

# SMASH VICTORY FOR R/S

by Mary Pat MacKenzie

Bruce Russell and Ann Smiley swept the campus on Wednesday in the Student Union election. Voter turnout was relatively low (approx. 25%) but the Russell-Smiley ticket won by a healthy 63% of the vote. This is the largest Student Union victory in at least 6 years.

Ann Smiley is the first woman Vice-President in the past four years, and interestingly enough the Russell-Smiley platform was the only one to openly support International Women's Year. The subject of Women's rights has never been mentioned in any campaign platform at Dal. There were actually four women running for

elective office - Helen Spinelli and Valerie Dyer for Senate, Lynn Fitzgerald for Arts and Ann Smiley - and all four were victorious.

In other elective races the results were so close that there is almost certain to be a recount. Law will definitely require one and Engineering and Science will probably be recounted.

The campaign was rather a dull one in terms of actual discussion of issues. This was likely a contributing factor to the low voter turnout. The Representative offices where there was a fight had a markedly higher number of voters casting ballots.

Bruce Russell has been a

member of the past Union Executive which will mean that his takeover should be extremely smooth. There is almost certain to be a strong sense of continuity in future Union policies. The Russell-Smiley ticket were really the only team that stressed issues like Carleton Campus. This and other aspects of their platform contributed to their victory. Entertainment was stressed as an issue by the other candidates but apparently the students of Dalhousie do not find this as important as issues like housing and student aid. The electorate is not quite as simple minded as the recent campaigns would have us believe.

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### Katz blasts drug industry

\$60 million a year is spent on advertising by the drug industry in Canada. In numerous medical journals nudes swarm across the pages, flying geese soar, polar bears and sailboats appear magnificently photographed. Why? To sell a drug based on its worth - obviously not, says Dr. Murray Katz, a Montreal physician and foremost critic of the health and drug industry in Canada.

Tuesday evening in the McInnes Room, Dr. Katz faced a panel of four with his assertions. This panel comprised Mrs. Janet Murray, representing consumer views; the Honorable Bill MacEachern, Health and Welfare Minister for Nova Scotia; Dr. Still, Director of the Family Medicine Clinic at Dal; and Mr. John Ryan, Registrar of the Halifax Pharmaceutical Society.

Dr. Katz feels that the physician today creates his own atmosphere of independence, polite socialities and values of non-interference. This opens the way for trained salesmen of the drug industries to enter doctor's offices and influence them to try a drug, which in all probability he will later buy.

How reliable are a lot of these drugs? Not very, advocates Dr. Katz and he cites an advertisement for thalidomide which says tests have been conducted, showing that 1% tested have had side effects, which in themselves are minor. Now we know something is wrong, seriously wrong.

Every doctor in Canada receives the C.P.S. (free of charge), a book edited by the Canadian Pharmaceutical Organization but financed by the large drug corporations. Information in this book is often biased, ineffectual and unfortunately incorrect. It provides no critical analysis whatsoever, yet every doctor in Canada has a copy!

Dr. Katz is greatly concerned with the safety

of the patients who are administered these drugs. They are not properly tested or evaluated. They (and there are vast numbers of them) present a grave danger to the patient. Because doctors have been and are repeatedly lured by the salesmen and advertisements into obtaining such drugs it is now an unfortunate "fact that people have suffered unnecessary adverse affects be-

cause of these fads" says Dr. Katz. "Brand names camouflage the physician's knowledge of the drugs."

The solution is logical and feasible according to Dr. Katz: Stop the advertising. Put research back into the chemistry labs and have new drugs tested by objective scientific boards. The doctors should use the generic name of the drug on all prescriptions and they should be attending

drug therapeutic centers (which he advises they set up).

Perhaps you are thinking that Dr. Katz has made the physician seem somewhat of an impressionist who is easily conned by pretty pictures and smooth talking salesmen. Maybe he has, but why does the cough medicine most often prescribed by doctors in Canada have no anti-cough ingredient in it?

### GRAHAM ON SERVICES

by Stephen Syms

On Tues., February 4th, Dr. Alexa McDonough, Maritime School of Social Work, presented an overview of the Graham Report's consideration of social services in the province of Nova Scotia.

Remember that the Graham Commission has devised criteria for the division of the responsibility for delivery of services in this province. To reiterate, all those services which are of a general nature, those services which affect the well-being of most of the province's people, are to be handled by the provincial government. Those services that are of a local nature, services that respond to local needs, desires and preferences, will be handled by the municipal governments.

Currently, local governments control the delivery and dispersal of social services.

The Graham Commission notes that because of the multiplicity of municipal units involved in social services delivery; because of the varying degrees of the quality of social service delivery; because of the lack of co-ordination between these units and the diversity of standards applied to the provision of social services, the provincial takeover of social services is urged on the basis of uniformity and efficiency imperatives. McDonough wondered aloud whether or not the new structure would provide "more of the same, except in larger doses, uniformity?"

The commission recommendations are based on worthy objectives. Summarily, the recommendations, if accepted, would increase the level of adequacy and comprehensiveness of social services; and create a municipal structure

that is accessible and responsive to the needs of the community membership.

McDonough suggested that if the province is to standardize delivery of services the possibility exists that the quality uniformity would be rated against current standards established for the Halifax-Dartmouth area. Consequently, Halifax-Dartmouth would be locked in and no other municipal unit would be allowed to improve their services beyond "the maxima of Halifax-Dartmouth."

The discussion period generated some fundamental questioning of the current state of social services in the province. How much longer will it be before government changes the causality approach to social welfare and begins thinking in terms of social development? Steps must be taken to secure a social profile of the province; to identify the pressing pro-

blems of the people in low-income structure to devise action social programs designed to prevent those problems that the current social welfare system in Nova Scotia is now addressing.

One audience member cogently pointed out that it is a matter of reorientating government priorities. Rest assured we are not going to move very fast if social development continues to be held at the bottom of the total pole. On this point, someone reviled at the fact that such a very, very small part of government expenditures is devoted to research and development in social development.

The model of the Scandinavian countries as regards to the social progress achieved in social development was suggested by one to be a standard that we should attempt to mirror.

"But that's a country

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