AMA Newsletter

A Weekly Report from the Executive Vice President's Office

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JOHN J. COURY Jr., MD
Chairman of the Board

RICHARD LEWIS, Editor

FRANK J. JIRKA Jr., MD
President

AMA PETITIONED FOR A REHEARING by the U.S. Court of Appeals, Chicago, in an antitrust suit brought by five individual chiropractors. The Board of Trustees decided Sept. 29 to seek the rehearing after a two-judge panel reversed a 1981 jury verdict finding the AMA innocent. The panel had ruled that improper instructions were given to the jury, and ordered a new trial. It did not address the substance of whether the AMA and the other defendants were guilty of antitrust violations under the Sherman Act.

> The AMA argued in the petition that the instructions were proper, and asked for a review of new antitrust principles that the panel had applied in reaching its decision.

In the original suit, Chester A. Wilk and four other chiropractors alleged that the AMA conspired with other medical groups to isolate and eliminate the chiropractic profession through ethical prohibitions. Other defendants are the American Hospital Assn., Joint Commission on the Accreditation of Hospitals, American College of Surgeons, American College of Physicians, American College of Radiology, American Academy of Orthopaedic Surgeons, and the Illinois State Medical Society. Chiropractors in Michigan and Iowa have filed similar lawsuits in the federal courts.

AMA'S COMMITMENT TO POLITICAL EDUCATION is shown by its support for AMPAC, AMA Board of Trustees Chairman John J. Coury Jr., MD, said. For 23 years, the AMA has provided staff and underwritten the administrative costs of the American Medical Political Action Committee, which serves a dual role, Dr. Coury said in opening remarks at the AMA Political Education Conference last week in Washington, D.C. As a fund-raiser and contributor to political candidates and campaigns, AMPAC is an entirely separate organization, but as the Division of Political Education, it is an important part of the AMA, he said.

> "Our efforts at political education go far beyond giving money to candidates," Dr. Coury said. "One of the division's most important purposes is to make AMA members more knowledgeable about and more involved in political activities."

Political education shows people how to take part in the political process. An example is the series of more than 30 state seminars

that began last July and continues through next May on how physicians and their spouses can be more effective in working for candidates and for political causes, Dr. Coury said.

MAXIMUM ALLOWABLE COST program for prescription drugs was strongly opposed by the AMA. Executive Vice President James H. Sammons, MD, urged the federal government to terminate the program, which allows Medicare and Medicaid to reimburse only for the lowest-price brand of a drug. Dr. Sammons said in a letter to the U.S. Dept. of Health and Human Services that the program impeded competition based on price, and established a nationwide acquisition cost for drugs. In addition, the Pharmaceutical Reimbursement Board, which establishes the maximum allowable cost (MAC) for a drug, is incapable of keeping pace with constantly changing market prices across the county. As a result, beneficiaries may be unable to obtain certain drugs, he said.

No documentation exists that the MAC program has resulted in lower costs for beneficiaries, Dr. Sammons said.

BERKELEY, CALIF., ELECTROSHOCK BAN has been invalidated by Alameda County Superior Court Judge Winton McKibben in a challenge that was supported by the AMA. The city ordinance, which had been adopted in an election last November, made the use of electroconvulsive therapy a misdemeanor punishable by a fine of up to $500 and six months in jail. The California Medical Assn. and the AMA jointly filed a brief amicus curiae in a lawsuit that was brought last December by the Northern California Psychiatric Society, the American Psychiatric Assn., the California Psychiatric Assn., the National Assn. of Private Psychiatric Hospitals, and Ronald Bortman, MD, against the city.

The AMA/CMA friend-of-the-court brief argued that the Berkeley ordinance exceeded the city's authority to legislate. The brief also raised arguments relating to the right to privacy and the right to consent to a recognized medical treatment. For its part, the city argued that the California statute regulating electroconvulsive therapy did not pre-empt the city from enacting an ordinance that has more stringent provisions.

DUE PROCESS LITIGATION involving hospital medical staff privileges has so clogged the judicial system that it may take months or years for a case to come to court, AMA Immediate Past President William Y. Rial, MD, told the Malpractice/Health Law Conference in Philadelphia. The backlog encourages out-of-court settlements based on economic and legal exigencies, rather than justice, Dr. Rial said.

Hospital attorneys try to make sure that staff physicians are given so much due process that a court will be able to find nothing to overturn once the hospital proceedings have ended.

"The tragedy is these due process procedures can result in as much as 18 months in hearings at the hospital level alone," Dr. Rial said. "And all too often, very little may be accomplished."

The lesson for hospital medical staffs should be the importance of objective, honest peer review. If a medical staff recommends revocation to reduce competition, or because of personal dislikes, due process will not provide much protection, Dr. Rial said at the conference, which was sponsored by the law firm of Post and Schell.

The AMA is encouraging medical staffs to retain their own attorneys so that physicians will have legal specialists to guide them in handling medical matters within the hospital. "In terms of due process, it should provide a judicial balance to internal hospital disputes," Dr. Rial said.

AMA HOSPITAL MEDICAL STAFF SECTION's next governing council meeting will be Oct. 8-9 in Chicago. The council will finalize the program for its interim meeting, participate in a federal legislation briefing, and discuss guidelines for creating hospital medical staff sections in state medical societies.

FIRST-YEAR ENROLLMENT in medical schools has dropped for the first time in 17 years, according to a report in the Journal of the AMA. The decline was attributed to cutbacks of state subsidies for medical schools and the switching of four medical schools from three- to four-year programs. First-year enrollment decreased by 90 students in 1982-83, to 66,866, the AMA Division of Medical Education reported in "Graduate Medical Education in the United States." Other findings:

The number of applicants in 1982-83 decreased by 1,000 (2.7%) compared to the previous year--a trend that is likely to continue throughout the decade.

The number of female medical students increased from 18,555 in 1981-82 to 19,627 in 1982-83, an increase of 1.4%. Women now comprise 29.3% of all medical students.

No enrollment gains were made among minority students. Blacks represent 5.6%, Asians 5.1%, and Hispanics 3.4% of all U.S. citizens enrolled in American medical schools.

A total of 15,728 students were graduated from medical schools in 1982-83.

AMA BOARD OF TRUSTEES will meet Oct. 4-7 at AMA headquarters in Chicago.

AMA RESIDENT PHYSICIANS SECTION will hold its seventh interim assembly meeting Dec. 2-5 at the Bonaventure Hotel, Los Angeles. Workshops on the impaired physician, current legislative issues, and state resident physicians sections will be presented. To be included in the advance handbook, resolutions must be submitted by Nov. 7. For further information, write to the Dept. of Resident Physician Services, AMA headquarters, Chicago, or telephone (312) 751-6650.

CHILDREN AND YOUTH are a major focus for the AMA Auxiliary this year, AMA President Frank J. Jirka Jr., MD, said. The Auxiliary has distributed packaged programs for its state and local units to help prevent teen-age smoking, drinking, and drug abuse, as well as information on health hazards to expectant mothers who smoke, drink, or take drugs, Dr. Jirka said in prepared remarks for a meeting of the National Federation of Parents for Drug-Free Youth. The substance abuse prevention package, which includes anti-smoking, drinking, and drug abuse materials, is by far the most popular program with county auxiliaries, he said. More than 40 county auxiliaries are implementing the substance abuse package this year.

The St. Louis County, Minn., Auxiliary has provided elementary school teachers with materials for a drug abuse prevention program, and has organized a community-wide seminar on drug abuse in the city of Duluth. In Spartanburg County, S.C., the Auxiliary volunteers ran a film titled, "Drugs Are Like That," before students in 45 third-grade classes at 13 different schools.

"TALK TO YOUR CHILDREN about talking to strangers," is the theme of a public service announcement that the AMA Dept. of Consultative Services/Radio and TV distributed last month to 500 television stations in the top 100 media markets. Responses indicate that at least 20% of the stations have already aired the PSA. The 30-second spot shows an 8-year-old girl walking along a seemingly safe suburban street on her way to school. She is approached by a man in an automobile who offers to give her a ride. In a voice-over, the announcer warns parents that 50,000 children disappeared last year, "many of them from nice, safe neighborhoods."

The AMA is urging NBC stations to reschedule the spot on Oct. 10 to run with "Adam," a docudrama about a real-life 6-year-old child who disappeared and was found dead.

American Medical
NEWS
OCTOBER 7, 1983

Physicians warned of their large stake in hospital DRGs

If Medicare's new diagnosis-related groups (DRGs) hospital payment plan succeeds, it will be physicians who made it work, says a New Jersey physician who thinks his colleagues have just as much at stake in the new plan as do hospitals.

"DRGs have the potential to change the practice of medicine," Alfred Alessi, MD, warned at a recent AMA conference, and physicians should not be "lulled to sleep"

Physician DRGs under study.—page 2
Top 10 DRGs in 1981.—page 2

by the fact that so far the scheme applies only to hospitals. Nor should they judge the program by the relatively light impact it can be expected to have during a three-year phase-in that starts with rates fairly close to what the hospital is now paid and then tightens down in later years.

A cardiovascular surgeon at the 500-bed Hackensack Medical Center, which has been under a state DRG plan for three years, Dr. Alessi spoke from experience. He and other New Jersey physicians say there is a dearth of statewide data and evaluation of the New Jersey program.

There is, however, beginning to be an accumulation of anecdotal evidence that suggests that while DRGs have the potential to make physicians practice more cost-efficient medicine, they also may encourage cost-saving, corner-cutting practices that could increase physicians' exposure to malpractice suits and lead to a deterioration of quality care unless physicians take an active role in hospital administration and peer review.

DR. ALESSI, federal officials, hospital administrators, and other physicians discussed DRGs' potential impact on physicians at a recent AMA meeting on the new prospective payment system and the peer review organizations that are expected to monitor the system.

Virtually everyone agreed on three

(See DRGs . . . , page 28)

Two PPOs get good reviews from Justice

The Justice Dept. has given favorable reviews to two proposed preferred provider organizations (PPOs) in an action that should reduce fears that PPOs are targets for antitrust actions.

In a letter, William Baxter, head of the department's antitrust division, told Hospital Corp. of America (HCA) that "as a general matter, we believe the emergence of PPOs can benefit the public by increasing the competition among providers and hospitals."

HCA, the nation's largest for-profit hospital chain, had requested the review of a PPO it planned to start in southern Florida.

"We're encouraged by the letter," said Donald Fish, senior vice president and general counsel for the large hospital corporation.

The department sent a similar letter to Health Care Management Associates in Moorestown, N.J., which had asked for a review of a PPO it wishes to start in New Jersey. The New Jersey company, which is

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This is not a presidential record. This marker is used as an administrative marker by the Ronald W. Reagan Presidential Library Staff. This marker identifies that there was an object in this folder that could not be scanned due to its size.

THE WHITE HOUSE

WASHINGTON

October 20, 1983

Dear Bonnie:

Attached is a letter and copy of an "AMA News Features" I received from Steve Glenn of the Deer Park War on Drugs Committee.

Can you help?

Thanks for your continued assistance.

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Mrs. Bonnie Wilford
American Medical Association
535 N. Dearborn Street
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DEER PARK WAR ON DRUGS COMMITTEE
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10-13-83

Dr. Turner,

Although I am pleased to see the AMA recognize the dangers of marijuana, I am concerned that they lack conviction. Don't these people check with you or your people before they issue papers like these?

I have commented in the margins of this paper and would like your opinion since I am in the process of arranging a drug talk for doctors in Harris County, Texas.

I am sincerely grateful to you for all of your efforts. When one is out on the firing line making speeches about drug abuse, it is nice to be supported by research like yours.

Sincerely,

Steve Glenn Sr.

Steve Glenn Sr.

AMA NEWS FEATURES

FOR IMMEDIATE RELEASE

For further information contact:
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MARIJUANA IS TERMED
A DANGEROUS DRUG

CHICAGO -- Marijuana is now the third most frequently used drug in the United States, after alcohol and cigarettes.

Two-thirds of young adults say they use marijuana.

So what? Marijuana doesn't really hurt you, does it?

Wrong. Marijuana can (does!) hurt you. There is now no doubt at all that marijuana is a dangerous drug, with great potential for serious harm to young American users. ← why just young amer. users?

Studies point to a growing body of evidence from both animal and human experiments and from the observations of physicians coping with its effects on behavior, performance and functioning of various organ systems that marijuana is by no means the harmless amusement that many believe it to be.

Despite the increase in use of marijuana in the United States, a majority of persons in all age groups continue to disapprove of regular use and to advocate its continued prohibition, says the American Medical Association's DRUG ABUSE, the handbook for physicians on the problem.

Street marijuana has increased markedly in potency over the past five years, the AMA points out. Prior to 1975 it rarely exceeded one percent of THC, the active ingredient. In 1979, concentrations of 5 percent were not uncommon. Hash oil, a marijuana extract that was unavailable less than 10 years ago, has a THC content of 15 percent to 20 percent. Street grades of hashish have THC concentrations of around 10 percent.

Also, the AMA says, the practice of combining marijuana and alcohol use is becoming more common, and poses a hazard of more widespread and severe reactions to the combined effects of the drugs.

Cannabis (marijuana) is obtained from the flowering tops, leaves and stems of the hemp plant, found throughout most of the tropic and temperate zones of the world.

Marijuana and hashish are the principal drug-type products of the hemp plant.

Marijuana is composed of the cut and dried stems, leaves and tops of the hemp plant. It usually is rolled in paper and smoked like a tobacco cigarette.

Is this still true? → Most marijuana grown in the United States is considered inferior because it contains a low concentration of THC. Jamaican, Colombian and Mexican varieties contain much more. Most potent varieties come from Thai, Nepalese and Indian stock.

Hashish is a concentrated preparation of the secretions of the hemp plant, which are collected, dried and compressed into balls, cakes or cookie-like sheets. It is stronger than marijuana.

(MORE)

Marijuana use often begins at a much earlier age than it did in 1970, and is more likely to be frequent rather than occasional experimental use. Most older adolescents and young adults have had some experience with marijuana, the AMA book reports.

Recent research shows that cannabinoids contain psychoactive substances of high potency and rapid onset. Marijuana affects the brain, circulatory system, heart, lungs and nervous system.

Repro. System

Target organ for marijuana is the brain. Structural changes occur in the brain with marijuana use, as well as changes in the patterns of brain waves. Acute marijuana intoxication impairs learning, memory, thinking, comprehension and general intellectual performance. Even at moderate levels of social use, driving skills are impaired.

Shouldn't there be more about dangers due to reduction in reaction time? Endorphins?

Marijuana smoke contains larger amounts of cancer-causing hydrocarbons than tobacco smoke. With daily use, lung damage can appear in three months. Bronchitis and emphysema are common in regular users.

The most marked effect on the heart and circulatory system is an increase in heart rate. Heart action of up to 140 beats per minute is not uncommon under marijuana influence.

Chronic use of marijuana may be associated with disruption of the menstrual cycle and at least temporary infertility. Miscarriage is more common among users. Among lab animals, sperm abnormalities have been noted, along with damage to the male reproductive organs.

has this ever been seen with human o??

Many physicians experienced in treating drug abusers believe that regular marijuana may seriously interfere with

psychological functioning, personality development, and emotional growth and learning, especially in childhood and adolescence. The psychological damage may be permanent. Large doses of THC can induce hallucinations, delusions and paranoid feelings. Thinking becomes confused and disoriented. The initial euphoria may give way to anxiety reaching panic proportions.

Even moderate use is associated with school drop-outs, psychoses, panic states and adolescent behavior disorders.

Why use marijuana?

Users report a feeling of euphoria and well being, feelings of relaxation and heightened sexual arousal vivid visual imagery and a keen sense of hearing. Senses of taste, touch and smell may be enhanced. Time seems to pass more slowly.

These effects usually are not achieved with the first try. With continued use, the user learns to get a high.

Several genuine therapeutic uses have been suggested for THC. These include treatment of asthma, glaucoma and nausea arising from drug treatment of cancer patients. For the latter use it has been proved helpful. In glaucoma, THC has been of some help, largely when used in combination with other drugs. Medical use of marijuana in clinical research is now authorized in more than 20 states.

I think this may lead some drs. to advocate its use for cancer patients.

The American Medical Association is clearly on record as opposing legalization of marijuana for recreational use.

"Legislators should keep in mind the primary need to give young people a clear message that marijuana use may be hazardous and is not sanctioned or endorsed by society.

Fines, although more appropriate penalties than prison sentence when applied to possession for personal use, should be large enough to constitute a deterrent to use," the AMA has declared.

#

July 24, 1981

← distributed at a recent meeting Oct-1983. Still position