

Student Health continued from page 1

## "Our doctors are geared to providing services, not to bleeding the Alberta Health Plan" -- Dr. Ball

Governors and other members of the Administration questioning whether or not Medicare had made UHS obsolete".

In spite of the \$381,000 operating deficit of the UHS, there are several reasons to believe that the basis of the Administration's inquiry into medical services does not lie in the University's need to balance its budget.

Firstly, there is the rather puzzling reluctance of the University authorities to take up the question of an offer which would relieve the University of the cost of the present Infirmary service. According to Dr. Ball, a proposal that would have seen the University Hospital take over all of the Infirmary services was blocked by President Wyman "because it was something that had to originate with the University governing council" (Board of Governors) The offer, if taken up, would have saved UHS about \$84,000, according to Dr. Ball.

In an interview, Dr. Snell, Executive Director of the University Hospital, verified the above report. "We had indicated that we would be willing to accept responsibility for Infirmary service and provide the space necessary if AHCIC would pay all of the expenses, and I understand they would", was his comment.

He went on to say that at the time the Hospital made the offer (last fall), he was not aware that the matter had not been cleared with the University administration, and added that he was still waiting for the proper recommendation from the Board of Governors.

During the Wednesday morning Committee meeting, Dr. Tyndall suggested that Dr. McLachlin, Chairman of the Student Health Services Committee, should perhaps bring this recommendation to the attention of the Board of Governors. In answer to Dr. Cookson's surprised question "Hasn't it already been brought to the Board of Governors?", Dr. Tyndall replied, "No, because it has not been referred by the Student Health Service Committee".

Dr. Tyndall is a member of both the Board of Governors and the GFC Committee. Dr. Wyman is a member of the Board of Governors of both the University Hospital and the University.

For his part, Dr. Cookson was unable to understand why the University Administration

was not looking into alternative means of saving money, rather than calling the Service itself into question. "I think that the University Health Services can streamline itself in time of financial emergency", he said, "particularly if it transferred the beds, (a saving of 22%), and cut back on some of the less essential services."

Dr. Horowitz raised exactly the same question at the Committee meeting when he asked why the University does not consider the many possible ways of financing the Health Service. He suggested going into a cost-sharing agreement with the City of Edmonton as only one of many possibilities.

When questioned on the topic, Franz Slatter, Students' Union Treasurer, stated that he was sure that if anything, the University should look into alternative ways of financing the Health Centre. He suggested, as one example of what could be done, that Students' Health Centre charge for their prescriptions.

UHS has not always been running up such a large deficit. At Wednesday's meeting it was stated that, at one time, a

**Story**  
**Winston Gereluk**  
**Photos**  
**Barry Headrick**

definite part of students' fees (about \$12.50) were earmarked specifically for Students' Health Services. A few years ago, however, this practice was abandoned; all moneys went into University General Revenues, which then pays for all services.

If the practice had not been abandoned, about \$225,000 would be going automatically towards the \$381,000 deficit of UHS. When added to the \$84,000 Infirmary saving, that would leave a small deficit.

Further to the question of cost, an interesting statistic was provided in response to a question by Dr. Barker in GFC when he inquired as to the number of top administrative personnel at this university. There are 59 Deans, Assistant Deans, Vice-Presidents etc., whose salaries total well over \$1,000,000 (one million dollars) annually.

Finally, there is some doubt as to whether the value of UHS can be examined in terms of dollars only. According to Dr. Cookson, "There are easier areas to consider the cost-per-output for". He gave the Research Grants Officer as one such area.

### MEDICARE CHANGES NOTHING

Reactions to the suggestion that Medicare has altered the need for UHS were sought by Gateway. In a prepared brief, the SHS Committee stated, "Changes in the Alberta Health Care system in recent years have only altered the method of payment for doctors and hospitals. Current health care legislation does not ensure an adequate supply of doctors, nurses, health personnel and physical facilities."

Dr. Cookson added to this by saying, "We thought we had demonstrated that Medicare has really no relation to SHS, and that it is only a method of paying for doctors' services, etc.". He added reference to a study by Dr. Greenhill, in which he proved that it was harder than ever to obtain medical



Infirmary services are a valuable "extra" at Students' Health, so valuable, in fact, that they wouldn't be sold for \$84,000.00.

service after the implementation of Medicare, due to the increase in utilization of health care facilities.

Both Dr. Kuckertz, head of Emergency at the University Hospital, and his administrative superior, Dr. Snell, agreed with the proposition that Medicare did not affect the value of Student Health Services in any major way.

At the Committee meeting today, however, Dr. Tyndall could only reiterate his original position, stating that he was "still not convinced, but didn't want to debate the matter."

Dr. Ball pointed out a further consideration; that the operation of UHS in fact saves AHCIC thousands of dollars by "running on the basis of matching doctors

he pointed out that of the sixteen doctors on UHS staff, most are specialists who are readily available at all times to the centre.

Secondly, and more importantly, Dr. Ball strongly doubted if the existing facilities in the area could handle the pressure of the extra population load. In this he was backed up by Dr. Kuckertz, who told the Gateway that at present, his facilities are "utilized optimally", handling an average of 200 cases every day. The closure of UHS could result in over 100 new cases a day, and this, Dr. Kuckertz commented, "could create some difficulty for the facilities here."

Dr. Snell agreed, and added that the greater load would consist mostly of minor cases which, in total would constitute a major problem for his hospital. He commented, "I think personally, that the student body in this University has a need for a special health care service, including infirmary care and counselling, and that these needs relate to the special environment in which a student body exists."

According to Dr. Kuckertz, however, not only would his facilities have to be expanded to accommodate any influx of students, but no hospital could provide the personal and thorough care that UHS does. His department, he pointed out, tends to take a rather "casual attitude towards trivialities", couldn't supply a lot of the extra services such as counselling, and could not keep up the sort of comprehensive patient histories which are a feature of the UHS or a family doctor.

In Dr. Kuckertz' view, private practitioners presently in the area could not handle the student health problem either. "Most student cases are acute cases that can't wait for appointments, and it takes several days to get an appointment in this area of the city," he explained.

A statement in the UHS Committee brief claims that "In private practice, waiting times of weeks and months are already commonplace, provided a physician is willing to accept any new patients". When a random sample of South Side doctors was phoned, this statement was found to be essentially reliable.

Dr. Kuckertz felt that the vacuum that would be created if SHS were closed down, would

probably have to be filled by an influx of private practitioners. Considering the range of services provided by UHS the only alternative left is that of privately-run clinics along the lines of the Baker and Weinlos Clinics here in Edmonton.

Such clinics, located on the periphery of the Campus and catering to students' needs with a wide range of integrated services could come closest to taking the place of the present Student centre. Reports reaching the Gateway indicate that a new building, presently under construction near campus, includes plans for floor space dedicated to extensive medical facilities.

Statements made at Wednesday's Committee meeting, however, would seem to dispel the reasons for any fear for UHS' continued existence. In response to a question put by Dr. Cookson as to whether the Board of Governors would initiate action without waiting for the Committee to report on its deliberations, Vice-President Tyndall said, "That would be most unlikely and most unwise!" He also made it clear that there is "no expectation that there will be any major change in the UHS budget for the year 1972-3."

By their comments, the Committee as a whole appeared to favour the continuation of UHS quite strongly. Nobody, for instance disagreed with Dr. Horowitz when he stated that "everyone agreed that Student Health Services provided a valuable service."

When Franz Slatter was asked about the possibility of UHS being cut back, he said, "There's no slack-off in students' need for UHS; I personally would come out in favour of it." When asked about the possibility of the service being closed, he replied, "Don Mackenzie and I would meet it [the proposal] head-on in the Board of Governors."

The GFC Committee to discuss the future of UHS will meet again on March 7 at 9:30 A.M. in Rm 3-17 University Hall. Students who are interested in expressing their opinions on the topic are urged to get in touch with their student representatives, Mr. J. Salmella (G.S.) or Miss G. McCubbin (U.G.). Or, they could write a letter to the University Administration in which they express their views.

PRENATAL CLASSES  
STARTING  
WEDNESDAY, FEB 2/72  
PLEASE REGISTER

with a complete back-up staff of Health Nurses, lab technicians, ... para-medical qualified staff providing a whole range of services." "At least as many services performed here are not billed to AHCIC as are billed," he said. "If given to a private clinic, the work we do could easily cost the Alberta government more than double what it costs now, about \$200,000." And, he provided the main reason, "Our doctors are geared to providing services that are needed, not to running up a bill and bleeding the Alberta Health Plan."

### 18,000 QUICK CLIENTS

According to Dr. Ball, a major justification for continuing the University Health Service would be that no existing facility in the area could possibly serve the health needs of 18,000 students in the same way.

Firstly, it would cost students much more to obtain the same level of service elsewhere, as the UHS provides for many services that are not covered by AHCIC, like medications, nursing care, and ancillary health services. As well,



Dr. M. Ball