he travelled all over Canada to arouse his society to action against encroachments from the optometrists. "The only way we can get anywhere with the federal or the provincial government is by physicians acting in unison — that's the only power they understand," he said grimly. And he was emphatic that the need to counter the militant demands for recognition and accreditation from some paramedicals was "an urgent matter" for the CMA.

One speaker accepted that some of the blame for this whittling away of physicians' duties belongs to the physicians themselves. "We gave too many responsibilities to these people, and now they are claiming the powers that go with these responsibilities. As physicians, we must take our responsibilities and keep them."

But the sense of urgency was there. As Dr. Chesney said, "We must assert our authority as the providers of primary care and keep in touch with the paramedicals. Some groups, such as the physiotherapists, have already flown the coop." And the general mood was that other wings should not go unclipped.

The council also came under attack for a recommendation that a subcommittee on the care of the elderly should be set up. Dr. Robert Clark, Edmonton, asked: "Since when has a council of the CMA asked the General Council for authority to do its job?" Another delegate raised the questions: "Is it useful? Is this not a provincial responsibility?" — and as a result of these doubts the motion was lost.

Two of the council's other recommendations were carried without comment. These referred to antibiotic sensitivity patterns in specific geographic areas, and urged hospitals to record these patterns and the CCHA to consider these records in their accreditation procedures. That way, the spread of antibiotic-resistant bacteria across the country can be systematically charted.

A further resolution that the principle of voluntary accreditation should be maintained was also passed.

In its report to General Council, the Council on Medical Services made various statements on how it felt the CMA could contribute to the health care delivery system. These included such suggestions as the CMA should "point out injustices where they exist", "discourage greed wherever it exists in our society" and "encourage a determination amongst doctors to make the system work no matter what are its faults."

Ethics problem reappears

The discussion surrounding the report from the Committee on Ethics this year had a sense of deja vu about it. The major part of the debate concerned the wording of the paragraph of the Code of Ethics that deals with personal morality. But unlike last year, the discussion was brief and free of emotion.

The chairman of the committee, Dr. A.H. Parsons, reported that the wording of the paragraph had taken up a great deal of the committee's time this year. Council last year had approved an amendment to the 1975 wording that read:

> An ethical physician . . . when his personal ethic prevents him from recommending some form of therapy, he will so acquaint his patient and will advise the patient of other sources of assistance.

It is the application of this paragraph to the thorny question of abortion that worries many doctors. The Newfoundland Medical Association subsequently passed a resolution saying this rewording was unacceptable because many physicians might have moral and religious objections to passing their patients on as well as to recommending abortions themselves.

The Ontario College of Physicians and Surgeons also registered reservations. It pointed out that if a doctor doesn't, for personal moral reasons, stick to the Code of Ethics and recommend other sources of assistance, he may be in danger of having his licence revoked. How prescriptive is the word "will" in this context?

Quite apart from these formalized objections, Parsons reported that the CMA had received over 100 letters

Incoming CMA President Dr. K.O. Wylie of Winnipeg, right, and Mrs. Wylie socialize during CMA annual meeting with Dr. Feroze Khan, president of Manitoba Medical Association.

from people worried that if a patient needing an abortion is just put on a merry-go-round of being shuffled from one source of assistance to another — going from clergyman to prolife surgeon to social worker — she will pass the point when an abortion can be safely performed.

In an effort to clarify and improve the wording, committee members had scratched their heads and searched through dictionaries and lexicons to check on the exact meaning of all the crucial words — ethic, recommend, advise, sources. They found, reported Dr. Parsons, that the definitions were general enough to cover anything, and had therefore decided to stick with the 1977 wording, in spite of the fact that the NMA and the Ontario college do not accept it.

But this wording didn't satisfy many council members. Dr. Joan Bain, Willowdale, Ontario, moved a resolution that the wording be amended to read "when his morality or religious conscience alone prevents him from recommending some form of therapy he will so acquaint the patient" — just omitting altogether that knotty question of whether the doctor must recommend another source of help as last year's resolution proposed.

This didn't meet with much sympathy from Alberta. Dr. leRoy LeRiche, of the college there, argued that doctors *do* have a responsibility to help patients in need. "This resolution quits halfway," he said. "It's like a father who throws his 15-year-old daughter out of the house when she's pregnant, because he's a strict and bigoted moralist and pregnancy outside marriage is outside his religion."

LeRiche wanted to see acceptance of "the very splendid article 16 which we debated splendidly last year, and then we can lay this matter to rest."

But LeRiche was the only speaker against the resolution. The next two speakers pointed out it just wasn't as easy as this. Dr. L.J. Genesove from Ontario based his objections on ethical grounds: "Abortion is unacceptable to a significant portion of our population. Their moral freedom should be protected if our own is to be protected." And a Maritime obstetrician who had been in practice for 20 years and delivered 10 000 babies made the more practical point: "I never have to advise those patients who want abortions — they know where to go."

In the end the vote was so close that the speaker had to organize a countdown. But Bain's resolution was passed 81 to 68, with the Ontario contingent strong among the "pros". The reference to "other sources of therapy" has been dropped. The ethical physician now only has to acquaint the patient that his morality or religious conscience prevents him from recommending particular therapies.