Ariel - Volume 3 Number 5

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Panel Discusses New Trends
In Community Health Care

by David Jacoby

In a panel discussion sponsored by the Student Medical Forum, four men intimately connected with leading these new trends met at Jefferson to discuss them with interested students. Participants were Dr. George Gardiner, Medical Director of the Southeast Philadelphia Neighborhood Health Center (SEP/NHC); Dr. William Kreb, Chairman of the Department of Community Medicine, Preventive Medicine, and Health Care at the Philadelphia General Hospital; Dr. Joseph Stein, Professor of Pediatrics at Jefferson; and Dr. Samuel Waxman, Professor of Health Education at the University of Pennsylvania.

The need for top quality comprehensive health services delivered with dignity and respect was the basis of Mr. Votro's remarks. He feels that such a goal will never happen until community people have a direct voice in decision-making, and that this is exactly what's happening, with 17 of the 23 board members of the health center being elected by the public. Happily, there's a good relationship among them.

(Continued on page 5)

Congressman Green
Comments on PGH

(Reprinted from "News from U.S. Congressman William J. Green"

In a panel discussion yesterday at the Green (3rd District) today commented that the estimated cost of $30,000,000 bond issue suggested by Mayor Tate to finance the hospital would cover only a third of the estimated cost and the city would have to construct a new facility.

While welcoming the decision to construct a new facility, Green was concerned with the method proposed by Mayor Tate.

The hospital will cost $100,000,000. Where is the city planning to obtain the additional $67,000,000 to $80,000,000? Do we have a firm commitment from the state and federal government to make up the deficit?

"If not," Green asked, "will we have to face another series of financial crises such as the last one which plagued the stadium?"

The Mayor's answer, "enough," Green said, "raised more questions than it answered. It was the last straw in the last such isolation. It took public health officials, P.H.I. personnel and those most concerned with community health almost two nights to arrive at an answer. The proposal, I suspect, was more a reaction to criticism than the enactment of a considered solution. It failed to define the role the new hospital will play."

(Continued on page 5)
Letters

Dear Editors of ARIEL:

We write with reference to the proposed “Pass-Fail” system of grading at Jefferson, in which students will be given the option of taking either a ‘pass’ or a ‘fail’ in their courses. This system involvesapsible to the students, who are often required to undertake certain types of academic work, such as research projects or presentations, for which they are not properly prepared. This can be particularly frustrating for students who are already struggling with the workload and are not able to devote the necessary time and effort to complete the work satisfactorily.

However, I believe that the “pass-fail” system can be beneficial in certain situations. It allows students to take a break from the stress of traditional grading and focus on improving their understanding of the material. It also provides an opportunity for students to explore different subjects and take courses that they may not have otherwise been able to fit into their schedules.

I hope that this letter will help to foster a dialogue on the topic of grading at Jefferson and encourage consideration of alternative methods to traditional grading. Thank you for your time and attention.

Sincerely,

[Signature]
To the Editor:

Letters... (Continued from page 2)

Studen t Council and a contributor
and the bas ic goodness of its
history. Last spring, I attended a
conference on Cooper Union in
which the ARIEL editorial
team was represented.

First, your comments on Dan
Glasper' s article reveal a rather
fundamental misstatement of your
point of view. Is it not a
mistake to represent ARIEL as a
book review column? It seems to
be more of a political journal than
a literary one.

Second, the ARIEL editorial
team's lack of interest in the
essence of your arguments is
definitely a problem. I think it's
important to understand how
people think before you can
change them. Perhaps the
ARIEL editorial team could take
the time to consider this.

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Sincerely,

Brendan W. Spears
Class of 1971

ARIEL

PAGE 3

Happy New Year beloved! Well, at least we are in time for the Chinese New Year. Many of ARIEL's staff members have a hard time sustaining holiday cheer in early January. As you know, we are all promoted from the fifth to the fourth floor and can take some time to count our blessings and look forward to the Chinese New Year's Resolutions.

BLESSING NUMBER ONE: Anatomy is over! And by gosh! I never would have believed it, but it all (or at least 90% of it) did get into my head.

BLESSING NUMBER TWO: At least Student Council reads and

BLESSING NUMBER THREE: Jefferson is getting relevant to my
interests and desires. The New Preventive Medicine course has proved to be very interesting thus far. Dr. Paul C. Brucker presented to the freshmen the Lawrence Weed System of medical records-keeping one week before The New England Journal featured a long lay audacious editorial on the subject. Man! is the Class of 1974 up to date! A pity the lecture was given three hours after anatomy finals. Most of the class

BLESSING NUMBER THREE: I will try not to cut class, not
even on Friday.

BLESSING NUMBER FOUR: Guyton's Physiology is just the
right size to make up for the leg that broke off the armchair. White and

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States and Culets, Mod-
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You can start to look for

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Greek Music

Pleasant company

Excellent for post-exam
frustration

Even better for pre-exam
anxiety

"We and They"

Terry Brit

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"We and They"

Terry Brit
Young Healers Take Over the T.V. Air Waves

by Paul M. Fernhoff

The past year has seen the rebirth of television’s love affair with the medical profession. Ben Casey and Dr. Kildare have retired to a part-time geriatric practice on a Miami station, and a new breed of young healers have taken over the air waves, confronted medical and social difficulties never before thought possible. One new series has begun on a local station, received by selected sets.

The show, “Omo Hyvid-Student Doctor” follows the course of a physician in training through his four grueling years. Its appeal combines the medical drama and the rebellion of youth. Unlike the network shows, with opening scenes of interns skipping into the hospital, or stretcher being raced madly down halls (never seen in the real hospital): “9-H.S.D.” begins each show with a group of young doctors leaving the coffee shop to wait for the elevator, scheduled to arrive on the half-hour. They are then turned away since the food court has monopolized the space.

Only three regulars appear each week. Omo (Tommy Reddings), Dr. Spook (Walter Brennan), his advisor, whose Omo has not met in three years, and Duke (John Wayne). Omo’s bound from the physiology lab, kept as a pet after Omo had removed his gall bladder and left kidney. The plots have been varied with many guest stars. I think it’s best to give a few examples.

The first episodes dealt with Omo’s preclinical training. An outstanding program showed his initial psychological shock dissecting his cadaver (Aldo Rey); and his triumphant adaptation by displacing his anxiety into grunting out his female lab partner (Sandra Dee of Bayonne, N.J.). A particularly touching moment was Omo’s near perfect dissection of the XI cranial nerve, to the amazement of his classmates and the everlasting admiration of his instructor (Don Knotts).

Omo’s introduction into the hospital takes us into the Surgical clinic, where after reading the record of a patient’s 96 visits, Omo finds her diagnosis, only to discover the patient had left 1/2 hour previously for the medical clinic. An element of mystery pervades one show with the arrival of a strange giant bus.

A scene from the show “Omo’s trip to the conference on drug abuses for personal freedom, pointed out the new required dress closely resembled that of a near-by convent.

Occasionally the show does not live up to its usual quality. An example of this shortcoming was the episode when a twenty foot statue of a former alien is placed in the school’s parking lot to serve as an automatic ticket-taker. For those of us with conventional medical backgrounds, the diagnosis of the diseases in the show have provided little challenge. Except for the puzzling case of acute appendicitis, the diagnoses of Maroteaux-Lang syndrome, Methylmalonic aciduria, or Ornithine-α-keto acid transaminase deficiency were quite accurate.

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This ad answers two true-life questions: “How do you personalize the standard universal freshman room?” and, “Where’s a nice, comfortable bank?”

To get your choice of air-chair or ottoman in “wet look” black or white, just open a checking or savings account with $25 or more buy a Savings Certificate at Fidelity Bank. Or, take advantage of our combination offer. Open both a savings and checking account, walk away with both for only $5.

Bring your student I.D. card and take a deep breath.
Abortion Council
Publishes Poll

New York City (Jan. 9, 1971) The Council on Abortion Research and Education is con­ducting an in-depth, nationwide survey on public awareness and attitude towards legal abortion, it was announced by Richard Roman, executive director of the non-profit organization.

The poll was developed by the Council as part of its research into abortion and education program and to further its efforts to provide information and assistance regarding legal abortion. According to Mr. Roman, the poll is believed to be the first of its kind to be undertaken since the liberalization in July, 1970 of New York State's abortion law.

Since then an estimated 60,000 legal abortions have been performed in New York and the controversy here and across the country over legal abortion has grown even stronger. Those opposed are seeking to repeal what they consider the liberalized section of the law or, at the very least, to sharply limit the number of weeks of pregnancy during which a legal abortion may be performed. Those in favor are striving to further liberalize the law or to at least remove what they consider roadblocks imposed by local authorities such as certain requirements that make it a practical impossibility to have a legal abortion performed at a physician's office.

The in-depth poll, first of a series planned by the Council, was sent to some 1,700 daily newspapers and 900 college publications across the country.

Mr. Roman noted that the results of the poll will be published and made available upon request. He pointed out that the identity of those who participate in the poll will be kept in complete confidence, but the incomplete polls would be invalidated. Completed polls should be mailed to the Council on Abortion Research & Education at 342 Madison Avenue, New York, N.Y. 10017.

Best of 1970

In the hopes that the Hollywood Academy may consult the ARIEL before nominating the best pictures of 1970, I have decided to list the ten best movies that opened in Philadelphia last year.

Although some films such as The Godfather and The Wild Child were released in 1970, they did not open in Philadelphia last year and so will not appear on this list. I have listed the country in which each film was produced, its director, and its principal stars (if the film was produced, its director, and its principal stars; if it was not produced, I have given the producer, the director, and the principal stars). Alphabetically they are as follows:

Lend Me That Old Zorro Song
(France) Chatel - Audran, Dassin

The Old Devil
(USA) DelPapa - Del Nero, Sarl

Le Pain de la Mort
(Switzerland) Le Pera, Rio, Yves Montand

Mississippi Mermaid
(USA) Truffaut - Dennis, Belmondo

My Night at Maud's (France) Rohmer - Trintignant

The Passion of Anna
( Sweden) Bergman - Bergman, Sydow, Ullman, Josephson, Andersoon

They Shoot Horses, Don't They
(USA) Pollack - Fonda, Young, Vidal

Tristana (Spain) Busnel - Denoue, Rey, Nery, Z

The Temptation
(Z) Gavras - Montand, Papas, Trintignant

Congressman
(Continued from page 7)

in an overall health care program. It made no commitment to the creation of the preventive and ambulatory care services called for in the Municipal Hospital Services Report. And it did not come to grips with how the new facility should be run.

"I believe that some way must be found to insulate P.G.H. from the kind of pressures which have demoralized its staff and cur­tailed its medical effectiveness. We must have some guarantees that the new facility will not continue to be subject to erratic job freezes and ar­bitrary layoffs.

"Certainly, at least three ways we might attempt to cure P.G.H.'s managerial ills," Green continued.

"We could follow the recommendations of the Municipal Hospital Services Report and place the new building directly under the control of the Commissioner of Health.

"We could experiment and turn the responsibility of the hospital over to a single medical school.

"We could follow the example set by the City of Chicago and create an independent hospital authority.

"In any event, it is now important for the Mayor to call together the interested parties - members of the medical profession, concerned citizens, and health administrators and begin planning how to run the hospital as well as how to build it."
from the community have been heard for the past few years. Lincoln's relationship with the ghetto hospitals because of the social and political pressures on the staff. Prior to 1969 most of the house staff were from foreign countries and there was no preferred place to train. In the fall of 1969 some 43 of the 110 residents of affiliated hospitals met with Dr. Arnold Einhorn, Head of Pediatrics, to propose an internship-residency program in Lincoln. Dr. Einhorn, who had developed the last 16 years in improving Lincoln's Pediatrics, was pleased with the idea of having a new group of doctors and approved a program for the internship-residency in Pediatrics. Dr. Einhorn and the staff began work and successfully recruited the 36 participants in the program to begin in 1969.

As the program began, some of the doctors and other health workers expressed the feeling that helping Lincoln's role and relations in the community were in contrast to Einhorn's conception of their patients. This "new Lincoln," however, was appointed a little differently by Dr. Einhorn and the rest of the staff that had bargained for. The appearance, life style, and politics of the "Collective" simply was not acceptable for physicians. Programs were planned working with the Young Lords, Black Panterist, and street gangs. Dr. Einhorn was particularly perturbed by the inability of he and the Collective to co-exist at the same hospital. Whether his absence is for better or worse depends on one's view of the picture. According to recent reports, the controversy has subsided somewhat within the Pediatrics Department with the appointment of Dr. Helen Rodriguez as Dr. Einhorn's replacement. She is quite close aligned with the plans of the Collective to work to implement new programs is the major order of business. What can we make of all this? The course of events is generally agreed upon. Is it criticism so heavy? Why have the community groups and the Collective, but relations generally agreed upon? Why is the Collective believes that the "old way" simply is not good enough to meet the needs of the South Bronx, and that a few but medical toes may have to be stepped on before a new approach is initiated. In their words, "in order to be part of the solution rather than part of the problem, we must affirm that we are in training to serve the community, and that we are committed to dealing with the problem of the urban ghetto community in a long-run way. We must not, merely for the eradication of disease, but for a state of total physical and social well-being. This makes necessary the development of a new philosophy and of continuity of care, the dissemination of knowledge from the hospital to the community, and the initiation of concurrent efforts to combat prejudice as well as physical disease." Many people are emotionally watching the successes and failures at Lincoln for insight on what might occur throughout the country.

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town has been without a physician. The situation becomes more complicated when it is learned that a total of nearly 8,000 people from the surrounding mountains once depended upon the doctor in Hillsville. Many of these people do not have automobiles. For some, the trip to the nearest doctor's office was over twenty-five miles over winding mountain roads, though a county volunteer rescue squad now compensates for the lack of transportation and ambulance service.

Six years ago, interested community citizens rallied that their one local C.P. was not fulfilling their needs, so they formed a committee to recruit a physician and build a full-equipped medical center to use as a base. It took a Herculean effort to succeed, but succeeded they did without any outside funds. Labor was all volunteer, money and land was contributed by local citizens, and equipment was donated or purchased from neighboring towns. The final result: a clinic for two physicians, completely equipped with modern exam rooms, x-ray, examination rooms, emergency treatment room, a fully equipped waiting room, even dialphones and two ERG machines.

Fresh from his internship, Dr. Alex White soon arrived in Hillsville at the new two-story building. The other physician had since left the area, causing the townspeople to turn to White as the sole fruit of their efforts, now depending on him to pursue the proper course of action and that better medical care would soon be forthcoming to the community. To insure their sincerity, the people of Hillsville promised to pay Dr. White $50 per month, and they gave the physician and his family a low-rent home nearby.

Thus appeared a monumental tribulation of solo practice. For many, this combination of factors contributed to force this physician from solo practice into the clinic of rural America. According to Dr. White, it almost destroyed his practice before he was overworked. Since he was not the type of person to refuse the help of anyone, he worked twenty-four hours a day, seven days a week. He deplored the situation.

"You never have one successful day, never, ever. I would go literally for weeks and months and never get a meal, not one single meal! This happened to me more than 96 times, that someone was knocking on the front door and I couldn't go and feed them at the same time I was on the phone with the patient. This is after hours! I found it impossible to get away from the clinic. The townpeople could never understand

"A simple matter of principle," White continued, "was that I did not charge for a patient's care, even if he couldn't pay. I didn't want any patient to suffer through the condition he was in, so I didn't charge for him being sick. This principle is the basis of my practice. I believe that all people should have medical care when they need it, regardless of their ability to pay."

The Little Prince

I would like to recommend a book that is worth your hard-earned dollars and an hour of your time. No, I am not talking about Love Story, which is literally "No Cal." Instead, take your dollar to Booknook Books for a time-tested love story, as easy to read and also a potential man-pleaser, but with a classical charm and simplicity which will make you unfasten the paperback and send you back for the hard-cover edition. Then you will probably proceed to pass your paperback on to a friend. I am talking about Antoine de Saint Exupery's Le Petit Prince. It is available at Booknook Books in paperback and hardback in both English and French. I suppose I must admit now that it is technically a non-adult book, but that you can pretend you are buying it for a nephew if you don't have any children. They are sold in plain brown bags, so you won't be embarrassed walking home with it. Of course, for this reason you won't be free to talk about it with your children or friends. But this is important to you, maybe you should buy Saint Exupery. It serves you right.

A really great story is one that you want to read over and over and each time it is new to you. The Little Prince is a true test. If your children or nephews want you to read it to them over and over, you won't mind. Who are the characters? A prince, a fox, a pilot, a goat, a rose, a little girl, and a pilot turned-pilot-lost in the desert. The key question which is answered is "What is most important in life?" Good children's books don't ask the "sinister" questions.

Another so-called children's book which is too good to be wasted is James Thurber's The White Brotherhood; Like The Little Prince, this classic is not available, according to Thurber, from Harcourt, Brace & World, Inc. in the Harbrace Paperbound Library series. After writing Thurber, do I have to say anything more to convince you that it is priceless? Should I quote the beginning: "If you should walk up to a warden, ask him for the key of one of those downstairs cells, and he say, 'No, it's locked,' you are likely to come at last to the enchanted fairyland." Yes, it is the traditional love story of handsome young prince for beautiful princess, but no story Thurber tells is untouched by his own special outlook. For example, King Cloake remarks while telling about the courtship of his own wife, "There was the infernal custom of the country whereby a rescued princess exercises her powers and vanquish for claiming of one her rescuers as her husband." Pure Thurber. Or, at the happy ending when Cloake expresses his gratitude to the princess, she says, "Any more thanks, Cloake. Fish and meats and wines! What wine, on second thought, is fit for this occasion? Melt down a million rubies! But stay! On third thought, wine in bottles! The magic has turned my heart but not my stomach.""
Community Health
(Continued from page 1)
sylvania Hospital, the center, and its community board.
Health care in the community, offering one class of service to all, poor and rich alike, in a setting of privacy and cleanliness, with attitudes of care, concern, and courtesy was the goal outlined by Dr. Zamostein. He emphasized the need for increasing efforts to improve the quality of life and the need for the training of family practitioners. These men would be skilled in working with others to provide a means of entry into the health care system, evaluation, care, and when necessary, referral, while still retaining responsibility for the patient and the centrality of his care.

Health assistants should be recruited from the community to provide understanding and input. The funding of doctors must be such that there is no change in their remuneration depending on the patient’s wealth.

Following this, a number of questions were raised from the floor. One dealt with clinics versus private practice. The panel members agreed that solo practices is on the way out, while group practice is on the way in. Hopefully, clinics, with their long waiting lists and impersonalized care, are also on the way out.

Exceeding our health district is all the city health clinics offer categorical, not comprehensive care.

At the present time, most neighborhood health centers run at a higher price per visit than does the private doctor. Dr. Zamostein spoke of one in San Francisco where the average cost per office visit was $3.

Dr. Gardiner admitted that the cost of their center is very high, the money more efficiently.

Southeast Philadelphia Neighborhood Centers, our health district, is all the city health clinics offer categorical, not comprehensive care.

It is possible to provide good primary care, providing one is willing to delegate responsibility. In Thailand, midwives and sanitarians handle 60% of the patient load, sending the rest to trained nurses. These, in turn, treat nine-tenths of the patients, sending the rest to a doctor at a midwifery center.

From here, the most difficult patients go on to a medical center. The result is good, low cost care, with the sick getting the human contact that they so badly need.

As for Zamostein’s viewpoint, “An unequivocal no — but the grim reaper takes care of lots of things.”

Abortion Poll
(Continued from page 5)
1. Assuming that legal abortions are performed by duly licensed physicians under the highest medical standards, should a pregnant woman be allowed to obtain a legal abortion? (a) Yes — (b) No
2. New York State law provides that an abortion is justifiable when committed upon a female with her consent by a duly licensed physician acting (a) under a reasonable belief that such is necessary to preserve her life, or (b) within 24 weeks from the commencement of her pregnancy. Do you think that the 24-week period should be (a) lengthened (specify the number of weeks) or (b) shortened? (c) remain unchanged — (d) no need — (e) in the opinion of the physician acting (a) under a reasonable belief that such is necessary to preserve her life, or (b) within 24 weeks from the commencement of her pregnancy.

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