California MEDICAL ASSOCIATION

NOTICES & REPORTS

A.M.A. Meeting

The following summary of actions of the House of Delegates at the American Medical Association's Thirteenth Clinical Meeting, held December 1-4, 1959, in Dallas, is not intended as a detailed report on all actions taken. It has been composited from reports by Mr. Ed Clancy, director of public relations of the California Medical Association, and by Dr. F. J. L. Blasingame, executive vice-president of the American Medical Association.

FREEDOM OF CHOICE of physician, relations between physicians and hospitals, a scholarship program for deserving medical students and relative value studies of medical services were among the major subjects acted upon by the House of Delegates at the American Medical Association's Thirteenth Clinical Meeting held December 1 to 4 in Dallas.

Of the resolutions introduced to the House, sent to reference committees and reported back at the final session, the policy statement introduced by Dr. Dwight H. Murray, Napa, relative to voluntary health insurance, was perhaps one of the most important to receive unanimous approval.

REITERATION OF A.M.A. SUPPORT OF BLUE SHIELD CONCEPT

Introduced on behalf of the California, Florida, Michigan, Nebraska, New York and North Dakota delegations, the resolution states:

WHEREAS, The traditional concern of the American Medical Association has been to serve the health needs of the American people; and

WHEREAS, Changes in the economic and social characteristics of the American people have made necessary the development of prepayment mechanisms for assisting in the payment of their medical care costs; and

WHEREAS, This has resulted in the development of a widespread and effective system of voluntary health insurance; and

WHEREAS, Local physicians' sponsored and approved community prepayment medical care plans have become a most effective mechanism in this voluntary system; therefore be it

Resolved, That (1) the A.M.A. reiterate its support of the Blue Shield concept; and (2) the Council on Medical Service be directed to prepare and submit to the House of Delegates at the June 1960 meeting its recommendations as to a full statement of policy with respect to the American Medical Association's relationship with Blue Shield plans.

FREEDOM OF CHOICE

An amendment to the Report of the Reference Committee on Insurance and Medical Services, reaffirmed medicine's position on the importance of freedom of choice of physician "to optimal medical care."

The report stated:

"Lest there be any misunderstanding we state unequivocally that the A.M.A. firmly subscribes to freedom of choice of physician and free competition among physicians as being prerequisites to optimal medical care. The benefits of any system which provides medical care must be judged on the degree to which it allows or abridges such freedom of choice and such competition."

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PHYSICIAN-HOSPITAL RELATIONS

The House received twelve resolutions on the subject of relationships between physicians and hospitals. To resolve any doubt about its position, the House did not act upon any of the resolutions but instead reaffirmed the 1951 "Guides for Conduct of Physicians in Relationships with Institutions." It also declared that "all subsequent or inconsistent actions are considered superseded."

The House also accepted recommendations that (1) the House of Delegates acknowledge the need to strengthen relationships with hospitals by action at state and local levels, (2) the Board of Trustees of the Association continue to maintain liaison with the Board of Trustees of the American Hospital Association, and (3) the Council on Medical Service review this entire problem to ascertain if there have been actions inconsistent with the 1951 Guides.

Those Guides summarize the following general principles as a basis for adjusting controversies:

"1. A physician should not dispose of his professional attainments or services to any hospital, corporation or lay body by whatever name called or however organized under terms or conditions which permit the sale of the services of that physician by such agency for a fee.

"2. Where a hospital is not selling the services of a physician, the financial arrangement if any between the hospital and the physician properly may be placed on any mutually satisfactory basis. This refers to the remuneration of a physician for teaching or research or charitable services or the like. Corporations or other lay bodies properly may provide such services and employ or otherwise engage doctors for those purposes.

"3. The practice of anesthesiology, pathology, physical medicine and radiology are an integral part of the practice of medicine in the same category as the practice of surgery, internal medicine or any other designated field of medicine."

SCHOLARSHIP PROGRAM

To help meet the need for an increasing number of physicians in the future, the House approved the creation of a special study committee which was asked to:

1. Present a scholarship program, its development, administration and the role of the American Medical Association in fulfilling it.
2. Ascertain the maximum to which medical schools could expand their student bodies while maintaining the quality of medical education.
3. Ascertain what universities can support new medical schools with qualified students and sufficient clinical material for teaching—either on a two-year or a full four-year basis.
4. Investigate the securing of competent medical faculties.
5. Investigate financing of expansion and establishment of medical schools.
6. Investigate financing of medical education as to the most economical methods of obtaining high quality medical training.
7. Develop methods of getting well-qualified students to undertake the study of medicine.
8. Investigate the possibility of relaxing rigid geographic restrictions on the admission of students to medical schools.

The House urged that the special committee be implemented promptly with adequate funds and staff so that it may make an initial report by June, 1960.

RELATIVE VALUE STUDIES

Reaffirming a previous policy statement, the House approved in principle the conducting of relative value studies by each state medical society, rather than a nationwide study or a series of regional studies by the A.M.A. The House also reiterated its authorization for the Committee on Medical Practices to inform each state medical association, through regional or other meetings, of the purpose, scope and objectives of such studies, the steps to be followed in conducting studies, the problems which may be encountered and the manner in which the results can be applied.

The House recognized, however, that some state medical societies are either not interested in relative value studies or are actively opposed to them. It pointed out that some state medical associations fear that the regional conferences of the Committee on Medical Practices will put pressure on them to carry out such studies and that this will result in the adoption of "fixed fees."

Since the regional conferences are educational in nature, the House said, it remains for each state or county medical association to accept or reject the idea of a study in its area.

The House expressed awareness of the fact that this is still a controversial matter. However, it commended the Committee on Medical Practices for its effort to carry out the instructions of the House, and it urged the committee to continue its educational work.

MISCELLANEOUS ACTIONS

In considering 44 resolutions and a large volume of annual, supplementary and special reports, the House also:

Learned that the A.M.A. Board of Trustees has appointed a liaison committee to meet with a similar committee of the **American Osteopathic Association** to consider matters of common concern:

Emphasized that local medical societies should insure that no member violates ethical traditions as they relate to ownership of **pharmacies** or stock in pharmaceutical companies.

Approved the plan of the Committee on Medical Rating of Physical Impairment to publish its new guide on the **cardiovascular system** in the *A.M.A. Journal;*

Called for investigation of the need, desirability and feasibility of establishing a home for **aged and retired physicians;**

Commended **Dr. F. S. Crockett,** retiring chairman of the Council on Rural Health, for his many years of devoted duty;

Urged active promotion and careful study of the newly developed "Guides for Medical Care in **Nursing Homes** and Related Facilities";

Suggested that fees for consultative examinations under programs of the **Bureau of Old Age and Survivors Insurance** should be adjudicated directly between the state medical society and the state agency involved;

Registered a strong protest to the **Veterans Administration,** urging stricter screening of non-service-connected disability patients admitted to government hospitals;

Reiterated the Association's support of the **Blue Shield** concept and directed the Council on Medical Service to submit at the June, 1960, meeting its recommendations concerning a policy statement on A.M.A. relationship with Blue Shield plans;

Suggested that S.J. Res. 41, a bill which would institute a separate program of **international medical research,** be delayed until an over-all assessment can be made of proposals now before Congress dealing with domestic and international medical research;

Endorsed the program of the **Educational Council for Foreign Medical Graduates** but also urged that judicious consideration be given to local problems involved in the July 1, 1960, deadline for certification of foreign graduates;

Urged that **medical schools** include in their curricula a course on the social, political and economic aspects of medicine;

Declared that the threat of **nuclear warfare** has imposed a tremendous responsibility on the medical profession, which must be prepared to assume a critically important role in such an event;

Suggested that the A.M.A. make available to school libraries **information and literature** showing the advantages of private medical care and the American free enterprise system;

Stated that examinations to determine the physical and mental fitness of **aircraft crew members** should be made by doctors of medicine with special knowledge and proficiency in certain techniques;

Urged the American people to get proper **tetanus toxoid,** original and booster, and other immunizations as indicated from their physicians, and called on A.M.A. members to cooperate in an educational program on tetanus immunization;

Recommended that all state and county medical societies establish programs for the inspection and testing of all **fluoroscopes and radiographic equipment;**

Approved the Speaker's proposal that the opening session of the House, at the **Interim Meeting,** be moved from Tuesday morning to Monday morning, with the reference committees meeting on Tuesday and the House reconvening on Wednesday afternoon;

Called upon each individual physician to wage "a vigorous, dynamic and uncompromising fight" against the **Forand type of legislation;**

Urged state and local medical societies and individual physicians to implement the A.M.A. program for recruitment of high-grade **medical students;**

Accepted with appreciation a $2,500 contribution by Smith, Kline and French Laboratories toward establishment of a suitable award honoring the name of **Dr. Thomas G. Hull,** retiring secretary of the Council on Scientific Assembly, and

Reaffirmed the "Suggested Guides to Relations Between Medical Societies and **Voluntary Health Agencies,"** which were adopted at the December, 1957, meeting in Philadelphia.

At the Tuesday opening session, six state medical societies presented nearly $250,00 to the **American Medical Education Foundation.** The checks turned over to Dr. George F. Lull, president of A.M.E.F., were: **California,** $156,562; Indiana, $35,570; New York, $19,546; Utah, $10,355; New Jersey, $10,000, and Arizona, $9,263.