MRG NEWSLETTER

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

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MRG SPRING GENERAL MEETING

The Medical Reform Group's Spring General Meeting will take place on Saturday April 27 at the South Riverdale Community Health Centre, at 126 Pape Ave., Toronto (just north of Queen Street).

The previous evening will feature a talk by writer June Callwood on the topic of Violence and Women's Health. Ms Callwood will be speaking in the Debates Room of Hart House on the University of Toronto campus at 8 p.m. on Friday April 26. (See map in the March issue of the MRG Newsletter.)

The theme of this general meeting will be "Women and Health". Saturday will begin with registration at 8:30 a.m., followed by a panel discussion at 9 a.m. on "How Can We Improve Health Services for Women?" The panel discussion will be followed by three concurrent workshops: "Women in Medicine/The Support Function of the MRG"; "The Medicalisation of Women's Problems"; and "Fragmentation of Care". The workshops start at 10:30. The workshops are followed by business items, including a proposed fee increase for the MRG to $125 per year. After lunch, there will be workshop summaries and a proposed resolution on capital punishment. At 2:30 p.m., there will be a report from the MRG's provincial steering committee, and then the day will wrap up with a discussion on Health Disciplines Review, on which the MRG has a working group.

There will be a $5 admission fee for the Friday night talk by June Callwood, and a $15 registration fee for the Saturday meeting (lunch included). The fee for students is $2 Friday, $5 Saturday.

There will also be elections on Saturday to fill at least one vacancy on the Steering Committee.

VIOLENCE AND WOMEN'S HEALTH

A talk by JUNE CALLWOOD

Friday April 26th

8 p.m.

Hart House Debates Room
University of Toronto

Presented by the Medical Reform Group

Proceeds to Jessies

Tickets $5 at the door

MURMURS OF THE HEART

Murmurs of the Heart: Women in Medical Training was a conference held at the University of Toronto on February 8 and 9. The conference was well attended and covered diverse areas including women in medical education, residency training; balancing personal and professional goals; and whether women in medicine were changing the profession or the health care system. The conference was organized by Chantal Perrot, a U of T medical student and included workshop leaders Mimi Divinsky, John Frank, Debby Copes, Miriam Garfinkle and Fran Scott, all MRG members.

WOMEN AND HEALTH CONFERENCE

MRG member Fran Scott spoke on a panel on "Economic Issues in Health Care on behalf of the MRG at this conference, organized by the Ontario Advisory Council on Women's Issues.

Report: Health Disciplines Review

At a General Meeting of the MRG in 1984 a discussion was held on issues around health disciplines regulation, prompted by the review that has been set up by the government. A number of members had worked on a brief and it was felt that a subcommittee should continue to look into questions that the review process raised. Don Woodside had taken the greatest interest in the matter and co-ordinated a subcommittee that has met on several occasions in Toronto and Hamilton. Attending the meetings have been Paul Rosenberg, Clyde Hertzman, Brian Hutchison and Bob Frankford.

The discussions have been very instructive to the members of the committee, since the questions raised become quite complex. Challenging questions relating narrowly to the organisation of disciplines within the health field as well as broader ones about an overall vision for the health system and the nature of professionalism have been raised. The subcommittee did not feel that it was being asked to produce a resolution for the M.R.G. to vote on. It will attempt to report on some of the discussions that took place among its members and also in correspondence and discussions with members of other groups.

The sub-committee felt that it only had the time to communicate with a few of the other disciplines. It chose to concentrate its discussions particularly on nursing and midwifery, feeling that these were groups that were particularly close to the medical profession, particularly as regards primary care. We felt that discussions with them would find out what they were actually asking for and would help us in our general discussions and understanding.

The principle concern of the midwives appears to be legalisation. They are functioning at the present time without legal status and see this as the most important step. They are working at the present primarily in private fee-for-service practice. Their proposals would include continuing this, but they are also concerned about the overall organisation of obstetric services. It was felt that the sub-committee helped to raise their awareness of issues about the organisation of the health care system. Whilst not getting clear cut answers, we made it clear to them that some of us would have difficulty in encouraging new fee-for-service practitioners and a health service based on competition.

They are asking for recognition of what they are doing now, would like a college independent of nursing, legalising of home births and public funding. Issues raised by their requests include safety, cost, continuity of care and the provision of services to all classes and relationships with doctors and hospitals.

Members of the sub-committee met with representatives of different nursing bodies - Ontario Nurses Association, Registered Nurses Association of Ontario and the College of Nurses. One of their primary interests is in ensuring the licencing of all who go by the title of nurse. They were asked about issues concerned with

the licencing of nurse practitioners. They did not make particularly strong demands about definition of turf. Nursing is developing its definition of nursing diagnosis, which supposedly helps to differentiate nursing from medical practice. Representatives did not dispute the right of nurses or nurse practitioners to engage in independent practice and bill OHIP independently, but this was not presented as an overwhelming concern.

We selected the midwives and nurses to have discussions with because they were felt to be the most relevant to primary health care. While the nurses are interested in expansion of primary health care nursing including fee-for-service payment this is not their high priority in realation to the Health Disciplines review process. We might find ourselves supporting the expansion of their role but not their funding as free standing professionals (or funding under OHIP).

Continuity of care will vary with the model of care adopted. Does the MRG have a model or wish to articulate a model which it could support?

The following are some questions for discussion that were raised in the sub-committee.

If we oppose the development of independent practice by other providers, (and the discussion has focussed almost entirely on nurses and midwives) can we continue to support independent free-standing medical practice? Is there a model of linkage of practices? Do we see integration of primary health care as an important objective?

Is the task to look at models of primary care or to take advantage of Health Disciplines Review process to take positions on particular disciplines? Are we in a position to take advantage of this opportunity?

Regarding the objectives of the midwives the subcommittee would feel the question of supporting a college of midwifery is less important than the integration of midwifery into primary care. Who will deliver babies, where and how will they be paid?

Discussions should always consider how the interests of patients are served? Principles of equality will lead to negotiations between groups of organised professionals, each acting at least in part out of self interest. The outcome may not be in the best interests of patients.

One of the MRG founding principles was to recognise the equal contribution of all health workers. The subcommittee's discussions raised some questions about what this means when challenged with questions about the licencing of various disciplines.

It has been suggested that the MRG has not taken positions on desirable and undesirable methods of payment and practice. Is this an appropriate time to do so? Does this affect our credibilty and ability to recommend about other disciplines?

Submitted by Robert Frankford on behalf on the Working Group on Health Disciplines Review.

Notices & Announcements

OCCUPATIONAL HEALTH

I would like to share news of a new and major programme we are developing at the Lakeshore Multi-Services Project (LAMP) which I think will be of interest and assistance to MRG members.

For the past year, we have been working closely with the Ontario Federation of Labour and the Labour Council of Metro Toronto to develop in our Community Health Centre a specialized Occupational Health Programme. This has emerged in response to requests for medical assistance for work-related health problems, and for seminars which would deal with the health hazards of specific workplaces. While we primarily serve the Lakeshore area, we have found that requests are coming to us from other parts of Toronto, and even beyond that. We are still a very fledgling service, in great part due to a lack of funds to hire full-time staff. However, we see great potential for the service to grow rapidly.

This is the first time that a Community Health Centre has taken on a project such as this and we are working very closely with several other CHCs which have indicated interest in expanding their activities to include Occupational Health. We will be approaching the Ministry of Health to assist with funding the clinic as a Demonstration Project which will allow us to carefully evaluate the services and adjust our activities to improve the quality of service as we go along.

We would be interested in hearing from other MRG members who have run into occupational health problems in their practices and to receive any suggestions about how we might design our services to assist general practitioners in the area of occupational health. In addition, we would really like to know of any MRG members who are interested in working in this area. I will be leaving the Toronto area for family reasons, and we are looking for a doctor to work in the clinic (at least on a part-time basis right now), who has training in occupational health, or is willing to take a short course at McMaster University.

Monique Isler, M.D.
member, MRG

SOCIAL ACTION COMMITTEE

The Social Action Committee of Family Service Association of Metro Toronto is a committee of volunteers concerned with advocating for social change for the clients of Family Service, a family counselling agency serving 12,000 individuals annually. The Social Action Committee handles issues such as affordable housing, unemployment, domestic violence, extra billings and OHIP premiums, and the social safety net. The committee seeks a socially minded physician to join its other committed volunteers. For more information call Susan Pigott at 922-3126.

INDUSTRIAL TRADE HAZARDS

"Fit as a Fiddle? Case Studies on International Industrial Health Hazards" is a booklet which argues that workers in industrialized and developing countries have a common interest in ensuring that industries enforce the recognized standards of environ - mental health and safety. It is available from Trade Union International Research and Education Group, Ruskin College, Walton Street, Oxford OX1 2HE, United Kingdom for £00.95.

ARTICLES AND BOOK REVIEWS?

Use the MRG Newsletter to keep fellow members informed about activities you are involved in, interesting books you have read, or other news and opinions. Short, readable submissions are welcomed.

MRG NEWSLETTER

The MRG Newsletter is published by the Medical Reform Group of Ontario for the members of the MRG. Subscriptions are free with MRG membership; otherwise they cost $25 per year. Announcements, short articles, letters, book reviews, and other items are welcomed. The publication of any item in the Newsletter does not signify MRG endorsement unless so stated.

MRG NEWSLETTER, P.O. Box 366, Station J, Toronto M4J 4Y8. Phone: Ulli Diemer, 416-920-4513 or 416-960-3903.

THE GLOBE AND MAIL, TUESDAY, APRIL 2, 1985

Evolution of health care: a working option to OHIP

BY ROBERT FRANKFORD

Dr. Frankford is Toronto family physician and freelance writer.

MOST medical care in Canada is paid for as a fee-for-service to the doctor. A minority of doctors work on salary in clinics or institutions. Few people are aware of a third option that exists in Ontario — the Health Service Organization (HSO).

HSOs have existed for the past decade and are funded by the Ontario Ministry of Health as an alternative to the usual fee-for-service Ontario Health Insurance Plan. Like Canada itself, they can be seen as related to British and U.S. institutions but with features that make them distinctive.

Essentially, HSOs are organizations in which professionals provide medical and health services to members of the organization in return for a prearranged payment. The British National Health Service can be considered one national HSO in which practically all family doctors are paid on the basis of patients who are registered on their practice lists. In the United States, a growing proportion of health care is being provided by Health Maintenance Organizations (HMOs). These are similar in that they provide services to an enrolled population, but characteristically are responsible for their own funding arrangements within the pluralistic free-market insurance system of the United States. HMOs generally have closed enrolment, limited perhaps to a certain group of employees.

HSOs are obliged to accept any provincial resident who wishes to enroll.

Ontario HSOs are distinctive in that the funding comes out of the universal insurance plan. Unlike the British NHS, each HSO is an autonomous organization, with a great deal of discretion about how it chooses to manage itself. And the 18 HSOs that exist in the province come in a variety of sizes and forms, reflecting the ways in which they developed themselves.

The organization is paid monthly for every enrolled subscriber; the payment varies according to age and sex, reflecting the expected amount of medical care. Patients register with the organization, which takes on providing their primary medical care. The organization is paid monthly for every patient, whether he or she receives any medical care or not. The rate of payment varies according to the age and sex of the patient, according to a scale established by the health ministry.

The rates are adjusted in accordance with expected needs for services and expected rates of sickness. A male in the 10 to 14 age group is worth 13 cents a day, while a male 90 to 94 rates 98 cents. A patient roster of 10,000 will, if they correspond to the average numbers in the Ontario population by age and sex, produce an annual revenue of about $900,000. This is gross income, from which salaries and expenses are paid.

An HSO is obliged to provide a group practice of doctors, but is free to decide how to allocate its revenue to various types of health workers. Since fee-for-service OHIP cannot be billed for the services of, say, nurse-practitioners, an HSO is almost the only way in which they can work in community practice.

Additional funds are paid to the HSO by the ministry under what is called an Ambulatory Care Incentive Payment (ACIP). This is a sharing of the estimated cost savings of keeping patients out of hospital. It will be apparent that the HSO has been designed to encourage maintaining the health of the elderly, keeping them in the community and avoiding the need for institutional care. The Caroline Medical Group in Burlington, for one, finds that a social worker can be employed and paid for out of the ACIP.

At present, about 3 per cent of the Ontario population is receiving its medical care under an HSO arrangement. In Sault Ste. Marie about 50 per cent of the population is registered with the local HSO, which was organized with the support of the Steelworkers' Union, on the model of union-sponsored health plans in the United States. Independent of the union, the Group Health Centre is run by an elected community board. With about 30 doctors, half of them specialists, the centre is unusually large and comprehensive. It requires considerable management expertise to make such an organization, equivalent to many small hospitals, function smoothly and it would obviously take much time and effort to set up a comparable HSO in established metropolitan areas.

Community sponsorship is one option; HSOs may also be run by the doctors or by a hospital. All types exist, reflecting the varied ways in which HSOs have evolved.

Evolution is perhaps the right word. HSOs were considered experimental until October, 1982, when then Health Minister Larry Grossman announced they were to be an established alternative method of providing health services. This uncertainty about the future had restrained the development of new HSOs. The most recent addition to their ranks is the Family Practice Unit of Sunnybrook Hospital in Toronto, whose members felt they could convert to being an HSO only when the uncertainty about the future was resolved.

The variety of services provided is also undergoing evolution. To the average patient looking for conventional medical care, there is initially no sign the HSO is in any way different. He continues to be under a doctor's care and, despite being group practices, HSOs generally try to ensure the patient has a personal physician. The HSO should have surplus funds available after the payment of regular salaries and expenses and these funds can be used for health programs rather than just traditional medical care. One HSO has a special clinic for pre-menstrual tension and a headache clinic. Various health education and promotion programs exist or are being planned. The local autonomy of each HSO should lead to programs that reflect the area's needs.

Not all doctors can feel at ease with changing their mode of practice, but some find the HSO system preferable. Dr. Pat Sweeny of the Caroline group, an old established and pioneering HSO, feels there is little true group practice, implying a truly sharing approach to care, within the fee-for-service system and finds the HSO the only setting in which he would care to practice.

"Health Service Organization medicine is not for everyone," says Dr. Douglas Johnson, head of Sunnybrook's department of family practice. But the concept is working for a number of doctors and patients; further growth will show whether it is a better system which encourages the preventive health care, local organization in the community and cost-effectiveness that are being sought for the health system.

Mark McGuire, of the Association of Ontario Health Centres, sees interesting possibilities if HSOs grow and live up to their potential of cost saving. Many ways could be visualized for sharing the savings among the participants — even, conceivably, HSO members could have their medical insurance premiums reduced.

Robert Frankford is a member of the Medical Reform Group.

Workers' centre fights for healthy, safe workplace

By VIRGINIA GALT
Globe and Mail Reporter

HAMILTON — A tenacious band of health and safety activists operating on the belief that workers cannot rely on "adversaries" for protection has established a worker-controlled occupational health centre in Hamilton.

"The . . . employers poisoning and maiming us don't have our interests in mind. Nor do government bodies afraid to enforce their own health and safety laws," said centre co-ordinator Stan Gray, who heads a team that includes an industrial hygienist and two physicians specializing in occupational health.

Although the Hamilton Workers Occupational Health and Safety Centre only re-opened on Oct. 15 after an 18-month shutdown because of financial problems, "we are swamped," Mr. Gray said.

The file-cluttered, storefront centre is financed by the big Hamilton local of the United Steelworkers of America, but it is open to all workers from union and non-union shops.

Dossiers are being prepared on a rapidly expanding list of companies as workers from across Ontario visit the clinic with ailments they suspect are job-related.

Flipping through the ledger, Mr. Gray said the centre's doctors have seen a number of patients suffering from problems such as lack of co-ordination and temporary memory loss associated with on-the-job exposure to potent solvents.

He cited several cases of hearing loss, respiratory problems, back problems, cancer and reproductive problems.

"It has not been easy for workers to connect their illnesses to specific worksite conditions. This means assessing the medical problem and pinpointing the hazards responsible, but these steps are necessary to get the unsafe conditions cleaned up and the victims compensated," he wrote in the centre's brochure.

Mr. Gray, a former political science professor at McGill University in Montreal and, more recently, a transformer assembler at Hamilton-based Westinghouse Canada Inc., has waged a long, public battle against Westinghouse and the Ontario Ministry of Labor for stronger safeguards and tougher enforcement of health and safety laws.

As co-ordinator of the workers' centre, he has seen his scope broaden considerably. But company managers are disinclined to throw their plants open to inspection by well-known health and safety activists.

Therefore, the workers who go to the centre for help are treated as patients by the medical doctors and then referred to other staff for counselling on how to "get the goods" on hazardous conditions and how to fight for improvements.

The workers' centre makes heavy use of its computer link to the Canadian Centre for Occupational Health and Safety, a federal Crown agency that has established a "trade name" data base of chemicals used in Canadian industry.

The data base contains information on the properties of chemicals used in trade name products, potential hazards and the precautions that should be taken.

Armed with such information, the workers are better equipped to make a case to their employers for improved safety conditions. The centre's staff members also instruct workers in how to spot possible design flaws and ventilation problems that might be jeopardizing their health.

Workers have to educate themselves because the "internal responsibility" system of labor-management committees is inadequate, Mr. Gray said.

A report released by the Ontario New Democratic Party in 1983 found that "the imbalance of power between workers and management meant co-operation and information sharing often broke down, to the detriment of workers' health and safety.

"As long as managements enjoy a monopoly over final decisions to clean up the workplace, health and safety conditions can never be improved to the satisfaction of workers."

The situation has not improved since the NDP released its report, Mr. Gray said. The turbulent business climate of recent years has made companies even more reluctant to implement costly changes. Health and safety have also assumed a lower priority with union negotiators, who have been battling to save jobs.

Companies "fight tooth and nail" against union proposals that would give workers any real power to improve health and safety conditions, he said. "It is not like signing a contract and giving yourself three years of labor peace."

Employee control over working conditions would be a major challenge to management's authority "and it is something that could erupt every day on the shop floor."

Mr. Gray and his team say they have already had some success in helping workers persuade their companies to reduce or eliminate hazards.

But many cases, particularly those involving ailments that have resulted from long-term exposure to certain conditions, are more difficult and "require a great deal of detective work."

In complicated cases, the workers' centre sometimes establishes research teams to interview the patients' co-workers and reconstruct a picture of the working conditions at the plant. "We rely heavily on the rank-and-file network."

Mr. Gray has also established links with other organizations. For example, women's groups have teamed up with the centre staff to identify reproductive hazards and develop strategies to protect employees from such hazards.

Centre staff members . . . meticulously document their findings so that they can be used, if needed, as the basis for lawsuits or compensation claims.

Mr. Gray's hope is that other unions will follow the lead of Local 1005 of the United Steelworkers of America in establishing worker-controlled clinics. In the meantime, the Hamilton centre stands as an example of what can be done by unions with "careful and inventive use of resources."

MD broke oath at U.S. protest, lawyer charges

By Glen MacKenzie

A Winnipeg doctor violated the Hippocratic oath and broke the law by rocking a police cruiser and trying to hit police with a bicycle, Al McGregor, Winnipeg Police Association lawyer, has charged.

In a written argument based on testimony by Dr. Robert Mahood, McGregor told the Manitoba Police Commission the fact the doctor and other demonstrators rocked the cruiser at the U.S. Consulate General in 1983 "clearly was dangerous to the occupants of the car, both physically and mentally."

McGregor said Mahood's actions violated the Hippocratic oath provision that a doctor should "never do harm to anyone."

The lawyer wrote that Mahood refused to answer several questions about this because the questions included references to the oath.

He also claimed Mahood violated the Canadian Medical Association Code of Ethics provision that "the complete physician . . . should make his contribution, as does any other good citizen, towards the well-being and betterment of the community in which he lives."

Mahood said last night he didn't want to comment on the lawyer's charges until he has read the commission's final report. "The part about the Hippocratic oath came up during my testimony, so it's nothing particularly new," he noted.

Dr. James Morison, Manitoba College of Physicians and Surgeons registrar, said Saturday he strongly doubts Mahood violated the oath because it applies to a doctor's treatment of his patients, not outside activities.

"A lot of that oath, which also talks about a doctor's relationship to his teacher, is really irrelevant today," Morison said.

He said Mahood could argue he was carrying out the CMA ethics code by participating in a demonstration protesting the United States invasion of Grenada.

Morison said no one has filed a complaint about Mahood to the college. Any possible violations of the law would be matters for the courts, he added.

McGregor also wrote that Mahood testified he helped rock the car because he feared police would try to run over demonstrators behind it.

Mahood conceded the rocking was an "ill-considered, futile gesture" which he regretted because a police officer started swinging his baton wildly at demonstrators, including a boy about 10 years old, McGregor said.

However, "Mahood's regrets were not because the occupants of the car could have been injured, a consideration a medical doctor should presumably take under advisement," McGregor charged.

Mahood, who testified at the commission inquiry last August, said he was reluctant to name Paula Fletcher, Manitoba Communist party leader, for her actions at the demonstration.

He said his reasons were because the man questioning him, commission investigator Del Hanson, was a former RCMP officer who seemed more interested in actions by left-wing protesters than the police.

McGregor charged that Mahood's attitude "exhibits the typical, irrational, anti-police paranoia consistently displayed by demonstrators. The demonstrators showed an automatic and irrational distrust of the Winnipeg police department."

Dr. Robert Mahood is a member of the Medical Reform Group.

Winnipeg Free Press
Monday, February 11, 1985
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Brainwashing protest

Re Dr. J. M. Divic's attempted defence of the CIA-funded brainwashing experiments conducted by Dr. Ewen Cameron (Letter — Feb. 5):

Dr. Divic's inaccuracies are astounding. For example, he asserts that Dr. Cameron's relationship with the CIA's New York front was a routine arm's-length association with a bona fide research foundation. But former CIA agent John Gittinger has admitted in sworn testimony that the CIA approached Dr. Cameron and told him that the New York City front would provide support for the brainwashing experiments, and CIA documents show that its agents visited Dr. Cameron, who agreed to have special reports prepared for them.

In a similar vein, Dr. Divic offers the incredible opinion that the CIA-funded brainwashing research by Dr. Cameron was not experimental, when Dr. Cameron and the CIA both described the CIA-funded activities as experiments. And the suggestion that there was nothing out of the ordinary in subjecting patients to various combinations of LSD, intensive electro-shock, tape-recorded "psychic driving" messages played one-quarter to one-half million times, and prolonged drug-induced sleep would be laughable were it made by one who was not a psychiatrist.

But perhaps the most distressing aspect of Dr. Divic's wholly inaccurate letter is the failure even to consider the absence of any consent on the part of the patients. Neither my wife nor any of the eight other Canadians suing the CIA in Washington ever agreed to participate in experimental research when they were patients at the Allan Memorial Institute. Dr. Cameron's use of those unsuspecting patients as guinea pigs in his CIA-funded experiments violated every known standard of medical ethics, including the Nuremberg Code.

After 25 years, one would expect physicians and scholars to be unanimous in their condemnation of the immoral and injurious experiments performed on the CIA's behalf by Dr. Cameron. Dr. Divic's misguided assertions thus do the gravest disservice to his profession and to the reputation of his university, and one can only trust that they will be repudiated by both.

David Orlikow
MP — Winnipeg North

Globe + Mail
February 19, 1985

Asbestos masks 'cosmetic' says firm

Manchester Guardian

by Angela Singer

BRITAIN'S largest asbestos company, Turner and Newall, confirmed last week that paper masks worn by workers in their Rochdale factory were of cosmetic value only, offering no protection against asbestos dust.

Mr Reginald Sykes, health and safety officer for TBA Industries, owned by Turner and Newall said: "The masks are used right near the weaving looms. It is quite correct that they are not designed for use where the readings of dust levels are high, but dust levels are high, but dust levels in the factory generally are very low, and with the Government's recommended hygiene standard."

He said that a few dozen employers out of a total of 800 worked out of a total of 800 worked in dustier conditions in the carding room. These workers were issued with approved respirators. The paper masks were not specifically issued, he pointed out, they were just available if people wanted them.

Both the company and the Health and Safety Executive said that Turner and Newall were within the law because respirators are not legally required for dust levels at or beneath the "one-fibre standard." That is one million fibres per cubic metre of air, or eight million fibres over a working day. A cubic metre of air is the amount breathed by most people in an hour.

However medical authorities on asbestos estimate that at least five out of 100 people will die of asbestosis, or asbestos cancer, mesothelioma, at the one-fibre level.

This is what is now regarded as the conservative estimate of the Cancer Epidemiology and Clincal Trials Unit at Oxford University. The head of the unit, Professor Richard Doll, has stated: "A level of one fibre is too much. I doubt if the (Simpson) report has got its estimates of the effect of this amount correct."

Public concern about the dangers of asbestos has grown in Britain since a recent television programme Alice — a fight for life — showed the sufferings of a worker in a Yorkshire asbestos factory. On the Stock Exchange, shares in the UK's leading asbestos manufacturer, Turner & Newall, have slumped.

The Government's advisory Committee on Asbestos, the Simpson Committee, recommended a one-fibre level when it reported in 1979. None of the 53 Simpson recommendation are yet law, the current hygiene standard is two-fibres, or 16 million over a working day.

Added to this, trade union representatives at the Rochdale factory have reported that the two-fibre standard has been breached and have asked for respirators. A minute of the factory's health and safety committee, passed to the Guardian, says factory air sampling has shown results "significantly" and "persistently" above two fibres in the Fortex Department.

Fortex has been heralded by the company, as a new, safe, wet process, which is dust-free.

The response of the management to the request was that the concentrations did not seem to be persistently above two fibres, and that the results could be due to malpractices with the positioning of guards.

The management itself told the Simpson Committee that there had been readings of up to six fibres in the 1970s.

The same paper masks were used in the factory at this time and complained of in a lengthy, three-way correspondence between the management, the union, APEX, and Mrs Nancy Tait, secretary of SPAID — the Society for the Prevention of Asbestosis and Industrial Diseases.

Mrs Tait had visited the factory in 1976 and been told by the director and general manager showing her round, Mr Norman Rhodes, that the masks were "of cosmetic value, but they make some workers feel better."

Mrs Tait complained of this to Mr Roy Grantham, general secretary of APEX, who in turn wrote to Mr Rhodes. Mr Rhode's replied that the mask covered the mouth and nose and, whilst not as efficient as the approved type of respirator, it did offer a fairly high degree of protection.

The mask is the 8500 nontoxic particle mask, made by 3M United Kingdom Limited. A warning on the box reads: "This product is not designed for use as protection against asbestos, silica, or cotton dust or any other toxic dust, fumes, mists, gases and vapours."

Vaccine creator walking again

WASHINGTON — Dr. Albert Sabin, developer of the Sabin polio vaccine, has walked the equivalent of a block thanks in large part to modern medicine, rehabilitation and, probably, 77-year-old willpower.

Three months ago he was paralyzed. "I don't know whether I'll ever walk again," Sabin said at the time. He walked again yesterday.

Dr. Sabin has made a remarkable recovery from polyneuritis, a disease of the nerve fibers that might have been connected with his own recent work in developing an aerosol measles vaccine that can be sprayed on patients.

Research physicians at the National Institutes of Health are trying to learn whether Dr. Sabin's disease may have been caused by a reaction to the aerosol vaccine, though he says he thinks it was not.

On doctors in general, Dr. Sabin says they ought to be put on salary so they can "forget about money and just do their best work."

From The Washington Post

Abortion pickets miss the point

The pickets at the Morgentaler clinic may be sincere, but they've missed the point: abortions are legal in Canada. However, abortions are not equally accessible to all women — poorer women, less sophisticated women and women from rural areas have been shown over and over again to be deprived of their legal right to have a safe abortion in hospital if they need one.

The Morgentaler clinic isn't the abortion centre of Toronto, as the pickets would imply. But it is the only abortion service that espouses equal access to abortion for all women, without the time-consuming, humiliating sham of an abortion committee review. If the pickets are opposing abortion, they should be marching outside any of Toronto's major hospitals. Outside the Morgentaler clinic, they act only to oppose equality among women.

Susan Berlin
Toronto

Globe + Mail
Feb 6/1985

Saturday Free Press
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Doctors pressure colleague

By Maureen Murray

The Manitoba College of Physicians and Surgeons has pressured a Winnipeg physician into backing out of a speaking engagement at an holistic medicine conference.

The angry sponsors of the conference say the college forbade the speech; the college says it merely "discouraged" pain specialist Dr. Joe Cruickshank from taking part.

Joe Campbell, of the Consumers Health Organization of Manitoba, said yesterday Cruickshank had pulled out because the college forbade his appearance.

"The college has such control over its members that it dares to tell (Cruickshank) he shouldn't speak at a public meeting?

"Have they ever heard the phrase: 'Freedom of speech'? "

But Dr. James Morison, registrar of the college, said there was no interference with Cruickshank's freedom of speech.

"We discussed why he shouldn't be taking part in it. . . . We didn't want him to do it and if he had gone through with it, we would have been disappointed."

Morison would not say what actions the college would have taken if Cruickshank had refused to toe the line.

"We convinced (Cruickshank) it was very unwise to give credibility to unproven theories and the presence of a medical doctor (at a conference on alternative medicine) would imply an endorsement," Morison said.

"People are judged by the company they keep."

Cruickshank, director of the pain

See **PAIN** page 4

Pain expert persuaded to back out

continued from page 1

control clinic at the Health Sciences Centre, refused comment on whether the college had given him an ultimatum.

"If you have called the college you've got all you need to know," he said.

Campbell said the college is afraid of the growth of holistic medicine be cause it poses a threat to the medical profession.

"More and more people are. . .getting tired of being told 'just take a Valium' and if that doesn't work, 'to go and see a psychiatrist'. "

Campbell said there are about 100 holistic practitioners in the province, doing everything from acupuncture to reflexology — the relief of stress through the manipulation of pressure points on the bottom of the feet.

Morison said little has been proven about the validity of holistic medicine, which states a person's emotional and spiritual attitudes are the most important elements in fighting a disease.

He said there is a growing concern among conventional doctors that people are embracing supersition and rejecting scientific proof.

"People are free to promote (holistic medicine) if they want, just like they're free to promote astrology. . .but the medical profession shouldn't back it."

Pushing Pills For Profit in Canada

By Joel Lexchin

"The pharmaceutical industry has never claimed to be motivated by altruism, but by profit."

THAT 1980 quote from the president of the Pharmaceutical Manufacturers Association of Canada makes it clear that despite all of their humanitarian rhetoric, the drug companies primarily exist to make money; and they do a very good job at that task.

From 1970 to 1980, the pharmaceutical industry's profits, before taxes, were more than 75 per cent greater than for all manufacturing industries in Canada. In the drug industry's quest for profits, consumers end up suffering — not just financially but also physically.

The research priorities of the industry are not directed towards discovering medications that provide the greatest health benefits but rather the greatest financial benefits. When one company develops a drug that proves to be a big seller other companies rush in to market their own version of the drug.

Consider the situation with the benzodiazepine class of minor tranquilizers, the group of drugs that includes Librium and Valium. They are made by the Swiss giant Hoffman-LaRoche. The company's marketing strategy produced winners in Valium and Librium, so we now have four more benzodiazepines from them and an additional six from other companies seeking to cash in on the 'benzodiazepine bonanza'. Authoritative medical opinion is that there are few, if any, substantial clinical differences between these drugs.

On the other hand, sufferers of Wilson's disease, a rare and potentially fatal neurological disorder, still have to get supplies of triethylene tetramine (trien) from a doctor's laboratory in Cambridge, England. Trien can help cure up to 90 per cent of people afflicted with Wilson's disease, but because the condition is so rare, there is no profit to be made from manufacturing trien. So the drug companies don't bother with it.

Advertising is a key factor in the drug industry's efforts to expand markets and hence profits. In Canada, between $150 and $200 million a year is spent advertising drugs to doctors. (That figure is two to 2½ times greater than the amount spent on research.) Dr. Dale Console, a former medical director for one of the multinational companies, has suggested that an appropriate motto for the industry's advertising efforts would be: "If you can't convince them [doctors], confuse them."

The drug companies employ about 2,000 people to go to doctors' offices and convince, or confuse, them into using the company's latest "wonder drug." In 1980, *Maclean's* interviewed one of these salespeople, who candidly acknowledged that his job entailed "perceiving needs, or creating them." One of the drugs he sold was an antipsychotic medication. However, his company training did not deal with what mental illness is. His comment about this lack of training is revealing: "I can't see how that [knowledge] would help us sell."

Multicolored, multipage, tactile ads in medical journals play an important role in marketing drugs. However, these ads are often misleading either by what they say or what they do not say. An ad for the sedative Halcion features pictures of 16 different people all apparently suffering from insomnia; and the implied treatment for all of them is, of course, Halcion. However, a special report from the Institute of Medicine of the National Academy of Sciences in the United States clearly shows that the approach to treating insomnia needs to be individualized: "Choosing the most appropriate and least hazardous approach to providing relief depends on a thorough medical and psychological appraisal of each patient."

The barrage of advertising that doctors are subjected to often ends up adversely influencing their prescribing practices, even without their conscious knowledge. Drugs that open up blood vessels (vasodilators) are widely promoted in ads as being useful for the treatment of senile dementia on the grounds that these drugs can increase blood flow to the brain. Scientific evidence has conclusively shown that dementia is not caused by inadequate blood circulation to the brain. However, in a recent study of doctors, 71 per cent questioned believed that "impaired cerebral blood flow is a major cause of senile dementia" and 32 per cent found "cerebral vasodilators useful in managing confused geriatric patients." These doctors "were generally unware that they were strongly influenced by non-scientific sources," according to the authors of the report.

Finally, in its pursuit of profits the drug industry tries to create new markets for its products by creating new disorders. Estrogen supplements have been promoted for the relief of the "emotional symptoms of menopausal estrogen deficiency." No such medical condition exists and while estrogen supplements can be useful in a few conditions, they can also result in an increased risk of certain types of cancer.

The PMAC's *Principles and Code of Marketing Practice* proudly declares that "the calling of a pharmaceutical manufacturer is one dedicated to a most important public service, and such public service shall be the first and ruling consideration in all dealings." In reality, the pharmaceutical manufacturer is only truly dedicated to making a buck.□

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Joel Lexchin is a member of the MRG Steering Committee.

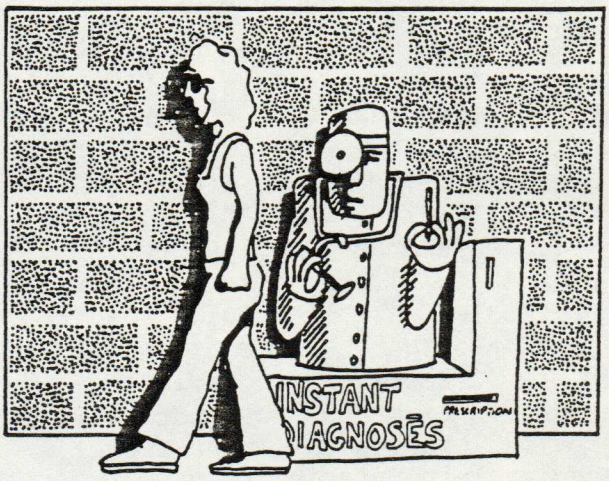
Health News Briefs

YOUNG B.C. MD'S WIN BILLING RIGHTS

The B.C. government has no right to refuse doctors access to the provincial medical insurance plan in a bid to push them out of the cities into smaller centres, B.C. Chief Justice Allan McEachern has ruled. The judge accepted arguments, based on the Charter of Rights and Freedoms, that the Medical Insurance Commission does not have the authority to refuse medicare billing privileges to some doctors. According to the judge, "the Government and the Commission, in their understandable anxiety to control cost, have decided upon a drastic procedure which is far beyond their authority. The right of free movement for the purpose of work, which we take for granted, has been our heritage for hundreds of years." He said the provinces Medical Services Act gives no authority to the commission to limit the number of physicians in the province or to determine where they may practice. The B.C. government is considering an appeal of the decision.

RADIATION RISK AT PICKERING

About 200 workers the the Pickering nuclear generating plant who may have been exposed to radioactive dust in March say they won't work in the contaminated area until more is known about the radiation. A routine emergency drill on March 6 revelaed that about 20 workers had been exposed to radioactive carbon-14 dust while retubing nuclear reactors. Traces of the dust were also found in the homes of eight workers. The men, who wear protective clothing on the job, are believed to have contacted the dust when it got on their tools. There are no known methods to accurately measure the amount of carbon-14 dust inhaled or ingested. According to Hydro spokesman Jack Muir, the situation is not seen "as a serious health risk". The union is urging its members to refuse work in the problem area under the Occupational Health and Safety Act.



CANCER RESEARCH LAGS

Canada lags far behind the United States in support of cancer research, according to the National Cancer Institute. Canadian expenditures on cancer research are roughly $2 per person annually, compared with $7 in the United States.

GENESIS RESEARCH FOUNDATION

Eighty doctors have pledged $5,000 each to establish the Genesis Research Foundation, which is to do research on health issues of particular concern to women. The foundation wants to study problems such as cancer of the reproductive system, fertility and hormonal problems, and perinatology. The money pledged is to be seed money to establish a program which can then attract government financing and a staff of qualified researchers. According to spokespeople for the foundation, women's health problems have traditionally received much lower levels of government financing.

Health News Briefs

WINNIPEG CLINIC RAIDED

Dr. Henry Morgentaler's Winnipeg abortion clinic was raided twice by Winnipeg police during the last eight days of March. The charges of procuring a miscarriage are added to charges laid during two previous raids in 1983. Meanwhile, the Manitoba College of Physicians and Surgeons suspended Dr. Morgentaler's license for a week. Dr. Morgentaler said that the suspension is harassment and that he intends to keep on performing abortions regardless. The Manitoba government has suspended action on the previous charges until the appeal of his acquittal in Ontario is heard.

HAMILTON PESTICIDE SPILL

There are concerns about possible long-term health effects after a spill of toxic pesticide in Hamilton on March 28. A drum of the pesticide Cygon ruptured at the plant of Chipman Chemical, spreading a nauseating odor over much of the city of Hamilton. An air inversion trapped the chemical close to the ground, making the situation worse. The Ministry of Health said that there were no harmful effects from the spill. However, a University of Western Ontario biochemist, Joseph Cummins, said that even low concentrations of the chemical are dangerous. He said that people should have been evacuated, and predicted that a follow-up health study of the area would detect eventual cancers and birth defects.

DRUNK DRIVING BILL

The Commons Justice Committee has proposed changes in a bill designed to crack down on drunk driving. The previous draft of the bill would have subjected medical practitioners to criminal charges if they refused to take blood samples from suspected drunk drivers without their consent. A new section added to the bill would protect doctors, nurses, and technicians from charges as well as from criminal and civil liability.

RESTRAINTS FOR ELDERLY

The Ontario government is considering changes to the rules governing the use of restraining devices on residents of homes for the aged. The guidelines would apply to homes run by charitable boards. The proposed regulations would prohibit the applications of restraint (including devices and sedatives) unless the device or agent had been ordered in writing by an attending physician and is on an approved government list. When a restraining device is used, particularily if the patient objects, it will have to be documented in the resident's file. According the JUdith Wall, a Toronto lawyer at the Advocacy Centre for the Elderly, complaints are received about restraint devices that completely restrict mobility and do not permit residents to unlock or untie themselves. "We also hear concerns about the use of drugs to quiet people down because of staff shortage," she said. Dr. Ronald Cape, chief of geriatric medicine at Parkwood Hospital in London, said that "It's scandalous the way restraints are used so freely in this country. It's got nothing to do with the safety or comfort of patients... it's all part of the North American attitude of warehousing the elderly or putting them in wheelchairs."

ELECTROSHOCK POPULAR

Patients at Toronto's Clarke Institute of Psychiatry are far more likely to undergo electro-shock therapy than comparable patients in Britain or the United States, according to a psychiatrist at the Clarke, Dr. Barry Martin, who has done a study on shock treatment at the Clarke over a sixteen-year period. (Globe and Mail report)

PATIENTS ON WELFARE EXTRA-BILLED

The Alberta College of Physicians and Surgeons says that its traditionally strong support of extra-billing has been "shaken" by the discovery that 800 practitioners are charging supplementary fees to patients on welfare. 142 doctors were required to supply formal explanations of their extra-billing practices.