

TEACHING

the History & Social Aspects of Pharmacy

New Series No. 2 (Spring 2002)

An online newsletter of the American Institute of the History of Pharmacy. Copies are available as well at the Institute website of www.aihp.org.

Welcome to the second issue of *Teaching the History and Social Aspects of Pharmacy*. This newsletter is issued twice a year (Autumn and Spring) in an electronic format and distributed via email from a list managed by Greg Higby, Executive Director of the American Institute of the History of Pharmacy (please contact Greg at: ghigby@mhub.facstaff.wisc.edu to be placed on the "mailing" list). The Newsletter also will be posted on AIHP's website (www.aihp.org).

As the editor, I strongly encourage you, the reader, to become involved with your newsletter. I received positive feedback on the first issue, but not many contributions for this issue. The quality and value of this newsletter will represent only what the readers have contributed to it: short articles on courses and course materials; book, film, museum, software, and other reviews; updates from the social sciences; announcements for conferences, grants, and publishing opportunities; news stories; interesting websites; viewpoints and commentaries; and most importantly, feedback on its content and format.

This issue contains interesting course materials, including handouts for class discussions and a brief bibliography on Health Reform. The idea of submitting bibliographies to this newsletter is a good one, I think, but I look forward to hearing about it from readers. It also has been proposed, by Donald Rucker, that Directors of Graduate Programs in the History and Social Sciences in Pharmacy could provide "reading lists" of the seminal books in these fields of study. I eagerly await your comments and suggestions for improving the newsletter, as well as your contributions. The success of this newsletter depends on dedicated and involved readers, especially those of you who have something to say about the role of history and the social sciences in pharmaceutical education and practice. Please contribute your ideas and experiences for the benefit of others and Enjoy!

Michael Montagne,
School of Pharmacy, Massachusetts College of Pharmacy & Health Sciences
(mmontagne@mcp.edu)

The next issue of *Teaching the History and Social Aspects of Pharmacy* will be published during Fall of 2002. The **deadline** for submitting items, announcements, and materials for that issue is **15 September 2002**. Please submit materials electronically in **MS Word** to: Mike Montagne at mmontagne@mcp.edu (Mass. College of Pharmacy & HS, 179 Longwood Ave., Boston MA 02115; phone: 617-732-2995; fax: 617-732-2236).

Courses & Course Materials

Analyzing Current Issues in Pharmacy Law

Discussing current events can be an effective way to engage students in Social Pharmacy, as many teachers in the area know. Two particular subject - use of marijuana for medical purposes, and assisted suicide - have received enormous attention during the past several years and provide great opportunity for illustrating a wide range of concepts and exploring a wide range of issues. Overviews of California's Proposition 215 of 1996 ("The Compassionate Use Act") and Oregon's Measure 16 ("The Death with Dignity Act") show the twists and turns, clashes and controversies related to these two attempts to alter how certain drugs are viewed, defined, distributed and/or used. These developments obviously have far-reaching implications for consumers/patients, health providers (including pharmacists) and the public at large.

I teach a required course in pharmacy law to students in the second year of a 4-year professional pharmacy curriculum. (Our program is 2 years of pre-professional plus 4 years of professional courses.) Students vary widely in their familiarity with and understanding of the U.S. legal system thus, before discussing laws relevant to pharmacy/drugs, it is necessary that everyone have a reasonable foundation in the general area. In an introductory lecture, I present an overview of the structure of government, describe the different types of law, and discuss how laws are made, interpreted and enforced. Students often find this information quite remote and rather disconnected from or unimportant to their interests in pharmacy. So in a following class period I use legal developments related to use of marijuana for medical purposes and assisted suicide to draw these connections. Formal learning objectives for the session focus on student understanding of the interrelations of 1) legislative, executive and judicial systems, 2) constitutional, statutory, regulatory and judicial law, and 3) federal and state law. Additionally, students learn about two issues of great interest in pharmacy and in the broader society, and we discuss how laws and the legal system can reflect, reject and/or react to social change. Students invariably ask about what

our own state laws permit, prohibit or ignore. I use their questions as prompts for clarifying current laws in our state and also describing any initiatives (e.g., bills introduced into the state legislature, proposed regulations) that are aimed at changing them.

Beyond legal aspects of these topics, assisted suicide and medical use of marijuana have diverse social aspects. This offers wonderful opportunity for discussing a wide range of social issues, such as:

- * societal ethics (e.g., What does it mean to have "ethical" policies? How does each of these policies "stack up"?),
- * changing perceptions regarding consumer rights and consumer roles (e.g., Is there a right to die? What role should patients play in decisions about death? How/should family members fit in?),
- * provider rights and roles (e.g., Does/should a pharmacist have a right to refuse to participate in assisted suicide?)
- * social and cultural factors that influence attitudes and behaviors related to medications, illness, death and dying (e.g., Why are these efforts going on now? Who supports or disapproves of them and on what bases? How have other cultures or societies responded to these same issues?)

To help students understand these issues, I provide students with overviews of developments related to California's "Compassionate Use Act" and Oregon's "Death with Dignity Act" presented in time line form (see below). These are intended to give students factual background about these Acts, focusing on when events occurred, who was involved, what occurred, and why. I also provide a small array of relevant newspaper and journal articles. These supplemental articles reflect more of the human side of these issues (e.g., the story of an AIDS patient who uses marijuana to promote appetite, review of how many Oregon patients have had medications for assisted suicide prescribed and the number who have actually used them).

- **Jeanine K. Mount, School of Pharmacy,
University of Wisconsin - Madison**
(jkmount@pharmacy.wisc.edu)

***Medical Use of Marijuana
Federal Responses to California's Proposition 215 of 1996: The Compassionate Use Act***

Track 1: Inform physicians of its intent to enforce other Federal laws.

Actions that the Federal government said it might undertake:

1. *De-register physician under the Controlled Substances Act*
2. *Remove physician from the Medicare and Medicaid programs*
3. *Pursue criminal prosecution*

1/14/97 *Physician and patient group files suit (Conant et al v. McCafferty et al, 1997 U.S. Dist LEXIS 8749) claiming proposed actions are 1) unconstitutional because they have the effect of restricting free speech and 2) vague and overly broad.*

1/27/97 *DEA agent interviews Dr. Robert Mastroianni and reviews his Rx records at a local pharmacy.*

4/30/97 *Conant results in preliminary injunction. Decision (in part) states:*

“(T)he government attempts to justify its policy of sanctioning physicians on the unremarkable and undisputed proposition that the government can regulate distribution and possession of drugs. The government’s statutory authority to regulate that conduct, however, does not allow the government to quash protected speech about it.”

“Because the First Amendment protects physician-patient communication up until the point that it becomes criminal, defendants may not prosecute California physicians unless the government in good faith believes that it has probable cause to charge under the federal aiding and abetting and/or conspiracy statutes.”

9/7/00 *Permanent injunction in Conant et al v. McCafferty et al, 2000 U.S. Dist LEXIS 13024:*

“The DEA de-registration policy exceeds the scope of the Controlled Substances Act because it raises grave constitutional doubts. Although the Court engages in a First Amendment analysis to show serious constitutional doubts, the Court need not hold that the policy in fact violates the First Amendment. It is sufficient to hold that the policy lacks statutory authority.”

“Even the government concedes that a reasonable physician would have a genuine fear of losing his or her DEA registration to dispense controlled substances if that physician were to recommend marijuana to his or her patients.”

“When a doctor recommends marijuana, a patient who is accepting of the idea may well ask how to obtain it. Here, doctors must be honest. The First Amendment is not a license to circumvent the federal drug laws.”

Track 2: Stop “Buyers Clubs” from operating

5/98 *In United States v. Oakland Cannabis Buyers Cooperative (D.C. No. CV-98-00088-CRB), Judge Charles Breyer concludes that Compassionate Use Act “directly conflicts with federal law” and that in such situations, federal power prevails.*

9/13/99 *9th Circuit Court of Appeals cites United States v. Aguilar (883 F.2d 662, 692) and concludes that anti-drug law can be waived in the case of “medical necessity.” Remands case to District Court.*

7/17/00 *Judge Charles Breyer revises earlier order, based on Appeals Court decision.*

8/29/00 *U.S. Supreme Court issued an emergency order resulting from a 7-1 decision (Judge Stephen Breyer abstaining) to block Judge Charles Breyer’s decree.*

5/14/01 *United States v. Oakland Cannabis Buyers Cooperative, 00-151 decided by U.S. Supreme Court. Court ruled that “medical necessity” is not a valid defense to distribute marijuana under Federal law. In writing The Controlled Substances Act, Congress considered this but decided to allow for no exceptions.*

Track 3: Reschedule dronabinol

7/2/99 Final Rule published in the Federal Register to reschedule dronabinol from Schedule II to Schedule III under the Federal Controlled Substances Act.

Assisted Suicide

Federal Responses to Oregon's Measure 16: The Death with Dignity Act

- 11/8/94 Measure 16 ("Death With Dignity Act") passed in statewide referendum with 51% of the vote:
- Act allows a state resident with a terminal disease to receive a fatal drug upon an oral request, followed at least 15 days later by a written request.
 - A physician may write a prescription as soon as 48 hours later, after reaching a determination that the patient is making an informed and voluntary decision.
 - A terminal disease is defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.
 - Protective measures require a second opinion by a physician and a determination that the patient is capable of making a voluntary decision. A prescription for a patient suffering from psychological or psychiatric disorder or from depression may not be written until the patient is rehabilitated.
 - The physician should ask the patient to notify his or her next of kin of the decision; notification is not required.
 - A physician who follows these requirements is exempt from prosecution under criminal law, liability under civil law, and sanction under disciplinary rules; termination of a life by lethal injection, mercy killing or active euthanasia is not approved.
- 12/7/94 U.S. District Judge Michael Hogan institutes a restraining order blocking implementation of Measure 16, the day before it is scheduled to go into effect.
- 8/3/95 Judge Hogan issues an order permanently enjoining the enforcement of the Act.
- 11/4/97 Second statewide referendum, this time to repeal the Act; repeal measure failed by 60-40 vote.
- 11/5/97 Oregon Health Division files temporary rules regarding confidential reports that physicians are to make to the Division.
- 11/97 Rep. Henry Hyde (R-Ill) asks U.S. Attorney General Janet Reno to intervene to stop implementation of the Act.
- 11/18/97 Oregon State Board of Pharmacy lets stand a rule requiring that physicians indicate on a prescription order if it is intended for assisted suicide.
- 6/98 Attorney General Reno announces that the Death with Dignity Act is not a violation of the Federal Controlled Substances Act so the US Justice Department would not intervene.
- 9/23/98 Judge Hogan rejects the legal challenge (begun in 1994) to the Death with Dignity Act, saying that the challengers lack standing.
- 2/99 Oregon officials release report saying that 23 persons received lethal prescriptions in 1998; 15 had used the medications to end their lives.
- 6/23/99 The Pain Relief Promotion Act introduced in US House (Hyde, R-Ill) and US Senate (Nickles, R-Ok). Passes the House but does not make it out of Senate Committee on Health, Education, Labor, and Pensions. Goal was to promote use of pain medications to dying persons if intended to relieve pain but stipulated up to 20 years in prison for a physician whose prescribing intent was to cause death.
- 11/6/01 U.S. Attorney General John Ashcroft instructed federal agents to take action against physicians who prescribe controlled substances in assisted suicide.
- 11/8/01 U.S. District Judge Robert Jones issued a temporary restraining order, blocking Attorney General Ashcroft's enforcement instruction. [Case is: *State of Oregon v. Ashcroft et al.*, No CV01-1647-JO (D. Or., Nov. 20, 2001).] Judge Jones gives parties up to 5 months to prepare their arguments for and against the measure.

Stories: A Mind-altering Medium

The pharmacist is not a cultural icon frequently found highlighted in literary works. Imagining a story in which a pharmacist is the star, one wonders what background and details the story would be likely to contain: elements of the school of pharmacy curriculum, or of an updated Norman Rockwell type painting? Molecular structures, medical terminology, lab coats and ID badges? If the pharmaceutical paraphernalia were to recede into invisibility in the story, what would there be left to tell? And as cultural icon, what would the pharmacist represent?

Well here's one rare story to look at, in which the main character is a pharmacist: "Jakarta", by Alice Munro, in *The Love of a Good Woman: Stories*, 1998, New York: Vintage Contemporaries.

The story is set in Oregon in the 1990s, with flashbacks to Vancouver in the 1950s. In it we meet Kent, a retired pharmacist, visiting Sonje, an acquaintance from back in the 50s. Both Kent and Sonje have long since been separated from the people they were married to in the 50s, Kent by divorce, and Sonje by the reported death of her husband.

Kent is white-haired, retired, in poor health, married to his third wife, and vaguely aware that he still has trouble seeing other people's points of view. Reminiscing about the old days, Kent recalls, in particular, two exceptional events, parties he attended with his first wife, Kath, at Sonje's home in Vancouver. Sonje's journalist husband, Cottar, and most of the other guests at both parties, were politically radical, people very different from those Kent and Kath were used to socializing with.

As for background, Munro selects the details of all her stories carefully so as to abstract the human experience from the heavy context of everyday life. In this way she illuminates moments of learning or awareness, and what she reveals about her characters is what is essential to them and not iconic.

"Jakarta" may provide a good introduction for pharmacy students to the work of one particularly gifted writer – most of whose stories are not about pharmacists, or any healthcare provider, for that



matter, but all of which provide exquisite opportunities to identify with and reflect on the human experience.

Other favorite storytellers I have used successfully in class include: Bobbie Ann Mason, Raymond Carver, Flannery O'Connor, Douglas Coupland, and Eudora Welty.

SUGGESTED TOPICS FOR DISCUSSION OF "JAKARTA":

1. Personal Development:
Kent and Kath as a Couple
Cottar and Sonje as a Couple
Aging and Memory
Coming of Age/Coming to Terms with Age
2. Stereotyping:
The Pharmacist as Icon/Stereotype
Gender in Pharmacy
Stereotyping the Professions
Political Stereotypes
3. The 1950s and the 1990s:
Pharmacy
Conservatism and Radicalism
Political Diversity
Gender Issues
Marriage and Other Social Mores
4. The Elements of Munro's Writing
Storytelling

- Ann Hilferty, School of Arts & Sciences Mass.
College of Pharmacy & HS
(ahilferty@mcp.edu)

History of Pharmacy Course on CD-ROM

Dr. Robert A. Buerki (Ohio State University) has completed a significant revision of his survey course in the history of pharmacy, Pharmacy 513.01, "History of Pharmacy" (3 credits, Autumn Quarter, 2001). Thirty "live" lectures were converted to PowerPoint format, supplemented with detailed lecture notes, including six multimedia lectures on primitive medicine and pharmacy, medieval Islamic pharmacy, reflections of pharmacy in music and the visual arts, American pharmacy practice in the 1890s, the challenge of the quack, and the impact of modern science on pharmacy practice, and seven CD-ROM-based auto-tutorial units on medicine and pharmacy in ancient civilizations, origins of pharmacy's symbols, reflections of pharmacy in creative literature, the role of legal control in American drug standards, compounding techniques of the 1890s, evolution of the pharmacy as a workplace, penicillin and the antibiotics, and historical hobbies for the pharmacist. These units were placed on reserve in the Biological Sciences-Pharmacy Library and assigned to students as a supplement to their outside readings.

The original auto-tutorial units, utilizing reel-to-reel tape recorders and Carousel projectors in library carrels, were developed by Glenn Sonnedecker and John Parascandola at the University of Wisconsin in the 1970s for use by their students taking Wisconsin's survey course in the history of pharmacy. The new technology allows students to print out a topical outline and supplemental readings as they listen to narrations and view the original images developed for the units. The Institute will make copies of Professor Buerki's CD-ROMs available at cost to other instructors who may wish to use them to supplement their instruction in the history of pharmacy. {Editor's Note: Interested readers should contact Greg Higby at ghigby@mhuf.facstaff.wisc.edu}.

More Drug Websites

Readers have expressed interest in the previous listing of websites that have been developed to focus on drugs and drug use. These sites differ in their emphasis on medical or non-medical drug use. Most of them listed below provide information on illicit drugs with the hope that therapeutic uses will be found. Readers should feel free to contribute their favorite websites on pharmacy, drugs and drug use to the Newsletter.

Mothers Against Misuse and Abuse

(MAMA)(www.mamas.org) is a non-profit organization, founded in 1982, to provide a holistic approach to many aspects of substance use. They focus on illegal drugs as the "BAD" drugs, and give the false impression that legal drugs are safe and "good." They also provide information on Surveys & Polls, Publications and their Purpose & Goals. Their services aim to: 1) promote better communication between policy makers; 2) provide drug education; 3) offer social recreational alternatives to drug; 4) question techniques of advertising; and 5) provide referrals for requested treatment of misuse of all drugs. Example of MAMA'S News Room include current events of interest relating to drugs and drug safety.

Drug Watch International (DWI)

(www.drugwatch.org) was founded in 1991, and their mission is to focus on drug testing to enhance safety for workplaces, school, and transportation. They provide a volunteer non-profit information network and advocacy organization that promotes the creation of healthy drug free cultures in the world and opposes the legalization of drugs. DWI promotes a comprehensive approach to drug issues involving prevention, education, treatment and law enforcement. They produce the latest drug related news. Examples of news updates include European Cities Against Drugs and National Families in Action. They also produce Position Statements such as one on Drug Testing in which they refer to the 1994 American Management Association Workplace Drug Testing Survey.

The Drug Reform Coordination Network

(DRCNet) (www.drcnet.org) was founded in 1993 and has quickly grown into a national network of more than 21,000 activists and concerned citizens including parents, educators, and students. DRCNet's mission statement is to stop the chaos and violence of the illegal drug trade and to end the bondage of mass incarceration suffered by hundreds of thousands of nonviolent offenders. They are dedicated to working together to bring the currently uncontrolled markets in illegal drugs within law. DRCNet opposes the prison building conception and supports rational, compassionate reforms consistent with the principles of peace, justice, freedom, and truth, all of which have been compromised in the drug war. Their drug policy reform efforts focus on harm reduction. They also produce a weekly newsletter online with regular updates. Examples of Newsletter stories include marijuana, drug treatment, and chronic pain. Their organization has a completely different agenda than Drug Watch International. While Drug Watch opposes legalization of drug use, DRCNet supports a variety of harm reduction approaches and the medical use of many illicit drugs.

Pharmacists Planning Service, Inc. (PPSI)

(www.ppsinc.org) is a non-profit organization that promotes consumer public health education and pharmaceutical information. They have been performing their services for over 37 years. They also have been the primary architect of over 40 public health consumer education national campaigns, these include the Great American Smokeout (GAS), safety caps on prescription vials, the pregnant man posters (Mr. Mom), and national cholesterol awareness month. They provide links to other health websites such as Quit Smoking, HIV and AIDS, Stroke Information and Natural Medicine. They provide program and informational materials on: 1) Cholesterol, 2) Bioterrorism, 3) Women's Health, 4) condoms, and 5) Depression. The web site is always changing because they constantly add new programs and new information.

The Vaults of Erowid (www.erowid.org) was founded in 1996. Erowid is a small non-commercial organization that has operated for more than 5 years in the controversial and politically challenging niche of trying to provide accurate, specific, and responsible information about how psychoactives are used in the United States and around the world. Their primary focus is on the web site, and they provide research and data for other harm reduction, health, and educational organizations. Erowid acts as a publisher of new information as well as a library for the collection of documents published elsewhere. The information found on the site spans the spectrum from solid peer reviewed research to fanciful creative writing. The library contains over 13,000 documents related to psychoactive including images, research summaries & abstracts, media articles, experience reports, information on chemistry, dosage, effects, law, health, traditional & spiritual use, and drug testing. Over 18,000 people visit the site each day, making for more than 2.8 million unique visitors in the past year. They also provide a newsletter for all members called Erowid Extracts, and they constantly update existing files.

Do It Now Foundation (www.doitnow.org) was established in 1968 by a handful of people with a simple mission: to do something about the explosive increase in the use and abuse of amphetamines by young people. Their mission now is to create and disseminate accurate, creative, and realistic information on drugs, alcohol, sexuality, and other behavioral health topics. To achieve this goal, they continually monitor substance use patterns and behavioral health trends so that their materials are both culturally relevant and personally meaningful to target populations and individual readers. In pursuing this mission, they do not condone or condemn the use of drugs, and they do their best to avoid moralizing about individual choices related to lifestyle issues except when those choices impinge on the rights of others. They provided one of the first drug information hotlines

in the United States, and established a crisis rescue team, street drug analysis service, and alternative treatment program. The Do It Now publication roster includes pamphlets, booklets, posters, and other materials that address chemical dependency and recovery, HIV/AIDS prevention and survival, and other behavioral health and personal growth topics.

The Alchemind Society (www.alchemind.org) is an international nonprofit association of people working in the public interest to protect the fundamental right to freedom of thought. They celebrate, foster, and protect cognitive liberty: the right of each individual to think independently, to use the full spectrum of his or her mind, and to engage in multiple modes of thought and alternative states of consciousness. Their mission is to provide educational information to print, television, radio and internet media, highlighting the cognitive liberty aspects of various public issues. They also: 1) support litigation in the public interest to foster cognitive liberty by submitting amicus briefs in precedent setting cases, 2) produce publications, conferences, seminars, and speaking engagements that encourage a public discourse on cognitive liberty, and 3) engage in and support educational activities that raise public awareness of cognitive liberty. They maintain that the principles embodied in the US Constitution, the Bill of Rights, and the UN Universal Declaration of Human Rights, all support a basic human right to multiple modes of thought, to privacy, and to autonomy over one's own mental processes. They provide an informative Web site and offer free update newsletters.

The Lycaenum (www.lycaenum.org) is a legendary drug site that has been undergoing a great amount of change. Their site has had a number of technical problems that they are correcting as they re-launch. They hope to officially re-launch their site soon, but until then, there still is interesting information at their site. They plan to turn the site into something more than just a vast archive of interest-

ing and accurate information. They hope to create a vehicle to help promote and inspire the positive change that the tools that produce altered states of awareness are capable of generating. They will now be focusing largely on harm reduction, visionary art (including poetry and music), drug policy reform and activism, and the profound effects mind altering substances have had throughout the history of mankind. Members will be receiving a newsletter discussing news updates, future plans, and general progress of the site. The Lycaenum Entheogen Database (Leda) was created to organize the complex and ever expanding web of entheogen information. Leda picks up where their old drug archives left off. Their intent is to absorb all available entheogenic knowledge, cross-reference it, and make it browseable through an intuitive interface.

The Resonance Project (TRP) is now **TRIP** (www.tripzine.com). Trip Media is the publisher of TRIP magazine, an annual journal celebrating the ongoing evolution of the contemporary psychedelic subculture. Trip Media also publishes and sponsors the production of small run art prints, books, informational pamphlets, and underground music compilations on CD and vinyl. While they obviously cover drug related issues very closely, they are also interested in a wide range of issues, including music and arts, science and philosophy, and cultural commentary. TRIP magazine contains interviews, research articles on psychedelic topics, informative essays on aspects of the subculture, occasional opinion pieces, and short book/music/websites reviews.

The International Coalition for Drug Awareness (www.drugawareness.org) is a patient advocacy type of site devoted to listing media stories about drug use problems and the pharmaceutical industry. The emphasis tends to be anti-industry and even anti-academic in those instances when academic health professionals are involved in clinical drug trials.

Drug Story (www.drugstory.org) is a site devoted mostly to illicit drug use. It is an informational resource site aimed at writers and feature journalists. Check out this site to see what type of information journalists and others in mass media are reading as they prepare their stories.

-Michael Montagne mmontagne@mcp.edu

-Assistance from Evelyn Ediagbonya

Database of Individual Patient Experiences (DIPEX)

A very interesting new database has been launched that focuses on individual patient experiences with illness and medication use. DIPEX is a new internet-based multimedia resource that will answer questions by providing access to the experiences of others who have the same illness. On the DIPEX site, viewers can watch video clips, listen to the voices or read the accounts of people relating their experiences of illness and the impact it had on their lives. There is additional information on the site about the illness and its available treatments, and there are links to support groups and other reliable sources of medical information.

Unique in the field of health care communication, DIPEX aims to promote more balanced encounters between patients and professionals by providing detailed access to the patient's perspective. The three disease states currently on the site are hypertension, prostate cancer, and breast cancer. During 2002, the following diseases will be added to the site: bowel cancer, cervical cancer and screening, care-givers of people with dementia, and testicular cancer. There also are future plans to offer these materials on CD-ROM. DIPEX is based at the Department of Primary Health Care at Oxford University in England. DIPEX has been described in greater detail in an article in *Lancet* (Herxheimer, A., et. al. 355:1540-43, 2000) or visit the website at: www.dipex.org.

Bibliography

It has been suggested that bibliographies should be considered for this Newsletter, and the following example is provided by Donald Rucker. To quote from his email message, "Everyone should recognize, given the complexity and dynamics of public policy and health reform, that an informed foundation for organizing this task could easily require over 1,000 references. As such, all submissions represent more a point of departure rather than a definitive attempt to embrace the topic." He further "challenges others to augment/decimate/update [his] draft."

{This is a great idea for this forum, and his bibliography is presented below:}

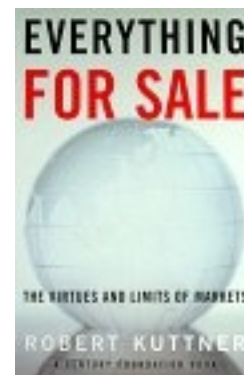
A Selected Bibliography for Pursuing Optimal Health Policy

- T. Donald Rucker
(tdmerucker@earthlink.net)

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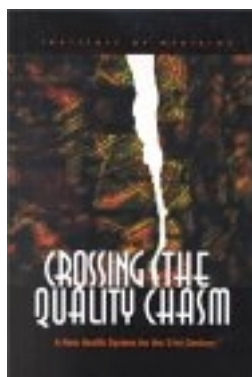
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Announcements

The **Reynolds Historical Lecture series** for 2002 continues with the following program:

April 15, 2002, 12:00 noon, the Ireland room:

“The Steel Cocoon: Tales of the Iron Lung, 1928-1955”

Lynne Dunphy, Ph.D., F.N.P.

Florida Atlantic University

May 23, 2002, 4:00 pm, the Ireland room:

“The Art of Anesthesiology: An Illustrated History of Pain Control”

Fred J. Spielman, M.D.

University of North Carolina School of Medicine, Chapel Hill, NC

Co-sponsored by the University of Alabama School of Medicine Department of Anesthesiology

All lectures are free and open to the public. Lectures are held in the Ireland Room, third floor, Lister Hill Library, 1700 University Blvd., University of Alabama at Birmingham. For more information, contact Michael Flannery at UAB (phone: 205-934-4475; email: flanner@uab.edu).

The **12th International Social Pharmacy Workshop** will be held on 12-16 and 16-19 August, 2002 in Sydney, Australia. The workshop theme is “Implementing Change - practitioner and patient perspectives.” The primary workshop will be held 12-16 August and an additional workshop is scheduled for 16-19 August. More information is available at: www.pharm.usyd.edu.au/socialpharmacyworkshop.

Association for the Behavioral Sciences and Medical Education (ABSAME)

The 32nd Annual ABSAME Conference

“Reducing Health Disparities: What is the Role of Medical Education”

is being held: October 10-13, 2002

Resort at Squaw Creek, Squaw Valley USA, Lake Tahoe, CA.

“Ethnic, gender, and socioeconomic disparities exist in health status in the U.S. These disparities have been attributed to differences in health behaviors and biologic predisposition, as well as differences in health care system access, diagnosis, and treatment. The conference objective is to examine methods for integrating knowledge on socio-cultural factors and health disparities in medical education. It will highlight educational methods for integrating epidemiologic data on ethnic, gender, and socioeconomic disparities in health status and related knowledge concerning socio-cultural influences on health.”

“ABSAME has historically served as a forum in which discussions reaching across boundaries of traditional disciplines lead to new understanding and creative solutions to the pressing issues of medical education. It is composed of members from a variety of medical specialties and the broad range of social sciences.”

The initial program announcement is now on their website (www.absame.org). For more information from the only regular pharmacy attendee, please contact Paul Ranelli at: Pranelli@uwyo.edu.