

both between scientists in different Latin American countries and between the U.S. and Latin American scientific communities had been realized. The efforts made to ensure more than token appearances of Latin American scientists succeeded, Vargas said; in general, there was close to a 50-50 division between Latin American and U.S. scientists—with a smattering of Canadians—on the various panels, and Vargas estimated with obvious satisfaction that as many as a thousand Latin American scientists attended the meeting at one time or another.

While he said it was obviously premature to talk about long-range results of the meeting after just 2 weeks, Vargas said that a good start had been made in breaking down the barriers separating scientists in the Americas. It is "highly likely that many research projects between Mexico and the United States" will come out of the meeting, he said, mentioning that CONACYT would begin talks with both the National Academy of Sciences and the

Canadian National Science Council on future cooperation. Toward the end of an interview, Vargas summed up the meeting as "one of the most successful international scientific conferences ever organized in Latin America."

As for AAAS officials, they seemed satisfied with the attendance of about 4500, low compared to the premeeting estimate of 5000 and last year's AAAS conference attendance of 6500, but better than the pessimistic views expressed by some at the outset. (Initial attendance was low, but there was a steady stream of registrars as the meeting went on, reflecting the fact that few people came for the entire 2 weeks.) The meeting ran a deficit, but that is traditional.

Glenn T. Seaborg, board chairman of the AAAS, told reporters that a start had been made toward a goal of first organizing associations for the advancement of science in all Latin American countries and then organizing an Inter-American Association for the Advancement of Science. While all the

plans were "very tentative—there's nothing on paper," Seaborg said he was "very hopeful" that something would come of the discussions he held with Latin Americans during the meeting. Seaborg said that it might even be possible to hold similar inter-American conferences in the future, perhaps as often as every 3 years.

The AAAS council meeting, racked in previous years by debates over the Vietnam war, was brief and uneventful this year, in large part because this was a lame-duck body, to be replaced soon by a new council that, for the first time, will be elected democratically by the AAAS membership at large. The most significant resolution passed during the meeting deplored the stigmatizing of dissidents, specifically those in the Soviet Union, with a label of mental illness, but even that was watered down when a proposal to appoint an investigative committee was changed to a proposal to study the appointment of an investigative committee.

—EDWARD EDELSON

## AMA: Major Issues Draw Only Moderate Debate

During the last several years, meetings of the American Medical Association (AMA) have been the scene of impassioned debate about such things as Medicare and Medicaid and Professional Standards Review Organizations (PSRO's) and other federal programs that doctors saw as unwarranted incursions into medical practice. But this year, there was little of that previous fire. The 122nd meeting of the diminishing AMA was a bland affair at which pomp and circumstance and trivia occupied almost as much of everybody's time as did matters of substance.

The show opened officially on a Sunday afternoon at the Americana Hotel in New York City. An organist played 1950's music as members of the House of Delegates, which governs the AMA, found their places. Their wives, who through the Women's Auxiliary this year raised more than \$900,000

for AMA activities, and guests filled the back of the ballroom. Enormous yellow and white mums banked the stage on which the brass were waiting to be formally presented.

At two o'clock, the lights dimmed, the curtain parted, and the spotlight focused on the AMA officers and special guests, who were seated in rows like high school graduates. Each wore a carnation. A sprightly rendition of "Stars and Stripes Forever" accompanied a presentation of colors, and the audience rose to sing the "Star Spangled Banner." And then, for close to an hour, the U.S. Air Force Singing Sergeants performed, offering selections from *Music Man*, songs popularized by singer Carole King, and "This Is My Country," among other tunes. It was an event to gladden the heart of any patriot.

A more serious, but no less traditional and conservative, note was struck

by Carl A. Hoffman in his address as outgoing president. His year in office, he said, was a "quest for ways to reconcile the delivery of care with the quality of care," and he does not think the country is going about it the right way. In essence, Hoffman then proceeded to declare himself opposed to many of the measures that have been proposed or taken in the last couple of years in the name of making medical care more broadly available. He called the notion that there is a doctor shortage a "dangerous hoax," decried shortened medical school curricula at a time when there is more and more that doctors need to learn, and argued that sending physicians' assistants or other auxiliary medical personnel into rural and ghetto areas as "substitute physicians" is a bad move. He did, however, speak in favor of a National Health Service Corps, in which the government would underwrite the cost of education of needy students who would agree, by contract, to serve for a while in medically deprived areas. Hoffman stressed that, under such a program, no student would be compelled to accept federal aid or sign a contract to give services but that, once he did, he would be bound by it.

Throughout his speech, Hoffman

reiterated his opinion that quality medical care and government involvement, or intrusion, if you will, are incompatible. And he took the occasion of his departure from office to spell out what he thinks about the Professional Standards Review Organizations which came legislatively into being several months ago. (For all practical purposes, PSRO's, which will evaluate such items as the quality and cost of medical care at regional or local levels, will not really come into existence until regulations directing their operation are written by the Department of Health, Education, and Welfare.)

Hoffman rehashed the AMA's feeling about PSRO's when he implicitly hailed the association's opposition to them before the legislation was passed. But, he said, "It is now the law of the land. The AMA has decided now that the way to handle the PSRO issue is not to go on fighting a lost battle, but to turn defeat into victory by coopting PSRO's. Hoffman, in keeping with the AMA position, wants the AMA to get in on the act as PSRO's are being developed. "Without our involvement, I have little doubt that it would become an oppressive law—and a real intrusion on medical care," he said.

At the same time, however, Hoffman warned his colleagues in medicine that "while the government can have our cooperation, it can never have our surrender." Only an AMA with a strong political arm can handle the government, he declared, saying that such a necessity "has been forced upon us . . . like it or not." (No one has ever seriously suggested that the AMA disliked exercising political clout.) "But the real danger is that we will *like* it . . . too much. There is a subtle and seductive quality about politics that can easily entrap the unwary. It is so easy to fall into the trap—to begin playing the game for its own sake . . . and to forget why one got into the game in the first place."

Hoffman, some thought, said about all there was to say on the PSRO question. Although there is still room for considerable discussion about what PSRO's will finally turn out to be, and several resolutions on the subject came before the House, attempts by the Oklahoma and Texas delegations to get the House to pass resolutions calling for the repeal of the PSRO legislation were flatly rejected. Instead, the House supported the AMA's previously established intention to get into

the PSRO business in a big way. What it amounts to is that, if it can, it will take them over.

When the House settled down to business after a day of committee hearings, it found itself with an unprecedented number of reports and resolutions to act on—more than 200 had to be disposed of in two and a half days—and, at times, the delegates voted quick approval of resolutions on fairly serious matters, but let themselves be drawn into floor debate about matters that can only be considered trivial.

#### Physicians Can't Remember Numbers

Take, for example, the physician's narcotics number which goes on prescriptions for narcotic drugs to identify the prescribing doctor. About 3 years ago, the federal government, according to a resolution from the Illinois delegation, "did establish new narcotic numbers of physicians, these numbers having nine digits (two letters and seven Arabic numbers), creating inconvenience and recall problems for practicing physicians."

To remedy the problem, the delegation wanted the AMA to agree to try, through its contacts in Congress, to have the numbers shortened to three letters and four numbers, "thus helping the physician use his own number more easily." Apparently it was too good a topic to let pass because when it reached the floor, it provoked comments pro and con, evoked comparisons to Social Security and Army serial numbers and discussions about the facility with which long (nine-digit) numbers can be handled by a computer. Finally, one delegate suggested that it would be pretty embarrassing if the AMA admitted publicly that its members, with all their expensive education, cannot remember a number. Finally, the resolution was defeated.

One that was titled "Motherhood: A Positive View" made it through, but it, too, required debate. In the end, the House reaffirmed its previous position that abortion is a medical procedure that must be carried out by qualified physicians and so forth, but made a concession to motherhood by approving a resolution that said the AMA should help expectant mothers cope with the stresses of pregnancy by offering "incentives such as approval, appreciation, encouragement and emotional support for a decision to continue pregnancy to term. . . ." Outside on Seventh Avenue, pro-abortionists marched up and down in front of the

Americana on one side of the street while anti-abortionists manned the other.

When the House of Delegates convenes, it handles much of its business by *saying* things in the form of resolutions that take a position on matters serious and otherwise. One of its problems these days is that fewer people seem to really care what it says. With financial troubles and a declining membership (fewer than half of the physicians in the United States belong), the AMA is not as powerful as it once was (*Science*, 7 July 1972).

For the last few months the AMA has been running ads in its publications saying, in various ways, doctor, the AMA is good for you. And incoming president Russell B. Roth pushed the idea in his inaugural address. "The individual physician uniformly finds it hard to make his voice heard . . . unless he combines his efforts with those of his colleagues through his county or state medical society or the AMA," he said. It would seem that not everyone agrees. At least six doctors' unions have formed within the last 2 years, physicians are turning more to specialty societies as organizations through which to express political opinions, and interns and residents have not shown much interest in the AMA at all.

Attempts to get them to join have been less than successful, as have efforts to get them to show up at AMA meetings at all. Each side finds fault with the other, the positions succinctly expressed by an item in the *AMA Daily Bulletin* which is published during the meeting.

The Intern-Resident leaders, trying to respond to such gut complaints from their colleagues as long hours, short pay, capricious department chiefs, and patient care deficiencies, are put off by what they regard as the AMA's "Byzantine" procedural nuances; the rest of the AMA, for its part, appears wary about dealing with a group that is badly divided, confused about its priorities, and unsophisticated about how the AMA works.

Beyond that is the apparent apathy of most of the nation's 50,000 house officers toward the whole matter.

Only a handful of young physicians attended the I-R Business Session, prompting one house officer to observe (in a paraphrase of Churchill) that, "Never have so many spoken to so few." The afternoon panelists found themselves speaking only to each other.

One wonders whether the AMA itself is not in the same boat.

—BARBARA J. CULLITON