

Summer School plans announced

by Larry Grossman

"Universities should do everything possible to make sure their summer programs are as good as their winter programs," said a spokesman for the Summer School Office recently. He went on to say that "the number of students in the university on a part-time basis has increased rapidly over the last few years and will probably grow larger in the future. All

universities are looking for summer programs with this fact in mind."

In an effort to integrate the summer program with the winter program, the Summer School Office has tentatively planned out the summer courses that will be offered over the next two or three years. Each fall, the tentative courses for the upcoming summer will be confirmed by each depart-

ment within the university. This will make it possible for students to plan their programs so they will know when the courses they need for a particular degree will be offered.

Discussing the joint summer program between Mount Saint Vincent and Dalhousie, the spokesman stated that "universities must coordinate their summer programs. This is a sound economy measure and

it also makes it easier for the universities to offer a broader program. He went on to say that Mount-Dal coordination will last for at least the next three years. "There are no similar programs in operation anywhere else in Canada.

An interesting feature of the summer program is the fact that there will be no cancellation of classes regardless of the number of students

signing up for a particular course. This decision was reached by an agreement between the Mount and Dal.

The spokesman emphasized that in designing a summer program, the University must think of mature and part-time students as well as regular students who want to take a summer course towards their degree.

Dalhousie Gazette

VOL. 105

MARCH 30, 1973

NUMBER 23



Increased health care efficiency

Medical teams part of future

by Ken MacDougall

On Friday, March 23rd, Dr. J. D. Wallace, the Secretary-General for the Canadian Medical Association spoke at the Tupper Building, during the Med School's regular "Friday at 4" lecture hour. Dr. Wallace's topic was "Health Care — Team or Superstar Sport?"

Wallace's knowledge of this controversial subject is a result of several years of being in a group practice and several more as an hospital ad-

ministrator. As such, he was able to see both sides of the argument, and hypothesize the future of health care in Canada.

According to Wallace, doctors in Canada have been talking about "health teams" for several years. It has only been within the last few years that the concept of the doctor being the leader of the team has been brought into serious question.

The reason is significant — within the last few years technical breakthroughs in operating procedure and

operators equipment as well as pharmaceutical discoveries have made it virtually impossible for the average doctor to maintain a ready grasp of all information required for him to perform his function in society with any efficiency. Wallace claims that this has forced doctors to acknowledge their fellow practitioners as partners instead of competitors in a free enterprise system.

The medical system has evolved from the "big brother-little sister" doctor-nurse days of a community practice to one of interdisciplinary team approach (such as the open-heart surgery teams incorporating cardiologist, anaesthesiologist, and nurse in some of the many positions required to make such operations successful).

Complicating this evolution, Wallace states, have been the "back-room boys", the politico-socio-economic teams that are attempting to change the concept of health care, with little consideration to the overall consequences of their actions.

Wallace states that in about 80 percent of the cases that enter the office of the average G.P., the doctor's nurse is able to take the history, diagnose, and prescribe proper medication for the patient. The G.P. needs only to assist in doubtful cases. The nurse is fully qualified in these 80 percent of cases, and for that reason he "would have no reservations about giving her his black bag and allowing her to go into the community to practise." However, government legislation does not allow this to happen, he added. Wallace also stated that in some provinces, specialists are having difficulty in finding work in the major cities in their particular fields. This would, in the future, lead to the specialist setting up family practice and

referral services in smaller communities. These would be attractive alternatives to not being able to work in their particular field.

This particular point drew criticism in the later question period. Asked which specialists were now finding it difficult to obtain work in the larger metropolitan areas, Wallace replied that neurosurgeons and general surgeons were having some difficulty, although they were eventually able to find work. In B.C., he added, the health care budget has restricted the number of open-heart teams in the province, so there were a number of trained people who were not able to be a part of a team. Studies are now being done to determine the precise need for specialists, so that a doctor who spends 13 years in school does not end up as a G.P.

Wallace predicted that, despite the problems now being faced by doctors having to adjust to the team concept, they will soon be able to work comfortably with one another. Health care would become ambulatory, with the community practicing nurse performing most of the preliminary work. Only extreme cases would require hospital care. Further, all doctors would eventually become a part of a medical interdisciplinary team, or would be part of a community oriented programme.

The GAZETTE asked Wallace after the discussion what was to become of the family G.P. who was currently practising in smaller communities when the specialists moved into their areas. He stated that this situation was already being encountered in some Ontario communities. There were no problems that couldn't be settled. He maintains that the problems start

when the older practicing physicians, who have become proficient in minor operating procedures, start to feel threatened. This threat will become less and less as the small town G.P.'s begin to realize that they will be able to provide still better care to the community with these specialists present.

The GAZETTE also talked to some Med students after the discussion. They claimed that the lecture was poorly attended, and that the reason for this was in large part due to the Med school putting on an intensive campaign to press home the team concept of medicine.

They stated that many of the doctors who teach at the Tupper did not attend the lecture because the topic was a bitter one for them, and many were openly hostile to any change in the team direction.

Doctors who are even receptive to the change, and who welcome the evolution, are still hostile to the subject. Many doctors claim that the C.M.A. has sold them out prematurely to government's pushing Medicare programmes.

Governments who are alarmed by the costs of the various health care programmes are not looking for ways to improve medical care, they claim, but are only interested in paring costs. This results in the short-sighted programmes, such as the ones being suggested in Ontario, where the government is considering building convalescent homes, in an attempt to cut down on the number of hospital beds currently in use. Instead, governments should be increasing the efficiency of the hospitals by providing for more hospital operating facilities, and utilizing the bed space available, as well as building convalescent homes. However, most politicians claim this is too expensive.



Dr. J. D. Wallace at Tupper Building