MRG NEWSLETTER

MEDICAL REFORM GROUP OF ONTARIO P.O. Box 366, STATION "J" TORONTO, ONTARIO M4J 4Y8

VOLUME 5, NUMBER 1 JANUARY 1985

MRG Abortion Press Conference

The MRG Steering Committee organized a press conference on January 8 in Toronto in an effort to lend support to the pro-choice forces in the current abortion controversy. About 20 media representatives attended, and the conference received good coverage on radio, television, and in the Toronto Star and Sun. (See elsewhere in this Newsletter for clippings.) The stance taken at the press conference reflected the MRG's position that abortion should be a matter of a woman's personal conscience, and that free-standing (ie. non-hospital) abortion clinics should be set up to provide medically insured abortions. Reproduced below are the press release which was distributed, and the fact sheet which accompanied the press release:

"DOCTORS' GROUP SLAMS PROVINCIAL ABORTION POLICY"

"Legal abortions in Ontario are unnecessarily dangerous, said the Medical Refrom Group today, blaming provincial government inaction for the situation. The 150 member physicians' group called upon the Ontario Cabinet to bypass the present system of hospital abortion quotas which, the group believes, cause unnecessary delay, increasing the risks associated with the procedure. Spokespersons for the organization pointed out that abortion is legal in Canada, in keeping with majority public opinion, but that the present system for providing it is both dangerous and inequitable. Medical Reform Group members said that free-standing abortion clinics, such as those currently operating in the province of Quebec, not only have an excellent safety record but actually reduce overall risks by allowing women to have abortions earlier in their pregnancies.

"The medical complications of abortion, said Dr. Debby Copes of Toronto, are both more frequent and more serious when a woman has to wait a number of weeks to have the procedure. This is currently the case in many parts of Ontario, where few hospitals perform abortions, said Dr. Copes. 'Delaying abortions past the first three months of pregnancy is especially risky and upsetting to the woman - and it is particularly the poor, very young women and those in rural areas who are likely to suffer because of these delays.'

The best solution to this problem, the group argued, is to make abortions widely available in free-standing clinics, providing high-quality care, as has been done in Quebec. It is unacceptable, said Dr. Miriam Garfinkle of Toronto, for the government of Ontario to continue prosecuting Dr. Morgentaler, the operator of such a clinic, despite four jury acquittals on the same charge. Rather it should use the money it is spending in the courts to solve the underlying problem by establishing publicly supported clinics. 'On behalf of our women patients and those of other physicians in Ontario,' said Dr. Bob James of Dundas, 'we call on the provincial cabinet to show some political courage and stop making disadvantaged women pay the price for government inaction on this issue. We call for the establishment of first rate, publicly funded clinics across the province where women in this difficult situation can obtain humane, competent care, medicare insured, without dangerous delays.'"

MRG NEWSLETTER

If you have information or opinions which you think would be of interest to other MRGers, then put them in the Newsletter. Write to P.O. Box 366, Station J, Toronto M4J 4Y8 or call Ulli Diemer at 920-4513 or 960-3903. Represenatives of working groups and local chapters are especially encouraged to keep other members informed through the Newsletter.

MRG Abortion Press Conference

FACT SHEET ON THERAPEUTIC ABORTION

I. The Medical Consequences of Delay

The risk of abortion complications increases with the length of pregnancy. The following table is from Wadhera, S., Early Complication Risks of Legal Abortions, Canada, 1975-1980. The Canadian Journal of Public Health. 1982;73: 396-400. The author is project manager, therapeutic abortions, health division, Statistics Canada.

Weeks from last menstrual period	Complication rate (1980)
less than 7	1.96 %
7-8	0.78 %
9-10	0.90 %
11-12	1.21 %
13-14	3.91 %
15-16	15.6 %
17-20	21.1 %
greater than 20	26.1 %

The minimum wait for an abortion from the woman's first contact with a doctor or clinic is generally 2 to 3 weeks. Thus if a woman presents for an abrotion at 7½ weeks but waits until 9½ weeks before it is performed, her risk for complications is 20% higher because of the wait. If the abrotion is delayed until 11 or 12 weeks, her increased risk for complications is 60%. It is common for doctors to refuse to perform simple procedures (D&C) beyond 12 weeks, and yet saline abortions are not performed until 16 weeks. If a woman cannot get her D&C done before 12 weeks, she often has to wait another month for a saline procedure. This increases her risk of complications by 1500%.

Women in Canada have abortions performed at a significantly later time than women in the United States. The following table uses data from the above-named Canadian source and the United States Center for Disease Control Abortion Surveillance Program:

Weeks from last menstrual period	Proportion of therapeutic abortion	
	Canada	USA
less than 9	24.7%	51.7%
9-12	61.4%	38.4%
13-15	-	5.2%
13-16	10.4%	-
16-20	-	3.9%
17-20	3.4%	-
greater than 20	0.2%*	0.9%

*It is virtually impossible to get an abortion in Canada beyond 20 weeks.

Thus, a Canadian woman is less than half as likely as her American sister to receive a low risk, under-9 week abortion. She is 40% more likely to have a high risk, over-12 week abortion.

II Abortion and the Law (adapted from the Toronto Area Caucus of Women and the Law)

With the co-operation of the Ontario government, a legal free-standing abortion clinic could be established in Ontario.

A. The Federal Law

Section 251(4) of the Criminal Code sets out the following criteria for a legal abortion:

1) The abortion must be performed in an accredited or approved hospital. An accredited hospital is one accredited by the Canadian Council on Hospital Accreditation and must provide a wide range of services. An approved hospital requires only that the provincial Minister of Health approve it for the purpose of performing abrotions;

2) the abortion must be performed by a qualified medical practitioner;

3) the hospital must have a Therapeutic Abortion Committee (TAC) with at least three members who are doctors. There is no requirement that a hospital establish a TAC; many hospitals do not have one and thus cannot perform legal abortions;

4) the abortion must be approved by the TAC as necessary to preserve the woman's life of health - "health" is not further defined.

MRG Abortion Press Conference

B. Ontario Law

1. The Criminal Code leaves the definition of hospital to the provinces. In Ontario there are both public and private hospitals. Any new hospital must be a public hospital since the Ontario Government is no longer licensing private hospitals.

2. To be a public hospital a facility must meet the following criteria:

a) It must conform to the definition of a hospital in the Public Hospitals Act. Under this definition, a "hospital" is an institution providing treatment to persons suffering from sickness, disease, or injury. Such specialized institutions as The Alcoholism and Drug Addiction Research Foundation are considered hospitals under this act;

b) It must be approved by the Ontario Cabinet on the recommendation of the Minister of Health;

c) It appears that the hospital must conform to certain regulations, with which this legal opinion sees no problems.

C. What the Ontario Government Can Do

Clearly, the Ontario Government can enable legal free-standing abortion clinics to be established in Ontario. It is a simple procedure:

1. The Cabinet must approve the clinic as a "public hospital" as required by the Public Hospitals Act;

2. Any necessary changes in the regulations referred to above must be made by the Minister of Health and approved by the Cabinet;

3. The Minister of Health must then designate the clinic as an "approved hospital", i.e., one to which the Criminal Code gives the right to perform abortions.

D. The Quebec Precedent

There are a number of abortion clinics presently operating in Quebec which do not comply with the Criminal Code and which are therefore illegal. All provincial Attorneys-General have the discretion to decide whether to prosecute any breaches of the law. The Quebec government has exercised this discretion and has not prosecuted those operating the clinics.

NEWS BRIEFS

RAKKU'S STORY

Dr. Sheila Zurbrigg, an MRG member who helped develop a rural health programme in southern Tamil Nadu in India, has written a book analyzing such health programmes in the context of a wider social and political perspective. The book is distributed primarily within India, but limited numbers are available from Sheila Zurbrigg, 2 - 6073 Coburg Rd., Halifax, Nova Scotia B3H 1Z1. The title is Rakku's Story" Structures of Ill-health and the Source and Change. The price is $5.00.

CAPITAL PUNISHMENT

Notice of Motion: At the Spring General Meeting (for which the dates April 20 or 27 are being suggested) the MRG Steering Committee will propose the following motion: "The Medical Reform Group of Ontario opposes the restoration of the death penalty in Canada."

MURMURS OF THE HEART

There will be a symposium entitled "Murmurs of the Heart" at the University of Toronto on February 8 and 9. It is part of a series on "Issues for Women in Trainin in Medicine". There will be workshops on parenting, sexism and class in clinics, and humanizing medical care. Registration is through the Faculty of Medicine; for furthe information call Pamela Stewart, 978-2895.

LOCUM

Locum tenens wanted for six months beginning April 15, 1985 - downtown family practice in group of four. Call Debby Copes, 926-1800 or 466-0093.

DIRECTOR - HEALTH PROGRAM

Physician-Director needed for new program to provide physician services to mostly Indian population in northern Saskatchewan. Works with federal and provincial governments and is employed by the University of Saskatchewan Medical School. Previous administrative and/or northern experience desirable. Call Cynthia Carver for further information. (306) 359-5434.

A4/ TORONTO STAR, WEDNESDAY, JANUARY 9, 1985 ★★★★

Abortions faster safer in clinics MDs' group says

By Robert Sutton Toronto Star

Ontario should permit abortion clinics because they allow women to have abortions earlier in their pregnancies when there is far less health risk, a group representing 150 Ontario doctors said yesterday.

The Medical Reform Group of Ontario said the hospital system is "unnecessarily dangerous" because it results in lengthy delays, which increase the risk of medical complications.

"A Canadian woman is less than half as likely as her American sister to receive a low-risk, under-nine-week abortion. She is 40 per cent more likely to have a high-risk, over-12-week abortion," the group said at a Queen's Park news conference.

'Political courage'

The four doctors at the press conference — Miriam Garfinkle, Debby Copes and John Frank of Toronto and Bob James of Dundas — estimated that between 15 and 20 clinics could meet the Ontario demand.

"It's time for the cabinet to show some political courage," Copes said. She added that in the meantime "it is unacceptable for the government to continue prosecuting Dr. Morgentaler after four jury acquittals."

The reform group, created in the late 1970s, is comprised of social activist doctors and medical students who disagree with the Ontario Medical Association's policies on the health care system.

Frank said women who must wait for approval from a hospital abortion committee run an increased risk of perforation of the uterus, bleeding and infection.

'In a majority'

The Canadian Medical Association supports free-standing clinics, said Garfinkle.

"I believe we represent a majority of doctors."

The group said the Ontario government should adopt the policy of the Quebec government, which sanctions about 20 free-standing clinics even though the federal Criminal Code stipulates abortions must be done in an accredited hospital.

The doctors said they'd "like to see this as an issue" in the Ontario Progressive Conservative leadership campaign.

James said the clinics should be publicly funded so "women in this difficult situation can obtain humane, competent care, medicare insured, without dangerous delays."

The doctors said the minimum wait after the woman's first contact with a doctor or clinic is generally two to three weeks.

They presented Statistics Canada data showing the risk is increased by 20 per cent if a woman asks for an abortion at 7½ weeks, but has to wait until 9½ weeks before it is performed.

The risk of complication is 60 per cent more if the abortion is delayed until 11 or 12 weeks, the data said.

16 The Toronto Sun, Wednesday January 9, 1985

Government assailed on abortion policy

By LORRIE GOLDSTEIN
Staff Writer

An organization representing 150 Ontario doctors yesterday accused the provincial government of making legal abortions in Ontario unnecessarily dangerous for women.

Spokesmen for the Medical Reform Group of Ontario, who want the health ministry to legally recognize abortion clinics, said the risk to a woman's health increases the longer she is forced to wait for an abortion.

DR. DEBBY COPES
Unacceptable delays

Dr. Debby Copes, a Toronto family physician, said women trying to obtain legal abortions in Ontario hospitals often face medically unacceptable delays because only so much operating room time per week is allocated for abortions.

She said this effectively establishes a quota system, meaning women seeking legal abortions aren't getting them as fast as they should.

Copes said studies show the level of risk increases 15-fold for a women who has an abortion between the 15th and 16th week of pregancy, compared with a woman who has one between the 11th and 12th week.

Despite this, she said, more than 10% of all abortions performed annually in Canada occur between the 13th and 16th week, double the number that occur during that period in the U.S., where abortion clinics are legal.

DR. JOHN FRANK
"Recongnize clinics"

Dr. John Frank, an assistant professor of preventive medicine and biostatistics at the University of Toronto, said women whose abortions are delayed face increased risks of infection, bleeding and perforation of the uterus.

"We are saying these delays can be dangerous to women," he said, adding the ministry must bear a major portion of the responsibility for the medical problems that result from delayed abortions.

Frank said the solution is for the ministry to recognize abortion clinics as "public hospitals" under the Public Hospitals Act, and to recognize them as "approved hospitals" having the right to perform abortions under federal law.

Dr. Miriam Garfinkle, a Toronto family physician, said the province should recognize Dr. Henry Morgentaler's Toronto abortion clinic and similar facilities that other doctors would establish.

But ministry spokesman Doug Enright said yesterday that Health Minister Keith Norton has already rejected a request from Morgentaler to have his clinic legally recognized by the province.

He said nothing further will be done at least until Ontario's appeal of Morgentaler's acquittal on a charge of conspiring to procure a miscarriage is heard.

Enright also said the medical reform group's concerns should be directed to Ottawa, which passed Canada's present abortion law, not Queen's Park.

EXCERPT FROM MRG RESOLUTION ON WOMEN AND HEALTH CARE, MAY 24, 1980

"Be it therefore resolved that:

Abortion be removed from the criminal code and be recognized as a matter of a women's personal conscience.

Free-standing (i.e. non-hospital) abortion clinics be established in which women can obtain first trimestre abortions quickly, safely, and in a sympathetic environment.

Any physician unwilling to be involved in abortion or abortion counselling be obligated to promptly refer a woman desiring these services to another physician or agency who will help her."

Health News Briefs

ABORTION NEWS BRIEFS

THE DOCTOR AND THE CARDINAL

Dr. Henry Morgentaler called on Cardinal Carter of Toronto to urge his followers in the anti-abortion movement to to abstain from violent acts. Morgentaler suggested a meeting with the Cardinal "to discuss ways to calm the passions and hysteria". He added that "He won't convince me, I'm sure I will not convince him. But maybe we can convinceeach other that that it's better to live in harmony and in peace instead of making inflammatory and provocative statements which may make some people take the kinds of action which even the Cardinal wouldn't like to sponsor." A number of threats have been made against the clinic, which was attacked by an arsonist after it first opened. Dr. Morgentaler himself was attacked outside the clinic by a man with a set of shears. The call for a meeting however was dismissed by Cardinal Carter as a "publicity stunt".

CONTROVERSY OVER RUBELLA VACCINE

Several anti-abortion groups mounted a public campaign against the use of a vaccine against German measles that is derived from the tissue of an aborted fetus. The use of the vaccine is compulsory for students in Ontario. After the protest was made public, some Catholic schools prevented public health officials from entering the school to administer the vaccine, creating fears that the fight against the disease would be hindered. A later statement by a spokesman for the Catholic Church said the use of the vaccine is not immoral. Anti-abortion activists said they were disappointed by the ruling, but that they would continue their campaign.

CLINIC OFFERED AS PILOT PROJECT

After his acquittal on abortion charges, Dr. Henry Morgentaler offered his clinic to the province to run as a pilot project, thereby making it legal. The government refused the offer and two days later announced its decision to appeal the acquittal.

NEW CHARGES ADDED TO APPEAL

Attorney-General Roy McMurtry followed his announcement of an appeal of the acquittal of Drs. Morgentaler, Scott, and Smoling with new charges against Morgentaler and Scott. Despite the charges, however, the clinic remains open.

CLINICS BOMBED IN U.S.

The bomb blast at a Washington, D.C. abortion clinic on New Year's Day was the twenty-fifth such attack in the last year alone. Commenting after similar attacks in Florida a few days earlier, a Pensacola Police Sergeant commented that "We kind of feel like that they (anti-abortion groups) might be responsible."

DENIED HOSPITAL PRIVILEGES

Dr. Leslie Smoling, who was acquitted along with Dr. Henry Morgentaler on abortion

Health News Briefs

charges in Toronto, has been denied practicing privileges at Woodstock General Hospital. According to his assistant, he was refused because his association with the clinic might reflect negatively on the hospital.

U.S. PRIESTS, NUNS DISSENT ON ABORTION

A group of U.S. priests and nuns placed advertisements in a number of newspapers dissenting from official Catholic policy on abortion. The ad states that a diversity of opinion exists among Catholics on abortion. Church authorities told the signatories that they must disown the statement or face penalties.

VETERANS TO GET CANCER TESTS

Health Department doctors will examine about 250 Canadian Forces veterans to see whether their exposure to radiation is linked to cancer or other serious illness.

Two veterans groups have been campaigning for years for compensation for veterans who served with radiation-detection units or the RCAF nuclear defense branch. Some cleaned up radiation spills and others witnessed atomic-bomb testing in Nevada and Australia during the 1950's.

WORKPLACE LEAD POISONING INCREASING

Lead poisoning among Ontario workers is increasing despite the introduction in 1981 of a provincial standard designed to reduce the amount of lead in workplaces. According to Stan Gray, a long-time critic of health standards, and the co-ordinator of the Hamilton Workers Occupational Health and Safety Centre, this is because the government enacted the standard "without having any intention of enforcing it." Ministry of Labour officials, on the other hand deny any laxity in enforcing the lead standard. According to Peter Pelmear, director of the occupational health branch, "If anyone's culpable (in the delay in enforcing the standard), it's the local union health and safety committees. They should keep their places in order. It's too easy to say it's someone else's fault." The legislation sets up an internal responsibility system for workers which requires them to identify lead problems and work with employers to clean them up. Mr. Gray says that workers in many cases have little knowledge of health problems associated with toxic chemicals and are often denied knowledge of the substances with which they work.

HIGHER NIAGARA CANCER DEATH RATE FOUND

A federal government study has found higher-than-expected cancer death rates in the Niagara area. The overall rate was about 5% higher than expected. The study was done because of public concern about toxic wastes leaching into the Niagara River. It draws no conclusions about what may have caused the cancers, because the researchers did not have access to provincial data on living cancer patients in Ontario. Dr. Yang Mao, the epidemiologist who headed the study recommended that further, more intensive studies be done.

CALL TO DESTROY TOXIC DUMPS

A joint Canadian-U.S. study recommends that the United States should consider digging up and destroying chemical dumps that leak into the Niagara River. According to

Health News Briefs

the Niagara River Toxics Committee, the dumps, plus several indistrial sewer pipes, are pouring more than one tonne a day into the river and from it into Lake Ontario. The Canadian government has advocated for years that the dumps be destroyed, but the U.S. has favoured the cheaper method of trying to seal the dumps in the ground and stop leakage.

SWIMMERS GOT SICK MORE OFTEN

People who waded or swam in the water at six Southern Ontario beaches in the summer of 1983 got sicker than people who stayed on the beach and sunbathed, according to a study done at the University of Toronto. About 9,300 beachgoers were interviewed for the study and followed up a few days later. People who went in the water came down with significantly more illnesses, including respiratory, gastrointestinal, ear, eye, and skin problems, than non-swimmers in the days after their contact with the water. Two per cent of the non-swimmers, four per cent of the waders, and eight per cent of the swimmers got sick. Levels of fecal coliform bacteria at the beaches were three to four times higher than the Ontario guideline, but below the guidelines used by some other provinces.

CONTROVERSY OVER MENTAL HEALTH PROJECT

More than 100 former psychiatric patients at the Queen Street Mental Health Centre are taking part in a research project without their knowledge or consent, and the lack of supervision received by half of them is causing some to deteriorate, according to officials with the project. Half of the discharged patients were assigned to a case manager who works fairly closely with them, and the other half to clincial therapist, with whom there is much less contact. Their names were put into a pool and a random selection made to assign them to a case manager or a clinical therapist. They were not told what was being done, and were not given the option of refusing to take part. "It's a blatant disregard for people's right to receive treatment," says Pat Capponi, a member of a Toronto task force on psychiatric patients. She says she has received complaints over the consent issue from officials running the evaluation project.

U.S. COMPANY BUYS NURSING HOME CHAIN

A large nursing home company in the United States, Beverly Enterprises of California, is purchasing Bestview Holdings Ltd., the owner of nine nursing homes in Ontario.

LEGAL AID AVOIDING PSYCHIATRIC PATIENTS?

Health Minister Keith Norton has confirmed charges by NDP health critic David Cooke that some legal aid offices are ignoring their legislated duty to provide assistance to involuntarily committed psychiatric patients. Norton says that if legal aid offices do not start complying soon with the law, he is prepared for a "major confrontation" with them. The intention of the law is to give patients proper legal representation and the right to due process. Mr. Cooke cited a letter by Simcoe County Legal Aid chief Lawrence Easto, who wrote that "The policy in Simcoe County with regard to notifications under the Mental Health Act is to immediately file the forms in the garbage without time stamping, indexing, duplicating, filing, reading or further reporting or further handling."

NURSING HOME OPERATORS KNOCK CMA TASK FORCE

The Ontario Nursing Home Association, which represents privately owned nursing homes, has called on the Canadian Medical Association to repudiate the section dealing with nursing homes in the recent CMA Task Force Report. The task force called for the abolition of privately owned nursing homes. ONHA representative John Press called those sections of the report "propagandizing rather than fact". He took issue with the suggestion in the report that senior

Health News Briefs

citizens should not be expected to contribute to the profits of others. "This is a remarkable point of view when it is put under objective examination. It would mean, apparently, that once we reach 65, everything should be given to us at cost.. clothes, food, cars, or whatever...and I hesitate to speculate on the economic consequences on our society of such a recommendation at a time when Canada is trying to pull itself out of a recession," he said.

ACTION AGAINST OFFICE SMOKING

The Toronto public health department has launched a new program which would prohibit smoking in the workplace except in a designated area. It is being inaugurated as a pilot project in the Northern area branch and may soon be applied to other health offices. The department hopes that the program can be a model for other offices, especially other municipal offices.

TORONTO WOMEN'S HEALTH NETWORK

The Toronto Women's Health Network has a membership of about 80 people and is open to anyone interested in women's health issues. Members of the Network meet monthly to share information and discuss a pre-determined topic, facilitated by a guest speaker or film. The Network publishes a monthly newsletter. For a membership form and a sample issue of the newsletter, contact Anne Rochon Ford, P.O. Box 1004, Station A, Toronto, Ontario M5W 1G5.

HAMILTON CHAPTER MEETING

The Hamilton Chapter of the MRG is meeting on Tuesday January 29 at 7:30 p.m. at the house of John Chong, 16 Bond South, Hamilton. The topic of the meeting is "Issues in mental health in the workplace."

COMPENSATION BILL CALLED FLAWED

Draft legislation to change the Workers Compensation Act contains serious flaws and does not go far enough in helping the injured employee, a report by the Canadian Bar Association's Ontario branch says.

The report says that the bill would enable the WCB to usurp the basic right of individuals to decide their own future, particularily the board's right to choose employment for the injured workers. The bill provides for constant WCB supervision of injured workers which the report says is an intrusion on the worker's fundamental rights and freedoms as guaranteed by the Charter of Rights and Freedoms. The report also criticizes the role of WCB doctors, to whom injured workers could be compelled to report for medical examinations. The doctors also would also sit on the proposed medical-review panels.

"I think I've found the trouble, Mr. Nadler!"

ABORTION

MDs, politicians

The following are letters to the editor of The Globe and Mail.

Dr. Henry Morgentaler is a full-time abortionist. He supports the concept of abortion on demand and he practices what he preaches. There is nothing covert about his activity. Yet when he is charged with conspiring to procure an illegal abortion he pleads not guilty, and no jury will convict him. What is this Morgentaler enigma?

In the hospital where I practice, most of the obstetricians and several of the family doctors are part-time abortionists — performing an abortion is one of the many treatments they offer their patients. This particular treatment differs from others in that an application to perform the operation must be submitted to the hospital abortion committee. A medical diagnosis (such as health-threatening depresson or anxiety) is typically appended to that of pregnancy, thus complying with the legal requirement. In most cases, the operation is approved.

Yet I question whether the patient population treated in Dr. Morgentaler's clinics is any less anxious or depressed than that which passes through the portals of conventional medicine. Surely it has been obvious for some considerable period of time that the medical profession and the legislators are co-conspirators in the enactment of a farce (some would say a tragedy).

Most politicians view the abortion issue from the top of a fence, where they remain firmly perched. There is no net gain in votes to be had from getting down off the fence — the grass is brown and barren on both sides.

The members of the medical profession, by and large, have been willing to provide abortion on demand *de facto* if not *de jure*. Declaring their patients' health to be endangered by the continuation of a normal pregnancy, they have simply devalued their medical qualifications in supplying a diagnosis which is, for the most part, a sham. They have thus provided the missing link that Parliament was unwilling to forge.

That Dr. Morgentaler's latest trial and the conduct of many members of my profesion are twin hypocrisies does not appear to have escaped this jury. The men and women on it seem to have recognized that in this matter the scales of justice are tarnished and weigh light. By their verdict, they have seen to it that the scales at least balance.

Dr. Gerard Ponsford
Surrey, B.C.

Letters to the editor

In the emotional aftermath of the Morgentaler acquittal, the Right To Life Association momentarily let its mask slip (Jury Praised, Assailed For Abortion Acquittal — Nov. 9).

Right To Life president Laura McArthur was reported as saying the jury in the case was a mockery because it contained unionists and transients, groups that Ms McArthur felt would inevitably be pro-abortion. Ms McArthur would rather have seen the "steady, solid people of society" — by which she meant, according to the report, professionals and executives.

This is good news for those of us who waffle back and forth on this complex issue. It seems it is not so much a universal moral dilemma, as we had thought, but merely a problem of class. I gather the blue-collars think nothing of chucking unwanted offspring into the chopper, while members of the white-collar set go to term as a matter of course. The role of Right to Life, then, is to convince the lower class of its inhumanity.

I, for one, will never be able to listen to the heartfelt and moving arguments of the association without recalling this disturbing glimpse of class prejudice, glowering from behind the disguise of humanity.

Tim Wynne-Jones
Toronto

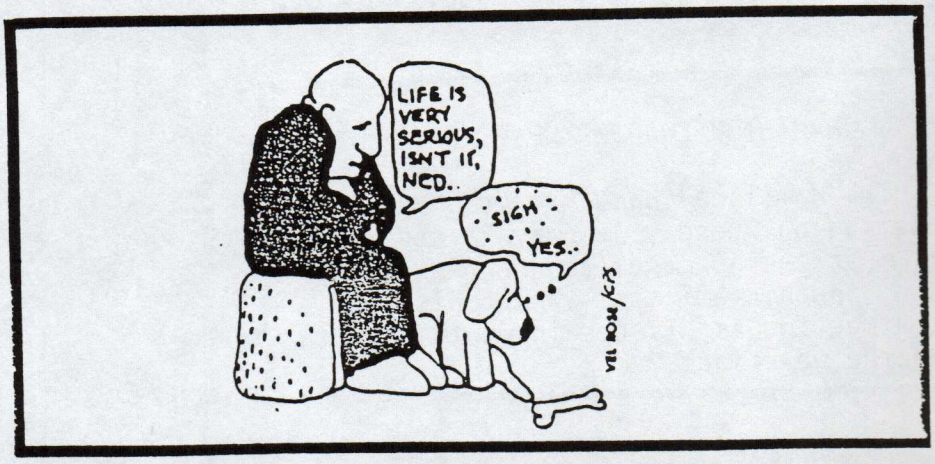
ORLAND FRENCH

Bizarre abortion mess

In the United States and Britain, two of this nation's civilized contemporaries, acquittal by a jury means exactly that. It doesn't mean the state has another chance to send the case back to another jury, and another, and another, until it gets the answer it wants.

Government is supposed to represent the will of the people. Four sets of Canadian citizens have already determined that Dr. Morgentaler is not guilty, but the Government of Ontario won't accept their word as final.

In the meantime, Dr. Morgentaler and his assistants are doing nothing more than was performed legally 28,000 times in Ontario's hospitals last year.



QUESTIONING THE TESTS

MRG members Cynthia Carver, Philip Berger, and Fred Freedman cited in article on testing.

— THE GLOBE AND MAIL, SATURDAY, DECEMBER 1, 1984

Some doctors fear that medical tests may be dangerous to your health

BY JOHN HASLETT CUFF

INSIDE the anonymous, one-story industrial plant in Scarborough some 10,000 medical tests conducted on 2,200 patients are analyzed every day. Like a factory, Med-Chem Laboratories Ltd. runs 24 hours, servicing test requisitions from 40 specimen collection stations and 10 hospitals from Metro to the Niagara Escarpment. Automation and computerization have increased the volume and profitability of the medical testing business and, it is hoped, decreased the incidence of human error.

A visitor to Med-Chem's 31,000 square foot headquarters is overwhelmed by the high technology: the Coulter (Cell) Counters, Hematrak machines, Isotope Counters and Biochromatic Analyzers that can screen 25 specimens at one time. It's all part of "the trend to more and more automation, to produce reliable results in the fastest possible time," says Rodney Ellis, vice-president of the company. Med-Chem is one of 182 private labs in Ontario competing with hospitals for about $500-million worth of medical tests annually.

But Mr. Ellis is quick to assure the visitor that behind all the technology is an alert and conscientious team of experts. He mentions a patient whose test result "showed an extremely low platelet count. We couldn't get hold of her doctor, but we were eventually able to track down her mother through the police. When we finally located the patient, she spoke with our hematologist and it was agreed she should go to hospital emergency right away. This was at one or two in the morning." Mr. Ellis remembers. It turned out the patient had a history of blood disorders and the hospital decided to admit her for observation. "Unlike hospital labs, we're geared for that kind of communication," he points out.

But no matter how much money firms such as Med-Chem spend on sophisticated equipment, certain tests (such as the pap smear) still rely on the judgments of doctors who prescribe tests in the first place; and the skills of technicians looking through microscopes.

A young woman who had annual check-ups and pap smears for five years suddenly discovered she had cancer when she changed physicians. Her old family doctor had retired and destroyed her medical records.

"It was no overnight thing. My new doctor told me it had probably taken more than a year to develop," she says. "He also said that pap smears can be done incorrectly. Maybe that's why it wasn't discovered sooner."

The cancerous growth was removed from her cervix, but she's lost confidence in medical test procedures and now worries about her ability to bear children. "The doctor told me it hasn't affected my reproductive capabilities, but how does anyone know?" she asks. How can anyone know when a test comes up with the wrong answer?

Many experts and a number of studies have lately concluded that there are too many medical tests being done, tests which are unnecessary and even potentially harmful to the patient. According to OHIP records, the number of tests conducted by private laboratories increased by 46 per cent between 1976 and 1981 and have been growing by nearly 10 per cent every year since. Ron LeNeveu, assistant deputy minister of finance and administration for Ontario's Ministry of Health estimates the cost of testing to be about $500-million annually; $300-million pays for hospital laboratory work and the remainder goes to their very profitable private competitors.

"Historically," Mr. LeNeveu says, "the cost of medical tests is growing faster than the population and medical services in general." The cost of these tests represents about one-sixteenth of the entire medical budget for Ontario.

"Hospitals are under severe financial restraint, in terms of overtesting. We are on the lookout for physicians who are over-spending on testing," says one southern Ontario pathologist. And Stan Cooper, a clinical chemist with Med-Chem says, "the Ministry of Health has imposed a utilization factor on private labs as well." This means that the labs will not be paid in full for tests ordered by doctors (whose names are not known to the labs) who over test.

Dr. Cynthia Carver, author of the book Patient Beware points out: "Almost all tests can have potential ill effects. If for instance, I take blood from your arm — it's not likely, but it's possible — you could end up with infection in your veins. If I do X-rays frequently, there's the possibility that over-exposure can be contributory to cancer or changes in genetic makeup. And those are basic tests, very, very common."

But these "basic tests" are an integral part of the service offered by the Shute Institute for Clinical and Laboratory Medicine, in London, Ont. Since 1936 the clinic has specialized "in the medical use of foods and vitamins," particularly in treating patients with circulatory disorders. Yet one of the first steps the clinic employs in treating any patient, is a battery of standard medical tests, from blood analysis to ECG and X-ray.

"We use just the standard medical testing and we feel quite good about the testing that's done. In fact there are quite a few innovations in medical chemistry," says Vere Shute, director of information for the clinic.

Not everyone in the medical field shares Mr. Shute's enthusiasm. Dr. Gerald Green, who is something of a medical maverick, carries on a holistic practice on Avenue Road in Toronto. Still in his thirties, Dr. Green's soft, friendly features and relaxed manner camouflage an intense dissatisfaction with many established medical practices that keeps him at odds with Ontario's College of Physicians and Surgeons. His office is cluttered with plants and pamphlets on preventive medicine and the walls are adorned with cheery posters advertising such events as the Toronto Festival for Body, Mind and Spirit.

Dr. Green is far from reticent on the issue of medical testing. "Very definitely, the testing aspect is overdone. There are a lot of tests which produce harmful effects. Some tests can be dangerous, and the results misleading."

One particular test that Dr. Green has strong reservations about is the angiogram or arteriography. "A lot of lab tests are done by doctors to see if they can justify doing operative procedures, which can be harmful as well. A prime example is the whole area of coronary by-pass surgery which is being done so commonly — and I think tragically — today.

"Dye is injected into the arteries of the heart (to outline them so they can be X-rayed). A catheter has to be threaded up through an incision in the groin (or arm). That procedure can be dangerous in that it can knock off plaque in the artery and send it higher in the bloodstream causing a blockage and a stroke. There is a risk of death from that procedure alone."

A close relative of Dr. Green died recently as a result of coronary surgery. "There's no evidence," he says, "that the surgery prolongs life, and the surgery itself is harmful. The chances of dying from it are significant."

Yet the test and follow-up surgery is extremely common. "They're doing them like appendectomies now at most major hospitals. It's the 'in' procedure, just like tonsilectomies used to be in vogue. I've had patients come to me who have had arteriographies just for chest pain, which is not an uncommon complaint."

While many doctors might take issue with Dr. Green on some aspects of his practice, many agree with his assessment that unnecessary testing is routinely done. Most tests can produce "false positives," an indication of abnormality or disease where there is in fact none present.

"You end up putting normal people at risk, both from worry and from future damage. When you (incorrectly) label people as having an ailment, they start having more days off work and more sickness behavior, yet they are not in fact any sicker than they were before you labelled them," Dr. Carver says.

Whether the test is a pap smear, a barium enema or an X-ray, patients are not always properly informed of the risks, although by law they are obliged to be.

"I've seen patients come to my office because they really feel pushed to have tests," observes Dr. Green. "Some doctors frighten the patients and in many cases they don't *need* these tests. The trouble is, most people buy what traditional doctors say . . . Yet the results of the tests often lead to other procedures which can be equally or more harmful."

Anne Coy of the Patients' Rights Association recalls hearing from an elderly woman recently who had been removed from the subway and rushed to emergency. "The doctor and nurse were extremely abusive. They lambasted her because she refused to submit to an X-ray. She was a cardiology patient and felt she'd already had too many X-rays. Because she refused the test she was refused all further treatment. So she checked herself out of the hospital. I told her to write to the hospital administration and complain. Just because we refuse one test doesn't mean we are refusing all treatments," says Mrs. Coy.

According to a 1979 study conducted by Dr. Kenneth Taylor and his associates at the Radiological Research Laboratories, University of Toronto, patients in Toronto hospital radiology departments were being subjected to vastly differing amounts of radiation for the same X-ray procedures. Some of the exposures in this study were 10 and 20 times higher than the necessary dose for a given procedure.

And according to a later study conducted by a consultant to the city of Toronto's Health Advocacy Unit (1981), "There is a considerable body of medical literature which points to the fact that many of the most common X-ray procedures reveal little or no information of diagnostic value and are ordered inappropriately."

DRESSED in a red and black checked jacket and serviceable green workman's pants, Dr. Philip Berger looks the model proletarian doctor, working out of a spartan office on Parliament Street. The posters commemorating various benefit concerts attest to his political activism, but on the issue of medical testing he is a scientific conservative, at the opposite end of the spectrum from Dr. Green.

Over coffee at a cafeteria he underlines his faith in science, while discussing his misgivings about current medical practice. "I may be in the minority, but I have confidence in the science of medicine," Dr. Berger says.

While he acknowledges there is unnecessary testing, his overriding concern is the competence of physicians and he holds the unpopular notion that doctors should be subject to mandatory continuing education."

Dr. Berger agrees that patients are not always fully informed of the risks inherent in many tests. Doctors "have to inform the patient of all material risks, even if something is extremely remote," he says.

One of the most commonly performed tests is the barium enema, prescribed by doctors for something as commonplace as hemorrhoids. "A barium enema could perforate your bowel; it's remote, but it could happen. I saw a patient who had an enema which resulted in a perforated bowel. He came in for a simple three-day hernia operation and ended up with a temporary colostomy and a six-week stay in hospital," says Dr. Berger.

In addition to the danger of perforation, barium enemas, according to the City of Toronto study, "expose the reproductive organs to some of the highest radiation doses of all X-rays."

Besides the physical dangers of unnecessary testing, is the question of reliability — both of the test results themselves and of the individual professional's ability to administer and interpret the tests accurately. "There was a study done once where they cured most patients of their disease by repeating the lab tests," says Dr. Green. "In other words a lot of doctors say you're ill from the lab test, they don't look at the person. No lab test is 100 per cent accurate and some vary tremendously. There's a big problem of reliability."

Many of these problems might disappear if tests were not so routinely ordered. "I think a lot of tests are done when they are not needed because of some fault or defect on the part of the doctor; because he makes an incorrect decision," says Dr. Berger. "A lot of doctors do tests and they don't know why they are doing the tests. They should be able to justify every single test, the same way you have to justify every medication."

If the multitude of tests being ordered create both unnecessary risks to the patients and an increasing strain on the health care system, why do doctors keep testing?

"In many cases, it boils down to greed on the doctors' part," Dr. Green asserts. "It creates business, it keeps the patient coming back and creates a dependency relationship between the doctor and the patient."

Dr. Berger has a different theory "The most important thing (in treating a patient) is taking a history," he says. "I think that some doctors don't bother taking a history and rely on laboratory results, because then they spend less time with the patient. In a fee-for-service system there is an incentive to see as many people per unit time as possible. There's no incentive to spend the amount of time required to take a patient's history."

Family physician Dr. Fred Freedman attributes some of the over-testing to "laziness and sloppiness. The kickback is that you get the patients in and out of the office faster."

Doctors are not the only culprits in unnecessary testing, for there is a degree of pressure from patients who don't feel secure about their treatment unless tests are conducted. "Middle class patients are the worst. They are always pressuring me to take tests," says Dr. Freedman. "The danger is somebody's going to find something abnormal eventually and they won't know what to do with it."

Since doctors are trained in hospitals, surrounded by sick people and working in an environment in which testing is widespread, they may come to rely on testing in their regular practice. "The way we were trained we wouldn't feel competent to say a patient was normal without an X-ray, urine sample and blood test," says Dr. Carver. "The training is very test-oriented."

Yet another factor is the growing threat of malpractice suits. According to Dr. O'Brien-Bell, there is an increasing pressure on doctors to "practice medicine defensively. What has changed is that the public expects the perfect result and if the result doesn't measure up to what they anticipate, the doctor is liable to court settlements. Whereas previously I could rely on my clinical judgement, now I will cover myself by making quite certain (using tests) that I'm 100 per cent correct."

Dr. O'Brien-Bell points to the escalating court settlements in malpractice suits as motivation for over-testing and says his medical insurance has gone from $300 to $1,300 in the past three years, an increase of about 400 per cent.

"There's no doubt premiums are going to continue gathering momentum as the number of court challenges increase. It's just the start, we're on the same slope as doctors in the United States. In British Columbia today, one in five orthopedic surgeons has suits awaiting settlement."

One rule appears evident in the medical testing game: don't rely on one opinion or one test only. "In any test, the accuracy of the work is in question," says one pathologist. "Interpreting what is normal or abnormal is very difficult — even if everything is done accurately there is a considerable degree of variance possible."

Always get a second opinion — ironically enough, it seems to be the only way to test the testers. —J.H.C

Where There's Smoke, There's Money

By Robert Sherrill

THE SMOKE RING: Tobacco, Money, and Multinational Politics. By Peter Taylor. Pantheon. 328pp. $18.95.

PETER TAYLOR is the British television producer-reporter who did a documentary a few years ago called *Death in the West — The Marlboro Story*, in which he interviewed six American cowboys who had two things in common: they had been heavy smokers for many years and they were dying of lung cancer. The most memorable of the lot was the cowboy who rode the range with tubes running out of his nose to oxygen tanks strapped to his horse.

Philip Morris, makers of the cigarette, went bonkers when it heard its famous invitation, "Come to Marlboro Country", used to introduce these cripples, so it went to court and the documentary promptly died of injunctive emphysema. Except for a bootleg version, it has never been shown in the United States.

But Taylor does not give up easily, and here he returns to the attack with *The Smoke Ring: Tobacco, Money, and Multinational Politics*, a book that incidentally raises the question of how come British TV manages to find such literate personnel and our TV industry is so luckless in that regard.

Fear not; this isn't just another antismoking treatise. It is a sensible and altogether fair consideration of "why governments place wealth before health" and an examination of "the political and economic mechanisms of the power of tobacco". Taylor pursues his objective in a sprightly style, avoiding the medical soupiness and keeping his eye always on the hard-headed (and often wry, not to mention grotesque) political and economic practicalities.

We're talking big bucks. We're talking six giants who produce around 40 percent of the world's cigarettes (the rest are produced by state-owned companies, mostly in commie countries). The biggest of the lot is British-American Tobacco Industries (BAT), which employs a quarter million people and sells $10 billion worth of cigarettes each year in 78 countries on six continents.

When an industry pumps that kind of money into the employment-taxation pipeline, it's mighty hard for politicians to act as upset as you might expect from the fact that this same industry produces a commodity that, by Taylor's count, "has wiped out more people than all the wars of this century".

Politicians have counted the dead, have weighed them against tobacco's economic bounty, and have cold-bloodedly come down in favor of the latter. Taylor doesn't agree with the decision, of course, but he sympathizes. After all, tobacco is Britain's third biggest source of consumer revenue, and "an analysis of the cost of a packet of twenty cigarettes shows why governments hold tobacco so dear; the retailer gets roughly ten pence; the manufacturer fifteen pence; and the Chancellor of the Exchequer seventy-five pence". In the United States, tobacco's contribution is equally bountiful — $57 billion of the GNP, $14 billion of total federal tax revenue, $7 billion of total state and local tax revenues, and a $2 billion net surplus on the balance of payments. It creates jobs for nearly half a million people directly and 2 million overall.

It is hardly surprising that Congress and the president — any Congress and any president — buckle under so easily to the relative handful of members (tobacco is a major crop in only 27 of our 531 congressional districts) who front for the industry. Parliaments and prime ministers, we learn, are just as sympathetic to this deadly business.

But that is hardly the end of tobacco's moneyed influence. It spends $2 billion a year globally on advertising (by comparison, the American Cancer Society and the American Lung Association spend about $7 million on antismoking education) "to reinforce its own myth that smoking is a socially desirable habit," writes Taylor, and he is so rude as to notice that this outlay buys, if not always support, at least congenial silence. Some of the popular magazines, such as *Ms.* and *Redbook*, that get as much as 16 percent of their revenue from cigarette advertising, carry a lot of health articles but none on the hazards of smoking.

Although their ads have for years been banned from television in both the U.S. and England, the tobacco companies have managed, especially in England, to buy their way around that proscription very nicely. They sponsor athletic events, everything from car races to cricket matches, where cigarette brand names are splattered all over the scenery — which is much cheaper and more effective than straight advertising. In a typical year, the BBC (its officials admit "we are being used") carries close to 300 hours of these cigarette-sponsored events.

And of course tobacco money reaches flood tide when the industry is scared by something like California's Proposition 5, which offered voters a chance to outlaw smoking in public places. At first it was given a 3 to 1 chance of passing, but the industry bought enough media space — spending more than the two gubernatorial candidates combined — to sink it.

This story is not wrapped entirely in pessimism. Not all public officials bow to the industry's demands. President Reagan may have promised North Carolina tobacco farmers that "my own Cabinet members will be far too busy with substantive matters to waste their time proselytizing against the dangers of cigarette smoking", but in fact when Richard Schweiker was Reagan's Health and Human Services secretary he supported Surgeon General Everett Koop's militant opposition to cigarette smoking. Indeed, North Carolina Senator Jesse Helms accused Schweiker of being guilty of "incipient Califanoism" — a nice backhanded compliment to one of Schweiker's predecessors, Joe Califano, whose antismoking zeal got him bounced from the Carter Cabinet.

Consumers, too, are coming to their senses. While America's 53 million smokers are spending more than ever on their habit, the number of smokers is declining — down 17 million since the U.S. Surgeon General's report in 1964. In England, cigarette smoking still kills eight times more than the number who die in auto accidents, but at the same time Britain can now claim twice as many nonsmokers as smokers.

These declines are more than made up, however, in the Third World, which is puffing up a storm. America exports nearly half of the tobacco it produces, and most of it is dumped on the Third World. Twenty percent of Thailand's individual income goes into cigarettes. Cigarette consumption in Pakistan is growing six times faster than in most Western countries; in Brazil, eight times faster. The lung cancer rate is, of course, also jumping. But what tobacco does to Brazil's lungs is nothing compared to what it is doing to Brazil's landscape. The province where 70 percent of Brazil's tobacco is produced was once heavily forested. Now its horizon is barren of trees. They were chopped down, at the rate of 1.5 million acres of forest a year, to burn for curing tobacco.

If that situation sounds just a bit irrational, it fits very well into much of this story, which abounds with people like the Philip Morris vice president who argued that eating too much apple sauce could be just as harmful as smoking too many cigarettes; with organizations such as the AMA, which, while certifying the deadliness of tobacco, held $1.4 million worth of shares in tobacco companies and gave political support to tobacco crop subsidies; and with consumers such as the 48 percent of lung cancer patients who begin smoking again shortly after leaving their tumors at the hospital.

The Smoke Ring says a lot for Peter Taylor's intelligence, but not much for mankind's.

ROBERT SHERRILL is southern correspondent for The Texas Observer *and the author, most recently, of* The Oil Follies of 1970-1980.