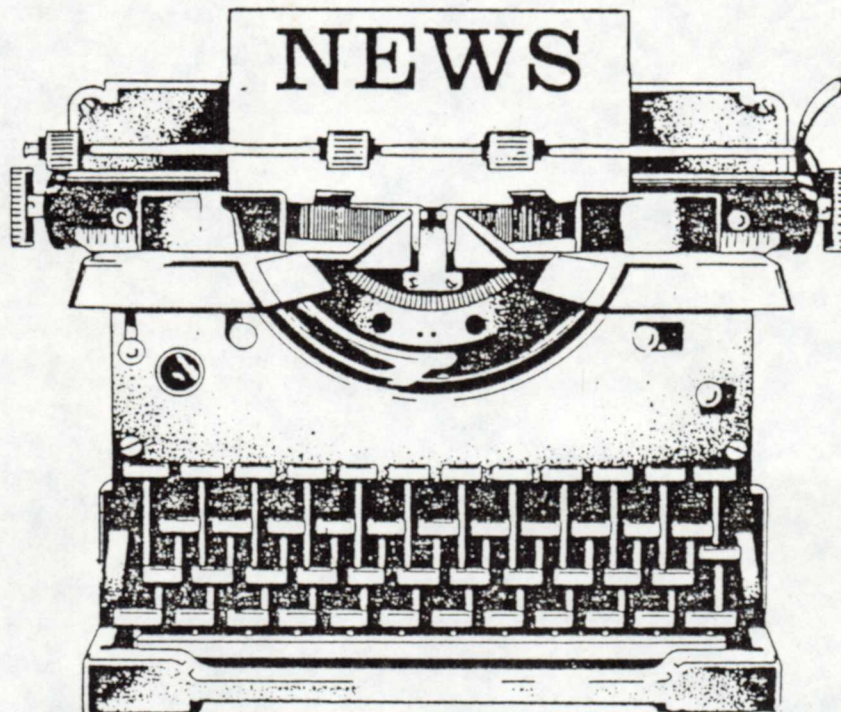


Dear MRG Member or interested physician-

The Medical Reform Group- An Update

As you probably know, the Medical Reform Group held its first general meeting in Toronto on May 26. 53 people attended, and of these, 51 became members of the MRG. We now have about 130 physicians and medical students on our mailing list, spanning the country from Newfoundland to British Columbia; about 2/3 of these are MRG members.



The general meeting adopted a basic statement of principles for the Group, and saw preliminary discussions take place on the issues of the economics of health care, medical education, the decolonization of medicine, and occupational and environmental health. Full minutes of the meeting are included elsewhere in this mailing.

The most urgent need identified by those present, however, was to develop an organizational structure for the MRG so that we can mold our individual concerns into a unified voice that will speak ~~for~~ for progressive physicians in this country. With this end in mind, organizational committees were struck for the two largest contingencies present, Toronto

and Hamilton, and both have met subsequently to further the process.

The Toronto organizational committee (Debby Copes, John Marshall, and Jack Onrot) has prepared a draft constitution for the organization, and we are circulating it for comments.

Second General Meeting

We are planning a second general meeting for September or October, at which time the Medical Reform Group will be formally constituted and will elect officers to form a Steering Committee empowered to speak on behalf of the Group. Full details will be sent to you in the next meeting which will go out in August. In the meantime, however, there are three important tasks that face us:

1. preparing a final draft of the constitution. The constitution you are receiving now is a first draft: we welcome suggestions or proposed amendments from individuals or from regional chapters. We will prepare a second draft which will be distributed prior to the fall general meeting; amendments which have not been incorporated into the second draft can be raised at the general meeting for vote by the general membership.

The constitution will shape the Group and even provide direction for, and limits on its future activities. It is vital, therefore, that what we adopt in the fall reflects as much as possible the consensus of our entire membership to date. Please consider the enclosed draft, and contact us with

- any suggestions you have for changes or improvements.
2. consolidating and expanding our membership. Our effectiveness as an organization depends on our having the committed support of as many members as possible. If you have expressed interest in the group but have not joined, or if you have joined but have not paid the \$10 membership fee, we appeal to you to let us know whether you want to join, and whether you want to remain on our mailing list. After our fall meeting, we will have to restrict our mailings to members and affiliate members, and paid up non-members: the costs of regular mailings are considerable.

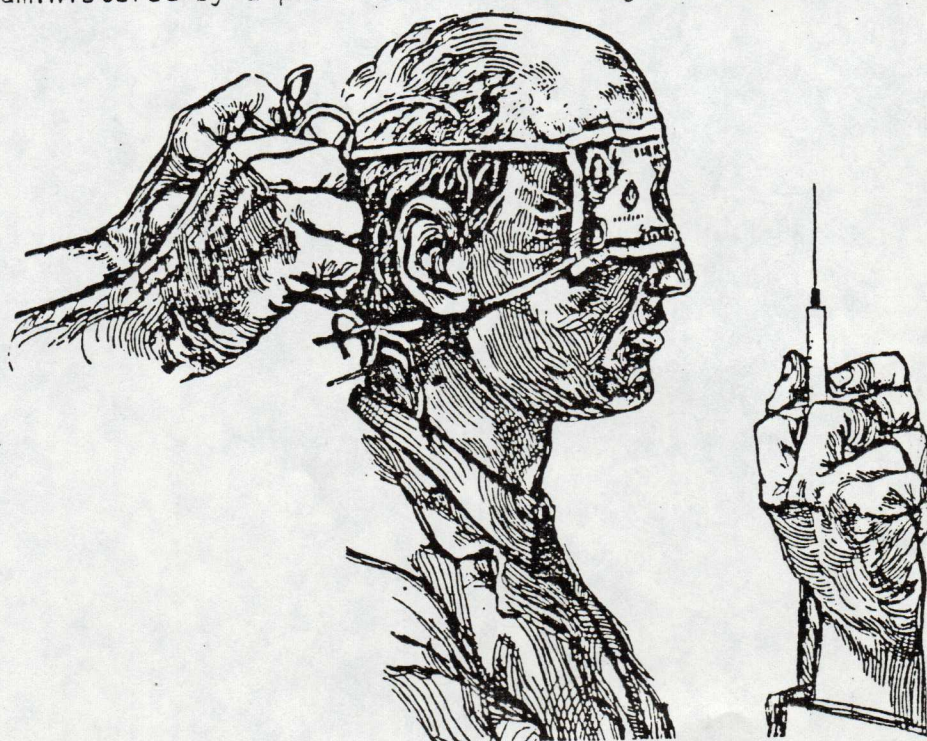
If you know other physicians or medical students who agree with our aims and are not on our mailing list, please tell them about the group, or forward their names to us so that we can include them. The greater the number of members we represent, the more forceful our voice will be.

3. preparing policy papers for adoption by the group. We foresee that public statements made by the Medical Reform Group will be based on research and positions developed by working committees which will focus on different issues in health care. A working committee has been formed in Toronto (details later) to begin research on the economics of health care with a view to proposing a position for the group on the payment of physicians and the OHIP crisis in Ontario. We would like to see the fall general meeting adopt positions on a number of issues, and invite interested members to form working committees to prepare policy statements for adoption by the group at that meeting. Areas of interest for these committees should reflect current issues in health care that the MRG could take a public stance on, for example- women in health, the economics of health care, medical education, occupational and environmental health, the organization of health services, community clinics, etc. Please let us know of any work you are doing.

The Draft Constitution

A first draft of a constitution for the Medical Reform Group is included with this mailing. Briefly, it would establish an organization that would be Ontario-based, and open to physicians and medical students in the province of Ontario; those residing outside the province would be eligible for affiliate membership which would not permit voting privileges, but would allow attendance at meetings. The organization would be administered by a province-wide Steering Committee which would approve and co-ordinate

public statements and would conduct the daily business of the group. Only members of the Steering Committee would be publicly identified. Research and policy development would be the role of a series of working committees which would consist of one or more members with special interest in a particular area, once approved by the general membership, or, in emergencies by the Steering Committee, the work of a working committee would be adopted by the Medical Reform Group as group policy. An introductory statement of political purpose defines the basic principles upon which membership in the



group is predicated.

Much of the draft constitution has been adapted from the constitution of the Law Union of Ontario; we are grateful to them, and in particular to Bob Kellerman, for their assistance.

We realize that some of the proposal for the constitution will be controversial, especially those dealing with membership. Therefore we will summarize our thinking on two of these.

1. Restriction of membership to physicians. In our statement of principles we have committed ourselves to confronting the hierarchy of the health care system, with the ultimate aim, the creation of a system where the equally valuable contribution of all health care workers is recognized. Tactically, however, we feel that membership for now should be restricted to physicians. In the first place, the preponderance of physicians in the organization at present would make the inclusion of a small number of non-physicians mere tokenism, rather than genuine egalitarianism. Experience with other broad-based health worker groups in the past has shown that the immediate objectives of differing interests in the health care system differ, and these differences lead to immobility, stagnation, and ultimately, dissolution. We also see an important role to be played in presenting to the public an alternative ideology within the medical profession. Finally, we do not wish to be seen as attacking or undermining the important work being done on behalf of other health care workers by their own trade unions.

We state, as an expression of principle, that we are committed to aligning ourselves with the struggles of other health care workers, on a separate but equal basis.

2. Restriction of membership to Ontario residents. This was a question of logistics. Given the large number of Ontario members and the difficulties in arranging national meetings, it seems best for now to limit membership to Ontario residents, with non-residents qualifying for affiliate membership. We would hope that eventually the MRG would be a national organization, and encourage members in other provinces to constitute similar groups. Our membership at present is concentrated in the Toronto and Hamilton areas; the constitutional requirements on the Steering Committee were designed in an attempt to ensure province-wide representation. With the predominant role of provincial governments in the formulation and implementation of health policy, a provincially-based organization appears appropriate.

We encourage your comments and criticisms of these or other provisions of the draft constitution. Please communicate them to us at our mailing address:

P.O. Box 366,
Station J,
Toronto.

Working Committees

As mentioned earlier, a Toronto-based working committee on the economics of health care has begun research on the question of physician payment and opting-out. If you are interested in contributing to the work of this committee, please volunteer at the next meeting of your local group, or contact the Toronto committee of the MRG. We are hoping that Hamilton will eventually take responsibility for this committee.

Again, we encourage the formation of working committees on other issues: please notify us of what you are doing.

<p>IS YOUR MAILING ADDRESS CORRECT? Please notify the MRG at P.O. BOX 366, STATION J, TORONTO of any changes or corrections.</p>
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Hamilton Group

25 people attended the meeting of the Hamilton chapter of the MRG on June 3. Out of this meeting, an interim organizational committee of 8 was formed, and separate committees for Publicity, Research and Development, and Membership and Liaison work were formed. The Hamilton group is drafting a newsletter for distribution to Hamilton area physicians, and is also planning a public forum for the fall.

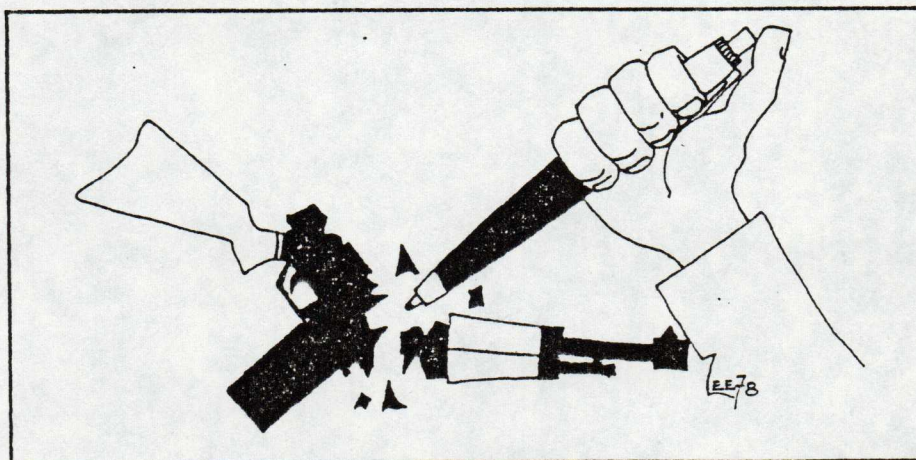
Contact: Annalee Yassi, 126 Erindale, HAMILTON (416)547-9108

Toronto Group

14 people attended the June 15 meeting of the Toronto chapter. A working committee on the economics of health care was organized, and an organizational committee of 3 has been formed. Debby Copes (922-1630) and John Marshall (921-7087) will act as contacts.

Next meeting: July 18 South Riverdale Community Health Centre 126 Pape @1930

PHYSICIANS NEEDED FOR DOCUMENTATION OF TORTURE



The Canadian Medical Group of Amnesty International urgently needs licensed physicians willing to devote time to examine torture victims applying for political refugee status in Canada. Currently, about 30 immigrants a month—almost all from South America, and most of these from Chile—arrive in Toronto seeking immigration status as political refugees. These people have undergone a variety of tortures, ranging from beatings, burns,

and electrical shocks to psychological torture. Past experience has shown that medical documentation greatly achieves their chances of successfully obtaining refugee status.

In addition to examinations of individual torture victims, the Canadian Medical Group has been conducting research to define a torture syndrome and co-ordinating urgent action appeals on behalf of victims of repressive regimes.

If you can volunteer your services to aid the cause of victims of political torture, please contact:

Philip Berger M.D.
Canadian Medical Group,
c/o 126 Pape Avenue,
Toronto, Ont. M4M 2V8

Other News

Please contact the MRG at P.O. Box 366, Station J, Toronto M4J 4Y8 if you have upcoming events to announce, beefs to air, or projects or ideas you want to share with other MRG members.

Upcoming Toronto Meeting: July 18 1930 126 Pape

In Health,

Toronto Committee MRG