MRG NEWSLETTER

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

VOLUME 5, NUMBER 6 OCTOBER 1985

General Meeting

The Medical Reform Group's General Meeting is scheduled for Saturday October 26 at the South Riverdale Community Health Centre. The address is 126 Pape Ave. in Toronto. Pape is about 1 mile east of the Don Valley Parkway; #126 is just north of Queen St. Meeting fee is $5.

On the Friday evening before the meeting, there will be a social evening for MRG members and partners at Joel Lexchin's, 121 Walmer Rd., Toronto (near Spadina and Bloor). Festivities begin at 8 p.m. (BYOB), Joel's number is 964-7186.

GENERAL MEETING AGENDA

9:30 a.m. All day	Registration and coffee Submission of "worst pharmaceutical ads" by those attending -- to be judged by applause-meter method
10:00 a.m.	3 introductory speakers to outline purpose of the workshops concerning: 1. How to deal with the drug industry in practice 2. Progressive private practice -- is it compatible with a decent income? 3. Isolation and collegiality Community clinics vs. private practice.
10:30 a.m.	Workshops on these topics (simultaneous)
11:30 a.m.	Business meeting including: -Steering Committee report -Chapter reports -Working group and other reports -Election of new Steering Committee -Budget
12:30 p.m.	Lunch
1:30 p.m.	AIDS resolution from membership.
2:15 p.m.	Report back to plenary of working groups' discussions
3:00 p.m.	Presentation of and debate on midwifery resolution
4:30 p.m.	Adjournment

STATEMENT ON MATERNAL HEALTH CARE

The following is the final version of the statement on maternal health care being proposed by the MRG's Health Disciplines Working Group. The statement and accompanying resolution will be discussed at the October 26 General Meeting.

1. Appropriately trained, certified and publicly accountable midwives and family physicians/general practitioners are both capable of providing unsupervised primary obstetrical care.

2. A clear distinction should be drawn between primary care obstetrics which is most appropriately provided by midwives and family physicians and secondary/tertiary care obstetrics which is the domain of consultant obstetricians.

An important implication of this dichotomy is that midwives should not be based primarily in hospital units oriented toward the provision of secondary/tertiary care.

3. Existing hospital obstetrical units, oriented in terms of attitudes, staffing and equipment toward technological approaches and the management of obstetrical complications, offer an inhospitable and potentially hazardous environment for uncomplicated low-risk birthing. The likelihood of unnecessary amnitomy, anaesthesia, forceps delivery and episiotomy is substantial. Imperfect diagnostic procedures, such as electronic fetal monitoring, applied in low risk situations may result in significant numbers of normal

Continued

STATEMENT ON MATERNAL HEALTH CARE (con't)

labours being erroneously labelled as pathological. The rising rate of Caesarian sections may in part reflect this phenomenon.

4. Women have the right to low technology birthing alternatives which could be provided by midwives and/or family physicians at home, in free-standing birthing centres or in special low-risk obstetrical units in hospitals. These alternative models of care should be evaluated in relation to safety, patient acceptability, effectiveness and cost.

5. The division between primary and secondary/tertiary care should not be rigid. Clearly midwives and family physicians have an important collaborative and supportive role to play in secondary/tertiary care obstetrics. Obstetricians with a special interest in primary care obstetrics should not be excluded from that field. Ease of patient movement and professional communication between primary and secondary/tertiary care sectors must be assured.

6. Midwifery must be seen as one component of an integrated health care system providing continuity and comprehensiveness of care.

Since family physicians/general practitioners are the principal primary health care providers in the existing system, strong linkages between midwives and family physicians sharing care of patients must be developed. Two general models for this linkage can be identified:

1) family physicians and midwives working together in community health centres or health service organizations

2) negotiated linkages between midwives and family physicians practicing independently either individually or in formal or informal groups.

The first of these models is preferable and incentives should be developed to promote such arrangements. To ensure a minimum level of integration and communication, regulations should provide that any person receiving care from a midwife have an identified primary care physician and require formal communication at appropriate intervals.

The division of tasks between midwives and family physicians would form a spectrum with total care by midwives at one end, total care by family physicians at the other end and a variety of negotiated shared care arrangements in between. Specific arrangements would be determined by local conditions and the personal preferences of providers and, especially, recipients of care.

As previously suggested, midwives should be fully responsible for their own professional actions. Neither family physicians nor obstetricians should have a supervisory relationship to midwives.

7. Midwifery should be viewed as an alternative mode of primary obstetrical care rather than as a supplement or add-on to existing services.

8. Care provided by midwives in keeping with the above principles should be fully publicly funded.

9. Existing hospital obstetrical units cannot, in themselves, provide adequate training for family physicians and midwives in primary care obstetrics. Clinical settings developed expressly to accomodate uncomplicated low-risk birthing are needed as primary care training sites.

10. Midwives and family physicians can make a significant contribution to each other's education.

September 13, 1985

PROPOSED RESOLUTION ON MIDWIFERY IN ONTARIO

In view of the foregoing statement of principals on Maternal Health Care, the Medical Reform Group of Ontario resolves that:

1. Midwifery be legalized in Ontario to be performed by personnel certified clinically competent by a formal assessment process. This certification process should be supervised by a regulatory body to be established with representation of and accountability to the public, but which should be specific to the regulation of midwifery.

2. Care provided by midwives in keeping with the above principles should be fully publically funded under Provincial Medical Care Insurance.

3. Although there is still some scientific doubt regarding the relative safety of home-births (even with good emergency support), it is clear that many well-informed women in Ontario are currently deciding to give birth at home and that

PROPOSED RESOLUTION ON MIDWIFERY (con't)

that choice is their right. Unfortunately, the College of Physicians and Surgeons of Ontario has responded to this situation by actively discouraging physicians from providing the necessary clinical back-up to such women. The MRG condemns the College for this punitive approach, which is placing the health of such mothers and their infants in jeopardy unnecessarily.

PROPOSED RESOLUTION ON AIDS

!. Whereas it is important that a patient be able to freely discuss all aspects of his/her physical, emotional and sexual life with his/her health care provider; and, whereas the exclusion of sexual orientation from the grounds on which discrimination is prohibited in the Ontario Human Rights Code may add to the health problems of an individual particularily if the absence of protection under the Code inhibits the patient from being honest with his/her physician;

Be it resolved that the MRG supports the principle that sexual orientation be a grounds on which discrimination is prohibited in the Ontario Human Rights Code.

2. Whereas the medical implications of a positive AIDS Related Virus antibody test are presently unknown;

Be it resolved that the results of this test be shared only between laboratory, physician and patient and that any other agency e.g. government, insurance company, employer, etc. that does not require these results for the express purposes of screening for blood or sperm donation, not be allowed to request or have access to individual identifier data.

3. Whereas current medical knowledge believes that AIDS cannot be passed by casual contact;

Be it resolved that the MRG believes that in keeping with usual public health principles for the prevention of infectious diseases, persons with AIDS, AIDS Related Complex or who test antibody positive should not be discriminated against in employment, housing, or provision of services; where there is clear scientific evidence showing that transmission of the causative agent will occur in such circumstances appropriate standard public health measures should apply.

RESOLUTION (Continued)

4. Whereas the AIDS epidemic is growing and whereas misinformation about the apread of the disease has at times created a public hysteria;

Be it resolved that the MRG calls on the government to increase funding into education and further research into AIDS.

Evan Collins
Steve Hirshfeld

LETTER RE: MATERNAL HEALTH CARE STATEMENT

I would like to both commend and comment upon the excellent proposed resolution on Maternal Health Care by Brian Hutcheson (MRG Newsletter Vol. 5, No. 5, September 1985). It recognized the contribution that could be made to maternal health care by increasing the range of low technology birthing alternatives and offers a reasonable model for implementation.

I must, however, take issue with his recommendation that midwives not be based in hospital units oriented toward the provision of secondary/tertiary care, on two grounds. First such units invariably provide a significant component of primary care as well as secondary/tertiary, and this care could most appropriately be given by a midwife. Second, in practical terms, midwifery education programs can most efficiently be set up in hospitals with established teaching programs; such hospitals most commonly are involved in primary/tertiary care.

We already have, in Canada, two feldgling programs of nurse midwifery set up on a trial basis. Both os these are in teaching hospitals (Grace Hospital, Vancouver and McMaster Hospital, Hamilton).

We hope that these programs, and similar ones as they arise, will deserve, and receive the support of the MRG.

Murray W. Enkin, MD FRCS(C) FACOG FSOGC
Professor of Obstetrics & Gynecology
Clinical Epidemiology & Biostatistics,
Faculty of Health Sciences,
McMaster University

FULL TIME PHYSICIAN

Full time physician wanted at York Community Services. For information on the position contact Catherine Oliver 653-5400 (Y.C.S.) or 964-7186 (home).

DIFFERENT VOICES: ABORTION IN U.S. & CANADA

National Abortion Federation 1985 risk management seminar: "Different Voices: Abortion in the U.S. and Canada." October 27 & 28, Montreal. Contact Dr. Nikki Colodny 364-3982.

DES: AN UNCERTAIN LEGACY

Centre Stage Forum presents the film DES: An Uncertain Legacy, and a panel discussion about DES. Wednesday October 23, 8:00 p.m., St. Lawrence Centre, 27 Front St. East. Admission Free. Panelists are Harriet Simand, founder and president of DES Action! Canada; Anne Rochon Ford, Co-ordinator of DES Action: Toronto; and Dr. Barry Rosen, Gynecologic Oncologist, DES Registry, Wellesley Hospital.

A CONFERENCE ON THE POLITICS OF FOOD

FOOD FOR ACTION

SATURDAY NOV.2

Medical Sciences Building
University of Toronto

REGISTRATION: Dee Kramer
25 Sandbar Willoway, Willowdale, M2J 2B1
Telephone:(416) 499-8418

COST: $25.00/$15.00 for seniors, unemployed and students

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SIDE EFFECTS

Side Effects, a play about women and pharmaceuticals, is playing at Harbord Collegiate, 286 Harbord St., Toronto, on October 20 and 21 at 7:30 p.m. Tickets are $6 regular, $3.50 low income. For further information including child-care call 978-3032. "Side Effects" is co-sponsored by the MRG, a decision taken by the Steering Committee in accordance with a resolution authorizing such endorsements.

MRG NEWSLETTER

The fact that items are published in the MRG Newsletter does not necessarily imply MRG endorsement of any particular group, activity, or opinion.

IMPROVING THE DELIVERY OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICES

The Canadian Council on Social Development is presenting a national conference on this topic, November 24 - 27, Skyline Hotel, Ottawa. Registration information available from Elizabeth Parker, CCSD, Box 3505, Station C. Ottawa, Ontario K1Y 4G1, (613) 728-1865. Topics include: Dangers implicit in community control; Developing a national health strategy; The Hospital of the future and CBHSS; The Poor and Health Services.

PATIENTS' RIGHTS SYMPOSIUM

The Patients' Rights Association is sponsoring a symposium on patients' rights on Saturday November 9, 1985 at Harbourfront, 235 Queen,s Quay West, in Toronto. Workshop topics include Midwifery; The Health Disciplines Act; Women's Rights and Health Care; Doctor/Patient Relationships; and Health Rights in the Workplace. Call (416) 923-9629 for more information.

DOCTORS FOR CHOICE

Doctors for Choice, an organization of physicians who support the right to choose abortion, invite you to a screening of "The Silent Scr-am" and its rebuttal.

November 6, 8:00 p.m., The Academy of Medicine, 288 Bloor St. West. To be followed by a panel discussion.

Former judge assails WCB

By RUDY PLATIEL

A retired provincial court judge is so upset with the way the Ontario Workers Compensation Board has handled the case of five workers in Perth that he says it should be charged with false television advertising.

Donald Smith, who retired from the bench this year, volunteered two months ago to help five workers who became ill in December apparently after inhaling dried bat dung while renovating a historic stone house under a winter works program.

Mr. Smith heard of their plight through one of their wives who was working part-time at the courthouse.

But eight months after the men were affected, their claims have still not been approved by the WCB. Despite doctors' orders to rest, some have been trying to return to work because of financial hardship.

David Varty, a 32-year-old father of two, said he was diagnosed as having histoplasmosis after he and the others had convulsions, high fever, diarrhea and severe chest pain while working on

Eight months after falling ill, men say claims are ignored

a Rideau Valley Conservation Authority historic home.

The project was sponsored by the Ministry of Natural Resources through a special Canada Employment program.

Mr. Varty said they were often covered with dirt. They asked for dust masks, he said, but the masks did not arrive until they began work on the last room.

He said that at first they thought they had flu but, when it did not clear up, his doctor sent him to hospital.

"When I was admitted to the hospital, the guy in the bed next to me was the foreman on the job," Mr. Varty said.

Histoplasmosis can affect lungs and other parts of the body and the basic treatment is rest, Mr. Varty said.

However, Mr. Smith said that, although the WCB has not rejected their claim, it has delayed making any decision and "there is no way you can appeal a delay."

In the meantime, Mr. Smith said, the men and their families have faced a difficult time without any help. One man, a father of seven, had to apply for welfare and others are in danger of losing their homes or have been forced back to work while they should be recovering.

To apply for unemployment insurance the men would have to declare that they are ready and able to work.

Les Cameron, director of news and information for the WCB, said yesterday that blood tests have been carried out and a report on the results has just been received by the board.

The report is being reviewed to determine whether the men can be compensated for the lost work time, he said.

The claim has been delayed over the question of whether the time off could be approved for compensation, Mr. Cameron said.

Mr. Smith said that, if there is still no answer by Aug. 15, the Government should order a judicial inquiry into the board's operation.

"I'm annoyed . . . because there is no reason I can see for this long delay," he said.

"You've seen these advertisements on TV . . . how they look after their men and find them jobs . . . well, if I could do it, I'd charge them with false advertising.

"These men are really in desperate straits and I've told the workmen's compensation that, too. I think the trouble is they have forgotten their purpose. They are supposed to be helping out the workmen, instead of delaying. They're not helping at all."

Mr. Varty said he was told by his doctor not to return to the project, which was closed in early March. Even though he was told to rest, he said he returned to work in May as a concrete work laborer for the town of Perth because he "wasn't getting compensation or anything else."

However, he said, "last Friday I came home and basically I just collapsed. The doctor said I was suffering from exhaustion."

Mr. Varty said he does not think he can do straight labor any more and is going to have to find some other work.

"I don't want to end up dead, but you have to work," he said.

The other workers are suffering from the same sort of problems, he said, and if he and the others are disabled, as he believes to be the case, he would like some help in training and obtaining other work.

"Nobody wants to sit around collecting government dole," but people should not be faced with losing their homes either, he said.

"As it is, I can't work and I've received no help."

Globe+Mail, Aug 8, 1985

Company MDs push quick return to work, university study says

By STEPHEN STRAUSS

Company doctors are "biased toward management priorities," says McMaster University sociologist Vivienne Walters, and she has some astounding examples from a recent study to back up her case.

For example, at one Ontario company, workers who go to the company doctor with an injury or serious ailment are on average off the job for 16 days. However, if the workers go to their family doctors they will be off the job for an average of 48 days, Prof. Walters said.

Speaking to the annual meeting of the Canadian Science Writers Association in Hamilton, Prof. Walters said results of her two-year survey of 24 company doctors showed them tailoring their medical advice to "economic realities." At the same time, the doctors uniformly spoke of mistrust by workers and low standing in the medical community at large.

The study, which consists of anecdotal reports, includes accounts by some company doctors of pressures they put on family doctors to hurry workers back to the job.

"We usually give the family doctor a call and say; 'Look, we've got light duties available for this fellow; I think he should come back and function adequately in this job without harming him, and if you could see your way to sending him, we'll look after him.' It usually works out pretty well that way," one doctor said.

At least one doctor had what Prof. Walters described as "missionary zeal" in getting people back to work. "I say to them, 'Sure, I know it hurts. If you go to work it will hurt, and if you stay home it will hurt. But if you wait for the pain to disappear, you will never get back to work.' Sometimes I may get to them and when they walk out they shake my hand. . . . If I can take somebody and convert them from a life-long cripple to a logical human being who lives his life and does his work, my God, I think that is as important as a heart transplant," the doctor said.

All of the doctors, who came from the steel, chemical, clothing, tobacco, photographic processing, oil, electrical and mining industries, reported negative perceptions of their line of work. The eight doctors who were either part-time or who worked for a number of companies — one was on retainer for 146 companies — reported they had little time and incentive to do more than company pre-employment health examinations.

Many admitted they had spent little or any time at the actual work site.

Only one of these doctors had any formal training in occupational health and safety. The majority of these doctors didn't know the names of any major health and safety journal. There are an estimated 150 full-time company doctors in the country. Prof. Walters said it has been estimated by other researchers that 80 per cent of occupational medicine in the country is done by part-timers.

Globe + Mail, May 8, 1985

Stricken workers misused, experts say

By IAN MULGREW and GABOR MATE

VANCOUVER — Medical studies indicate most of the growing number of B.C. residents suffering from mesothelioma, an invariably fatal tumor that takes between 20 and 40 years to develop, have contracted it by inhaling asbestos while working.

Medical experts say some of these workers have not been informed by their doctors, the workers' compensation board or industry that they are probably victims of industrial disease and they or their families are eligible for compensation.

Meanwhile, other workers, including, ironically, some at the Vancouver General Hospital, continue to risk contracting numerous asbestos-related diseases by handling the mineral fibre improperly.

(Medical authorities still are not agreed on what, if any, unprotected level of exposure to asbestos is safe.

(In the United States, for instance, where there are more than 20,000 lawsuits pending against the asbestos industry for warning people inadequately about the hazards of its product, the widow of a high-school teacher was awarded $1.4-million by a court even though her 33-year-old husband had only been exposed to the fibres for three weeks while working as a teen-ager with his father.)

"The information that I have suggests to me that even in the 1980s we are still involved with unsafe work practices," Dr. Don Enarson, a researcher into occupational diseases of the lungs, says. "We knew of the health hazards of asbestos decades ago, but we didn't do anything about them."

The Cancer Control Agency of B.C., which keeps statistics on the disease, says 15 to 20 new cases of mesothelioma are diagnosed every year.

A recent study by Andrew Churg, a B.C. pathologist who is an international authority on asbestos-related lung disease, concluded that in men there was a high degree of association between the disease and their jobs.

Seventeen of the 19 new cases identified in B.C. in 1982 were men and, of these, 14 out of 15 whose employment histories were available had "occupations known to be strongly associated with asbestos exposure."

The doctors say most mesothelioma victims should be receiving workers' compensation. Statistics in B.C. suggest the opposite is happening.

Although 105 men suffering from mesothelioma were registered between 1974 and 1982 by the cancer agency, only 38 compensation claims were filed with the board from 1970 to 1984.

A spokesman for the B.C. Medical Association, which represents the province's roughly 6,000 doctors, says many in the profession were reluctant to tell their patients they could be suffering from an industrial disease because they did not want to get involved in labor-management disputes.

"Doctors are hesitant to jump into that situation," Dr. David Bates, a lung specialist who teaches at the University of British Columbia, said. "They fear they will be tainted by being identified with one position or another .... (But) I can blame the doctor for not seeing his responsibility in a wider context."

The B.C. Government-administered Workers Compensation Board — which is responsible for preventing industrial injury and disease and paying compensation to workers who contract diseases or are injured at work — says it does not believe it should go out and beat the bushes to find victims of a "hypothetical disease."

The board provides totally disabled workers suffering from mesothelioma, who usually have about two years to live after the tumor is diagnosed, or their families, with just under $30,000 a year at most in compensation.

"I don't think it's a problem," Grant McMillan, a WCB spokesman, said. "People who have a lung problem go to a doctor so they should direct their patients here if it's a problem."

Dr. Pierre Band, head of epidemiology at the cancer control agency, agrees, saying medical schools are not emphasising industrial health issues.

"Some physicians obviously aren't living up to their responsiblity," Dr. Enarson says.

But lawyer Craig Paterson, who specializes in industrial law, says if doctors are failing in their responsibilities, "no one is reporting them, while workers continue to suffer without compensation."

Determining how extensive the problem is has proven difficult.

Two Vancouver specialists tried to study the effects of exposure on shipyard workers — a group which in U.S. studies has shown a high incidence of asbestos-related diseases.

When they approached Burrard Yarrows, a local yard in which tens of thousands of Canadians worked during the Second World War, requesting employment records, the company said the relevant files had been destroyed.

"The attitude of many people, particularly on the management side, is why rock the boat, why stir up trouble. . . ." Dr. Stepan Gybrowski, one of the specialists, said.

"Indeed, records from the 1940s could be destroyed but we ran into singularly bad luck in which all the records were apparently lost."

Ironically, while doctors are trying to study the effects of asbestos on workers decades ago, employees at their own institution, the Vancouver General Hospital, say they are not consistently receiving the necessary protection when handling the mineral.

During the past 15 months the hospital has been cited three times by the WCB for not taking proper precautions against endangering workers.

In March, 1984, records show pipe insulation containing asbestos was improperly removed. "It was five feet from the pharmacy door," one worker said in an interview. "The pharmacy door is always open, and you've always got pharmacists mixing medications and solutions. Besides, this is the hallway used by all of us all the time. Patients are waiting there to go into CATscan."

Late last month, workers in the hospital power plant were again endangered. The WCB inspector described visible damage in numerous areas of the building as "exposing friable asbestos materials which represent a potential hazard to workers . . . ."

The hospital says publicly the proper procedures are now in effect to prevent similar occurrences, but privately acknowledges problems with asbestos are on-going because "it's everywhere."

Cutbacks, an official said, have also forced the institution to turn more and more to outside contractors who, in the interests of speed, often ignore the hospital's orders and advice.

"We are ultimately responsible," Peter Walton, a hospital spokesman, says when asked about the situation. "But we have so much of it. It's everywhere. People just don't take it seriously."

Hospital workers, however, question their employer's sincerity. "Unless we are patrolling the area and calling the WCB ourselves, basically they continue using the wrong procedures," one employee active in occupational health and safety matters at the hospital said.

Ian Mulgrew is The Globe and Mail's Vancouver bureau chief. Dr. Gabor Mate is a Vancouver physician and freelance writer.

Asbestos problem on-going because 'it's everywhere,' admits hospital

Globe + Mail
July 29, 1985

UE NEWS

LABOUR'S SIDE
By UE Research Dept.

The Company Doctor May Be A Hazard to Your Health

☐ The continuing struggle of workers and their unions for a safer and healthier workplace has finally forced governments and employers to pay attention to issues of occupational health and safety.

But the response of both employers and governments has been to try to prevent workers from getting the power to clean up workplaces and the right to set stringent standards for their own protection.

Too often, the company doctor becomes a key person that governments and corporations rely on to blunt the workers' struggle.

In this issue of Labour's Side, UE urges that worker health and safety must be pursued independently of (and often in opposition to) company doctors and government policy. The articles set out a number of key steps workers must take to protect their health and their jobs.

The Company Doctor's Boss Is Your Boss

Company doctors are quick to assure workers that their only concern is the workers' health. The doctors' success in persuading workers is shown by the large number of workers who use the company doctor as their personal physician.

The latest and most thorough study of company doctors in Ontario shows that although company doctors try to appear objective, scientific, and the friend of the worker, they are not.

Professor Vivienne Walters, of McMaster University, conducted research in which she undertook extensive interviews with a sample of company doctors.

Her conclusions confirm what UE has long claimed:

"The decisions of (company) doctors I interviewed were often biased toward management priorities."

She elaborated this statement.

"Company doctors' ... reliance on management approval of budgets and research projects, pressures from management to minimize lost time, and, in some cases, restrictions on their contacts with union personnel, indicate limits on doctors' autonomy and ways in which occupational medicine can be shaped by organizational priorities.

"Doctors who cannot adjust to such constraints, or who are employed in companies where they are particularly strong, may resign, for these pressures are obviously easier to accept if they agree with the tenets of their employers."

Can You Be Forced to See A Company Doctor?

Despite the attempts by companies to give the impression that you must see a company doctor for job-related health and safety problems, there are few situations where this is true.

In almost every situation, you *cannot* be forced to see a company doctor. The exceptions are when a law or your collective agreement *specifically* requires it. There are very few such cases.

The classic statement of your rights was given in 1963 by Chief Justice McRuer in an Ontario Supreme Court case in which he ruled that a worker did not have to see the employer's doctor:

"We start with this general principle of law ... 'A medical practitioner, who examines a person against his will and without authority to do so, commits a trespass ...'

"One has only to remind oneself what a medical examination means. A medical examination involves the confidence of the doctor if he is your own physician, but it is otherwise if he is making an examination on behalf of another. The right of employers to order their employees to submit to an examination by a doctor of the choice of the employer must depend on either contractual obligation or statutory authority" — Re Thompson and Town of Oakville (1963), 41 DLR (2d) 294.

A recent summary of arbitration on this issue concluded:

"Since (the McRuer decision) numerous arbitration cases have been resolved on the basis of the judge's opinion — where the collective agreement is silent, the employer has no common law right to demand an examination. A company does, however, have the right to ask an employee to provide a medical certificate from his physician stating that he is now fit for work. A company can, of course, reject a medical certificate but in this even an explanation is required."

The most common situation, today, in which workers are being told they must see the company's doctor is with respect to Ontario's newly "designated substances" — principally lead.

When a toxic substance becomes "designated", all exposed workers must undergo an examination and medical tests. But the legislation specifically avoids the term "company physician."

UE has already had several situations in which workers have had to battle employers who tried to use the designated substance legislation to force the workers to see a company doctor.

'He'll be ready for work just as soon as the cast dries ...'

Workers are *not* required to see company doctors as part of the designated substances legislation, and all efforts to try to force company doctors on workers should be resisted vigourously.

YOUR RIGHT TO INFO

Workers are frequently denied access to their own medical records. This is contrary to the law in Ontario.

Under Ontario's Health Disciplines Act, a doctor is guilty of "professional misconduct" with punishment up to losso of license for:

"failing to provide within a reasonable time and without cause any report or certificate requested by a patient or his authorized agent in respect of an examination or treatment performed ..."

Protect Your Privacy and Your Job

Your personal health records can be used against you if they fall into the hands of your employer. Companies have long shown a preference for young, healthy workers and use whatever room they have in decisions about lay off, recall and promotion to advance workers with fewer health problems.

The reason is quite simple: Corporations feel they can push young workers harder and there will be less absenteeism due to illness and disability.

As a result of union pressure, many provinces have laws providing some guarantee of confidentiality of health information.

The Ontario Health Disciplines Act makes it an offense punishable by loss of license if a doctor gives *"information concerning a patient's condition or any professional services performed for a patient to any person other than the patient without the consent of the patient unless required to do so by law."* (Reg. 448, R.R.O., 1980)

Technically, any doctor, including a company doctor, cannot give your health information to *anyone* unless you give your consent.

Many employers get around this protection of your rights and privacy by having you sign a general authorization for release of medical information. Such authorizations are often among the papers you sign when you are hired.

You can protect your rights by revoking any general medical release authorizations currently in the company's possession.

If the company wants access to your medical records, or wants to give others access, they should have come to you each time to request permission.

To revoke any existing general authorizations you may have signed in the past, simply complete the form below (or make a similar one on a sheet of paper) and submit it to the plant medical unit or company doctor. Keep a copy for yourself.

Any company doctor found releasing your medical information without permission can and should be charged under the Health Disciplines Act.

WITHDRAWAL OF MEDICAL RELEASE

To:_____, Corporate Medical Director, _____ Corp.
This is to indicate that any previously-signed medical authorizations, in your possession or in the possession of the medical personnel under your supervision, for the release of medical information are hereby revoked.

(date)	(clock #)	(print name)	(signed)

What's Wrong With Company MD's?

There are several reasons why workers should *not* see company doctors.

1. The most important is quite simple: company doctors work for your boss, not for you.

However well-meaning a company doctor may be, he or she is inevitably influenced by having to work under management direction, being accountable to management policy, and being hired or fired by management decision.

You want your doctor to have only your interests at heart. But a company doctor necessarily has to consider the boss' interests as well, as is evident around issues of absenteeism, fitness for work, workers' compensation, and health hazards in the workplace.

With a company doctor, there is always the question of how much medical judgments have been effected by the doctor's relationship with the boss. With your own personal physician, or a specialist to whom you have been referred by your physician or your union, you can at least be assured that your health is the decisive factor.

2. The second reason for avoiding company physicians is that most of them know little about occupational medicine. Usually they are local family doctors who contract out so many hours per week to your employer.

While your own personal physician may not know any more about occupational medicine, he/she does know more about you.

Knowledge of your background and medical history can help prevent incorrect assessment and treatment, while waiting for consultation with appropriate specialists.

3. With your own personal physician, you can be assured that your medical records will remain confidential. With company doctors, there is always the danger that your personal records will fall into the hands of management — deliberately or accidentally.

Since management may use medical knowledge against you, it is essential to keep all medical records confidential.

There is no good reason to choose to see the company doctor rather than your personal physician.

OF INTEREST...

WHY U.S.MEDICARE IS UNFAIR TO MILLIONS OF ELDERLY CITIZENS

U.S. health care legislation (Medicare for Americans past the age of 65, Medicaid for the poor only) went into effect 20 years ago. Many americans hoped it would lead to universal public health insurance, similar to medicare coverage all Canadians enjoy. Promised reforms haven't happened and assaults on funding are anticipated from the Reagan administration.

Today, some 6.5 million of the elderly with chronic illnesses require some form of non-skilled nursing care, yet they have been excluded by Medicare. By the year 2000, the number of chronically ill elderly is expected to rise to 9 million. The over-85 group is growing at an almost geometric rate.

With one eye to the powerful hospital and doctors' lobbies, the congressmen who put the Medicare package together steered its disbursements almost exclusively toward the treatment of diseases requiring hospitalization and intensive skilled medical intervention. Those services - mainly custodial - needed by older citizens afflicted with chronic diseases or long-term disabilities were virtually ignored.

Dr Robert N. Butler, a leading authority on the aged and head of the department of geriatrics and adult development at the Mount Sinai School of Medicine in New York, had pointed out the the Medicare legislation was written as if intended for the disease pattern typically found among the young - episodic illnesses for which the patient is hospitalised and then is cured or dies.

Between 1960 and today medical costs have risen four times as fast as the consumer price index. Some proponents of Medicare reform have argued that medical biases built into the Medicare system led to the over-emphasis on expensive acute care technology and hospitals, and thus contributed to the inflation. At present Medicare pays only 44 % of the medical costs of the elderly.

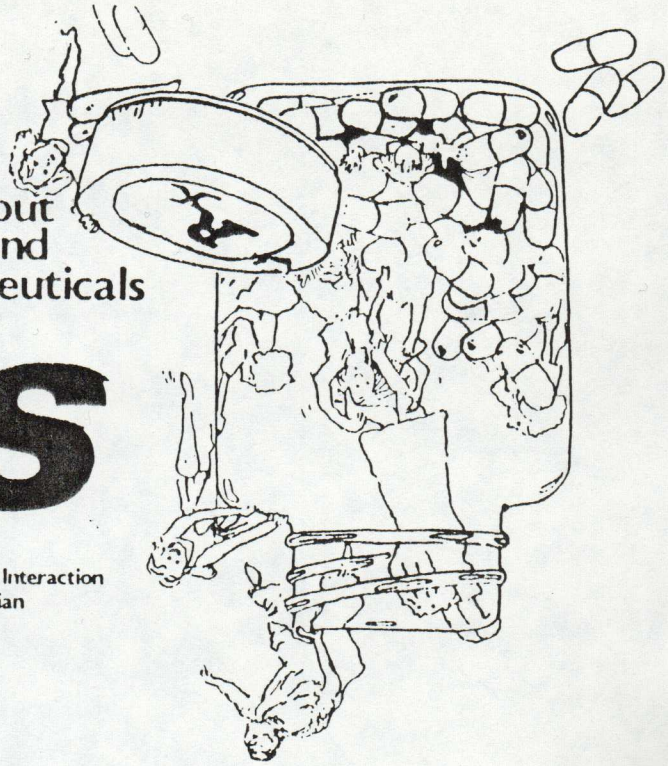
Despite Congress' steady retreat, Americans appear to support Medicare's original promise. Proposals for stringent cutbacks have been defeated in the past because of public pressure. Opionion polls also indicate Americans would be willing to pay even higher taxes for a truly comprehensive system of health insurance for the elderly.

Americans can't help noticing that every other advanced democracy has managed to extend comprehensive health coverage to its elderly without bankrupting itself. Indeed every one of these nations has also done a far better job of controlling health-care inflation.

(Adapted from the New York Times Magazine)
(Submitted by Robert Frankford)

side effects

a play about women and pharmaceuticals



a co-production
of Women's Health Interaction
& The Great Canadian
Theatre Company

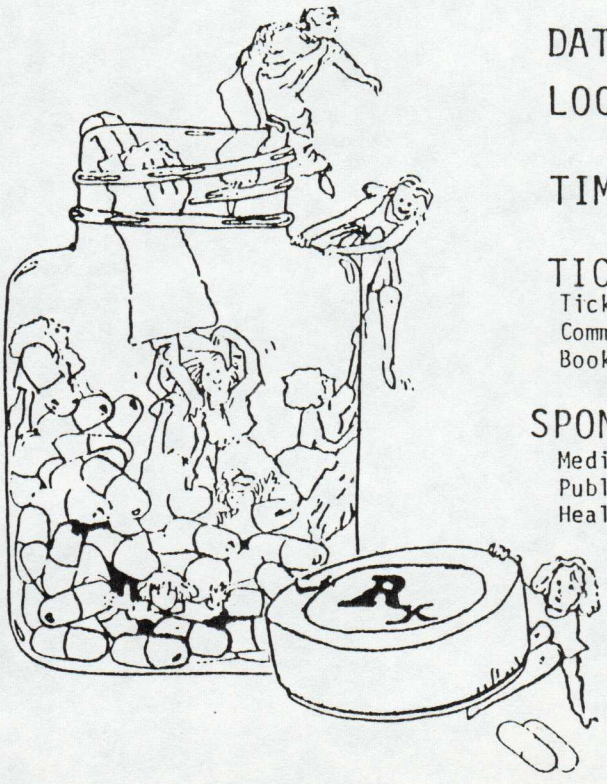
SIDE EFFECTS IS ABOUT:

WOMEN who have experienced terrible "side effects" of prescription drugs. Meet Giselle, a mother of six who is addicted to sleeping pills; Terri, a young career woman who discovers she has DES-caused cancer; Margaret, an "empty-nester" who turns to tranquillizers to fill the gap in her life.

PHARMACEUTICALS and the devastating impact of today's medical drugs and selling practices on women and their families world-wide. Meet C.B., the head of Drugsferall, who masterminds the promotion of new diseases and wonder drugs to treat them.

DRUG DUMPING in the Third World of pharmaceuticals not approved for use in Canada. Canada. Meet a mother who sells the family chicken to buy useless cough syrup for her child's T.B.

SIDE EFFECTS is health education at its best and great entertainment. "It is impossible not to be touched by this exceptional play." (*Northern Woman Journal*)



DATE: October 20 and 21

LOCATION: Harbord Collegiate
(286 Harbord St. - east of Bathurst)

TIME: 7:30 p.m.

TICKETS: $6.00 - regular, $3.50 - low income.
Tickets available at the door and at: The Big Carrot, Cross Cultural Communications Centre, DEC Bookroom, SCM Bookroom, Third World Books and Toronto Womens Bookstore.

SPONSORED BY: DES Action: Toronto, Development Education Centre, Medical Reform Group, Ontario Patients Rights Association, Ontario Public Interest Research Group - U. of T. Chapter, Toronto Women's Health Network, Women Healthsharing, YWCA - Metro Toronto.

A brief discussion will follow the performance.

For further information including childcare, call 978-3032.

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DOCTORS FOR CHOICE

An organization of physicians who support
the right to choose abortion

Invite you to a screening of
"The Silent Scream" and its Rebuttal

November 6, 8:00 pm
The Academy of Medicine
288 Bloor St. W.

To be followed by a panel discussion with speakers:

Dr. David Carr, M.B.Ch.B., Ph.D., D.Sc.
Professor & Chairman, Dept. of Anatomy
McMaster University Medical Centre

Dr. C. MacAdam, M.D., F.R.C.P.(C)
Radiologist & Ultrasonographer

Dr. Perry Phillips, B.Sc., M.D., F.R.S.(C)
Obstetrician & Gynaecologist

Collection at the door to cover costs. For more information call **364-3982.**