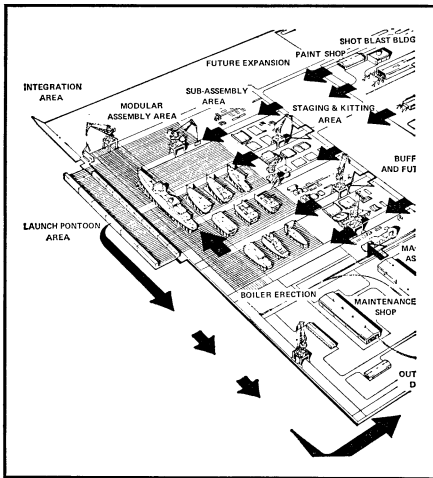


Abortion, dues and malpractice



Litton Industries

Pascagoula: Assembly-line destroyers.

goula, Miss., although there will be a good deal of subcontracting. In order to turn out such a large number of ships economically in so short a time and in one place, they will be mass-produced on an assembly-line basis.

A ship-building technique called modular construction makes this possible. In ordinary construction, the ship is built from the keel up so that the hull is completed first. The ship is then outfitted (piping, electronics, air conditioning, engines) from the top. In modular construction, the ship is constructed in three separate modules that are then welded together. In this way, the ends of each section are kept open so workmen and materials can move easily in and out. When the three sections (bow, midships and stern) are welded together, they form a ship 92 percent complete as compared with 68 percent for traditional construction.

A unique feature of the process is the final step: launching. Instead of the usual method of launching it down an incline stern first or sideways, the ship is shunted by rail to a nearby pontoon launch, which is in essence a floating drydock. After the dock carrying the ship has moved out to deep water, it sinks, freeing the vessel.

The advantages offered by this method are that the launch is smoother, safer and more controlled so there is less chance of accident, a great variety of ship sizes can be handled, the launch provides an additional work station and the ship can be retrieved immediately if something wrong is spotted.

The last destroyer is expected to roll off the assembly line in 1978. Because of the size of the project, Litton's involvement is expected to give the rest of the shipbuilding industry a shot in the arm. "With Litton tied up," says Walter Oates of the Maritime Administration, "other work generated from other centers will go to other yards. Anything else that came down the pipe, Litton wouldn't be a contender." □

Shielded by a hired guard from possible invasions of minority group patients, activist students, disgruntled health workers and others who find fault with the nation's health care system, delegates of the American Medical Association gathered in Chicago for their 119th annual convention in an atmosphere of siege (SN: 6/27, p. 615).

Neither AMA members, newsmen, delegates' wives nor anyone but the most honored guests were allowed inside the security-ringed hall for the opening-day ceremonies that had been disrupted by demonstrators in previous conventions (SN: 7/26/69, p. 76). Although later in the week selected visitors and the press were allowed inside—while the demonstrators were denied a return match—the cramped conditions of the hotel hall that had been chosen for maximum isolation left most observers watching on closed-circuit television in a nearby ballroom.

Among the events they could see was a florid hour-long debate that ultimately led the 244 delegates to approve the second liberalization in three years of the AMA policy on abortion. The organization's trustees had asked that the policy be eased to accommodate members in such states as New York, Alaska and Hawaii, where new laws make the operation largely a matter to be decided between a woman and her doctor. The last previous change in AMA policy, in 1967, permitted therapeutic abortions to preserve the life or health of a woman, or to prevent the birth of a deformed child, or to end a pregnancy resulting from rape or incest.

At this session the delegates did not go as far as the trustees asked in clearing a path toward what extremists on both sides sometimes call abortion on demand. But they did, in essence, remove the adjective "therapeutic" and recognize abortion as being "like any other medical procedure."

The new policy insists abortion must be performed in a hospital only after consultation with two other physicians, and in accordance with applicable state law. The statement also goes to some length to establish that no physician can be compelled to participate in abortion.

While some delegates against a liberalized abortion policy seemed to think they had succeeded when the voting was over, a committee chairman who had steered the measure through hearings, Dr. Wendell G. Scott of St. Louis, told a news conference later: "Now an abortion can be done for any reason if it's in the best medical interests of the patient." And the president of the National Federation of Catholic Physicians Guild, Dr. Gino Papola, of Upper

Darby, Pa., said he was writing his 6,000 members urging them to quit the AMA.

An equal amount of debating time was spent by the delegates before they could agree to raise the yearly AMA dues to \$110. This is a \$40 increase, but only half the hike the trustees had asked for. Every proposal for an AMA boost brings complaints from delegates that doctor-members are not in close enough control, or even aware, of how their money is being spent. One version of that was heard from Dr. Sidney Adler of Detroit, who warned, "We're not running a jelly bean factory . . . and there are plenty of people back home who want to know what for and why" when the trustees ask for more money.

The AMA is a more than \$30-million-a-year operation that, the trustees said, is beset by inflation, sinking values of its investments portfolio and a new Federal tax on its \$10 million advertising revenue.

Nevertheless a new program was approved by the delegates even before they tackled the dues issue. Expected to cost \$10 million over the next five years, it is a "communications program to the nation's people," complete with television documentaries and an advertising campaign.

The advertising campaign was endorsed by one delegate as a means to "sell private medicine as other products are sold commercially."

The delegates also agreed that the AMA must establish "as rapidly as possible" a malpractice insurance program (SN: 12/13/69, p. 552) which will be sponsored by the national organization and state medical societies. Contract negotiations will begin in July with a potential underwriter for an insurance plan to alleviate what a delegate here called "one of the greatest concerns of the practicing doctor."

Pressed by the nation's obvious need for more physicians, the AMA policy-makers made several moves designed to shorten the time spent in formal medical education. One will, in effect, do away with the internship year by 1975 by combining it with residency training. Yet to come are such AMA measures as might establish "a maximum of six years from high school to the M.D. degree," which was urged by the new president, Dr. Walter C. Bornemeier, of Chicago.

The delegates voted staunch opposition to the Food and Drug Administration's order for lay-language warnings (SN: 3/14, p. 266) to be wrapped with every package of oral contraceptive pills. □