California
MEDICAL ASSOCIATION

NOTICES & REPORTS

Transactions of the House of Delegates

San Francisco, April 14 to 18, 1962

Note: The following report of the transactions of the House of Delegates of the California Medical Association is selected and abridged. A complete transcript of all proceedings is on file in the Association office in San Francisco and available for the inspection of all members.

REFERENCE COMMITTEES

COMMITTEES APPOINTED by Speaker James C. Doyle at the first meeting of the House of Delegates Saturday evening, April 14, were as follows:

Committee on Credentials: John Galgiani, San Francisco, chairman. (In order to speed up registration two boards were appointed, one board to deal with registration of the county delegations starting with "A" through "L," the other starting with "M" and going through "Z" and also dealing with registration of the Past Presidents and Councilors.)

A through L Board: Robert L. Blackmun, Los Angeles; Robert M. Dorn, Beverly Hills; Horace F. Sharrocks, Sebastopol; David J. New, Modesto; Chester Tancredi, San Diego; Allen C. Mitchell, Monterey.

The M through Z Board: John V. Pollack, Los Angeles; Charlotte C. Baer, San Francisco; William T. Bender, San Francisco; Forrest M. Willett, San Francisco; Edward J. Twigg, Alameda; Sidney P. Mitchell, Santa Clara.

Reference Committee 1. (This committee reviews the reports of the officers, the Council, the commissions, and standing and special committees.) James Yant, Sacramento, chairman; George Herzog, San Francisco; Dudley Cobb, Jr., Los Angeles; Donald Abbott, Riverside, alternate.

Reference Committee 2. (This committee on finance reviews the reports of the secretary and executive secretary and studies and makes recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year.) James J. Benn, Jr., Ripon, chairman; Stanley Truman, Oakland; Ian Mac-

OMER W. WHEELER, M.D. . . . . President
SAMUEL R. SHERMAN, M.D. . . . . President-Elect
JAMES C. DOYLE, M.D. . . . . Speaker
IVAN C. HERON, M.D. . . . . Vice-Speaker
CARL E. ANDERSON, M.D. . . Chairman of the Council
BURT L. DAVIS, M.D. . . Vice-Chairman of the Council
MATTHEW N. HOSMER, M.D. . . . . Secretary
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donald, Los Angeles; Walter Carpenter, San Diego, alternate.

Reference Committee 3. (This committee considers new and miscellaneous business.) Don C. Musser, San Francisco, chairman; Charles Grayson, Sacramento; Harold B. Miles, Santa Barbara; Harold Kay, Oakland, alternate.

Reference Committee 3A. (To consider business of Committee 3 when the volume becomes too great for one committee to handle.) James W. Moore, Ventura, chairman; William Argo, Fresno; Malcolm Watts, San Francisco; George Buehler, Whittier, alternate.

Reference Committee 3B. (This committee also is a supplement to 3 and 3A.) James A. Spencer, Watsonville, chairman; Roger C. Isenhour, San Diego; Clyde Boice, Palo Alto; Donald R. Fitch, Glendale, alternate.

Reference Committee 4. (This committee considers amendments to the Constitution and Bylaws.) Frank C. Melone, Ontario, chairman; Walter H. Brignoli, St. Helena; Luther Newhall, Santa Cruz; Thomas E. Hanigan, Santa Ana, alternate.

Reference Committee on California Physicians' Service. Seymour Strongin, Bakersfield, chairman; William J. Newman, Sonoma; Henry Brown, San Mateo; Samuel Gendel, Anaheim.

PRESENTATION OF FIFTY-YEAR AWARDS

Pins commemorative of 50 years of membership in the California Medical Association have been presented to the following physicians:

John Lowe, Alameda-Contra Costa County
Clarence S. Compton, Kern County
L. D. Hollingsworth, Orange County
Harry O. Hund, Marin County.

STUDENT A.M.A. REPRESENTATIVES

The representatives from California medical schools to the Student American Medical Association were introduced:

From the University of California, San Francisco: Carew Farrity, Robert Rock, and Robert Lumsden.

From Loma Linda University School of Medicine: John Hodgkin and Phil Lindsey.

From the University of Southern California School of Medicine, Los Angeles: Harold Triplett and Sam Balbum.

WOMAN'S AUXILIARY

Mrs. Lawrence Custer, president of the Woman's Auxiliary, reported on the activities in her year of tenure.

ACTION ON RESOLUTIONS

The 1962 C.M.A. House of Delegates took action on 91 resolutions in its regular session and approved one emergency resolution.

Shown below are all resolutions, in numerical order, with a note on the action taken on each. The subject of each resolution and the author are also shown.

In several instances, reference committees considered two or more resolutions as a group and took one action affecting all resolutions in the group. Where such action was taken, reference is made on the first-numbered resolution of the group and following resolutions are referred back to the earliest numbered.

Where resolutions were not favorably acted on, the language of the resolution is not shown but the subject matter, the author and the disposition are shown.

PENSIONS FOR SELF-EMPLOYED INDIVIDUALS

Resolution No. 1.

Author: L. P. Armanino.

Representing: San Joaquin Medical Society.

WHEREAS, self-employed individuals are presently denied certain income tax benefits for retirement plans that are granted to employees and officers covered by corporate pension plans; and

WHEREAS, efforts to obtain these benefits through federal statute such as H.R. 10, known as the Keogh Bill, appear to have little likelihood of success; and

WHEREAS, it is the considered opinion of experienced tax attorneys that such benefits cannot lawfully be obtained in California by professional associations or partnerships under existing California statutes and regulations of the Internal Revenue Service; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association endorse the efforts of the Commission on Professional Welfare and the representatives of other professions in drafting and supporting appropriate enabling state legislation to authorize the formation of professional corporations; and be it further

Resolved: That nothing in such incorporation procedure should affect or impair the professional relationship between the patient and the physician or change the laws, rules and regulations pertaining to the practice of medicine by licensed persons, the standards for professional conduct or disciplinary and regulatory power of the Board of Medical Examiners and other established professional groups.

ACTION: Referred to Council, together with Resolutions Nos. 5, 19, 45 and 62.

APPROVAL OF A.M.A. SUBCOMMITTEE REPORT "MEDICAL CARE FOR EYE PATIENTS"

Resolution No. 2.

Author: James A. Spencer.

Representing: Santa Cruz Medical Society.

WHEREAS, California ophthalmologists and members of the California Medical Eye Council and the C.M.A. hereby affirm the important fact that the A.M.A. House of Delegates adopted, in June of 1961, the report of its subcommittee clearly defining the relation of medicine to optometry; and

WHEREAS, these definitions of eye care have long been needed, not only by ophthalmology but by American medicine generally, to clear up the confusion which still exists in the public mind as to the distinction between medical eye care and optometric services; and

WHEREAS, there has long been an increasing tendency for optometry, functioning independently on the periphery of medicine, to extend its scope of activities and to assume functions which should be exclusive to the physician, namely diagnosis and even treatment of eye conditions; and

WHEREAS, (A.M.A. report quotes) "diseases leading to blindness may be present without symptoms (and) have often escaped detection for lack of medical examinations" (so that) "anything less than a medical . . . eye . . . examination may jeopardize not only the patient's vision but his general health and even his life; now, therefore, be it

Resolved: That this House of Delegates voice its approval of the above-mentioned A.M.A. Subcommittee Report on Relation of Medicine to Optometry; and be it further

Resolved: That it be reaffirmed (as quoted by the A.M.A. subcommittee) that "the public interest requires that physicians (and the public) understand the extent to which optometry's position and practices conflict with medical principles"; and be it further

Resolved: That medicine recognize that there can be no justification for considering as adequate the management of ocular disease by anyone with less training than that of the physician.

ACTION: Adopted by House.

INDUSTRIAL ACCIDENT COMMISSION FEES

Resolution No. 3.

Author: Horace Sharrocks.

Representing: Sonoma County Medical Society.

WHEREAS, there is an official minimum medical fee schedule, for services rendered under

the California Workmen's Compensation Laws, as adopted by the Industrial Accident Commission of the State of California in 1954 and amended in 1957 and 1959; and

WHEREAS, this schedule does not reflect changes in the practice of medicine and the development of new procedures and phases of medical practice; and

WHEREAS, the 1960 Relative Value Studies as adopted by the California Medical Association Council does reflect these changes; now, therefore, be it

Resolved: That the California Medical Association through its appropriate committee, recommend to the Industrial Accident Commission of the State of California the adoption of this Relative Value Studies with a minimum unit value of five dollars.

ACTION: Referred to Committee on Fees.

CENSURE OF A.C.S. SPOKESMAN

Resolution No. 4.

Author: Robert B. Smalley.
Representing: Mendocino-Lake County.

ACTION: Not adopted by House.

CORPORATE PRACTICE OF MEDICINE

Resolution No. 5.

Author: Roger C. Isenhour.
Representing: San Diego County Medical Society.

WHEREAS, there has been a steadily increasing number of physicians who have associated in the practice of medicine with an enormous increase in business complexities; and

WHEREAS, the incidents of corporate form of business are frequently fundamental in a sound business organization and are necessary to promote the normal course of persons associated together in business, and

WHEREAS, it is fundamental that physicians should not be discriminated against in their choice of business entity as long as the personal doctor-patient relationship is not endangered; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association endorse the efforts of the Commission on Professional Welfare and the representatives of other professions in drafting and supporting appropriate enabling state legislation to authorize the formation of professional corporations; and be it further

Resolved: That nothing in such incorporation procedure should affect or impair the professional relationship between the patient and the physician or change the laws, rules and regulations pertaining to the standards for professional conduct or disciplinary and regulatory power of the Board of Medical Examiners and other established professional groups.

ACTION: Referred to Council; see Resolution No. 1.

CORPORATE PRACTICE OF MEDICINE

Resolution No. 6.

Author: William F. Quinn.
Representing: Los Angeles County.

WHEREAS, the Jenkins-Keogh philosophy of equality in taxation has been recognized as being fair and equitable; and

WHEREAS, in spite of the fact that the members of Congress have agreed that this is fair and in order, they have persisted in postponing this legislation; and

WHEREAS, if an example could be set by enacting legislation of this sort at the state level, it might have a salutary influence in Congress; now, therefore, be it

Resolved: That this House of Delegates hereby instruct its Council to implement this approach by appropriate legislation endeavors at the state level so that, at least as far as the state income tax is concerned, the self-employed individual will be treated comparably with the individual employed by a corporation, namely, that he not pay taxes on funds set aside for his retirement until he actually receives these funds.

ACTION: Adopted by House.

MEDICAL FEES UNDER THE CALIFORNIA WORKMEN'S COMPENSATION LAWS

Resolution No. 7.

Author: E. Nelson Moore.
Representing: San Benito County Medical Society.

WHEREAS, there is an official minimum medical fee schedule for services rendered under the California Workmen's Compensation Laws, as adopted by the Industrial Accident Commission of the State of California in 1954 and amended in 1957 and 1959; and

WHEREAS, this schedule does not reflect changes in the practice of medicine and the development of new procedures and phases of medical practice; and

WHEREAS, the 1960 Relative Value Studies as adopted by the California Medical Association Council does reflect these changes; now, therefore, be it

Resolved: That the California Medical Association through its appropriate committee, recommend to the Industrial Accident Commission of the State of California the adoption of this Relative Value Studies with a minimum unit value of five dollars.

ACTION: Referred to Committee on Fees.

PRIVATE PRACTICE DEFINITION

Resolution No. 8.

Author: Tenth District.

ACTION: Withdrawn by author.

DRIVER LICENSE REGULATIONS

Resolution No. 9.

Author: Tenth District.

WHEREAS, the incidence of injuries and deaths from automobile accidents in California is steadily rising; and

WHEREAS, the number of vehicles on California's highways is increasing; and

WHEREAS, the present procedures for driver licensing are inadequate to the degree they do not provide for adequate medical evaluation and screening of new and renewal driver license applicants; now, therefore, be it

Resolved: That the California Medical Association urge the enactment of legislation designed to provide adequate medical evaluation for new and renewal applicants for drivers' licenses; and be it further

Resolved: That the C.M.A. Commission on Community Health Services function in an advisory capacity to the legislature during its considerations of the nature and frequency of medical evaluation required and of the medical conditions for which a driver's license should be restricted or denied.

ACTION: Referred to Committee on Traffic Safety.

STATEWIDE FLUORIDATION CAMPAIGN

Resolution No. 10.

Author: Tenth District.

WHEREAS, the scientific world has almost unanimously recognized the adjustment of the fluoride level of water supplies to the optimum concentration considered to best combat tooth decay to be a safe, beneficial, practical, inexpensive health measure; and

WHEREAS, isolated and sporadic community and district efforts to implement this measure have, for the most part, been thwarted by a state and nationwide organized effort, much to the detriment of the dental and general health of the population; and

WHEREAS, a sizable portion of the population of this country will need to take this nutrient individually; and

WHEREAS, many organizations and individuals stand ready to unite with medicine in a drive to implement fluoridation measures; now, therefore, be it

Resolved: That the California Medical Association initiate early action to create in cooperation with all other interested groups such as the California Dental Association, an organization to promote an all-out informative statewide fluoridation campaign vigorously pursued in all media on state and local levels with the objective of stimulating local governments to press the proper fluoridation legislation during a single period selected so that organized opposition will be unable to concentrate its efforts as it has in sporadic and isolated instances; and be it further

Resolved: That this campaign inform physicians and dentists practicing in areas lacking community water supplies of the benefits of prescribing this nutrient for their individual patients.

ACTION: Referred to Council.

RELEASE OF PENSION PLAN FUNDS FOR MEDICAL BENEFITS

Resolution No. 11.

Author: San Mateo delegation.

WHEREAS, those persons now receiving retirement benefits from pension, profit sharing, or stock bonus plans are prohibited by law from receiving payment of benefits for sickness, accident, hospitalization and medical expenses for themselves or members of their families; and

WHEREAS, these various plans now have an accumulated value of approximately $40,000,000,000; and

WHEREAS, the provision of such benefits to these persons will make adequate medical services more available to a significant and increasing proportion of the nation's retired, who have earned this privilege; now, therefore, be it

Resolved: That the California Medical Association, through its members, actively support HR 10117 which seeks to amend the Internal Revenue Code to legalize the provisions of such benefits.

ACTION: Adopted by House.

TAX DEDUCTIONS

Resolution No. 12.

Author: San Mateo delegation.

(Resolution No. 12 was considered together with Resolution No. 31 and the following substitute resolution was developed in the place of the original resolutions.)

Resolved: That the California Medical Association support state and federal legislation which will eliminate the ceiling on the total allowable deduction for medical expenses and which will also remove the percentage limits of adjusted gross income allowed for such expenses, making the entire amount de-

ductible, including the whole of all health insurance premiums; and be it further

Resolved: That the Council of the C.M.A. take appropriate steps on a state and national level to effect these resolutions.

ACTION: Adopted by House.

COORDINATED MEDICAL CARE

Resolution No. 13.

Author: San Mateo delegation.

WHEREAS, Coordinated Medical Care of the patient in the home has been conclusively proven to be beneficial to the patient, the family, the hospital, and, therefore, the physician; and

WHEREAS, there are at the present time at least eight coordinated Home-Care programs in the State of California; and

WHEREAS, the California Physicians' Service is currently running a pilot program on financing such a program; now, therefore, be it

Resolved: That California physicians be urged to assume the leadership in, as well as the support of such community projects; and be it further

Resolved: That all voluntary health insurance agencies, including California Physicians' Service, be urged to accept and subsidize all such programs which are adequately projected and organized.

ACTION: Adopted by House.

INCREASING COST OF RUNNING THE C.M.A.

Resolution No. 14.

Author: San Mateo delegation.

ACTION: Not adopted by House.

NATIONAL BLUE SHIELD PLAN

Resolution No. 15.

Author: Ward L. Hart.

Representing: San Mateo County Medical Society.

ACTION: Not adopted by House.

OUTLINE OF AN ADEQUATE MEDICAL PROGRAM

Resolution No. 16.

Author: William H. Thompson.

Representing: San Mateo County Medical Society.

WHEREAS, the medical profession is able to best determine what constitutes good medical care and thus an ideal medical program; and

WHEREAS, many medical programs as proposed by and actually sold or contracted for or by insurance companies, lay organizations, labor unions, corporations, and local, state and federal agencies, and government and individuals fall far below even minimum needs; and

WHEREAS, frequently an inadequate medical program may in actuality be expensive and even at times detrimental; now, therefore, be it

Resolved: That the California Medical Association make available publicly and as rapidly as possible the outline of an adequate medical program which the above organizations and individuals should expect and demand; and be it further

Resolved: Set up state and local committees who would be available as consultants to further advise groups and individuals along these lines; and be it further

Resolved: That the California Medical Association shall not ascribe or infer a cost of this program.

ACTION: Adopted by House.

BIRTH CONTROL IN CALIFORNIA

Resolution No. 17.

Author: William H. Thompson.

Representing: San Mateo County.

(Resolutions Nos. 17, 30 and 37 were considered as a group. A substitute resolution for No. 17 was presented and approved by the House; with amendment, Nos. 30 and 37 were also adopted.)

WHEREAS, the need for family planning exists in various socioeconomic groups of the population; and

WHEREAS, such family planning services are not available in many communities; and

WHEREAS, these services should properly be included with every adequate medical care program; now, therefore, be it

Resolved: That the California Medical Association go on record as stating that an adequate medical program should include family planning education and service.

ACTION: Adopted by House.

BASIC PRINCIPLES IN MEDICAL INSURANCE

Resolution No. 18.

Author: William H. Thompson.

Representing: San Mateo County Medical Society.

(Resolutions Nos. 18, 40, 53 and 54 were considered as a group. All were voted to be referred to an ad hoc committee to be appointed by the Speaker of the House of Delegates.)

WHEREAS, any medical insurance or care program, either private or governmentally operated must of necessity have certain defined limits of cost and thus payments; and

WHEREAS, there must be built-in controls, both moral and legal, applied to recipients of service as well as the purveyors and payers of this service; now, therefore, be it

Resolved: That the California Medical Association state publicly and strive for in all its deliberations with any governmental medical care agency, as well as other medical insurance plans the following basic principles:

1. Payments must be made by the payer to the recipient of the service according to a schedule which pays a reasonable amount toward, but rarely the total, usual reasonable customary fee,

2. Each recipient of service must have preserved his right of freedom as to choice of physician,

3. It is the right of each recipient of service to receive up to the scheduled amount toward his doctor's fee and hospital care and other medical costs, whether the physician accepts this, in toto, or as part payment,

4. The local medical societies must vigorously protect the patient and physicians as to the justice of the fees and services provided.

ACTION: Referred to ad hoc committee to be appointed by Speaker of House.

FORMATION OF PROFESSIONAL ASSOCIATIONS IN CALIFORNIA

Resolution No. 19.

Author: William H. Thompson.

Representing: San Mateo County Medical Society.

WHEREAS, the present tax structure is inequitable in not allowing physicians the same benefits on retirement funds as is allowed the vast majority of citizens employed by corporations; and

WHEREAS, certain other tax-free benefits such as life, health and accident insurance are also denied physicians, but are available to persons in industry; and

WHEREAS, the partnership laws in the State of California prohibit the formation of a professional association, such as may be formed in certain other states; and

WHEREAS, on December 5, 1957, the House of Delegates of the American Medical Association has affirmed the ethical propriety of the formation of professional associations provided ownership and management remains in the hands of the licensed physicians; and

WHEREAS, the Council of the California Medical Association has opposed legislation designed to correct this inequitable taxation of professional persons; now, therefore, be it

Resolved: That this House of Delegates instruct the Council of the California Medical Association to actively initiate and support such legislation as is necessary to allow the formation of professional associations in the State of California; and be it further

Resolved: That the Council of the California Medical Association report the results of its efforts to the 1963 meeting of this House of Delegates.

ACTION: Referred to Council; see Resolution No. 1.

LIAISON COMMITTEES TO COUNTY GOVERNMENTS

Resolution No. 20.

Author: San Mateo delegation.

WHEREAS, a significant and ever increasing number of persons residing in California receive medical services, both in-patient and out-patient, through various governmental aid programs, administered locally by county agencies; and

WHEREAS, such local administration is preferable to one more centralized; and

WHEREAS, the physician is the keystone to the provision of all medical services; and

WHEREAS, these programs deserve the best possible implementation; now, therefore, be it

Resolved: That the California Medical Association encourage its constituent societies to offer their expert consultative services to the appropriate county boards supervising such provisions of medical services by means of permanent liaison committees.

ACTION: Adopted by House.

FEE SCHEDULE OF THE M.A.A. PROGRAM IN CALIFORNIA

Resolution No. 21.

Author: San Mateo delegation.

WHEREAS, the medical profession has supported the Kerr-Mills principle of state and federal payment of locally administered comprehensive medical care for the elderly of limited means; and

WHEREAS, the Medical Assistance for Aged (M.A.A.) program's fee schedule as administered in California is based upon a subsidy from physicians in the form of low payment often below cost; and

WHEREAS, unqualified endorsement of this program and its fees by the California Medical Association forces practicing physicians to choose either acceptance of inadequate fees or rejection of the Kerr-Mills principle; and

WHEREAS, this present program and its fees may be the prototype of similar programs in the future; now, therefore, be it

Resolved: That this House of Delegates:

1. Express its strong disapproval of the unrealistic fee schedule of the M.A.A. program in California,

2. Support only those plans which provide quality care for patients and realistic compensation for professional service,

3. Urge adoption of a $5 unit conversion factor for each of the four sections of the 1960 Relative Value Studies for the current program year,

4. Provide for annual revision of this schedule in accord with the changing economy and the most recent Relative Value Studies.

ACTION: Referred to ad hoc committee, together with Nos. 22 and 39; see Resolution No. 18.

STATE MEDICAL CARE FEE ALLOWANCES

Resolution No. 22.

Author: San Mateo delegation.

WHEREAS, in the past, the leaders of the California Medical Association have encouraged the members to participate in the O.A.S. and M.A.A. programs despite a professional fee inequitable for much of the membership; and

WHEREAS, this is in effect an unintended subsidy of government by the medical profession; and

WHEREAS, all parties concerned, government and private, agree that this is unjust; now, therefore, be it

Resolved: That the California Medical Association inform the government of the State of California that it will not recommend that its members continue such participation, or enter into participation of any future program in which the fee is also unjust.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

CHARITABLE CONTRIBUTION OF SERVICES

Resolution No. 23.

Author: William H. Thompson.

Representing: San Mateo County.

ACTION: Not adopted by House.

DISPENSING OF DRUGS TO GOVERNMENT PATIENTS

Resolution No. 24.

Author: Harry F. Smith.

Representing: San Mateo County.

WHEREAS, many physicians dispense their own medication to their private patients; and

WHEREAS, "direct dispensing" is not possible under the O.A.S., A.N.C., and M.A.A. programs; and

WHEREAS, the advantages to direct dispensing include:

1. Greater economy (e.g., often two or three tablets),

2. Greater convenience to patient (often obviates a trip to the pharmacist when such a trip is a hardship),

3. Less duplication (often allows physician to "try" a medication prior to prescribing a larger quantity),

4. Greater speed in initiating therapy, and

WHEREAS, there are many precedents among which is the Workmen's Compensation Law; now, therefore, be it

Resolved: That the House of Delegates of the C.M.A. use every effort available to obtain reimbursement to individual physicians for drugs dispensed under current and future government-financed medical programs.

ACTION: Referred to Liaison Committee to State Department of Social Welfare.

OVER-INSURANCE

Resolution No. 25.

Author: T. D. Englehorn.

Representing: Monterey County.

WHEREAS, many people have insurance coverage for medical, surgical and hospital costs with more than one insurance carrier, either individual and/or group insurance through employment, and/or as a dependent of their spouse through individual or group insurance, and frequently at the same time are covered by industrial insurance; and

WHEREAS, this has been recognized by the Insurance Commission and State Legislature without any appropriate solution to the problem; and

WHEREAS, this results in increasing materially the costs of medical care at a time when efforts are being made to prevent further inflation of such costs; and

WHEREAS, this also frequently results in the individual making more money while disabled than when working, making for prolonged hospitalization and slowing down of recovery; now, therefore, be it

Resolved: That the California Medical Association recognizes this as a problem and that it shall recommend further study and appropriate action by the Insurance Commissioner and the State Legislature.

ACTION: Referred to Commission on Medical Services.

MEDICAL DISCIPLINARY BOARD

Resolution No. 26.

Author: Leon P. Fox.

Representing: Santa Clara County Medical Society.

WHEREAS, disciplinary procedure for violations of medical practice regulations in California is multifaceted with many areas of confusion, lack of coverage and questionable authority; and

WHEREAS, the State of Washington has by legislative action established an effective board, consisting of doctors of medicine elected by all licensed physicians, which successfully controls all disciplinary matters related to the practice of medicine; and

WHEREAS, this board includes the jurisdiction of the medical society, board of medical examiners, state board of health and other pertinent bodies; and

WHEREAS, the California Medical Association is constituted for the purpose of protecting the public health and bettering the medical profession; now, therefore, be it

Resolved: That this House of Delegates direct the Committee on Legislation or other appropriate committee to study the feasibility of instigating legislation which would establish an overall authoritative Medical Disciplinary Board in California; and be it further

Resolved: That the Committee on Legislation be further directed to promulgate such legislation if it is found to be opportune.

ACTION: Referred to Council.

INSURANCE REQUIREMENTS

Resolution No. 27.

Author: Donald M. Gallagher.

Representing: San Francisco.

ACTION: Withdrawn by author.

CALIFORNIA PHYSICIANS' SERVICE

Resolution No. 28.

Author: L. Henry Garland.

Representing: San Francisco.

ACTION: Not adopted by House.

REFERENCE COMMITTEE NO. 2

Resolution No. 29.

Author: San Francisco delegation.

WHEREAS, the responsibilities of C.M.A. Reference Committee No. 2 are to serve as a committee of inquiry, to hold an open meeting at the time of the state convention in order that delegates may ask questions regarding the financial affairs of the association, to review the budget for the next year, to make a recommendation setting the dues for the ensuing year, to review the reports of the secretary and the executive secretary, and to make a recommendation concerning these reports to the House of Delegates for their approval, and to perform such other duties as may be directed to them; and

WHEREAS, the members of the committee bring no special knowledge to the state convention concerning the financial affairs of the association; and

WHEREAS, the proper functioning of this committee would appear to be both necessary and desirable; and

WHEREAS, the Association has become big business, spending $1,300,000 a year; now, therefore, be it

Resolved: That the following recommendations be approved and implemented:

1. The committee shall be considered semi-permanent. It shall study, throughout the year, the expenditure of the Association's funds, and report to the House of Delegates at the annual session,
2. To accomplish the above, the committee shall have access to the books of the California Medical Association and its fully owned affiliates; it shall obtain consultation with the C.M.A. auditor as it may deem necessary; it shall meet during the year as it shall find necessary; and it may occasionally request members of the Association and employees of the Association to meet with it,
3. The new member or members should be appointed at least 60 days before the convention.

ACTION: Referred to Speaker and Council.

ABORTION AND STERILIZATION PROCEDURES

Resolution No. 30.

Author: San Francisco delegation.

WHEREAS, the current law in California pertaining to therapeutic abortions and sterilizations is not adequate to serve the health and welfare needs of the people; and

WHEREAS, a proposed revision of the law is under study by the Legislature and would allow the consideration of therapeutic abortion and sterilization procedures to protect the *health* of a mother, where now the only consideration is that her *life* be threatened; now, therefore, be it

Resolved: That the C.M.A. go on record as supporting legislation protecting the health of a mother in the consideration of therapeutic abortion and sterilization procedures; and be it further

Resolved: That the facilities of the C.M.A. be used to provide any pertinent information for the use of the legislators.

ACTION: Adopted by House; see also No. 17.

INSURANCE PREMIUMS TAX DEDUCTION

Resolution No. 31: See Resolution No. 12.

Author: San Francisco delegation.

FOREIGN MEDICAL SCHOOL GRADUATES

Resolution No. 32.

Author: San Francisco delegation.

WHEREAS, at present the restrictive laws on postgraduate training for foreign medical school graduates present many difficulties; now, therefore, be it

Resolved: That the House of Delegates recommend modification of the Medical Practice Act to accomplish the following:

1. That qualified physicians from other countries be permitted to undergo residency training in California for periods up to five years providing the candidate (a) satisfactorily completes the ECFMG examination; (b) meets the requirements of and is accepted for an approved residency; (c) register with the Board of Medical Examiners,

2. No time spent in such training to be credited toward qualifying for medical licensure in California. Physicians trained under this program who desire to qualify will be required to fulfill all the requirements pertaining to nonaliens,

3. Physicians entering California under this program will not be eligible to start a program for licensure until after having returned to their own country for a period equal in time to that spent in training here.

ACTION: Referred to Council.

EMERGENCY RESOLUTION EVALUATION

Resolution No. 33.

Author: Tenth District.

WHEREAS, many resolutions are completed and introduced only the week prior to the annual C.M.A. House of Delegates meeting makes their circulation, evaluation, and assignment difficult and therefore, at times, disappointing to interested members, delegates, or delegations; and

WHEREAS, it has heretofore been considered the responsibility of the Council or Speaker of the House of Delegates to receive and determine the assignment of such resolution; now, therefore, be it

Resolved:

1. That an emergency resolution evaluation committee be created to receive and consider all resolutions introduced after an announced date, generally seven days prior to the opening meeting of the House of Delegates,

2. That such committee be composed of chairmen of the House Reference Committee with the chairman of Reference Committee No. 1 serving as chairman of the emergency resolution evaluation committee (Reference Committee chairmen are appointed well in advance of the House of Delegates meeting),

3. That this committee be assigned all resolutions considered in such "late" or "emergency" category and empowered to reject or assign such resolutions as the merits of the resolution dictate in the committee's estimation,

4. That the intent and purpose of this resolution will not and does not preclude a delegate or delegation from introducing emergency resolutions under the call for new business with the attendant rules as has heretofore been the custom.

ACTION: Adopted through adoption of By-Law Amendment No. 7.

SPECIALTY PRACTICES AS PROFESSIONAL SERVICES

Resolution No. 34.

Author: Tenth District.

WHEREAS, the California Medical Association and the American Medical Association recognize the specialties of Anesthesiology, Medicine, Neurology, Pathology, Radiology, etc., as the practice of medicine; and

WHEREAS, the C.M.A. and A.M.A. insist that their members in the above specialties conduct their professional practice in the same ethical manner as members in other fields of medicine as concerns physician-patient-hospital relationships; and

WHEREAS, the C.M.A. and A.M.A. therefore insist that these said physicians be accorded the same considerations as all other physicians by "third parties"; now, therefore, be it

Resolved: That the California Medical Association vigorously disapprove the inclusion, as a *Hospital Service* or a *Professional Hospital Service*, of Anesthesiology, Medicine, Neurology, Pathology, Radiology, etc., in all "Guiding Principles," in governmental directives and/or schedules referring to hospital services, in commercial health and accident insurance contracts and schedules, etc.; and be it further

Resolved: That the C.M.A. specifically requests the removal of paragraph VI "Professional Services," under the general heading of "Standard Hospital Services," in the publication entitled "Guiding Principles for Hospitals" published by the San Francisco Hospital Conference and the Hospital Council of Southern California; and be it further

Resolved: That this resolution be sent to the offices of each specialty society, to all health and accident insurance carriers licensed in California, to all hospitals in California and the California Hospital Association, to the California Department of Social Welfare and the Department of Public Health, and to the United States Department of Health, Education and Welfare.

ACTION: Adopted by House.

LIBERTY AMENDMENT

Resolution No. 35.

Author: Leon P. Fox.

Representing: Santa Clara County Medical Society.

ACTION: Tabled by House.

NURSE PRACTICE ACT

Resolution No. 36.

Author: Santa Clara delegation.

WHEREAS, the California Legislature in 1957 amended the Nurse Practice Act to permit the establishment for a trial period of 5 years of two-year courses of training leading Registered Nurse Licensure; and

WHEREAS, courses under the legislation have been established in 20 California junior colleges with 5 more due to open in the fall of 1962; and

WHEREAS, 11 of these junior college programs are in communities which do not now have any nursing school, and

WHEREAS, a study of these graduates in 1960 has shown that their scores in the State Nursing Licensure examinations were equal to the scores of graduates of the standard, three-year nurse training courses; and

WHEREAS, studies of employment of graduates of these programs showed 71 per cent employed at the end of one year after their graduation; and

WHEREAS, 75 per cent of the graduates are employed in the community where they were educated; and

WHEREAS, the increase in population in California with its concomitant increase in the number of physicians and of hospitals makes ever increasing numbers of well-trained registered nurses essential; and

WHEREAS, the present supply of registered nurses is inadequate; and

WHEREAS, the trial period of 5 years for this two-year program expires in 1962; now, therefore, be it

Resolved: That this House of Delegates of the California Medical Association instruct the Council of C.M.A. to instruct its Committee on Public Policy to exert every effort to assure that the Nurse Practice Act be suitably amended in the 1963 Legislature to authorize permanent inclusion of two-year programs leading to Registered Nurse Licensure.

ACTION: Referred to Council, with request for prompt action.

THERAPEUTIC ABORTION

Resolution No. 37.

Author: Santa Clara delegation.

WHEREAS, the existing laws relating to therapeutic abortion and the present standards of practice of reputable members of the medical profession in acceptable hospitals in California are incongruous; and

WHEREAS, Assembly Bill 2614, which is now under study in the Criminal Procedures Committee of the state legislature, does afford a practical and scientific means of controlling justifiable abortion by the use of authorized hospital committees; and

WHEREAS, the legal jeopardy of all licensed physicians will be lessened by activating this law; now, therefore, be it

Resolved: That this House of Delegates direct the Committee on Legislation and other pertinent bodies to strongly support the objectives of A.B. 2614 and use every effort to bring forth positive action thereon.

ACTION: Adopted by House; see also No. 17.

BLOOD ALCOHOL TESTS

Resolution No. 38.

Author: E. Kash Rose.

Representing: Napa County Medical Society.

WHEREAS, the automobile accident rate and deaths are constantly increasing in California and a most common cause is driving while intoxicated; and

WHEREAS, physicians so frequently become involved in the determination of degree of intoxication; and

WHEREAS, at present there is considerable risk legally to the physician who draws blood for alcohol determination with or without consent; and

WHEREAS, it has been the policy of the C.M.A. to be concerned with all facets of public welfare as related to automobile injuries; now, therefore, be it

Resolved: That the C.M.A. sponsor or cause to be sponsored in the California State Legislature legal proper legislation to remove or lessen the risk to physicians who desire to cooperate in drawing of blood alcohol.

ACTION: Adopted by House.

STATE AGENCY FEE SCHEDULES

Resolution No. 39.

Author: Chairman of the delegation.

Representing: Alameda-Contra Costa Medical Association.

WHEREAS, fees paid by State agencies for medical services under the Public Assistance Medical Care Act are based on schedules adopted five or more years ago; and

WHEREAS, at that time the fees paid by these

agencies were below the usual and customary charges for the services rendered; and

WHEREAS, in the past five years there have been increases in the physician's overhead, in cost of living, in wage scales, and in the salaries of personnel employed by the state to administer this program; and

WHEREAS, there has been no increase in the fees paid to doctors for medical services; and

WHEREAS, this has resulted in a restricted choice of physicians for patients whose health services are purchased under this program; now, therefore, be it

Resolved: That the California Medical Association further urge the State of California to establish realistic fees for medical services purchased by state agencies, in keeping with the general medical costs in each community, and thus provide for medical care by physicians under all conditions of medical practice.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

USE OF STATE AGENCY FEES AS INDEMNITY PAYMENTS

Resolution No. 40.

Author: Chairman of the delegation.

Representing: Alameda-Contra Costa Medical Association.

WHEREAS, state agency fee schedules provide levels of payment substantially below the usual and customary charges for physicians' services; and

WHEREAS, many physicians are unable to provide services to patients for these amounts; and

WHEREAS, this results in a limited choice of physicians; and

WHEREAS, patients are presently prohibited from using these payments in a manner which will assist them to whatever extent is necessary and appropriate, thereby increasing the flexibility and productiveness of the program for the recipient; now, therefore, be it

Resolved: That when the amounts provided by state medical programs are less than the usual and customary charges for the services provided, the patient should have the right to use these substandard fee allowances as partial indemnities toward his physician's normal charges, by prior agreement between the patient and his physician on the total fee to be charged, and that the C.M.A. inform the Welfare Department of the desirability of such a change in the administrative rules governing state medical programs.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

MEDICAL REPORTS FOR GOVERNMENT AGENCIES

Resolution No. 41.

Author: Chairman of the Delegation.

Representing: Alameda-Contra Costa Medical Association.

WHEREAS, medical reports are frequently requested from attending physicians by government agencies; and

WHEREAS, many of these reports call for more information than that customarily furnished as part of the physician's normal service to his patients; and

WHEREAS, the preparation of such reports requires the expenditure of professional and secretarial time; and

WHEREAS, the value of the service is recognized and paid by nongovernment insurance companies; and

WHEREAS, government agencies do not provide payment for such reports, and this fact increases the number of reports required; now, therefore, be it

Resolved: That the California Medical Association urge government agencies to provide remuneration for medical reports requesting more information than that which is customarily furnished as part of the physician's normal service to his patient, whenever it is not appropriate or feasible for the patient to be charged for this service.

ACTION: Referred to Commission on Medical Services.

NATIONAL BLUE SHIELD HEALTH INSURANCE PLANS

Resolution No. 42.

Author: Chairman of the delegation.

Representing: Alameda-Contra Costa Medical Association.

WHEREAS, inadequate health insurance benefits lead to justifiable dissatisfaction on the part of the public; and

WHEREAS, any deficiencies in Blue Shield plans reflect unfavorably on the medical profession, since this type of insurance is sponsored by organized medicine; and

WHEREAS, greater progress has been made toward comprehensive benefits and realistic coverage by the Blue Shield plan in California (C.P.S.) than has been made in many other states; and

WHEREAS, these advances would be nullified if C.P.S. adopted any national Blue Shield plans offering lesser benefits than those now provided by C.P.S.; now, therefore, be it

Resolved: That national Blue Shield contracts implemented in California should offer a range of health services and payments at least equal to contracts being currently offered by C.P.S.

ACTION: Adopted by House.

CLAIMS REVIEWS

Resolution No. 43.

Author: Chairman of the delegation.

Representing: Alameda-Contra Costa Medical Association.

WHEREAS, government medical care programs require controls in the disbursement of funds for the purchase of health services; and

WHEREAS, county medical societies have established effective mechanisms to review medical problems, the propriety or necessity of medical services rendered, and the level of fees charged by physicians; and

WHEREAS, these problems are not always well-understood by nonmedical personnel; and

WHEREAS, unjustified rejections of claims for medical services by government administrative personnel leads to reduced cooperation with government medical programs by physicians; and

WHEREAS, the Public Assistance Medical Care Plan under the Social Welfare Departments of the counties has demonstrated the excellent and successful use of these mechanisms in the form of medical society committees; now, therefore, be it

Resolved: That government medical programs should rely on the established mechanisms of local county medical societies, rather than taking independent and arbitrary action, in any cases where there are questions of the proper medical practice, or the proper charges for services, by physicians.

ACTION: Adopted by House.

CREATION OF NEW SURGICAL SUB-SPECIALTY

Resolution No. 44.

Author: Alameda-Contra Costa Medical Association.

Resolved: That the action taken by the Section on General Surgery of the American Medical Association in sponsoring the proposed American Board of Abdominal Surgery to the Advisory Board for Medical Specialties does not reflect a widespread considered judgment of American medicine and should therefore be dismissed; and be it further

Resolved: That the California Medical Association is uniformly opposed to the creation of a Board of Abdominal Surgery on the basis of the fact that it is redundant and will not supplement or reinforce any phase of American medicine not already surveyed by a specialty board; and be it further

Resolved: That the representatives of the State of California to the American Medical Association House of Delegates be requested to act in general to promote the adoption of a similar resolution by the American Medical Association House of Delegates.

ACTION: Adopted by House in amended form above.

TAX DEFERRED PENSION PLAN

Resolution No. 45.

Author: Chairman of the delegation.

Representing: Alameda-Contra Costa Medical Association.

Resolved: That the California Medical Association House of Delegates use all influence to cause to be introduced in the next session of California Legislature a bill that permits tax-deferred use of professional income for purposes of establishing pension funds; and be it further

Resolved: That the California Medical Association cooperate actively with other professional and self-employed persons to endorse the passage of the legislation.

ACTION: Referred to Council; see Resolution No. 1.

PROFESSIONAL SELF-EVALUATION

Resolution No. 46.

Author: Samuel R. Sherman.

Representing: The Council.

WHEREAS, the ethical principles of most professions such as medicine, dentistry, law and others require that the members continually strive to improve the knowledge and skill of the profession and make available to the public and their colleagues the benefits of their professional attainments; and

WHEREAS, the members of such professions must enforce and abide by self-imposed disciplines in matters relating to the proper and ethical practice of the profession; and

WHEREAS, the implementation of these principles is required of physicians in the by-laws of hospitals or statutes through professional evaluation and review committees such as hospital medical audit, tissue and record committees; and

WHEREAS, the work of these committees does not specifically relate to the care given a particular patient but rather pertains to maintaining and improving the quality of professional care of all patients and of the continuing training for physicians; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association recommend to the California State Legislature that a statute with the following purpose be enacted—that the term writing and record as used in laws relating to evidence admissible in trial of action, shall not include reports of medical audits, tissue committee or other written self-evaluation conducted in hospitals by the professional services, in compliance with recommendations of the Joint Commission on Accreditation of Hospitals, or other such agencies for maintaining or improving quality of professional care for all patients and continuing training for physicians.

ACTION: Adopted by House.

HEALTH INSURANCE EDUCATION

Resolution No. 47.

Author: Marin Medical Society.

WHEREAS, the California Medical Association, as well as the American Medical Association, has actively supported the Health Insurance Industry in promoting the utilization of voluntary health insurance as the realistic approach to the financing of medical care; and

WHEREAS, there exists an extremely broad divergence in the types and quality of health and accident insurance policies available to the citizens of California; and

WHEREAS, insurance plans which offer unrealistic benefits frequently cause disillusionment on the part of the patient and create unexpected financial burdens; and

WHEREAS, this serves to disrupt the relationship between doctor and patient, and thereby limits the physician's ability to render optimum care; and

WHEREAS, the medical profession is most acutely aware of the deficiencies of many health insurance contracts currently being offered; now, therefore, be it

Resolved: That the Council of the C.M.A. initiate a program to inform and educate the public as to what contract benefits and desirable features should be provided in a realistic health insurance contract.

ACTION: Adopted by House.

NEW A.M.A. OFFICER

Resolution No. 48.

Author: Marin Medical Society.

WHEREAS, the problems involving the financing of medical care in the United States have risen to staggering proportions; and

WHEREAS, the vast majority of these problems are nationwide in scope; and

WHEREAS, the American Medical Association is the medical profession's major provider of information and advice to the public on the financing of medical care; now, therefore, be it

Resolved: That the California Delegation to the House of Delegates of the American Medical Association strongly consider suggesting the creation of a second and separate position of Executive Vice-President, which person's sole duty will be to coordinate all activities of the American Medical Association in connection with the financing of medical care.

ACTION: Adopted by House.

C.P.S. COMMENDATION

Resolution No. 49.

Author: Marin Medical Society.

Resolved: That the California Physicians' Service be commended for its efforts in exploring and providing insurance programs for the indigent and near-indigent in cooperation with local, state and federal governmental agencies; and be it further

Resolved: That the California Physicians' Service be instructed by this House to continue in these efforts and to utilize existing medical care legislation to the fullest extent possible.

ACTION: Adopted by House.

RATTIGAN ACT

Resolution No. 50.

Author: Marin Medical Society.

WHEREAS, the Rattigan Act is proving to be an effective means of assisting in the long term medical care of California's indigent aged population; and

WHEREAS, it has been the policy of the California Medical Association to give articulate support to this act, and to explore ways and means of still further improving it; and

WHEREAS, the current 30-day waiting period has caused certain inequities to occur in terms of total costs which must be borne by the patient depending on the particular medical problem involved; now, therefore, be it

Resolved: That the Council of the California Medical Association or its representatives, meet with the State Department of Social Welfare, to consider the feasibility of amending the Rattigan Act to allow for a fixed dollar expenditure and/or a reduced waiting period before coverage begins, rather than the 30-day waiting period which is currently in force.

ACTION: Adopted by House.

COUNTY SOCIETY APPROVAL FOR C.P.S. ACTIVITIES

Resolution No. 51.

Author: Robert Stragnell.

Representing: Los Angeles County.

WHEREAS, some of the policies of California Physicians' Service do not necessarily conform to the expressed desires of some county medical societies; and

WHEREAS, criticism has been directed toward California Physicians' Service for failure to notify certain counties of pending contractual negotiations; now, therefore, be it

Resolved: That where major contracts are being negotiated by C.P.S., consultation be made with the

appropriate governing body of the county medical society.

ACTION: Adopted by House in above amended form.

CALIFORNIA PHYSICIANS' SERVICE—ITS PURPOSE

Resolution No. 52.

Author: L.A.C.M.A. delegation.

ACTION: Not adopted by House.

ADOPTION OF THE PRINCIPLE OF INDIVIDUAL RESPONSIBILITY

Resolution No. 53.

Author: L.A.C.M.A. delegation.

WHEREAS, the practice of medicine is currently under pressure by some legislators to convert it piecemeal into a government controlled system; and

WHEREAS, a government controlled system lacks the element of individual responsibility; and

WHEREAS, government bureaucracy breeds mediocrity; and

WHEREAS, it is the responsibility of American medicine to maintain the pattern of excellence and reject government domination and bureaucratic control; and

WHEREAS, the medical profession needs a workable mechanism by which it can unite its members to permanently reverse the inroads of government domination and preserve the free enterprise system; now, therefore, be it

Resolved: That the California Medical Association reject past and future programs that encourage bureaucratic control of medicine and immediately approve and adopt those systems which embody the principle of individual responsibility.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

APPLICATION OF INDIVIDUAL RESPONSIBILITY TO STATE AND FEDERAL PROGRAMS

Resolution No. 54.

Author: L.A.C.M.A. delegation.

WHEREAS, the present California State Welfare Program (O.A.S. et al.) is operated under the principle of collective responsibility and has essentially rejected placing responsibility on relatives (Section 2181, as amended, Welfare and Institutions Code)*; and

WHEREAS, under the present welfare program, the recipient has no responsibility and his relatives have practically no legal responsibility (Section 2181, as amended, effective January 1, 1962); and

*Legal responsibility of a child for parent, i.e., male, married, two children, income under $1,000.00 per month. Legal financial responsibility $0.00.

WHEREAS, California Medical Association's continued participation in a bureaucratically controlled program of the vendor-type, only provides the basis for future passage of similar programs; now, therefore, be it

Resolved: That the California Medical Association recommend to the State Welfare Board, through our Advisory Committee, that the entire California State Welfare Program be returned immediately to the recipient system embodying individual responsibility.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

AID TO NEEDY CHILDREN

Resolution No. 55.

Author: L.A.C.M.A. delegation.

WHEREAS, the Department of Social Welfare has radically restricted the medical procedures which can be used on recipients of medical care under the Aid to Needy Children Program; and

WHEREAS, such restricted medical care is substandard and constitutes a hazard to the health and lives of recipients of care under this program, therefore, be it

Resolved: That the California Medical Association objects to the curtailment of medical procedures by the Department of Social Welfare; and be it further

Resolved: That when funds are not available to provide an adequate quality of medical care, the California Medical Association strongly urges the Department of Social Welfare to transfer some of the involved recipients to other medical facilities, such as county hospitals.

ACTION: Adopted by House.

ACCEPTANCE OF REGIONAL STANDARD FORMS BY STATE WELFARE AGENCIES

Resolution No. 56.

Author: L.A.C.M.A. delegation.

WHEREAS, the current California State Welfare Program employs a vast system providing medical care to the needy; and

WHEREAS, completion of state forms and prescription blanks increase the physicians' overhead costs; and

WHEREAS, physicians are desirous of furnishing care at the most equitable possible cost; and

WHEREAS, such private agencies as Blue Cross, under similar circumstances, are able to process standard forms; now, therefore, be it

Resolved: That California Medical Association reappraise its policy of using State Welfare forms

and advise the State Welfare Board that it accept standard forms as used in the various counties.

ACTION: Adopted by House.

PROTECTION OF PHYSICIANS FROM STATE CONTROL

Resolution No. 57.

Author: L.A.C.M.A. delegation.

WHEREAS, cooperation with any state and federal programs operating under the vendor concept entails direct payment of physicians by government agencies; and

WHEREAS, acceptance of financial remuneration from the government constitutes de facto employment and control of physicians by these agencies and bureaus; and

WHEREAS, the practicing American physician has no desire whatsoever in becoming a government employee (hireling); and

WHEREAS, American Medicine can only continue to be free under a system which embodies and practices individual responsibility; now, therefore, be it

Resolved: That the California Medical Association immediately press for abolition of the vendor concept in favor of the recipient concept in all public medical programs in California.

ACTION: Referred to ad hoc committee; see Resolution No. 18.

GUIDING PRINCIPLES FOR PHYSICIAN-HOSPITAL RELATIONSHIPS

Resolution No. 58.

Author: L.A.C.M.A. delegation.

ACTION: Not adopted by House.

DELETION OF PAR. VI FROM "GUIDING PRINCIPLES FOR HOSPITALS"

Resolution No. 59.

Author: L.A.C.M.A. delegation.

WHEREAS, the California Hospital Association is distributing a brochure entitled "Guiding Principles for Hospitals"; and

WHEREAS, Paragraph VI of the "Guide" states the following: Professional Services—X-ray, Physical Medicine, Laboratory, Electroencephalography, Electrocardiography, etc., are professional departments, and fees charged should be based upon the usual and customary charges in this area. The California Medical Association and the California Hospital Association have approved the recommendation that the fee be assigned by the medical specialist to the hospital for collection; and

WHEREAS, the American Medical Association has defined Roentgenology, Neurology, Pathology, etc., as the practice of medicine and defined the professional services of physicians in these specialties as medical services; and

WHEREAS, Principles and directives concerning the professional services of physicians in hospitals are under the jurisdiction of the physician and the hospital medical staff, not the hospital administration or hospital association; now, therefore, be it

Resolved: That the California Medical Association rescind their recommendation that X-ray, Physical Medicine, Laboratory, Electroencephalography, Electrocardiology, etc., fees be assigned by the medical specialist to the hospital for collection; and be it further

Resolved: That the California Medical Association request the California Hospital Association to delete Paragraph VI and all reference of professional services provided by medical specialists from their brochure of "Guiding Principles for Hospitals."

ACTION: Adopted by House.

NONPROFIT PROFESSIONAL LIBRARIES

Resolution No. 60.

Author: L.A.C.M.A. delegation.

WHEREAS, "Free Public Libraries" and property used for hospital and scientific purposes are exempt from taxation under the Law of California; and

WHEREAS, medical libraries are now being taxed although they are devoted to scientific purposes and to the spread of medical knowledge, for the benefit of the community as a whole; now, therefore, be it

Resolved: That the Legislative Committee be instructed to have introduced into the Legislature a law granting exemption from taxation to nonprofit professional libraries open to all members of the respective professions.

ACTION: Referred to Council, with instructions that "all practical steps be taken to implement resolution."

LEGISLATION RE CORONER'S OFFICE

Resolution No. 61.

Author: L.A.C.M.A. delegation.

WHEREAS, the State Bar Association has appointed a committee to recommend changes in the law regulating the Coroner's Office; and

WHEREAS, there is a need for improving the medical and scientific standards in many coroners' offices; now, therefore, be it

Resolved: That the Council of the California Medical Association appoint a special committee of

men familiar with the activities of the Coroner to meet with the committee of the State Bar Association for the purpose of developing legislation which can be supported by the Bar and the California Medical Association.

ACTION: Adopted by House.

SELF-EMPLOYED RETIREMENT ACT—STATE OF CALIFORNIA

Resolution No. 62.

Author: L.A.C.M.A. delegation.

WHEREAS, the Jenkins-Keogh principle of equality in taxation has been recognized as being fair and equitable; and

WHEREAS, in spite of the fact that the members of Congress have agreed that this is fair and just, yet certain members have persisted in postponing this legislation; and

WHEREAS, an example can be set by enacting legislation at the state level, which would have a salutary influence on Congress; now, therefore, be it

Resolved: That this House of Delegates instruct its Council to implement this principle by urging appropriate legislative measures at the state level, so that as far as the California state income tax is concerned, the self-employed individual will receive the same treatment taxwise as afforded individuals employed by corporations, namely, that he defer payment of taxes on funds set aside for his retirement until he actually receives said funds.

ACTION: Referred to Council; see Resolution No. 1.

DIRECT ELECTION OF C.M.A. COUNCILORS

Resolution No. 63.

Author: L.A.C.M.A. delegation.

WHEREAS, the California Medical Association councilors are now elected by the California Medical Association House of Delegates; and

WHEREAS, a substantial number of the current delegates are in favor of direct election of California Medical Association councilors by the membership at large; and

WHEREAS, the general membership earnestly desires the right to vote for their California Medical Association councilors; and

WHEREAS, the direct election by the membership at large will be following American custom of equal franchise; and

WHEREAS, the adoption of this method of voting for California Medical Association councilor officers will give the membership a more direct responsibility in the affairs of California Medical Association; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association direct the Council of the California Medical Association to initiate the necessary steps to initiate the change in the By-Laws and/or Charter structure of California Medical Association, to provide that the councilors of California Medical Association will be elected by direct vote of the general active membership within each councilor district of California Medical Association, by July 1, 1964.

ACTION: Referred to special ad hoc committee, together with 1962 Constitutional Amendment No. 4 and 1962 By-Law Amendment No. 12 and Resolution No. 81.

QUALITY OF MEDICAL CARE

Resolution No. 64.

Author: L.A.C.M.A. delegation.

WHEREAS, the citizens of the State of California expect the medical profession to provide the best quality medical care for all persons regardless of ability to pay; and

WHEREAS, the medical profession has no legal control over the quality of medical care dispensed; and

WHEREAS, a small but significant number of people require assistance in the financing of their medical care; and

WHEREAS, the insurance principle has been found to be a practical solution for said financing; now, therefore, be it

Resolved: That the California Medical Association request the Legislature of the State of California to appoint a committee to meet in liaison with the Council of the California Medical Association to propose legislation to (1) provide legal means whereby the medical profession can control the quality of medical care dispensed in this State, and (2) to indemnify financially needy citizens in the purchase of health insurance.

ACTION: Referred to Council.

APPOINTMENT OF CHAIRMEN OF C.M.A. COMMISSIONS

Resolution No. 65.

Author: L.A.C.M.A. delegation.

ACTION: Not adopted by House.

OPPOSITION TO SOCIALIZATION OF MEDICINE

Resolution No. 66.

Author: L.A.C.M.A. delegation.

WHEREAS, the physicians of the California Medical Association, guided by professional ethics and maintaining high professional standards in prac-

ticing under the American free enterprise system, are now providing good medical care for all citizens; and

WHEREAS, the King-Anderson Bill, or any similar type of legislation, seeks to place medical care for the aged, regardless of need, under Social Security taxation, which would injure the patient-physician relationship and would provide medical care regardless of need; and

WHEREAS, the King-Anderson Bill, or similar federal legislation financed by Social Security taxation would impose unwarranted increases in payroll taxes and would promote inevitable inefficiency and other defects inherent in the administration of welfare programs by the federal government; and

WHEREAS, legislation of the King-Anderson type would result in medical practice of inferior quality and yet more costly than that available through voluntary systems; now, therefore, be it

Resolved: That the members of the California Medical Association continue their vigorous opposition to legislation of the King-Anderson type.

ACTION: Adopted by House in above form.

C.M.A. ACCELERATED PUBLIC RELATIONS PROGRAM

Resolution No. 67.

Author: Douglas Donath.

Representing: Los Angeles County.

ACTION: Not adopted by House.

THE PHYSICIAN IN PUBLIC RELATIONS

Resolution No. 68.

Author: Ian Macdonald.

Representing: Los Angeles County.

WHEREAS, a general conviction associates the most favorable influence on the public image of medicine with the patient-physician relationship; and

WHEREAS, the physician usually is admired in the singular, but held in low esteem as part of the organized whole; and

WHEREAS, a majority of physicians exhibit a notable apathy in the face of the imminent engulfment by the socialist juggernaut of state welfarism, of the most effective system of medical care yet to be devised by man; now, therefore, be it

Resolved: That the chief direction of an accelerated public relations program be directed toward making every physician an active focus of public relations influence, in which effort the personnel in public relations available to California Medical Association should devote their major time, energy and talents.

ACTION: Adopted by House.

COORDINATED HOME CARE

Resolution No. 69.

Author: James C. Doyle.

Representing: Los Angeles County.

WHEREAS, the American people are entitled to the best medical care available; and

WHEREAS, home care provides for coordination of medical and ancillary services at a cost that is considerably under that of the hospital; and

WHEREAS, patients are happier, recover quickly at home, and a patient cared for at home frees a hospital bed for one acutely or critically ill; and

WHEREAS, widespread acceptance of this program could help in halting the spiralling cost upward of accident and health insurance; and would make it unnecessary to increase hospital facilities; and

WHEREAS, it should be stressed that coordinated home care is a *supplement,* not a substitute, for existing medical care; and

WHEREAS, it is essential that all segments of society be covered, the young, middle aged, as well as the aged; the financially independent as well as the less affluent and needy; and the care should include acute, convalescent, rehabilitative, as well as the chronic case; now, therefore, be it

Resolved: That the California Medical Association alert and inform the physicians and county societies regarding the importance of this program, and the need of early activation; and be it further

Resolved: That the California Medical Association actively participate and collaborate with the California Hospital Association, and other professions, to expedite the expansion of care in the home; and be it further

Resolved: That the California Medical Association House of Delegates instruct the California Delegates to the American Medical Association to introduce resolutions to implement the progress at the American Medical Association level, and to encourage other state and local societies to do likewise.

ACTION: Adopted by House.

DISSEMINATION OF FACTS RE THERMONUCLEAR WARFARE

Resolution No. 70.

Author: Robert M. Dorn.

Representing: Los Angeles County.

WHEREAS, the reactions and behavior of individuals and groups, under stress, anxiety, and danger, have been well documented and represent a form of illness; and

WHEREAS, the potential for thermonuclear warfare, by creating a persistent threat to survival, can precipitate such an illness; and

WHEREAS, certain behaviors of the populace today suggest signs and symptoms of such illness: an avoidance of objective thinking, and a tendency to rely on rumor rather than search for facts; instances of apathy and paralysis of action; the desire that someone else assume responsibility; tendencies toward impulsive and purposeless action bordering on panic; an inability to observe and point out contradictory statements by people in positions of authority; an increase in suspicion, and loss of tolerance for others and for social issues, indicative that individuals and groups are reacting to tensions and conflicts; and

WHEREAS, many of these trends are reversible through the institution of corrective measures; therefore, be it

Resolved: That the California Medical Association, through its officers and Council, request the proper governmental authorities, national and state, to institute the following measures:

1. Clarification of issues and facts raised by the threat of thermonuclear warfare, as to survival of individuals and groups, and the communication of issues and facts, pro and con, to the public through authoritative channels,

2. The assistance, to individuals and groups, to face reality of the modern age, even if painful and discouraging, rather than permitting dependence on rumor, or denial of existing real dangers,

3. Utilization of intergroup and interdisciplinary cooperation.

Only through such clarification and facts, can the real dangers associated with thermonuclear war be faced, without the crippling effects of illness. A well-informed and healthy populace can exercise adequate judgment.

ACTION: Referred to Committee on Disaster Medical Care.

CHAMBERS OF COMMERCE

Resolution No. 71.

Author: Samuel R. Sherman.

Representing: The Council.

WHEREAS, the members of the House of Delegates of the California Medical Association meeting in convention in 1961 saluted the leadership of the Chambers of Commerce "in giving voice to citizens in all walks of life who are so vitally interested and concerned with the maintenance of the economic principles that stem from the freedom of the individual to provide for his own needs through voluntary effort" as distinguished from socialistic ideologies, "particularly as they define the dangers of government control of the health facilities of the nation," and

WHEREAS, physicians throughout California were urged to join the Chambers and lend their full support to all efforts to preserve the "principles of economic freedom and opportunity in order that stagnation and mediocrity shall not prevail," and

WHEREAS, it is particularly noteworthy that considerable success has greeted the objectives noted in 1961; now, therefore, be it

Resolved: That the members of the 1962 House of Delegates of the California Medical Association reaffirm these principles and objectives; and be it further

Resolved: That on this occasion when "Chamber of Commerce Week" is being celebrated in California, the California Medical Association reiterate its commendation and appreciation to the California State Chamber of Commerce and local Chambers of Commerce throughout the State for their unceasing work on behalf of preserving our cherished American traditions and private enterprise system; and that copies of this resolution be sent to the Chamber of Commerce of the United States and all news media in California.

ACTION: Adopted by House.

ADOPTIONS

Resolution No. 72.

Author: Santa Clara delegation.

WHEREAS, it is known that the C.M.A. Committee on Adoptions is most knowledgeable in this field; and

WHEREAS, at the direction of the House they have printed a manual of adoptions for physicians which prescribes the proper and ethical function of a physician in an independent adoption; and

WHEREAS, the chairman of the committee during the past year has appeared before both the California Senate and Assembly Judiciary Committees and offered the assistance of the Association in the study of improvements in existing adoption procedures; and

WHEREAS, it would further clarify the position of the profession regarding certain abuses that have been reported; be it

Resolved: That the C.M.A. House of Delegates reemphasize the time-honored ethical position of the profession which applies to adoptions as well as all other activities relating to the practice of medicine in that exploitation of patients in any manner is condemned, including the acceptance of unconscionable fees and fees for other than professional services rendered; and be it further

Resolved: That all component societies invite the public to report questionable practices to the

county medical society disciplinary committees for appropriate study and action when indicated.

ACTION: Adopted by House in above amended form.

C.M.A. DIRECTORY

Resolution No. 73.

Author: Henry G. Morgan.

Representing: Los Angeles.

ACTION: Not adopted by House.

EXPANDED INDEMNITY PROGRAM

Resolution No. 74.

Author: Burt L. Davis.

Representing: Councilor.

ACTION: Tabled by House.

HOSPITAL STAFF PRIVILEGES

Resolution No. 75.

Author: Arthur G. Michels.

Representing: Los Angeles.

WHEREAS, hospital staff privileges should be granted on the basis of skill, training and competency of the physician, rather than other conditions or requirements; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association go on record, as strongly disapproving the granting or denial of hospital staff privileges, based upon any test except that of training, skill and competency of the physician, and specifically against test or restrictions that pertain to religion, race or color of the applicant; and be it further

Resolved: That a copy of this resolution be forwarded to the Hospital Council of California, and to all member hospitals of that Association, and hospitals within the State of California.

ACTION: Adopted by House.

GUIDING PRINCIPLES FOR PHYSICIAN-HOSPITAL RELATIONSHIPS

Resolution No. 76.

Author: James C. MacLaggan.

Representing: Councilor.

WHEREAS, the Guiding Principles for Physician-Hospital Relationships were adopted by the House of Delegates February 24, 1960; and

WHEREAS, certain portions of these Guiding Principles have been misinterpreted by some medical societies and hospital staffs; and

WHEREAS, clear understanding of the basic thoughts involved in these Guiding Principles is essential for implementation by all hospital staffs; now, therefore, be it

Resolved: That these several changes in wording be adopted:

1. In the section entitled *Role of the Physician in the Hospital,* on page two, the following shall be added to the last paragraph: "Staff appointments shall be reviewed and renewed annually. Information as to other hospital staffs upon which privileges are held shall be part of information reviewed."

2. On page five, paragraph 5(b) entitled *Medical Procedures,* the present statement shall be deleted and the following statement adopted:

"(b) Medical Procedures

To make a qualitative analysis of medical procedures including the medical management of surgical patients undertaken at the hospital and to report to the Executive Committee its findings and recommendations."

3. Delete the last sentence starting on page five and ending at the top of page six and in its stead add: "He shall observe the concepts set forth in Section 4 of the A.M.A. Principles of Medical Ethics."

4. Delete the final paragraph on page seven and insert the following statement:

"When the Executive Committee recommends and the hospital governing board approves the termination of a staff appointment *for cause,* the Executive Committee may, if the action is, in their opinion, justified, answer inquiries from the Executive Committee of other staffs on which the physician holds staff privileges, in writing, of the action taken and the reasons therefor."

ACTION: Adopted by House.

POLIO SCHOOL IMMUNIZATION LAW

Resolution No. 77.

Author: George D. Lavers.

Representing: Tulare County Medical Society.

ACTION: Withdrawn by author.

MASS POLIOMYELITIS IMMUNIZATION

Resolution No. 78.

Author: John T. Saidy.

Representing: San Mateo County Medical Society.

WHEREAS, the fundamental interest of the California Medical Association is the health care of all of California's citizens; and

WHEREAS, all three types of Sabin's oral poliomyelitis vaccine will be available for widespread and large scale use by fall 1962; and

WHEREAS, scientifically large scale immunization with Sabin vaccine is desirable and should be undertaken in the fall and winter months; and

WHEREAS, the present Salk vaccine program is temporarily achieving satisfactory control of polio obviating any urgent need for immediate immunization with Sabin vaccine; now, therefore, be it

Resolved: That this House of Delegates instruct the Council of the C.M.A. to immediately cause to be planned a coordinated C.M.A. and component society-sponsored immunization campaign; and be it further

Resolved: That all professional societies and agencies such as the American Academy of Pediatrics, Academy of General Practice, the Department of Public Health, etc. be immediately advised of this plan so that their advice and cooperation may be enlisted and so that all may know now of the program for this fall. Meanwhile, the present program of Salk immunization should be encouraged and supported.

ACTION: Adopted by House in above amended form.

SPORTS MEDICINE

Resolution No. 79.

Author: L. F. Armanino.

Representing: San Joaquin County Medical Society.

WHEREAS, there is increasing concern by the general public, by those engaged in various athletic programs and by the medical profession regarding the safety, health and care of the athlete; and

WHEREAS, the American Medical Association has organized a committee on the Medical Aspects of Sports, and 44 of the State Medical Associations now have special committees studying the matter of safety in school athletics; and

WHEREAS, this concern is not limited to school athletics, but with all forms and types of sports, amateur and professional; now, therefore, be it

Resolved: That the Council of the California Medical Association consider the establishment of an appropriate C.M.A. committee or subcommittee on the "Medical Aspects of Sports."

ACTION: Adopted by House.

TRANSPORTATION OF STRETCHER CASES BY COMMERCIAL AIRCRAFT

Resolution No. 80.

Author: Milo A. Youel.

Representing: San Diego County.

WHEREAS, passenger transportation by air has become a major form of travel; and

WHEREAS, this form of transportation to distant points is encouraged by the various commercial airline companies; and

WHEREAS, certain passengers who become injured or ill while away from their residence will desire to return home for medical care or convalescence; and

WHEREAS, many of the commercial airlines operating in the United States often do not accept wheelchair or stretcher cases; and

WHEREAS, many types of wheelchair and stretcher cases can be safely and, in fact, best transported by air; now therefore be it

Resolved: That this House of Delegates ask the A.M.A. to study and make recommendations on this subject.

ACTION: Adopted by House.

FORMATION OF NEW COUNCILOR DISTRICTS

Resolution No. 81.

Author: Richard D. Miller.

Representing: Los Angeles.

WHEREAS, the Council of the California Medical Association envisions the absorption of some 2,200 Osteopathic Physicians into the ranks of regular medicine; and

WHEREAS, the disproportionate representation of the Southern Counties in the Council of C.M.A. will be increased by the absorption of 1,800 out of the 2,200 Osteopathic members; now, therefore, be it

Resolved: That appropriate measure be immediately taken to formulate Councilor Districts throughout the entire state according to C.M.A. member population; and be it further

Resolved: That starting in 1964 there shall be direct vote in each Council or District by the C.M.A. members of that district for their particular C.M.A. Councilor; and be it further

Resolved: That one Councilor will represent 1,000 C.M.A. members; and be it further

Resolved: That redistricting be done every three (3) years.

ACTION: See Resolution No. 63.

CONTRACT BY CALIFORNIA MEDICAL ASSOCIATION

Resolution No. 82.

Author: Allyn J. McDowell.

Representing: Los Angeles.

ACTION: Not adopted by House.

PARTISAN PRESENTATION

Resolution No. 83.

Author: Allyn J. McDowell.

Representing: Los Angeles County.

(Reference Committee No. 4 considered Resolution Nos. 83, 84 and 85 as a group and offered a substitute resolution in place of all three, as below.)

Resolved: That the C.M.A. House of Delegates request each county medical society to:

1. Establish liaison committees with the osteopathic group in each county for implementation of the merger agreement and establishment of necessary professional contact.

2. Establish means of assessing the standard of care rendered by each osteopath practising in that county.

3. Offer to serve in an advisory capacity to the California College of Medicine for the evaluation of each candidate for the M.D. degree. While recommendations of the county medical societies are not binding on the California College of Medicine, they serve as a guide for the awarding of the M.D. degree.

ACTION: Adopted by House.

EXPEDIENT PROMISES

Resolution No. 84; see Resolution No. 83.

Author: Allyn J. McDowell.
Representing: Los Angeles.

MORAL RESPONSIBILITY

Resolution No. 85; see Resolution No. 83.

Author: Allyn J. McDowell.
Representing: Los Angeles.

REPORTING OF EPILEPSY

Resolution No. 86.

Authors: Stanley Skillicorn and C. Gerald Scarborough.
Representing: Santa Clara County Medical Society.

WHEREAS, this House of Delegates unanimously voted in 1960 for Resolution 54 covering suggested changes in California law regarding mandatory reporting of Epilepsy; and

WHEREAS, the Traffic Safety Committee of the California Medical Association has, despite this direction of the House of Delegates, recently proposed that all doctors abide by the presently stated law; and

WHEREAS, the Traffic Safety Committee and the Council have, it seems, inadvertently, ignored the direction of the House of Delegates; now, therefore, be it again

Resolved: That the Traffic Safety Committee of California Medical Association be directed to study the problem of Epilepsy as a reportable disease, to seek methods to make any reporting of medical conditions, including alcoholism, as well as epilepsy, equitable and nondiscriminatory.

ACTION: Adopted by House.

ACCREDITED INTERNS AND RESIDENTS IN NON-UNIVERSITY HOSPITALS

Resolution No. 87.

Authors: Thomas N. Foster and C. Gerald Scarborough.
Representing: Santa Clara County Medical Society.

WHEREAS, there are independent County hospitals in California with excellent case material and Visiting Staffs capable of training of Interns and Residents in patient care; and

WHEREAS, a shortage of such Doctors is evident and increasing in many parts of the country; and

WHEREAS, Accreditation Commission and Specialty Boards are forcing assimilation of these programs into University programs, thus decreasing the ultimate number of programs and Doctors trained in patient care; now, therefore, be it

Resolved: That the C.M.A. and its delegates to A.M.A. continue efforts to support independent teaching programs where properly conducted, in addition to University programs, so that the number of Doctors trained in patient care will be increased rather than decreased.

ACTION: Adopted by House.

C.P.S. REFERENCE COMMITTEE

Resolution No. 88.

Author: Leon P. Fox.
Representing: Santa Clara County Medical Society.

ACTION: Not adopted by House.

PRIVILEGED COMMUNICATION FOR PHYSICIANS

Resolution No. 89.

Author: Robert L. Dennis.
Representing: Santa Clara County Medical Society.

Resolved: That the House of Delegates of the California Medical Association recognizes the need for and advocates legislative action that will grant privileged communication between physicians and patients in matters pertaining to diagnosis, therapy, and patients' care.

ACTION: Adopted by House.

C.P.S.-COUNTY PREPAYMENT PLANS

Resolution No. 90.

Author: Thomas Elmendorf.
Representing: Butte-Glenn County.

WHEREAS, the House of Delegates of the California Medical Association has previously proclaimed the policy of local programs tailored to local needs for tax-supported medical care; and

WHEREAS, the Glenn County-C.P.S. prepayment contract for Welfare recipients is a successful implementation of such policy; and

WHEREAS, other counties are currently attempting to establish their own local programs; and

WHEREAS, there are indications that the State Department of Social Welfare desires to discontinue the Glenn County-C.P.S. program as well as look with disfavor upon other local proposed programs; now, therefore, be it

Resolved: That

1. The House of Delegates reaffirm its previously avowed policy of local programs tailored to local needs.

2. Instruct the Council of the California Medical Association through its appropriate committees to exert maximum effort to execute this policy.

ACTION: Adopted by House.

MEDICAL CARE OF THE AGED

Resolution No. 91.

Author: Allan K. Briney.
Representing: Executive Committee, L.A.C.M.A.

WHEREAS, the President of the United States considers Medical Care of the Aged under Social Security as his number one domestic affairs issue, and

WHEREAS, the President will deliver a major address on this subject from Madison Square Garden in New York on May 20, and

WHEREAS, the tenor of his address can well be anticipated, therefore, be it

Resolved: That the California Medical Association take immediate steps to encourage the American Medical Association to present the Edward Annis, M.D., film on a national television network program on May 20, 1962, following the President's address; and be it further

Resolved: That the California Medical Association sponsor the showing of this film on television to obtain statewide coverage following the President's address on May 20, if the American Medical Association does not comply with this resolution; and be it further

Resolved: That the California Medical Association encourage County Associations to inform the public in their county of the Edward Annis, M.D., program.

ACTION: Adopted by House.

EMERGENCY RESOLUTION

Author: Samuel R. Sherman.
Representing: The Council.

WHEREAS, California is highly honored from time to time by the election of one of its physicians to the highest office that American medicine can bestow, namely, the presidency of the American Medical Association; and

WHEREAS, this great honor has not heretofore been recognized in its proper magnitude by this House of Delegates; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association hereby declares that all former presidents of the American Medical Association from California who are not officially designated as members of this House of Delegates shall be declared as Honorary Past Presidents of the California Medical Association and be cloaked with all the honors and privileges granted to past presidents of this association; and be it further

Resolved: That the designation of Honorary Past President be conferred forthwith on Doctor Dwight H. Murray.

ACTION: Adopted by House.

AMENDMENTS TO CONSTITUTION

Amendments to the Constitution of the California Medical Association are required to lie on the table for one year before being voted upon.

Seven such amendments were introduced in the 1961 House of Delegates and thus were subject to vote in 1962. The 1961 amendments and the actions taken upon them follow:

1961 AMENDMENTS

CONSTITUTIONAL AMENDMENT No. 1

Author: Samuel R. Sherman.
Representing: The Council.

Resolved: That Article I, Section 5, of the Constitution of the California Medical Association shall be amended, by adding a new sentence at the end of the present section reading as follows:

"Notwithstanding the foregoing, one charter may be issued to a component society that is not limited as to geographical area or which overlaps the area covered by one or more existing component societies."

ACTION: Adopted by House.

CONSTITUTIONAL AMENDMENT No. 2

Author: Samuel R. Sherman.
Representing: The Council.

Resolved: That Article III, Part B, Section 10, of the Constitution of the C.M.A. shall be amended by deleting the word "ten" in the first sentence of the section and substituting therefor the word "eleven" and by adding the following sentence as a separate subparagraph of said section:

"District No. 11, consisting of any society which is not limited as to geographical area, or the area of which overlaps the area covered by one or more existing component societies; such society and its members shall not be considered to be members of any other councilor district."

ACTION: Adopted by House.