

## Health care and the AMA

With the political intrigue of a Republican Convention and the pomp of a Midwestern high school graduation, the American Medical Association met in New York last week to install a new president and discuss once again ways of keeping the Federal Government out of its private life.

**While members** of the association's powerful House of Delegates convened in the Imperial Ballroom of the Americana to pass resolutions in defense of the financial security of the practicing physician, medical students and nurses picketed in front of the hotel, carrying signs that read, "Caution: The AMA may be hazardous to your health," and chanting, "Hip, hip Hippocrates. Up with service, down with fees."

At one point during the opening session, a group of protesters invaded the meeting, charging the AMA with being a reactionary outfit, dedicated to protecting the physician rather than the patient and consistently ignoring the poor. In a comment representative of the doctors' reaction, Dr. Wesley Hall, an AMA trustee from Reno, said afterwards, "This is ridiculous. When will these boys grow up?"

Later in the week, when the student protesters threatened a repeat performance, interrupting the inauguration ceremony if not allowed 10 minutes to speak, the house unanimously voted to call for the protection of the New York City police.

Thus guarded, the late afternoon ceremony went smoothly as scheduled when the protesters backed down to avoid bloodshed and broken heads. Guests assembled in the ballroom to the tune of "Aquarius," a song from the hit musical "Hair," followed by an invocation, hymns, introduction of all the members of the Board of Trustees and presidents of state medical societies and an address from the new president, Dr. Gerald D. Dorman.

**Dr. Dorman**, a New York physician who looks like everyone's family doctor, listed three measures the AMA could take to reach its goal of providing "the best possible health care to all our patients who need it."

First, he called for "a constantly advancing health care system," which involves recognition of the dynamic force of the profit motive. "A proper understanding of the necessity of the incentive system in health care," he said, "is paramount to everything in which the medical profession is involved."

The second requirement, he said, is "a widespread respect for the leadership and a widespread recognition of the contributions of the medical profes-

sion." Public esteem of organized medicine is dwindling in the face of soaring health bills, and the AMA role in keeping Dr. John Knowles, liberal director of the Massachusetts General Hospital, from the top health post in the Department of Health, Education and Welfare (SN: 7/12, p. 27), has also drawn criticism.

"Actually, we had nothing to do with blocking Dr. Knowles' appointment," Dr. Dorman said later. "Johnny Knowles is a fine doctor and we respect him and use him. He simply was not among the top four candidates we nominated for the job."

Dr. Dorman's third path to better health care was "enhanced functioning of the medical profession," to be brought about largely through improved communications between doctors, patients and Government.

**During the week** the House of Delegates passed some 130 resolutions directed toward achieving these objectives. One declared, "The provision of comprehensive health care to the poor is a desirable goal. It must have a thoroughly humane, sound and realistic approach and it must promise only what it can logically expect to deliver." Further, the resolution called for action rather than more study of the problem and favored the inclusion of inhabitants of poor neighborhoods on panels planning delivery of health care services. It was the first time the AMA so specifically named the poor as a special group.

In another move, the House of Delegates supported a bill introduced by Rep. Richard Fulton (D-Tenn.), which, if passed, would be the kiss of death to Medicaid, the Federal-state program providing medical aid to needy of all ages. It is aimed not only at abolishing Medicaid but also at preventing a national compulsory health insurance system applying to Americans of all ages. Under the AMA plan, health insurance premiums from private insurers would be paid as a credit against income tax, with the Government footing all or a portion of the premium bill applied on a graduated basis.

The house also passed a resolution calling for peer review committees within county medical societies that would examine physicians' charges to their patients. According to Dr. Ernest B. Howard, executive vice president of the AMA, this is really a move "to keep the Feds away from the door," because excessive bills under Medicare and Medicaid are currently under investigation by the Senate Finance Committee (SN: 5/24, p. 497).

Other resolutions:

- Deplored the Senate investigation.
- Favored Federal loans to medical students, an existing program formerly opposed by the AMA.

- Opposed Federal aid to transplant patients.

• Called for AMA investigation of the Food and Drug Administration's move to take from the market drugs marketed prior to 1962 that review panels of the National Academy of Sciences have found either unsafe or ineffective (SN: 7/5, p. 6).

Such action, the AMA believes, should not be taken without first consulting practicing physicians (such doctors were on the National Academy of Science panels). The AMA may move to introduce appropriate legislation in Congress.

**In Michigan** earlier this month, the Upjohn Company successfully challenged FDA's authority to remove certain drugs from the market without first demonstrating a clear threat to health. A circuit court enjoined against the agency's move to ban Panalba, a combination antibiotic product which brings in nearly \$16 million a year. Panalba was criticized as ineffective in fixed combinations by the academy in its report to FDA, completing a two-year review of drug efficacy. The NAS study evaluated all the drugs which appeared on the market from 1938 to 1962. These total some 2,800 prescription and non-prescription drugs, many of which are condemned in the report as lacking medicinal merit and carrying misleading labeling.

## BLOOD TEST

### Big step in sex prediction

Not all prospective parents would like to know six months in advance the sex of their unborn child. Some still want to be surprised. But in families with a history of sex-linked diseases, obstetricians could make good use of a determination of sex early in the mother's pregnancy.

But the only method available to determine the sex of the fetus has been through analysis of cells from the mother's amniotic fluid (SN: 4/12, p. 355). This involves insertion of a needle into the patient's abdomen. Many problems can arise, such as puncturing a blood vessel, introducing infection or even encouraging the onset of premature labor.

**Now a trio** of physicians at the University of California Medical Center at San Francisco has successfully predicted that 19 unborn infants were male through a blood test made early in pregnancy. Obtaining the sample is a simple and routine procedure, although analyzing it is laborious.

Other research teams are working to computerize blood chromosome analysis, which could eventually automate the process for determining sex before birth.