MRG NEWSLETTER

P.O. Box 366, Station J, Toronto, Ontario M4J 4Y8 (416) 920-4513

VOLUME 4, NUMBER 2 APRIL 1984

GENERAL MEETING

Who: All members of the MRG, and other interested people.

When: Sunday April 29, 1984
8:30 a.m. - 5:00 p.m.

Where: South Riverdale Community Health Centre, 126 Pape Ave., Toronto (½ block north of Queen St. E.

Cost: None

Agenda

8:30 - 9:00	Registration
9:00 - 10:00	Report from Steering Committee Reports from local chapters and individuals Financial Report
10:00-11:30	New Business Announcements Report from Working Group on Health Professions Legislation
11:30-12:30	Resolution on MRG endorsements of other groups and causes
12:30- 1:30	Lunch
1:30 - 2:00	Election of Steering Committee
2:00 - 4:30	Educational and Discussion on Regulation of Health Professions and Relationship of Physicians to other Health Professionals -Introductory Remarks -Small Groups -Plenary & Discussion
Evening:	Party/Social

PROPOSED RESOLUTIONS:ENDORSEMENTS

The following resolutions are being proposed at the April General Meeting on the question of requests from outside organizations for MRG endorsement of their activities and stands, or for permission to mail out literature to the MRG mailing list. They are:

"Any official MRG endorsation whether for medical or non-medical organizations should be done by the MRG membership only at semi-annual meetings with strict time limits (one hour per meeting) for discussion, and with proper constitutional notice to the membership."

"The Steering Committee is authorized to use its best judgement and discretion to mail out material from other organizations which the Steering Committee believes are credible and whose goals fall within the mandate of the MRG. It will be made clear that such mailing does not imply that the MRG endorses them."

(see attached discussion paper: Page 9)

CANADA HEALTH ACT/MEDICARE

The last month has seen a number of amendments made to the Canada Health Act, a flurry of last-minute activity aimed at stopping the Act.

On March 9 the Canadian Medical Association, while reiterating its opposition to the Act, said that if the government was going to proceed with the Act, it should also move to force provincial governments to submit to conciliation or arbitration over doctors' fees. The CMA argued that the Act as it stands removes physicians' only effective bargaining tool in fee negotiations with provincial governments. Provinces may now impose fee levels, but doctors may extra-bill if they do not accept the scale--or, for that matter, if they have agreed to it.

A little over a week later, Monique Begin introduced a series of amendments to the Act, including one providing for optional arbitration. The CMA reacted

with outrage, calling the changes a "political fraud" designed to appease the provinces, and condemning the fact that changes had been made in the Act after it had been approved in principle in Parliament. Some of the provinces also reacted with outrage, calling the changes a move to appease the CMA. Ontario Health Minister Larry Grossman--oops, that's Ontario Treasurer Larry Grossman--condemned the possibility of arbitration as something that could cost taxpayers dearly.

Another amendment to the Act seems to indicate that every Canadian resident will

be entitled to health care whether or not s/he has paid premiums, and that physicians will be able to bill provincial health plans for services to patients who are not covered by premiums.

A right-wing lobby group, the National Citizens' Coalition, published full-page advertisements in a number of newspapers opening with "So...how would you like your open-heart surgery done by a civil servant?" The ad goes on to suggest that the Canada Health Act will drive doctors out of the country in droves, that no one will be left to teach medical students, that the result will be one system of health care for the rich, and one for "the rest of us".

The Ontario Medical Association sent a mailing to members asking them to support the Citizens' Coalition. OMA President Dr. Geoffrey Isaac said in his letter that "I wholeheartedly endorse the position of the NCC, as does the executive committee of the OMA. Therefore, on behalf of physicians throughout the province, I would ask you to support the coalition's efforts, both financially and in other ways." As part of the co-operation between the two groups, the OMA made its mailing list available to the NCC. The NCC has in the past campaigned against civil service pensions, unions, immigration by Vietnamese refugees, the repatriation of the constitution, and other things it considers socialist. (NCC head Colin Brown has stated that he considers the Progressive Conservative party to be socialist.) MRG member Fred Freedman was quoted in a Globe and Mail article on the Citizens' Coalition and the OMA, saying that "The members (of the OMA) have never been canvassed on whether they want to support this ultra-right-wing group."

The MRG Steering Committee responded to the alliance between the OMA and the NCC by calling a press conference on April 4. The press release distributed at the press conference follows:

Press Release

The Medical Reform Group of Ontario is on record as supporting the Canada Health Act. We now feel compelled to comment on the significant revisions to the Act and to respond to the extraordinary campaign being mounted against the Act in recent weeks.

The major problems threatening medicare have been extra-billing and hospital user fees, and provincial health insurance premiums. These are serious problems because those in the greatest need of care--the elderly, the poor, the unemployed--are most affected by these financial barriers. Worst of all, essential care has been delayed for many Canadians because of their perception that they must pay cash to be entitled to health care services.

We believe that the Canada Health Act as amended will remedy many of these problems. First and foremost, the Canada Health Act under clause 10 will guarantee all Canadian residents coverage for health care services whether or not premiums have been paid. This clause will put an end to premiums as a barrier to care. For doctors--they will be glad to know that they can bill provincial insurance plans for all Canadian residents. For patients--they will be glad to know that they are insured in those provinces that charge premiums whether they have paid these premiums or not.

The provisions in the Act addressing the other major problem of extra-billing may be inadequate. Wealthy provinces can afford to pay the penalties as set out under clause 20.

We hope that the Ontario government will adhere to the spirit and intent of the Canada Health Act by banning extra-billing and officially ending the premium system of payment for health care coverage.

Several provinces, notably Ontario, are under tremendous pressure from a powerful, affluent and unscrupolous opposition as evidenced by the sad and shameful events of the last few weeks. The National Citizens' Coalition has mounted a misleading and irresponsible campaign against the Act. In particular the elderly, those with chronic illnes and those with acute symptoms have been intimidated by home delivery of pamphlets and newspaper advertisements suggesting that their access to care will be blocked by the Act--a frightening and false claim.

Most tragic of all is that the Ontario Medical Association, the official voice of the medical profession of Ontario, has formally aligned itself with the National Citizens' Coalition campaign of fear.

We call on all doctors who reject the National Citizens' Coalition campaign to dissociate themselves from the OMA's endorsement of this organization. We do not ask that doctors necessarily take our position. We do ask that they re-assure their patients that care will not be denied when the Act is passed.

Doctors' group attacks critics of health act

By Farrell Crook Toronto Star

A group of social activist doctors in Ontario say the standards of medical practice won't be jeopardized by the proposed federal Canada Health Act.

The 150-member Medical Reform Group of Ontario opposes the Ontario Medical Association's endorsement of the campaign being waged by the National Citizens' Coalition against the pending federal legislation.

The National Citizens' Coalition is making "frightening and false claims" in its "misleading and irresponsible campaign," Dr. Gordon Guyatt, a Hamilton physician specializing in internal medicine, told a news conference yesterday.

The Ontario Medical Association, official voice for the 15,900-member medical profession in the province, shouldn't be associated with that campaign, he said.

'False fear'

In past campaigns the coalition has attacked the immigration of southeast Asian boat people, the national energy policy, indexed pensions for federal civil servants, government waste and Prime Minister Pierre Trudeau.

The claim by the National Citizens' Coalition that the cream of the medical profession will leave Canada and practise elsewhere if they're not allowed to charge their patients extra is groundless and creates a false fear, Guyatt said. The proposed legislation would penalize provinces that allow extra-billing by doctors.

Guyatt said the 15 per cent of Ontario doctors who have opted out of the Ontario Health Insurance Pan and charge their patients extra "do not necessarily practise better medicine," and their action has "nothing to do with competency." The number of doctors leaving annually is not 1,000, as claimed by the National Citizens' Coalition, but is closer to 700 — about the same proportion as in the 1960s before provincial medical programs started, he said.

Social activists: Gordon Guyatt (left) and Debby Copes want doctors to speak up.

"For the National Citizens' Coalition also to say that those doctors left will not be as good is a frightening proposition and is untrue."

Another member of the Medical Reform Group, Dr. John Frank, a public health physician at the University of Toronto, said the 15 per cent of medical practitioners who have opted out of OHIP "do not represent the cream of the crop or the elite of the profession."

Dr. Debby Copes, a family practitioner in the Parliament-Wellesley Sts. area, says the good part of the Canada Health Act is that it guarantees medical coverage for a patient even if he hasn't paid his premiums. That's important for people who are between jobs or unemployed, she said.

BACKGROUND OF MEDICARE IN ONTARIO

MRG Steering Committee member Gordon Guyatt spoke recently at a forum on medicare at the St. Larence Centre in Toronto. We are reprinting the text of his talk below:

Prior to the advent of Medicare, our national health insurance system, in the late 1960's, public health insurance existed only in certain provinces, and was largely limited to hospital insurance. As a result, there was a two-tiered system of medical care, one for those who could pay and one for those who couldn't. Those who could pay generally received more personal attention, spent less time waiting, and had greater access to a large number of services. For many families, a serious illness meant major financial hardship. For doctors, there were a large number of bad debts, and unpaid bills. This situation was clearly unsatisfactory, and in the early 1960's the federal government appointed Justice Emmett Hall to head a commission to consider what should be done about the problems. Justice Hall's commission recommended a national health insurance scheme founded on the principle that access to high quality care should not be limited by ability to pay. The Hall Commission's recommendations formed the basis for the national health system, Medicare, that was gradually set up in each of the provinces.

For the first 10 years Medicare worked extremely well. It was successful in establishing a system where everyone received high quality care irrespective of how well off they were. Doctors were happy because they had been given a good deal when Medicare was instituted, and they no longer had to face bad debts and unpaid bills, In fact, physicians' incomes, which had averaged 3½ times the mean industrial wage in the late 1950's, jumped to 5½ times the mean industrial wage.

Gradually, however, as the economic expansion of the 1960's and early 1970's began to slow down and times became tougher, Medicare began to have problems. While in seven of the ten provinces the costs of the medical system were paid out of general taxation, three provinces, including Ontario, had decided to pay part of the costs of Medicare by a system of premiums. The premiums demand that each person pays a certain amount to be covered by the health insurance plan' if you do not pay your premium, you must pay directly for your medical care. Since everyone pays the same amount irrespective of their income, premiums constitute a form of regressive taxation. That is, the lower your income, the greater proportion you pay

in health care premiums; the higher your income, the lower the proportion that the premiums take up. As the premiums rose, more and more people couldn't afford to pay them and were, as a result, not covered by the health insurance plan.

Another threat to the health care system came from what are called user fees. As provincial budgets got tighter, governments have started to consider (and in some cases institute) fees for services such as hospitalization, even for people covered by the health insurance plan. In addition physicians, whose fee increases through the 1970's had not kept up with inflation, were getting dissatisfied. They began to opt out of the health insurance plan and charge their patients more than the fee which the plan would cover. Once again, being sick began to imply financial penalties, even for people covered by Medicare. The result was that, in areas where a lot of doctors were opted out, the poor and the elderly began to avoid visiting the doctor, even when they needed the care.

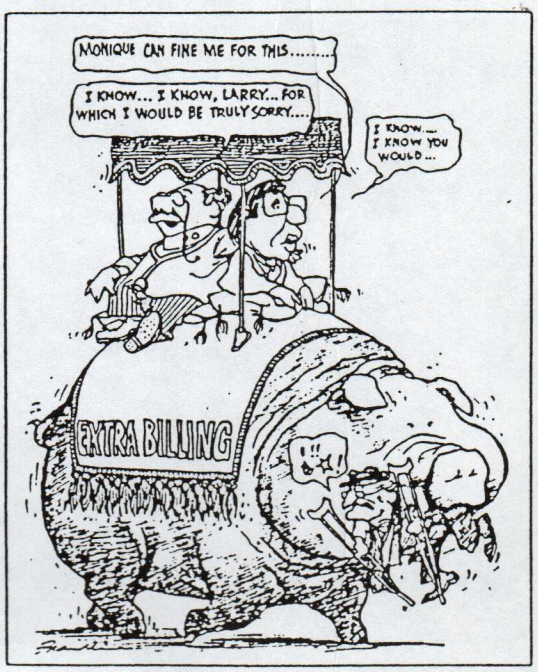
Thus, health insurance premiums, user fees, and opting out, all threatened the basic principle of the national health insurance scheme, access to high quality care witout financial barriers. The federal government recognized the problem and appointed Justice Hall to lead a second commission to assess the state of Medicare. The second Hall Commission recognized that premiums, user fees, and opting out were all major threats to Medicare, and that the system was in danger. They therefore recommended that premiums be gradually phased out, user fees withdrawn, and opting out stopped.

In the two years following the second Hall Commission's report the provinces, which have the primary responsibility for health, ignored the recommendations. In fact, premiums rose, opting out continued, and more user fees were instituted. It became evident that if the threat to Medicare was going to be dealth with, action would have to come from the federal government. The federal government's response was the Canada Health Act. Since the provinces are primarily responsible for health, the only way the federal government can influence the provinces is through the approximately 50% of the health care costs which the federal government pays. Therefore, the Canada Health Act attempts to stop opting out and other forms of user fees by financial penalties for provinces that allow user fees. In addition, the Canada Health Act specifies that coverage cannot be contingent upon payment of premiums. In the same way that people's children are not kept out of school if they don't pay the portion of their taxes which goes to the educational system, they will not be denied access to the health care system if the portion of their taxes that goes to health care is not paid (If the government wishes to take action, they can prosecute people for not paying their taxes). This means that 100% of provincial residents will be covered by Medicare.

The Canada Health Act will go a long way toward ending the threats to Medicare, and toward reestablishing the fundamental principle on which it is based: equal access to high quality health care irrespective of ability to pay.

MRG'ers IN THE MEDIA

Fred Freedman appeared on CITY-TV and was quoted in the Globe and Mail, regarding the National Citizens' Coalition and the OMA....Michael Rachlis and Cynthia Carver appeared in a National Film Board movie which was aired on TV in late March.... Michael Rachlis was quoted in articles on medicare on the CMA Journal....Fred Freedman was quoted in the CMA Journal.... Debby Copes spoke to a meeting of medical students....



Doctors lose patience with Hospital Inc.

By Murray MacAdam

AN ASSOCIATION of 125 Toronto doctors is fighting hard against the takeover of hospital management services by private companies.

While federal-provincial bickering over health care costs has been grabbing most of the headlines recently, the trend toward privatization of medical care has members of the Medical Reform Group worried.

"There's absolutely no question that hospitals run for profit are more costly," says Dr. Philip Berger, a physician and member of the group. "Those hospitals are no more efficient, and they certainly don't offer better quality care."

Yet a series of recent events have done nothing to calm Berger's fears. Under a contract announced last May, Extendicare Ltd. in Toronto will provide two-thirds of the cost of a new, $4.5-million chronic care wing at the Queensway General Hospital, in exchange for a 20-year contract to manage the wing. Extendicare owns and manages over 50 nursing homes in Canada and about 100 centres in the United States.

As well, AMI Canada Ltd., the Toronto subsidiary of a U.S. hospital management firm, is underwriting a $6-million loan for a new hospital in Hawkesbury, Ont. In return, AMI will pocket a $300,000 annual fee for managing the institution.

Already, Berger says, several provincial governments have shown an interest in private health care management. "The governments are sympathetic because they have this erroneous belief that the private sector can run health care more efficiently," he told *Goodwin's*.

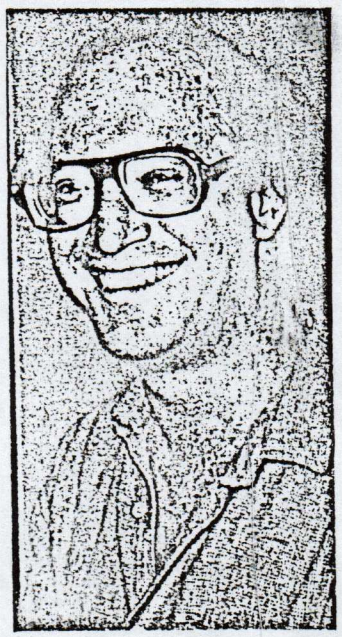
Will patient care suffer if private companies assume a greater role in hospital management? "There's no evidence that I'm aware of to support that claim," says Gary J. Chatfield, president of Extendicare's Canadian health care division. "There's no way we can scrimp or would want to scrimp on the quality of care," he explains, particularly with governments involved in monitoring health care services.

Yet according to a recent study published in the *New England Journal of Medicine*, private hospital chains are more costly than their non-profit counterparts and do not take more efficient care of the ill. In the U.S., where about 15 per cent of general hospitals are investor-owned, health care costs swallow 10.5 per cent of the gross national product, compared to 8.4 per cent in Canada.

"It's big business," Berger says, pointing to a 1980 report of a private hospital in California offering the services of prostitutes to doctors who refer patients there.

Canada's public hospitals spent $8 billion in 1982, according to Statistics Canada, and 60 per cent of them operated at a deficit.□

Murray MacAdam is a Toronto-based freelance writer. His last story for Goodwin's *was on the Bridgehead Trading Co.*



Medical Reform Group's Michael Rachlis

CLARIFICATION ON 'MERIT PAY'

The presentation made by MRG representatives to the House of Commons committee on Health and Welfare in February (and re-printed in the last MRG newsletter) contained a proposal for a system of "merit pay". This idea was actually a "trial balloon" being floated by a couple of people as a personal opinion, but it came out seeming to be MRG policy. The Steering Committee apologizes to the membership for not having been more careful in editing the presentation before release. It was not our intention to be making policy pronouncements on an issue which has never been discussed by the membership of the MRG. We will tighten our procedures appropriately.

ANNOUNCEMENTS/NEWS/REQUESTS/OTHER GROUPS

The Canadian Centre for Investigation and Prevention of Torture, 10 Trinity Square, Toronto M5G 1B1 (977-2269 or 593-1219) is holding a meeting on Wednesday May 23 at 7:30 p.m. at the Academy of Medicine in Toronto (288 Bloor St. W.). The purpose of the meeting is to educate doctors about the work of the CIPT and to seek their involvement. The CIPT exists to "respond to the needs and problems faced by survivors of torture". It offers integrated medical, social, legal and psychological help; medical documentation for legal purposes; assessments of after effects of torture; and continuing treatment by experienced physicians. Work with the CIPT is a good opportunity for doctors to use their medical skills for human rights purposes.

CIRPA (Citizens' Independent Review of Police Activities) urgently needs doctors in Toronto who will examine victims of police abuse. Contact Philip Berger at 926-1800.

DES ACTION and DEC FILMS are presenting a screening of the film DES: The Timebomb Drug. The screening will be followed by a panel discussion with Dr. Paula Roth, a gynecologist at Henderson Hospital and the director of the Colposcopy Clinic there, and Jan Roberts, an epidemiologist in community health at Queen's, doing research on the effects of clomid on the exposed fetus. The screening will be on Tuesday May 8 at 7:30 p.m. at Women's College Hospital auditorium (76 Grenville St., Toronto.) For more information call DES Action at 968-2844.

The Department of Public Health in Toronto is holding a two-hour seminar on Friday May 11 with representatives of FETSALUD (health care workers from Nicaragua.) Also speaking will be Michael Czerny of Medical Aid to Nicaragua and of the Jesuit Centre for Social Justice. Michelle Harding of the Ontario Health Coalition will be moderating the discussion. Slides will be shown with an emphasis on health care reforms in Nicaragua since 1979. The seminar will be from noon to 2 p.m. in the Council Chambers of City Hall in Toronto. Admission is free. For more information call Ron Labonte of the Department of Public Health, 947-7450.

The Labour Council of Metro Toronto presents a forum on Health Care: Who Pays? There will be a panel discussion on the future of health care with keynote speaker Bob Rae, leader of the Ontario NDP. The forum will be held at United Steelworkers of America Hall, 25 Cecil St., Toronto, on Saturday May 12 from 9 a.m. to 4 p.m. Registration fee, including lunch, is $10; unemployed and pensioners free. Register in advance by calling 445-5821; also call this number for more information or to submit written briefs.

A community group in the East End of Toronto has been exploring the establishment of an innovative community board run Health Service Organization. It would particularily like to contact doctors with established practices in Ward 9, western Scarborough, or the adjacent parts of East York. The hope would be to integrate existing practices or set up a totally new facility in an already well doctored area. If interested call Bob Frankford at 690-3078 or Elizabeth Last at 947-7901.

FAMILY PHYSICIAN: SASKATCHEWAN. An established, member-owned multidisciplinary, co-operative clinic requires an experienced family physician to fill a permanent position on its five-member medical staff. This position will be particularily attractive to individuals with a background or interest in focusing on preventive and educational approaches in the provision of medical and health services. This is a salaried position, offering an excellent benefits package, and an attractive on-call schedule. Enquiries may be directed to the Medical Co-ordinator, and resumes may be directed in confidence to the Chairman, Community Health Services Association (Regina) Ltd., 3765 Sherwood Dr., Regina, Sask. S4R 4A9, (306) 543-7880.

The YWCA is presenting a "Celebration of the Healthy Woman of the 80's" on Saturday April 21 from 10 a.m. to 4 p.m. at Harbourfront in Toronto. There will be workshops, "Mini Talks", health assessment stops, classes and demonstrations, and display booths. Workshop and talk topics include Immigrant Women, Women with Disabilities, Health in the Workplace, Drugs and Alcohol, Nutrition, and Teenage Sexuality.

A campaign advocating "Right to Know" legislation in the City of Toronto has been initiated by the Toxic Substances Coalition, "an alliance of labour, law, environmental and citizen groups, public health professionals and individuals concerned about the dangers posed by the presence of toxic chemicals in the home, community, and workplace." "The Coalition believes in the right of all workers, individuals and communities to know where hazardous substances are being stored, used, processed, produced, and disposed." The coalition is pressing the City of Toronto to pass a Right-To-Know Bylaw. For more information contact Alan Davis at 365-1321 or Joanna Kidd at 978-4171.

The Aescupalian Society of Queen's University (Queen's Medical Society) is requesting the support of the MRG in a philanthropic endeavour which it is organizing. The project consists of two parts: (a) a charity drive to acquire needed drugs for the village and monastery complex at Rumtek, Sikkim; and (b) the encouragement of fourth year students to participate in a clinical clerkship elective in Gangtok, the capital of Sikkim. The Society is asking for help in (1) acquiring needed drugs; (2) donations or grants to help cover the cost of shipping dthe drugs; and (3) the establishment of a travel bursary toward travel expense for one student.

The Waterloo Public Interest Research Group has published "A Rubber Workers' Guide to Occupational Health". The handbook describes common hazards; gives a step-by-step guide to finding information on chemical hazards; gives information on ventilation and personal protective equipment. It is available from WPIRG, University of Waterloo, Waterloo, Ontario N2L 3G1 (519) 884-9020) for $1.

Health Action International (HAI) has produced a handbook of facts and ideas for use by consumer and health groups, entitled Prescription for Change. The handbook

contains over forty ideas for action research projects aimed at persuading governments, drugs manufacturers and prescribers to implement the recommendations of the World Health Organization's Action Programme on Essential Drugs. Prescription for Change is available from DEC, 427 Bloor St. W., Toronto M5S 1X7 for $11.

For Health or Profit? The Pharmaceutical Industry in the Third World and Canada is a kit which attempts to answer questions such as the following: How do pharmaceutical companies affect our lives? How does advertising influence our consumption of durgs? Do women have control over their bodies and health? How does the dumping of banned pharmaceutical products affect the health of the Third World? The kit lists resources and groups. It is available for $6.50 from P.O. Box 2484, Station D, Ottawa, Ontario K1P 5W6., from Inter Pares.

Global Health Reports is a new series of publications, consisting of reports on health issues, with resources, updates, and information on projects and action groups, bibliographies, news about health resource centres and conferences. Topics include health services for Native Canadians, drugs, chemicals, and pesticides, women and health, and primary health care. Three of the reports are available now, the rest will be released as they are published. The purpose of the series is to promote a global perspective on health: to show that local problems have world-wide connections to social, political, and economic realities, as well as to discuss possible solutions. Global Health Reports, 427 Bloor St. W, Toronto.

HEALTH NEWS IN BRIEF...

A study of doctors attitudes done by three York University researchers found that almost three doctors in four rate their provincial medicare systems as good, very good, or excellent, and that six in ten feel satisfied or very satisfied in practicing under medicare. Most doctors oppose the Canada Health Act provision that would end extra billing, yet six in ten said they would support it if fee schedules were similar to those sought by their medical associations. 55 per cent approve of binding arbitration as a way of settling fee disputes; only one-third approve of the tactic of going on strike.

A public forum on poverty in Toronto was told that the poor are three times more likely to suffer from disabling heart disease than those in the top income brackets. Hypertension is twice as prevalent among the poor, accourding to community health educator Ron Labonte.

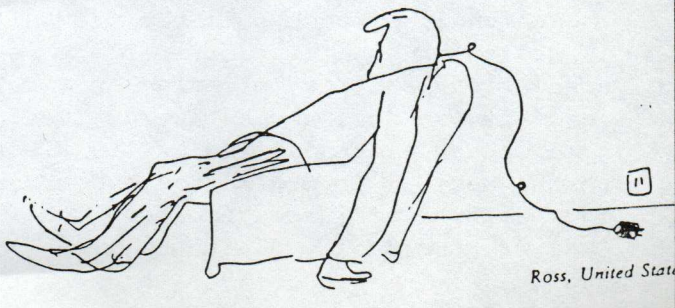
Blood and urine samples taken from a man charged with a traffic death are being challenged under the Charter of Rights and Freedoms in a county court in Hamilton. An OPP constable wearing a white lab coat waited in the hospital room where the accused was being treated, and put the samples into his pocket without a search warrant or the man's consent.

Economics will eventually force Canadians to decide who will live and who will die, according to Dr. Arthur Parsons, the chairman of the ethics committee of the Canadian Medical Association. According to Dr. Parsons, "It's quite simple. Sooner or later we are going to run out of money. We can't keep everyone alive." He said he supports the idea of saving the most able members of society.

Two former directors of a Vancouver hospital have gone to the Supreme Court of British Columbia to challenge the way a therapeutic abortion committee at the hospital defines health. The Criminal Code permits abortion if the life or health of the mother is endangered. According to the two men, the committee defines health too broadly and approves almost all abortion requests.

The federal government is stopping a research project on the health effects of pollution. Researchers on the project have spent the last four years studying the health effects of long-range pollution The project is now to be disbanded. Work was in progress on the effects of pollution on children; on the effects of acid rain on drinking water; and on the health effects of acid rain.

The next issue of the MRG newsletter will appear in early June. Please have materia for publication in by June 1.



Ross, United Stat

Discussion Paper on MRG Endorsements of other groups

Phil Berger, March 1984

Issue

MRG endorsing through resolutions, mail-outs, financial contributions, communications or other means:

- -Canadian solidarity groups for foreign liberation movements/medical affiliates, eg. TCLSAC, El Salvador, PLO
- -Canadian solidarity groups for existing nations/medical affiliates, eg. Nicaragua
- -support groups for local Canadian causes, eg. Praxis, Bulldozer, ACT, OCAC
- -any other group/cause/organization which is currently not officially supported by the MRG.

Considerations

(i) is support within MRG mandate as defined broadly by Statement of Principles (see constitution)

(ii) is support medically related in narrower sense than (i), eg. to health organizations

(iii) is support in the interests of the MRG or detrimental to MRG as determined by different measures such as attracting/deterring membership, etc.

Points in Favour of Endorsing

(1) Statement of Principles very broad re economic, political, social roots of disease and therefore support for almost any kind of group is consistent with the MRG mandate.

(2) Potential attraction for new members by endorsing other groups, eg. nuclear issue resolution.

(3) Would promote formation of alliances within Canada with political benefits (support for MRG if we are attacked) and practical benefits (mail-outs through other organizations of MRG material.

(4) Promote formation of international alliances, particularily medical with potential for raising stature and strength of MRG through international contacts/ connections.

(5) precedents exist for supporting other groups through offical MRG resolutions at semi-annual meetings, eg., Amnesty International Canadian medical group re: torture; Physicians for Social Responsibility on nuclear issue.

Points Against Endorsing

(1) Consume MRG time/energy/interest on issues unconnected with past and current thrust of MRG activities which are mostly narrow medical and medical-economic pursuits.

(2) Could alienate some sectors of MRG membership and potential memberships; eg. therapeutic abortion issue did lead to resignations on medically related issue. What about endorsing Bulldozer or PLO or Solidarity (Poland?)

(3) Could promote serious division of MRG and rupture over issues that have thus far not formed part of basis/understanding/dynamic of commonality of MRG membership--a commonality achieved after 3 years of sometimes bitter debate, a commonality achieved solely on the basis of narrow political objectives in the Canadian health arena, a commonality achieved by the submission of broader political goals/different ideological positions with MRG membership to the larger interest of preserving the MRG. New issues not part of this commonality could upset this balance.

(4) Political and practical benefits of alliances are minimal and do not affect most MRG members nor MRG goals/objectives.