

Saskatchewan Medicare Crisis— A Look at the Future

History alone will place the recent events in Saskatchewan in their true perspective, but it is already abundantly clear that they will influence the future of medicine in Canada. The situation in this Western province serves as a useful starting point in assessing our responsibility as future members of the medical profession, for it is apparent that the lessons to be drawn from this controversy cannot be ignored by anyone wishing to serve in the field of medicine.

Taking into account recent trends in politics in general and social welfare services in particular, it seems likely that other schemes of this nature may be proposed in other provinces of Canada in the not-too-far distant future, especially when it is remembered that government-sponsored hospital insurance in Canada made its first appearance in Saskatchewan, and that 'Medicare' forms a sizeable plank in the platform of the Liberal Party. However, memory of the recent furore should insure that the federal or provincial governments do not enter the field of medical care insurance without first carefully assessing the health needs of the population and consulting at length with the medical profession. It is well that medical care insurance now presents a much less attractive target for political expediency.

Nevertheless, the crisis did point up the fact that a large proportion of the Canadian general public is anxious to prepay the cost of medical care, and this knowledge should alert the medical profession to the necessity for working out medical insurance schemes which are broader in scope than those currently existing and are acceptable to doctors. If medicine shirks its responsibility in this regard, or fails fully to take into account the wishes of the public it serves, there can be little doubt that this function will be taken over by persons less qualified to assess the future medical needs of Canada. The need is clear for greater understanding of medical insurance and medical economics by the profession as a whole, and the medical education of the student of today is certainly not complete without a good working knowledge of these subjects.

It has been stated by the President-elect of the Canadian Medical Association that the professional image of medicine was damaged to some extent by the recent crisis: this view would doubtless be challenged by some; however, the need for good public relations cannot be doubted by any of us and in this regard each medical student bears individual responsibility. There can be no place for a flippant, disinterested or emotional attitude in our dealings with the public on a topic of this importance; on the other hand, there is room for difference of opinion on the subject, and in fact this is desirable, for closed ranks would imply a lack of vitality and imagination as well as provoke public suspicion of clannishness, a charge already too frequently heard against the profession.

The Saskatchewan crisis stands at the crossroads of the changing medical scene in Canada. Let it serve as a challenge to we who will shortly be engaged in meeting the medical needs of the public.

Fourth Issue

We would like to announce that this year, in addition to the three standard issues of previous volumes, a Summer Issue of the Dalhousie Medical Journal will be published. We plan to feature an article on the Graduating Class. It is expected that this issue will be ready for distribution about mid-May, at which time a special commemorative copy will be mailed to each of the new graduates.

Emergency—Stop Press

We have an urgent request for all our scribiophilic readers: please, please limit your prolific mail to less than three pages if it is humanly possible—we would really prefer postcards. This request has become necessary after repeated complaints from the Halifax Central Post Office concerning the vast bulk of our daily deliveries. After the summer's mail has built up in the basement of the library—all to be sorted and read—we can sympathize with the Post Office. Surely *all* our readers need not write their enthusiastic comments after every issue. Perhaps if they were to write in only after every other issue the problem would get back in hand. Please help us. Thank you.

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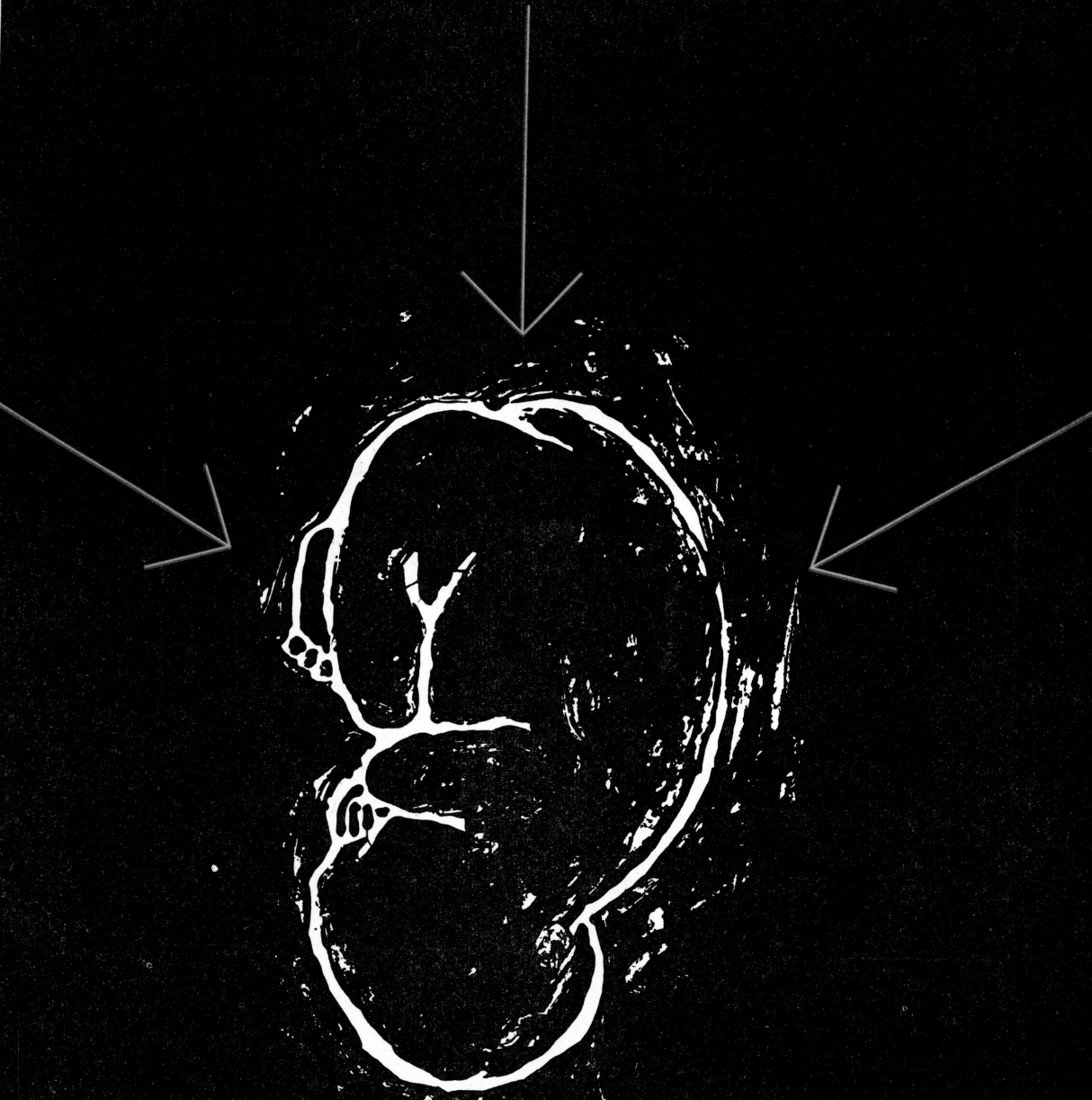
[†]Fields, H.; Greene, J. W., Jr., & Franklin, R. R.: *Obst. & Gynec.* 13:353, 1959.

^{*}REGISTERED TRADEMARK

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MSSS

MSSS stands for a Most Spirited and Splendid Sojourn, a Most Stimulating and Scintillating Symposium, a Most Successful and Satisfactory Session composed of a Memorable Spectrum of the Simple to the Spectacular; it also stands for Medical Summer School in Scandinavia.

Last August I had the wonderful and very worthwhile experience of being a participant in the 1962 version of the above. This course was first organized eight years ago by the members of the IFMSA (International Federation of Medical Students Association) of Aarhus, Oslo, Gothenburg and Copenhagen. It consists of a series of five to six day visits in each of these cities, where the group enjoys lectures, clinical demonstrations, excursions and numerous social functions.

Although the program is not strongly academically orientated (lest the fear of additional study dissuade any would-be enthusiasts), this aspect of the agenda is most interesting and excellent. From discussions with physicians, faculty and hospital staffs, and from visits to all varieties of medical institutions you gain a thorough insight into Scandinavian medicine. There are numerous excursions by boat and by bus, and the beauty of the land and the people is such that there need be none in the eye of the beholder for it to be fully appreciated. There are welcoming parties and farewell parties, crayfish parties and swimming parties, parties you won't forget and others you won't remember. But all this will be outdone by the overwhelming warmth and hospitality of the Danish, Norwegian and Swedish hosts. Finally, to quote the capable General-Secretary, "the most important reason for arranging the MSSS is our belief in the importance of creating personal contacts across the boundaries imposed on our profession by the differences in nationality, race, religion and political view. To promote the making of these personal contacts we try to gather a group of medical students composing as many different nationalities, creeds and colours as possible, and to arrange a tour of the Scandinavian countries stressing topics of medical interest".

This was certainly done. The 1962 group consisted of about thirty-five medical students from such scattered locales as West, East and South Africa, Germany, Ceylon, Southeast Asia, all parts of Great Britain, the West Indies, Canada and of course, the Scandinavian countries. It is the friendships made, the views exchanged and the understandings that develop between students from foreign lands and of different cultures which stand out in bold print when the story is read and re-read.

Perhaps I'm exaggerating, but if you are as fortunate as I was and are ever able to attend this Summer School, do so and prove to yourself that I'm not far wrong. For any undergraduate medical student travelling abroad next summer, I highly recommend the MSSS—so will you!

A.S.

NOTE: Any student desiring further information regarding the MSSS may obtain such through the Dalhousie Medical Journal or their local CAMSI representative.