mission is to address the public and not the medical profession. Although we can continue to recruit new members from within the profession, our future lies in our relationship with "the people" as a go-between. If we join the OMA I know we will end up talking to the profession and not the public.

The comments below are taken from the minutes of a meeting between MRGers and two representatives of the OMA, Basil Johnson and Ted Boadway,

in June 1990. After the first part of the meeting, the OMA representatives left and discussion continued in their absence.

Ted Boadway made some comments about the question of factions and sections within the OMA. There are a number of different 'sections' within the OMA, usually based on medical speciality, e.g. psychiatrists or HSO physicians. The Independent Physicians (the "rabid extra-billers") operate as a group within the OMA but have not been recognized as a section. Facilities are made available to the sections according to a rote formula. To establish a section, approval from Council is required, which is not automatic. He thought that Physicians for Life probably would not get that approval. There is no guarantee that a section will be recognized.

Basil Johnson used the words of former U.S. President Lyndon Johnson to explain why he wanted MRG members to join the OMA "We'd rather have you inside the tent pissing out than outside pissing in."

Ted Boadway said that we need to have a public process for making resource allocation decisions. For OMA committees, there are often a couple of hundred volunteers for half a dozen spots.

Don Woodside said he hadn't heard of any mechanism by which the MRG could have a say in policy formation.

Ted Boadway said that position papers would get heard although not necessarily adopted.

Don Woodside said if the input is not welcome, then you may not get heard.

Ted Boadway said that nobody gets a guarantee that they will get heard or that they will get their hands on policy. On the issue of maintaining an organization outside the OMA as well as a section within the OMA, he said that the orthopedic physicians and the psychiatric hospital doctors both have their own associations which are outside the OMA, as well as sections within the OMA. There is probably a ninety per cent overlap in memberships between the outside group and the inside group and they tend to have the same officers for both the inside and the outside body. However, the psychiatric doctors also have some professional members who are not MDs; in fact, the

next president of the group will be a dentist, while the vice-president, a physician, will be the president of the OMA section. The ophthalmologists section placed a special levy on their membership to pay for staff for themselves.

Joel Lexchin said that working in the OMA would drain off our energy. We would just get smothered on the important issues. For example, our brief on midwifery was diametrically opposed to that of the OMA. He is not opposed to individual MRG members being active in the OMA if they wish to do so.

Philip Berger said we can maintain the MRG and test out the OMA to see if we could form a section. We don't have to dissolve the MRG to explore that.

Debby Copes said that we weren't formed to speak to the public but rather to change things for the better by the most appropriate means. However, we should make sure that we don't lose the right or the ability to speak to the public.

Don Woodside said that he doesn't see any possibility of the MRG as a separate group folding up because possibilities within the OMA are clearly very limited.

In the questionnaire circulated to the MRG membership in the summer of 1990, respondents were asked if they were presently members of the OMA, and whether they would be prepared to continue paying MRG membership fees if all physicians were forced to pay OMA fees.

35 per cent of the physician members who responded said that they were already members of the OMA at that time. 65 per cent said they were not. 92 per cent of physician respondents said that they would continue paying MRG fees even if they were required to pay OMA fees. None said they wouldn't; 8 per cent said they weren't sure.

Some members wrote in comments after this question:

- "Unthinkable!"

- "MRG would be all the more necessary".

- "I would mount a court challenge, consider giving up medicine on this issue alone".

- "We need to be a progressive voice of reform physicians who disagree with OMA".

- "Be an alternative voice to the existing medical establishment".

Appointments to boards and agencies

Dear Colleague:

You may not be aware that the government has opened up the process of appointment to agencies, boards and commissions. This means that individuals are encouraged to apply for openings that appeal to them, where their interests and special qualifications can be helpful.

There are a many health related agencies and I am sure that several of them would be of interest to Medical Reform Group members. It can be a way of putting forward your ideas and philosophy of health care. Most positions require occasional meetings and generally they are paid.

There is a book published by the government listing all the agencies and positions. It is available in public libraries and MPPs' offices. For your interest I enclose a list of health related ones. I would be glad to be of further help.

Sincerely

Bob Frankford M.D. M.P.P.

- Advisory Committee on Genetic Services
- Advisory Committee on Hearing Aid Services
- Advisory Committee on Screening for Inherited Diseases in Infants
- Alcoholism and Drug Addiction Research Foundation
- Board of Directors of Chiropractic
- Board of Directors of Drugless Therapy
- Board of Directors of Masseurs
- Board of Directors of Physiotherapy
- Board of Ophthalmic Dispensers
- Board of Radiological Technicians
- Board of Regents of Chiropractic
- Clarke Institute of Psychiatry
- Community Advisory Boards for Psychiatric
- Community Mental Health Clinic Board of Governors
- Council of the College of Nurses of Ontario
- Council of the College of Optometrists of Ontario
- Council of the College of Physicians and Surgeons of Ontario
- Council of the Ontario College of Pharmacists

- Council of the Royal College of Dental Surgeons of Ontario
- Denture Therapists Appeal Board
- District Health Councils
- Drug Quality and Therapeutics Committee
- Governing Board of Dental Technicians
- Governing Board of Denture Therapists
- Healing Arts Radiation Protection Commission
- Health Care Systems Research Review Committee
- Health Disciplines Board
- Health Facilities Appeal Board
- Health Protection Appeal Board
- Health Research Personnel Committee
- Health Services Appeal Board
- Health System-Linked Research Units Grants Review Committee
- Health Unit Board
- Interim Regulatory Council on Midwifery
- Joint Committee on Physicians' Compensation for Professional Services
- Laboratory Review Board
- Lieutenant Governor's Board of Review
- Medical Eligibility Committee
- Nursing Homes Review Board
- Ontario AIDS Advisory Committee
- Ontario Board of Examiners in Psychology
- Ontario Cancer Institute
- Ontario Cancer Treatment and Research Foundation
- Ontario Mental Health Foundation
- Premier's Council on Health, Well-Being and Social Justice
- Professional Services Management Committee
- Provincial Emergency Health Services Advisory Committee
- Psychiatric Patient Advocate Office Advisory Committee
- Review Boards for Psychiatric Facilities

Review Committees:

- Chiropractic
- Chiropractic
- Dentistry
- Medical
- Optometry

Medicare Monitor

Enclosed with this issue of Medical Reform you will find a copy of *Medicare Monitor*, published by the Canadian Health Coalition (of which the MRG is a member organization). The *Monitor* describes the Canadian Health Coalition's campaign to save medicare and discusses recent issues in pharmaceuticals legislation.

Physician wanted

The City of York requires a physician to work part-time until the end of December 1991 in 'Clinic 504', a Birth Control and Sexually Transmitted Disease clinic. There is also the possibility that this position could continue on a permanent basis.

The hours would be alternate Thursdays from 5:30 p.m. - 8:00 p.m. Previous experience in family planning and/or sexually transmitted diseases is an asset. Interest in adolescent health care is required.

Please call: Donalda McCabe, Supervisor, Sexual Health Program, City of York Health Unit, 504 Oakwood Avenue, lower level, City of York, Ontario M6E 2X1, (416) 652-3259.

Living on a Healthy Budget

You are invited to a free workshop on Living on a Healthy Budget. Topics covered: Quality Health Care, Affordable Childcare, Decent Housing, Health Food, Help with Money Matters.

At Humber College, Lakeshore Campus, 3199 Lakeshore Blvd. West (just west of Kipling Avenue), Toronto. Saturday October 26, 1991, 10 a.m. to 4 p.m.

Sponsored by the Etobicoke Anti-Poverty Coalition in association with Humber College, school of social and community services.

For more information call 392-3925.

STOP THE WAR AGAINST WOMEN

62% of all women murdered in Canada have died as a result of male violence in the home.

In 1989, 3 times as many Quebec women were killed via male violence in the home than at the Montreal massacre.

Support Men Walking Against Male Violence

The need for men to speak out against violence against women and children becomes daily more acute, what with the repeal of the rape shield law and the most recent series of high-profile abductions and killings of women. These acts only re-enforce the fact that this male-controlled culture, which continues an orgy of self-congratulation over bombing Iraq back to "a pre-industrial stage," truly loves and worships violence and terror. The obsession is to dominate, to control, and to subjugate.

Men Walking Against Male Violence is a project based upon the acknowledgement of such realities. It recognizes that men have to begin to take responsibility as individuals, and in relationships with other men, to end our violence against women and children.

The increasing awareness of such violence has occurred due to the daily and ongoing work of women. As men, we have been and continue to be criminally silent about our violence.

Men Walking Against Male Violence calls upon men to break this silence and complicity. It calls upon us, individually and collectively, at the community and

national levels, to take responsibility for standing against these crimes we commit.

Men Walking Against Male Violence will involve a small group of men, prepared and educated beforehand who will, over a minimum period of three years, engage in six long-distance walks, going from community to community speaking in various media and educational forums about the responsibility men have in ending male violence in our own individual lives and in society at large. The first two walks are Spring, 1992, from Windsor to Toronto, and Fall, 1992, from Fort Erie to Ottawa.

We will work, at the local level especially, with women's groups, churches, unions and schools. We will speak with people as we walk, hold public forums, go in to schools, and leaflet in local areas to challenge ourselves and other men.

The time has long since passed when men can allow such crimes to continue without our protest and resistance. This project, we sincerely believe, is an important and visible means by which such complicity can be ended.

☐ I/We endorse Men Walking Against Male Violence

☐ I would like to join the walks. Please send more information.

☐ I/We will become sustainers of this project. Enclosed is the first of three annual contributions of ___\$100, ___\$250, ___\$500, ___Other

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____

Please return to Men Walking Against Male Violence, Box 235, 253 College St., Toronto, Ontario M5T 1R5 (416) 774-8091; 466-8282

ENDORSERS (partial list): Margaret Atwood, Barrie Action for Women, Gerald Caplan, Coalition of Concerned Canadian Catholics, Susan Cole, Pam Cross, Claire Culhane, Angela Davis, Carolyn Egan, Lennox Farrell, Timothy Findley, Aida Graff, Roger Hollander, Joanna Manning, Margaret Frazer House, Bruce McLeod, John McMurtry, Nurses for Social Responsibility, Ontario Coalition of Rape Crisis Centres, Ontario English Catholic Teachers Association, Marge Piercy, Nancy Pocock, Prisoners Rights Group, Laura Rowe, Toronto Rape Crisis Centre, Michael Shapcott, Street Health