

As membership plummets, American Medical Association seeks answers

Faced with dwindling membership and conflicting views about its mission, the American Medical Association (AMA) is considering eliminating its individual membership base and transforming itself into an umbrella organization of state and specialty societies. The move would mean that it would collect funds from all groups under the umbrella, not from individual members.

The suggestion comes as AMA membership continues to plunge. Supporters of restructuring note that the AMA lost more than 12 000 members last year, and with only 278 000 members it now represents less than 30% of American physicians. A special committee examining the restructuring proposal is to report back in June 2003.

The impetus for the unprecedented suggestion for action originated in a report from a "Special Advisory Group Extraordinaire" (SAGE), which was created by the AMA Board of Trustees, at least in part, to seek unity within the medical profession.

If the group's recommendations are followed, physicians would belong to the AMA through "entry portals" such as country, state or specialist societies. The AMA would then leave its direct membership functions behind and derive revenue from the affiliated groups through a "tithing system." This would mean that the AMA represents many more physicians, even if it does so indirectly.

Dr. A. Tomas Garcia, a Houston cardiologist and member of the SAGE, told *CMAJ* that the advisory committee had given the AMA "a template" for acting as an advocate for all physicians. "I was trying to represent that there are another 600 000 physicians whose voices are not being heard. And as a lifetime member of the AMA, I have to ask why the other guys aren't joining."

CMA CEO Bill Tholl says "medical organizations around the world are having to reinvent themselves in an Internet world. It's a straight value proposition. We must provide value for money and we have to refresh our value on an on-

going basis or doctors simply won't send in their cheques."

The CMA has been more successful attracting members than its American counterpart. Tholl said it currently represents 75% to 80% of practising Canadian physicians, with membership growing by 1000 members a year. It now stands at 54 000 members, roughly 10 000 more than in the mid-1990s.

The situation is about the same in the UK, where the British Medical Association, with 125 000 members, represents 80% of the country's doctors. Membership in the BMA is still growing, but at a slower pace than in the late 1990s. — *Milan Korcok*, Florida

India's innovative cheap-drug plan copied

A program that encourages physicians to prescribe cheaper drugs has led to a 40% reduction in drug prices and a significant increase in the availability of essential drugs, the World Health Organization (WHO) says (www.dsprud.org/events.htm).

WHO has hailed the "very successful" Delhi Essential Drugs Program as an example for the developing world to pursue. It was established in 1996 to tackle constant shortages and high prices of essential medicine in state hospitals, which are used by about 35% of Delhi residents and 70% of its poor.

Under the program, doctors are advised to prescribe only medicines on an essential drugs list, which includes generic drugs that can be produced and purchased cheaply. The Delhi Society for Promotion of Rational Use of Drugs, which runs the program, buys the drugs for state hospitals in bulk, saving 30%.

Access to drugs has also improved significantly. In 1995, before the program started, about 30% of prescribed drugs were actually being given to patients. A survey in April 2002 shows that 90% to 92% of prescribed medicines are now reaching patients.

Fourteen other Indian states are now implementing the program, and several countries are considering it. — *CMAJ*

Hunger striker protests use of physical restraints in group homes

After being fired from a group home near Ottawa for speaking out against child restraints, Jane Scharf took her protest to the streets. The youth-care worker, who began a hunger strike June 17, is demanding laws to monitor the use of physical restraints and better protect children against abuse in group homes. Current policy prohibits the use of such restraints unless the safety of workers

or others is at risk, but Scharf says they are used frequently. "They're dangerous and they're not effective," Scharf said as she sat outside the office of the Ministry of Community and Social Services in Ottawa, where she is sometimes accompanied by other members of the Coalition to End Child Restraints (endchildrestraints.tripod.com). "Restraints escalate behaviour," she says. "They don't control it." There have been 2 recent deaths at Ontario group homes related to the use of physical restraints (*CMAJ* 2002;166[7]:944). In 1998, 13-year-old Stephanie Jobin suffocated while being restrained, and in 1999 13-year-old William Edgar was asphyxiated. Following an inquest into Edgar's death, the province pledged to regulate strictly the use of physical restraints on children. An inquest into Jobin's death is being scheduled. — *CMAJ*



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