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NOTICES AND REPORTS

Program of the Cancer Commission

LYELL C. KINNEY, M.D.,* *San Diego*

DURING the April campaign of the American Cancer Society $770,000 was contributed in California. Forty per cent of that contribution will be sent to the National Headquarters for cancer research. The members of the Cancer Commission must share with the other members of the state board of directors the responsibility of seeing that the remaining 60 per cent of the public funds is spent wisely and most effectively in cancer control projects and for statewide service to cancer patients.

In spite of the splendid work now being done by physicians in the treatment of cancer, the death rate from this disease in California is still 1,000 each month and we as physicians can effectively lower that mortality.

The educational program of the Commission aims to bring forcibly to all physicians the new facts concerning diagnosis and treatment of cancer, to make the physician more cancer-conscious and to stimulate a sustained program of regular periodic physical examinations to detect early cancer in private practice.

The Commission is preparing a three-fold educational program. With the generous cooperation of the faculties of the medical schools in Los Angeles and San Francisco, short refresher courses in cancer will be offered for the physician. These courses will be subsidized by the American Cancer Society so that they can be well organized and given free, without additional expense to the medical schools. The members of the Commission will assist in arranging the program of these refresher courses and will keep the profession fully informed about these opportunities.

In order to bring cancer education to the physicians, the Commission is preparing a panel of speakers and programs on cancer that will be available to the county medical societies. The extent of these programs will be suited to the needs and wishes of the county societies. They may be for a single medical society meeting, or they may be extended to a Cancer Day including symposia, clinical demonstrations and a public meeting on cancer. After the program is established it is planned to offer short refresher courses on cancer in strategic locations throughout the state where they are requested by the county medical society or a group of county societies.

The Commission is now preparing a cancer manual to be distributed to the members of the California Medical Association. This will be the first revision of the pioneer Cancer Studies prepared by the Commission in 1934. The manual will be published in serial bulletins that can be bound in a loose-leaf folder for reference in order to keep the information up-to-date and to make a continuing educational program. This manual, which is a major task, is in the hands of an editorial committee consisting of Doctors L. G. Dobson, C. J. Berne and Otto Pflueger.

The Commission is also preparing to keep in close touch with the cancer clinics throughout the state. The members of the Commission and its executive secretary will be ready to advise and plan with cancer clinics, particularly those that are receiving subsidy from the American Cancer Society. Also, the Commission will be prepared to assist and advise in organizing new cancer clinics where they are feasible and where an adequate staff is available. In order to assist new clinics to organize and to obtain financial support, the Commission has prepared minimum standards for approval at the state level.

Detection clinics for the examination of well persons to discover early cancer or early chronic disease are becoming an important factor in the national public health program. There will be an increasing public demand for such clinics. Foreseeing this need, the Cancer Commission is prepared to assist any county medical society to plan and establish detection clinics at their request.

The Commission is prepared to cooperate with

* Chairman of the Cancer Commission.

the county medical society and the State Department of Public Health in conducting a cancer survey in any county in the state. The Council of the Los Angeles County Medical Society has approved a cancer survey in that county in which the Cancer Commission will take an active part.

The local problems in cancer control are necessarily the responsibility of the county medical society and indicate the appointment of a strong cancer committee consisting of members interested and experienced in cancer. The Commission and its executive secretary will be ready to advise with the county cancer committees and to assist them in working out their local problems.

A central tumor registry for California is essential for correlating and evaluating the diagnosis and treatment of cancer in this state. The Commission has undertaken to develop this central tumor registry and has the assurance of the cooperation of the California Department of Public Health in this project.

In addition to these official activities of the Commission, the members as individuals are taking active part in the California division of the American Cancer Society. The California division is a voluntary public health corporation representing the work of the American Cancer Society and its Field Army. Both at the state level and in the chartered county branches the administration of the Society is in the hands of boards of directors. At both levels the Cancer Society is enlisting outstanding business men, community leaders in education, health and public welfare, as well as the medical profession to participate in the work and serve on the directing boards.

The members of the Cancer Commission are automatically, through the by-laws, included in the board of directors of the California division. On the county level the members of the Cancer Committee of the county medical society are members of the board of directors of the county branch. It is the national policy as well as that of the California division that all medical policies shall be determined and supervised by physicians.

The primary objectives of the American Cancer Society in California are the education of the public in cancer, service to cancer patients; subsidizing cancer facilities and raising funds for these objectives on the state level and for cancer research on the national level.

In every public health program, whether it be venereal disease, tuberculosis or cancer, the most important weapon is education of the public. With the slogan "Much Early Cancer Is Curable" the Society will conduct a statewide educational program to acquaint the public with the danger signs that may mean cancer and impress the need for immediate examination and treatment when these signs are present. Also, the public is being educated in the need for periodic health examinations to discover cancer while it is early and curable. In the larger cities educational centers are being set up as a clearing house for educational projects and to which the public may go with their suspicions and problems and receive proper direction. Cancer literature is being widely distributed and this will include literature in Spanish and other foreign languages. The educational program includes speakers for lay meetings and a public school program in the departments of biology and hygiene.

The service program of the American Cancer Society is directed to provide better facilities for the diagnosis and treatment of cancer. Funds are available to provide increased facilities in existing cancer clinics. Financial assistance will be given in the establishment of new clinics to provide personnel, instruments and supplies and for follow-up service. Similar support will be given to approved detection clinics when they are organized. The service program also includes payment for free or part-time beds and special examinations for needy cancer patients. Provision can also be made for home nursing, surgical supplies and transportation for needy patients. Where it is possible to obtain them the California division will subsidize hospital beds for advanced cancer patients.

The ultimate success of the entire cancer control program depends upon the cooperation and support of the medical profession. The Cancer Committee in each county medical society should be the leader in that cooperation. To this end the members of the Cancer Committee should be men and women who will take an active interest in the cancer program and work on the board of directors and executive committees of the county branches of the American Cancer Society.

The American Cancer Society will spread information and publicity about cancer and will refer inquiring patients to the county medical society. However, this will be rather futile unless there are physicians in each county who are willing to accept these patients for prompt examination and diagnosis and who will see that they receive immediate effective treatment. Some of the referred patients in the lower income groups must be sent to tax-supported hospitals and clinics for treatment, but the local Cancer Committee should work out a general referral system to save public confusion and to obtain prompt action. The San Francisco County Medical Society is preparing a panel of physicians who will accept cancer cases. This program is acceptable to the county medical society and should be welcomed by the public.

The lay educational program of the Cancer Society presupposes a group of physician-speakers in each county who will talk on cancer to lay groups when requested. The selection and maintenance of such a speakers' bureau is a necessary function of the Medical Society's Cancer Committee. The Committee can also interest itself and the Medical Society in detection clinics or cancer clinics when they are feasible and secure the participation of physicians in these facilities. The Committee can evaluate the financial support necessary for these cancer projects and secure re-

quired funds for them through the county branch of the Cancer Society.

The public is cancer-conscious and is willing to contribute funds to the cancer program, but they will only do so as long as that program is effective. The maintenance of an active cancer service program in each county is essential and this can be done only with the leadership and continued cooperation of the local medical profession.

While the work of the Cancer Commission of the California Medical Association will be largely at the state level, the members of the Commission and the executive secretary will be prepared to work with the Cancer Committee of each county medical society and cooperate with them as they may request. The Commission will conduct an educational program for physicians, they will try to increase cancer facilities in the state and they will endeavor to assist the medical profession in their relation to the cancer control program. The Commission will cooperate as fully as possible with the American Cancer Society and the California Department of Public Health.

1831 Fourth Avenue.

DR. McCARTHY NAMED EXECUTIVE MEDICAL DIRECTOR OF CANCER COMMISSION

William D. McCarthy, M.D., of Oakland, was appointed Executive Medical Director of the Cancer Commission of the California Medical Association on July 22. Dr. McCarthy will also serve as Chairman of the Educational Committee of the American Cancer Society, California Division.

This appointment fills an urgent need in making it possible to carry out the far reaching service and educational projects of the American Cancer Society, California Division, which are coordinated with activities of the Cancer Commission. The Executive Medical Director will assist the standing committees of the Commission, initiate and conduct a cancer survey of the State of California, visit the various County Medical Societies to assist in arranging their cancer programs, and collaborate with the American Cancer Society. Part of Dr. McCarthy's duties will be to investigate and aid existing cancer clinics, as well as to assist in the formation of new clinics.

Dr. McCarthy is well qualified for the position of Executive Medical Director. He received his M.D. degree from Cornell University Medical College in 1935. Postgraduate training includes an internship at the Jersey City Hospital, surgical residency at Bellevue Hospital, a fellowship in cancer at Memorial Hospital, and a surgical fellowship at the Lahey Clinic. A few months before the United States entered the war, Dr. McCarthy established private practice in Oakland, and became the Associate Director of the Alameda County Tumor Clinic. During his tour of active duty in the Navy, he was one of the prime organizers of the Tumor Clinic at the U. S. Naval Hospital, Oakland.

New Industrial Medicine Fee Schedule

New fees for industrial medical and surgical cases will be put into effect in the near future. This good news came from the Industrial Accident Commission of the State of California following its meeting of June 18.

The new fee schedule contains about 535 items and goes into enough detail to enable any physician to determine the exact fee which is due him for services performed on compensation cases. This replaces the old 1920 fee schedule of the Industrial Accident Commission, a schedule which covered only about 87 items.

In acting on the new schedule the Industrial Accident Commission approved a compromise schedule based on the original request of the California Medical Association presented to the Commission in December, 1942. Since the first presentation, the Commission has held one public hearing, two interim committees of the Assembly have taken testimony on the inadequacy of compensation fees for medicine and surgery and a special study committee appointed by the Industrial Accident Commission has held numerous meetings. The net result of all this consideration was a compromise by the Commission's special study committee, the compromise recognizing the fairness of most of the surgical fees requested by the C.M.A. but reducing the fees for office, hospital and home visits.

As adopted by the Commission, the new schedule represents about a 25 per cent increase in the fees for surgical procedures and an increase of from 20 to 30 per cent in the fees for visits. Largest increase in the visit fees was in the case of office visits subsequent to the first visit; in this case the Commission increased the old fee of $1.25 to $2.00.

Just what overall percentage increase over the old fees is represented by the new schedule has not yet been officially determined. One insurance carrier has estimated an overall increase of 40 per cent but this figure may be open to question.

All C.M.A. members will be provided with a copy of the new schedule of fees just as soon as the Industrial Accident Commission has, set the effective date for these fees. This is now expected to be around September first. *Meanwhile, compensation fees in effect are the old fees plus the fifteen per cent surcharge which has been in effect for the past two years.* The surcharge will be removed when the new fee schedule goes into effect.

Members are requested to put the new fees into use just as soon as the effective date is announced and new copies of the schedule are distributed. Members are also cautioned against the attempts which may be made by some insurance carriers to discount from the new fees or to solicit the care of compensation cases at a percentage off the new fee schedule. Undoubtedly some such attempts will be made. The California Medical Association has put itself on record as being unalterably opposed to such practices and has met the threat of such tactics by announcing that it stands ready to take any fee dis-

putes before the Industrial Accident Commission. The Commission is authorized by law to establish fair medical and surgical fees in cases where such fees are in dispute; in such cases the Commission relies upon the schedule of fees which it has officially adopted. Accordingly, there is no need for any C.M.A. member to submit to a reduction of the officially adopted fees.

Provision will be made in the fee schedules which are sent to our members to notify them of their rights in cases of disputed fees and to provide for the proper reporting of such cases. The C.M.A. stands ready to furnish legal representation and to prosecute all such cases before either the Los Angeles or San Francisco offices of the Industrial Accident Commission.

It is hoped that fee disputes in compensation cases will be kept at a minimum number. However, where they do arise they should be promptly and adequately handled so that the physicians rendering services under the compensation laws may not be deprived of their rightful fees. It is believed that the large majority of insurance carriers will accept the new fee schedule without question, particularly since it represents the Commission's official action on a schedule presented by a study committee which the insurance companies themselves suggested and on which the insurance companies had some eight representatives and the C.M.A. only one.

Watch for your copy of the new schedule. It will be sent to you as soon as the effective date of the schedule is determined and new copies printed. Your secretary will want to keep this schedule in her desk for the billing of compensation cases and the schedule will be prepared in a form suitable for this purpose.

When the new fees do go into effect they will represent the culmination of three and one-half years of effort by the C.M.A. to bring up to date and to make more complete the old 1920 schedule.

CALIFORNIA PHYSICIANS' SERVICE—MEMBERSHIP DRIVE

Propelled by an intensive sales effort and stimulated with precedent-shattering advertising campaigns over the air and in the newspapers, enrollment in the California Physicians' Service, this month, passed the quarter million mark. An all-time high—251,246 persons now enjoy its protection.

June and July broke all enrollment records when a total of 51,919 Californians became members of their 'own family physician's plan" for prepaid low cost, medical, hospital and surgical care.

This exceptional growth can be more readily appreciated when it is noted that as of August 1 of this year C.P.S.'s membership totalled nearly 100,000 more than one year ago.

Physician membership has kept pace with this phenomenal enrollment increase.

During the past 12 months, 1,584 of California's professional men have become associated with C.P.S., bringing the August 1946 total to 7,155.

This hand-in-hand growth augurs well for greater accomplishments in the months to come.

C.P.S. representatives attribute no small part of their recent success to the participation in the Voluntary Health Insurance Weeks conducted by the California Committee for Voluntary Health Insurance. C.P.S.'s part of the campaign is to run the California Medical Association-sponsored advertising in every paper, both weeklies and dailies, in the County, and to participate in the publicity built around the local County Medical Society.

During these weeks dual dividends are developed.

The immediate result, the one you can touch and feel and count—is an increase in memberships in the community where the Health Week event is being conducted.

The second result, immeasurable though it may be for the moment, is better public relations for the entire medical profession.

Here—no magic wand can be waved to accomplish miracles. Miracles are no more easily accomplished in the field of public relations than they are in any other profession.

However, where the local physicians give more than mere lip service in the preparation for and the conduct of the Health Week exceptional dividends have resulted.

The preliminary plans for Health Week are designed to *put the local physicians to work.* This "design" is no mere accident on the part of the C.P.S. public relations personnel. Past experience has shown that the local doctor actually does not know his own strength when it comes to affecting opinion through education in local affairs.

He is therefore asked to interview the Mayor of his town, explain the objectives of Voluntary Health Insurance Week, and encourage him to issue a proclamation declaring Health Week at the start of the campaign. Another physician is assigned the local State Senator or Assemblyman who is asked to serve as Honorary Chairman during Health Week.

Still another, usually the most capable orator of the County Medical Society, is made Chairman of the Speakers' Bureau for the Week. It is his duty to assist in arranging speaking dates and to make the talk before the dinner-meeting of leading civic, business, farm and professional leaders which precedes the inauguration of Health Week.

In communities where the physicians have made a real effort to secure speaking dates before service clubs and other civic organizations during Health Week, they have found an attentive and receptive audience awaiting their exposition of the dangers of compulsory health insurance and the advantages of voluntary systems.

By word of mouth and by way of the attendant publicity they've been able to convey to the public that they *are,* through C.P.S., providing a sane, sensible program of low cost health protection. Physician-speakers point out the absolute necessity of maintaining their present high standards of service if medical progress is to continue. On the other hand, these professional men in their Health Week talks, have been given the opportunity to drive home the fact that "bad medicine" can be the only result when a politician separates the physician and his patient as would be the case under a system of political compulsion.

While these plans are going forward on the part of the profession, C.P.S. sales representatives plan their intensive sales campaign to capitalize upon the advertising and publicity which is generated.

A local office is opened in the community. Special letters, which the President of the County Medical Society is asked to sign, are mailed to all leading employers with appropriate literature.

Members of the sales and public relations staff of C.P.S. also schedule talks before service clubs where they get over a direct sales message to the community's opinion-moulders.

Physician members are called upon for assistance where C.P.S. representatives need "door opening" aid.

Membership continues to increase long after the con-

clusion of the campaign. The score card on some of the more recent events shows the following results:

Ventura County	2,200
Orange County	2,300
Santa Cruz County	2,000
Solano County	2,000
Kern County	1,800

It will be noted that most of the above counties are relatively small. This being the case, the per-member cost in certain instances is higher than C.P.S.'s ordinary operation.

Certain reasonable accounting changes are now being contemplated to assess this additional expenditure to public relations and not make it a direct charge against selling.

Campaigns in the larger metropolitan areas such as Los Angeles, San Francisco, Alameda and San Diego Counties, are planned for early in 1947. Health Week in Sacramento County, no doubt, will be conducted while the Legislature is in session next Spring.

Enlarging upon the experienced gained while offering C.P.S. protection to Farm Security Administration borrowers, C.P.S. has now embarked upon an even wider field—a contract with the California State Grange.

There are more than 20,000 Grange members in the State. The members, plus their families, plus their employees and their families, offer a great new potential field of more than 50,000 persons—all eligible for C.P.S.

The enrollment program is now under way. C.P.S. representatives have explained the "C.P.S.-Grange Cooperative" to 291 individual subdivisions of the Grange at every nook and corner in the length and breadth of our great State.

Grange members, hardy exponents of free enterprise and American initiative, have been quick to realize the importance of maintaining high medical standards in California. To date, through their cooperation, 84 Granges, representing a total of more than 7,000 persons, have enrolled. All of these groups have met the 50 per cent participation requirement.

And, once the plan explained, Grange members themselves have handled the details of enrollment.

This daring venture on the part of C.P.S. has brought a flood of inquiries from other farm organizations both in California and throughout the Nation. It is expected to open great new vistas for enlarged rural memberships.

Incidentally, once in full swing operation, C.P.S. will be in possession of the latest and most reliable actuarial information on medical care costs for farm groups. This should serve as an accurate guide post for future operations.

Going on the theory that "you can't be sold until you're sold yourself," C.P.S. now accepts physician members, their families and their employees as beneficiaries. From C.P.S.'s immediate viewpoint, this has been an important step since it familiarizes the physician, his family and his staff with the advantages of C.P.S.—what the membership card means in time of prolonged illness or unpredictable accident.

Enrollment in this particular classification is reopened every four months. During the April sign-up 1,899 persons were added to the C.P.S. list, bringing the total number covered to 3,800.

Support of compulsory health insurance has come from the CIO and other similar groups. Their activity in many instances has spurred otherwise conservative civic and employer groups into action in support of voluntary health insurance programs.

The California State Chamber of Commerce, Pro America, Glendale and Stockton Chambers of Commerce are among the latest important organizations to endorse the physicians' stand in opposition to State medicine.

The San Francisco Employers Council, in its most recent report to its members, declared:

"The medical profession and other groups favoring free enterprise are resisting government controlled compulsory insurance as a step in the direction of socialized medicine. They contend that these needs can best be met by an extension of existing voluntary programs.

"Many, if not most of the larger member firms of the Council already have in effect some form of medical, surgical or hospital benefits covering their employees. Until recently it was not possible for the smaller employer to procure this type of coverage because of an insufficient number of employees.

"It has been the feeling of the Board of Governors that medical, surgical and hospital coverage affords better protection and security to the employee than the granting of a few days of paid sick leave. Employees have in the past and probably in the future will be able to finance a few days' absence from work because of illness, but the expenses of medical, surgical and hospital attention at times work a severe hardship and financial strain on the employee which the prepaid plans, by distributing the cost over a large group, are designed to care for at reasonable cost to each individual."

During recent weeks enrollment has proceeded with such large employers as Bordens Dairy, The May Company and the San Bernardino Air Base.

Union Oil Company and the Texas Company, and now the Southern Pacific, have asked for a proposal for surgical and hospital care for the dependents of their employees.

The Northern California Druggists' Association, following an endorsement of the California Pharmaceutical Association, has approved an enrollment program for all drug store employees.

So grows C.P.S. . . .

And, as C.P.S. grows in favor and public acceptance and appreciation, so diminishes the probability of political medicine!

CHESTER L. COOLEY, M.D., San Fancisco,
Secretary.

Notices of changes in memberships of County Societies are printed on Advertising Page 14, obituaries on Advertising Page 7, and rosters of officers of the California Medical Association and the Women's Auxiliary on Advertising Page 10.