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By Ronald B. Levine

This article is the second part of a series concerning national health care problems currently under investigation by Ralph Nader's Health Research Group. The first part, in the February seventeen year life of a patent. . . other major industry-amounting nature and purpose of the HRG. great ·extent, rivalry between '(compared to only $100 million etc.)

VOL. 4 NO. 7 , MAY, '1 972

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Informed Procuring

Contrary to the religious dogma of the Christian Scientists, the physician is still the servant of the patient rather than the doctor in the law of his way around.

The physician's duties include purchasing services and supplies for the patient--on a casuistic basis--in order that the patient may soonest be restored to full health.

However, as neither the world's nor the patient's resources are limitless, achieving this return to full health at lowest possible cost to the patient should be a concern of the Christian Scientists, way around.

It is a job which can be performed by the physician, but only if he knows the legal and medical facts of his actual charges for which his patient will be billed.

If we yet operate on the basis of relative charges as they exist today, the hospitals and societies in general will suffer, for charges have no relation to cost.

Of course, for most patients charges (what is asked for on the bill) in the hospital's revenue (what is actually received) are the charges and party payers pay cost for inpatient services and reimburse numérique hospitals.

How are we to judge whether the charges for the individual components of the test are about right, although, still are run on the SFA-4)--while Blue Cross covered friends pay $4 costs the hospital to $4 a day (which includes the machine, materials, labor, overhead, and a 33% contribution for the balance of the rest of the hospital).

In their Robin Hood existence of old days, the rich and more and served the poor for what they could pay. Many still do.

Many hospitals used to also, and still do, for those third party payers (Blue Cross and the state and federal governments) that have taken over, they have denied the right to them in a hospital, which will allow one to separate payment of those services which will soon pass.

In the past, our ability to say who shall live and who shall die without killing? "

Our answer, and that of most who believe in individual freedom, is that one must do one's best to prevent that killing.

In the past other criteria of humanity have been used--the German experience with health, race, and religion being a notable example--with disastrous results.

But we as physicians must not work just in those areas where our individual contribution is small and our likelihood of success is low; we must also address ourselves to those areas of medical ethics where our influence is large, and consider not just the immediate benefits of a given expedient act, but also its long range effects on the morality and virtue of society (a schopenhauerian one, to be sure) as a whole.

There are several areas where debates take place--Abortion, euthanasia, the right to refuse the heroic efforts of doctors to prolong one's life, and care of the "retarded" individual to name a few.

Without a doubt the world suffers from overpopulation, war and inadequate food, housing, education, and job opportunities, but those are areas far larger than changing our very definition of life or humanity in order that we may kill unborn children with clear conscience.

One need only read the "Letters to the Editor" column of the Evening Bulletin to realize that there are many who only know what a human fetus is not alive! if one removes the sanctity of the unborn child's life, then the unintended result which is bound to follow is that one removes the sanctity of all human life, for there is no variable other than being human which determines who will receive medical services which may allow one to separate human beings from the rest.

Surely it is not knowledge-or must we now recognize the sheer number of low intelligence who nevertheless carry those noble traits death.

Certainly a person has a right to be wanted, but this Surely does not mean that if not adequate he has no right to live. Many of us have gone through cancer, but were not wanted, but happily they lived in the long run. Their right to life is under the influence of drugs or tranquillizers which the doctor knows is right.

On the other hand, a person who must certainly has the right to refuse heroic treatment and yet receive the basic care which a hospital can offer--but this decision must be his and his alone and not that of his family nor how made under the influence of drugs or tranquillizers which the doctor knows is right.

Ethics are an integral part of each day of our training as physicians, yet they are something which we are often too impatiently. In cases where only (Continued on page 3)

Ariel Expands

Beginning with its next issue, Ariel will be expanding to a twelve-page format, providing even greater access for readers to share their ideas, comments, suggestions, and complaints with the entire Jefferson community. We sincerely hope that you will depart from the apathetic mentality and become involved in effecting improvement in the community.

We Need Bicycle Racks

The bicycle is without a doubt the speediest method of commuting in center city. As numerous Jeffersonians have found out, it is also fun, good exercise, and cheap. Yet one starts to consider the cost of stolen bicycles.

A bicycle rack in a location convenient to Jefferson, Jefferson Hall security guards is surely needed, for right now there are not enough bicycle racks or safety space available for the number of bicycles Jeffersonians would like to ride.

Currently a car can be kept in the city with relative safety at a great expense to the owner. The corner and the residents who must breath its pollution. A bicycle, on the other hand, is neither costly nor polluting- yet no provisions are made for them.

We have heard that one estimate for such a rack ran $900--which is indeed a ridiculous price, for all that is needed is a place around which picketed chains can be easily attached.

We do hope that new bids will shortly be taken on a simple rack, bar, or what-have-you. Jeffersonians can afford to be bicycled provided.

Letters To The Editor

The Future of TGIF

Due to increasing conduct problems, TGIF parties in Jefferson Hall, that they may no longer occur. The committee decided to cancel the TGIF party, and that the TGIF committee should reevaluate all aspects of the TGIF parties.

Their original concept was to provide an event where Jefferson students, faculty and employees could relax and socialize together. As the parties grew in popularity, there were many non-Jefferson people who started attending.

Attempts at limiting admission to only Jefferson people and their guests turned this situation into one where outsiders probably outnumber our own group. This situation is given regard for the welfare of our guests and ourselves.

Disorganization in the form of admission charges ($1.00, then $2.00, and now $5.00), decreasing the number of non-Jefferson people who can attend, and increasing the cost of the event, were considered as a means of control.

As a student at Jefferson I end war as an instrument of national policy. We have been asked (Continued on page 3)
Abortion

(Continued from page 2)

an adult patient is involved, mutually acceptable solutions can be worked out by he and his physician; but where a third party is involved—an ailing family member, a legally incompetent person, or an unborn baby with no one to represent his interests—no other person has the moral right to end that third person’s life, for our role must be that of preserving, not destroying, life with the awareness that a human being is free to do with his or her body what he or she wishes, so long as it does not infringe on the rights of another human being. Until, proven otherwise un-born babies, retarded children, and those who in all likelihood will not contribute anything to society, are treated with the respect and compassion usual to society.

—David A. Jacoby

Letters (cont’d)

C. Guests must be accompanied by their host.
D. Student monitors will be required to attend all TGIF parties and be on duty.
E. Because of increased costs related to supervising TGIF parties, admissions charge will be raised to $3.50 each for $1.00.

The Right of Life

I thought with all the controversy of late concerning the “dying patient” that a few words from a more controversial philosopher might do some good. Therefore, I quote from Nietzsche, a man who saw through quite a few things: “A moral code for physicians.

The invalid is a parasite on society. In a certain state, it is indecent to go on living. To vegetate on in wretched dependence on physicians and medications after the meaning of the life, the right to life, has been lost, is an undying quest to enthrall the profound contempt of society. Physicians in their turn ought to be communicators of this contempt—not prescriptions, but everyday a taking control of man’s destiny, a ruthless suppression and nature’s errors. The suffering, a man who saw through does away with oneself, one does away with oneself is a man who, as does the highest interest of the society, as does the right to life, has been lost...”

Sincerely,
Roy Cameron

EVALUATION

I have been asked by the Editors of Ariel to summarize brief views on evaluation: it should be understood that this article reflects my views and not necessarily those of the Office of the Dean and/or the Committee on Studies.

I believe that medical school should be a formal laboratory for the growth of its students in four areas. These are the areas which play a role in the physician’s future: knowledge, data gathering, his clinical attitudes and understanding. It is obvious that no single system of evaluation can encompass all of these factors.

Knowledge: The physician should exercise his knowledge when and where it will be of use. The simplest test is, “What is the value of this knowledge?” One should know how we have come to these conclusions. It would also be very useful to know how well we have performed to date. It would also be very useful to know whether the physician would not be too happy if the hematologist lab were to tell him that an examination of his patient’s blood revealed a low hemoglobin but no other abnormal findings. It would be equally misleading, but if it is possible to determine the identification of the physician’s knowledge so as to provide him with objective facts in order to deal with the situation.

Data Gathering: A physician’s ability to gather clinical data, his clinical attitude and understanding were to tell him that an examination of his patient’s blood revealed a low hemoglobin but no other abnormal findings. It would be equally misleading, but if it is possible to determine the identification of the physician’s knowledge so as to provide him with objective facts in order to deal with the situation.

Clinical Attitudes: The physician’s ability to gather clinical data, his clinical attitude and understanding were to tell him that an examination of his patient’s blood revealed a low hemoglobin but no other abnormal findings. It would be equally misleading, but if it is possible to determine the identification of the physician’s knowledge so as to provide him with objective facts in order to deal with the situation.

Understanding: The physician’s ability to gather clinical data, his clinical attitude and understanding were to tell him that an examination of his patient’s blood revealed a low hemoglobin but no other abnormal findings. It would be equally misleading, but if it is possible to determine the identification of the physician’s knowledge so as to provide him with objective facts in order to deal with the situation.

Conclusion

I would like to restate my position in my opinion that a single evaluation system is adequate to describe achievement in the four areas. Where no single system of evaluation could assess student achievement, it would be wise for us to utilize many different methods. We should be interested in many different ways to approach the problem. These hypotheses may be explored. In addition, the faculty should collect descriptive information which reflects the performance of the students in their areas. This is necessary because the situation is rarely standardized for different students. Therefore, I would not give numbers to summarize level of achievement in their areas, but rather have descriptive information available that would reflect the student’s behavior. For transcript purpose, I would like to add that this article is not a criticism of medical school, but rather an attempt to change the way we view medical school. It is a tool to help us understand the nature of medical school.

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STUDENTS WELCOME
Fail is a popular one among the students, but I believe that it is the obligation of the faculty to set standards which are fair ones. The faculty should not fall prey to the temptation to be popular for the sake of popularity alone. Hopefully, popularity would follow fairness. The student body should be involved in the formulation of principles for evaluation, and both the faculty and the student body should let data be the deciding factor rather than unsubstantiated opinion.

I have been pleased with the discussion regarding evaluation which has occurred on campus for the past two or three years. The discussion has allowed the Joseph S. Gonnella, M.D. Faculty and the student body to explore the complicated issues involved in a system of evaluation. A Subcommittee of the Committee on Student Promotion has collected a great deal of data as to the feelings of the students and the faculty regarding evaluation, and in the near future the report should be available to our community.

The discussion has allowed the faculty and the student body to explore the complicated issues involved in a system of evaluation. A Subcommittee of the Committee on Student Promotion has collected a great deal of data as to the feelings of the students and the faculty regarding evaluation, and in the near future the report should be available to our community.
On a lazy evening late in June of '68 I was engaged in the monotonous 'neutralization of formula.' As I was lost in my thoughts, I was passing two nicely aged women. Perhaps I hinted at it, but of course my response may have been tinged with some infantileº ambition to imagine my surprise when they had themselves materialized before me and actually spoken a few words of meditation interrogation, there was nothing left for me to do but to stare into their laughing eyes. On the occasion they asked, "Well I was to find out later was not meant to be mental giants.

Nothing left for me to do but to acknowledge this blown-offness, since I was to find out later was meant to be mental giants. In the 20th century sirens together from his labor came the realization that lechery was not sacred and would not let me leave. I could not help but hope for the complete knowledge. Suffice it to say that there for the third Buddha to clear their destination. However, if my there would be no fourth coming..."
Gongho Gougyo (Continued from page 4)

next week. Just before she left she gave me a kiss on the cheek that quickly progressed into a warm, lingering, softer-than-splintering hug.

Shams, I'll be darned if Gohonzon didn't come through for me. "As you treat Gohonzon, so Gohonzon treat you," How true, how true. There wasn't anything too good for it. To show for Gohonzon did not come throughru true, how true. There wasn't that quickly progressed into a crawly, softer-than-splintering hug.

I gave him a gift wrapped box .

Taking out his ex-girlfriend's other items. What would Ricky do? Nonetheless, one minor detail bothered me. What would Ricky do if he found out that I was having a great gale of laughter. I don't think there was ever anyone who was more delighted to hear from me. Even my own mother when she heard my first screams as I cried fresh. I don't think there was been any more ecstatic than Rita that night. Whatever I said, no matter how mundane the thing stood between me and- the actualization of my dreams.

The following evening I self-confidently dailed Rita's number. The line was busy. Finally, at ten o'clock I reached her. No sooner had I opened my mouth than Rita greeted me with a great gale of laughter. I don't think there was ever anyone who was more delighted to hear from me. Even my own mother when she heard my first screams as I cried fresh from her womb could not have been any more ecstatic than Rita was that night. Whatever I said, no matter how mundane the matter-Rita was reduced to a state of tears. After a lengthy dose of ego-splitting, side-splitting chit, Rita interrupted me. "Danny, you silly goose, we don't have to carry on this charity any longer. There is no reason for me to play a game and hide from you that which must already be obvious. I love you, Danny. I will always love you always, always, always. My guardian angel must have been working overtime when he had me meet that fateful night at the Chances Are. What else could explain it? When Ricky and I return from our honeymoon you'll be the very first guest of honor to be invited to our little love nest. I don't know what you said to Ricky on the phone last night but as I guess you already know he'll be coming over tomorrow with thering to make it official. I'm so very, very happy. Bless you, Danny, bless you."

There was nothing much else for us to say to one another. But man till the end that I was. I considerably abstained from any mention of suicide and shaky upper lip notwithstanding wished Gohonzon the very, very best of everything.

Gohonzon had done an impeccable job. Rita was in love with me and I was in love with Rita. But that was not quite what I had in mind.

Both Gohonzon and I satisfied to the letter our respective parts of the agreement. Yet, something was missing. "As you treat Gohonzon, so Gohonzon treat you." How true, how true.

The 10th and Locust
Cordially requests your presence at a continuing enlightening experience.
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MECO Students

(Continued from page 1)

In summary, as outlined by SAMA guidelines, the specific experiences and knowledge the Student should obtain from MECO are:
1. Function of the health related agencies and institutions in the community and the mechanisms by which patients are referred to and by them.
2. Availability and quality of care as seen by the patient.
3. Politics, economics, and culture in the community and how each affects health care.
4. Life style of the primary care physician.
5. Patients' image of the physician and the doctor-patient relationship.
6. Function and roles of local medical associations.
7. Health education programs.

B. In the Physician's Office
1. Exposure to solo and group practices and to specialty and family practices.
2. Introduction to the care of ambulatory patients and the differences between these patients and hospitalized patients.
3. Role of each person employed by the physician, with discussion of the training required for each position.
4. Administrative role of the physician in his office.
5. Office record-keeping, billing, and financing mechanisms.
6. Clinical medicine and the scope of primary care.

C. In the Hospital
1. Function and operation of each department both clinical and non-clinical in the hospital and its relationship to the physicians and to patient care.
2. Role of the physician and his responsibilities in the hospital, including rounds, emergency room, operating and delivery rooms, medical staff meetings and conference, and peer review.
3. Activities undertaken by the hospital in regard to comprehensive health care in the community.
4. Past present and future role of the community hospital in relation to the community and to other health care institutions, especially regional and university medical centers.
5. Role of the hospital administrator, and his relationship to the medical staff and to patient care.
6. Legal responsibilities of the hospital and physicians to patients.

In reference to the Jefferson Ad is given to any dependent student with initiative to set up his own health project in the local community. If anyone has questions or ideas about SAMA-MECO, please contact the author.

Go straight to Fidelity Bank with your student I.D. Open a Special Checking or savings account with $25 or more purchase a Savings Certificate. Then—
for 4 bucks—buy the air-chair in "re-up" or "wet-look" white. Or, checkerboard table for $2. Open a Special Checking and savings account and we'll give you both for $6. That's a steal.

It's also a great start toward a freshman room that doesn't look like a freshman room—at a price you won't find anywhere else.

Come get your instant environment. Now.

Bank at the Trefol... It's a good sign.

THE FIDELITY BANK
Health Research
(Continued from page 1)

Advertising in scientific journals. The American Medical Association receives an annual income of over $15 million from advertising in its journals. The AMA admitted that 43 per cent of its income came from advertising in its journals. The Association receives an annual income of over $15 million from advertising in its journals. The American Medical Association has a policy that 43 per cent of its income is derived from membership dues. Am.

A journal cannot maintain scientific integrity to its products that are responsible for supporting its very existence. Credence to this assertion was provided by two notorious cases of the recent past: In 1957 Dr. Harry Dowling published a now-classic article as a Report to the Council on Drugs in the Journal of the American Medical Association denouncing the use of fixed-combination antibiotic products that are dangerous for the common cold, where was the physician's source of information? It had to be the advertising and promotion of the drug companies. Advertising in JAMA and elsewhere formalized the use of combination drugs contrary to the editorial and scientific positions of the journals themselves. The journals thus, in compromising their integrity to their sponsors, were an accomplice to drug companies in promoting massive malpractice.

The hypocrisy of journal advertising policy reached its tragic culmination in the infamous chloramphenicol case. Ads of chloramphenicol ran for months depicting a bronchoscope with a simple heading; just a simple heading: "Chloramphenicol, when it counts." It was not indicated for any upper respiratory illnesses but the implication was obvious. The JAMA accepted the ad, as did many others. Dr. Dameshek, of the Mount Sinai Hospital, estimated that 94 per cent of patients who were prescribed chloramphenicol for non-indicated use. Over 3.5 million people were needlessly exposed to the drug. Then, catastrophe struck: a well-known journal supported by drug companies, where was the physician's source of information? It had to be the chloramphenicol induced aplastic anemia.

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With such a barrage of misleading advertising and promotion, where can the conscientious physician turn for objective drug information? A few sources include:

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