HEALTH COLLECTIVE BASIC PRINCIPLES

The Canadian medical system is designed to treat sickness rather than to promote maintenance of health. Health education, patient participation and disease prevention have no place at all in our "health" care system. The power is in the hands of the doctor who treats disease, and possesses a body of knowledge which is usually not shared with the patient. As patients we often feel too intimidated by the doctor to ask questions about our own bodies. Often we do not even have enough information to know what questions to ask. By hoarding this mysterious body of knowledge, the medical professional maintains wealth, power and prestige, while keeping us ignorant, irresponsible and powerless.

Power Through Learning

By studying and sharing information we have discovered that as lay people we can understand a great deal about our own bodies; we can educate ourselves. Professionals who assumed that we could not grasp basic medical information were incorrect. By learning about our bodies we become more comfortable with our normal functions, and more able to notice changes which are warning signs. We can recognize symptoms of illness early, when treatment is easier and less drastic. For example, practicing breast self exam is an effective method for discovering cancer at an early, treatable stage. Also, if we are educated about our bodies, we have more confidence and power when we confer with medical people. By taking responsibility for ourselves we feel stronger.

Self-Help Health

Self-help health means taking responsibility for much of our own health care, rather than relying totally on professionals to "fix it." When we are educated we are able to make intelligent decisions about our particular health needs. Individuals are encouraged to be responsible and self confident when they are treated like capable human beings. Through information sharing the self-help movement seeks to equalize power between lay and professional people. When we have health problems, it is easier

to confer with medical people as resources rather than as crutches. Self-help requires committment to learning by both the patient and the health care worker.

Patients' Rights

We often have bad experiences with medical people where we feel like anonomous bodies rather than total human beings. Some doctors seem more interested in their wallets then their patients, and hospitals are impersonal and secretive. We think the patient should come first, instead of last. As patients we have the right to know about all possible courses of treatment, including Eastern and non-traditional methods. We should be informed about the possible side effects of drugs and other treatments we receive. We also have the right to know about all the underlying causes of the problem. Since it is the patients' body, it is the right of the patient to make final decisions about her or his own care.

Prevention

We also emphsize preventive health care. It is easier to maintain a healthy body than to heal a sick one. We find this area to be one of the greatest failings of the Canadian "health" care system. Medical research tends to focus on cures for disease, rather than prevention. Medical students spend years learning how to patch sick bodies, but almost no time learning about such health maintenance areas as regular exercise and dealing with stress. Doctors are expected to supervise the care of pregnant women and people who need to lose weight, but most of them have never taken a course on nutrition. The medical insurance plan does not cover the cost of preventive medicine, even though we are all advised to get a complete check-up every year. When did a doctor last tell you how to prevent the recurrence of an ailment?

Profit Motive

In the Capitalist system "health" care is motivated by profit. Doctors are paid on a fee-for-service basis, so the faster they can process each patient, the more money they can make. If they were on salary, they would probably be more inclined to take

time for the many people who require more than ten minutes. In other words, quality rather than quantity.

We also spend huge sums for high priced drugs. Pharmaceutical companies have a greater margin of profit than most manufacturers. Drugs are sometimes prescribed in cases where life style changes would be more effective. The price of drugs is often kept artificially high by the patent law which allows one drug company to keep a monopoly for seventeen years on any new drug "discovery." Thus, for example, the price of ampicillin went from 50 or 60¢ a pill to only a few cents per pill when the patent expired and several companies began to market the drug. A large proportion of the price we pay for each prescription goes for advertising. This is directed at doctors through "gifts" to medical students, ads in medical journals, detailmen who visit individual doctors and "free" samples. Also, pharmaceutical research is often sponsored by drug companies, which makes the research results suspect. In some cases drug companies have suppressed unfavourable research findings.

Thus, we see capitalism as preventing many of the changes we want to see in health care.

Women as Patients

Women have special problems with our medical system, both as patients and as workers. As women we are patients 25% more frequently than men. We have special health needs, which are not illnesses, concerned with menstruation, birth control and pregnancy. We also see doctors more often as we more frequently supervise the medical care of our children. Most of the doctors we see are men, and we find ourselves in the roles of a woman/patient/subject seen by a man/doctor/authority. The doctor/ patient relationship tends to reflect the inferior status of women.

Medical areas of particular interest to women often seem to be less understood and poorly researched. We suspect this is because money and decision-making positions in the medical field are predominately controlled by men.

Menopause is one example of a women's medical need which is dealt with inadequately. Menopause is confused by mythology and

has received little attention from researchers. Many doctors put all or most of their menopausal patients on dangerous estrogen replacement drugs, whether or not it is appropriate. Menopause is viewed by most doctors as an illness, rather than the natural process it is.

There is no safe, reliable and effective method of birth control; drug companies seem to be satisfied with the profits in contraception as it stands, so they are not motivated to invest more money in research. Birth control information and devices are often not accessible to teenagers, who are getting pregnant at an alarming rate. When we become accidentally pregnant through contraceptive failure or lack of birth control, we cannot always obtain an abortion. Abortion is not equally available to all women due to attitudes, law and money. If we can get an abortion, we must go through a long, humiliating process to get "permission." We do not think that women should be required to justify decisions about their own bodies to those not directly affected.

Another area with which we are dissatisfied is pregnancy and childbirth. Pregnancy is treated like an illness, and women who are having normal deliveries receive treatment which is only necessary for the small percentage of births which are difficult. Many women choose home birth to avoid the dehumanizing procedures in hospitals. However midwifery is illegal, there is no emergency back-up service, and physicians are strongly discouraged by their collegues from attending home births. Thus a woman at home is in a high risk situation.

Women as Workers

Approximately 75% of health care workers are women, but almost all of these women are on the low income, powerless end of the spectrum. Stereotypes of women as subservient, maternal, giving and incapable of holding decision-making positions are emphasized in the medical system. For example, female nurses minister to the routine needs of patients and take orders from male doctors. One area of study in nursing schools is how to tell a doctor what should be done, while appearing to remain submissive. This is an old trick women have been forced to use in many areas

of their lives. In turn, women who are clerks, nurses' aides, janitors, etc. are subject to the arbitrary authority of nurses in a similar manner.

Feminism

As is demonstrated throughout this paper, we look at the "health" care system from a feminist perspective. We are committed to changing the position of women so women will be valued in whatever roles they choose, either traditional or non-traditional. For centuries we have not been permitted to explore our capabilities outside narrow roles.

At the Collective we encourage women to explore new roles, in order to gain confidence by learning medical facts, speaking out in groups and assuming responsibility. We can then apply our new found skills and confidence to all areas of our lives, and make changes in the sexist, capitalist system which oppresses us all.

Collectivity

Because we believe in sharing information, power and responsibility, we operate as a collective. In our weekly meetings we make decisions by consensus. There are no bosses, and all members of the group are expected to participate in decision-making. Individual responsibilities are rotated, and we are always answerable to the group. Operating collectively requires respect and concern for each other; we are helping each other to grow and learn together. We recommend this form of organization as a means of learning and practicing non-oppressive ways of working together.

This paper is only a brief summary of our basic principles. If you want clarification of any of the issues raised, please feel free to ask any Collective member.