SCIENCE AND SOCIETY
HUS 408

ASSIGNMENT FOUR
TOPIC TWO – SUPPRESSION IN SCIENCE

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Rather than directly tackle one of the essay questions provided for the topic 'Suppression in Science', I have decided to attempt the establishment of a case not previously documented. The case involves, what I will argue to be the suppression of, a lay individual attempting to influence the activities of the modern scientific medical establishment in Australia. Within this paper my aims are as follows:

- the establishment of the plausibility of a particular suppression case,
- to situate that case within a broader theoretical perspective,
- to assess some of the strengths and weaknesses of the particular approaches adopted in achieving these former aims, and
- the provision of perspectives on the issues involved in the case for the purpose of stimulating further critical research and comment.

The focal point of this essay is the suppression of a lay individual involved in attempts to promote the secondary prevention of Chronic (Open-Angle) Glaucoma in Australia.[1] Rolf Kaiser, a glaucoma sufferer himself, has for the past four years attempted to promote public awareness of the disease in an effort to minimise the visual impairment and suffering associated with its development. Current statistics on the incidence of Chronic Glaucoma in Australia are not, and never have been, available. Estimates based on overseas experience vary from 0.5% of unselected adult population[2] to 2.0% of the population over forty years of age.[3] The disease has an insidious nature in that it presents little symptomology to the sufferer until well advanced in its development and it may lead to total blindness if not effectively treated. Obviously then, the detection of the disease early in its development is essential in order to minimise the extent of the irrepairable visual impairment it causes. It has been Rolf Kaiser's aim to promote public awareness of this disease, especially to those at high risk,[4] so that voluntary steps toward detection and treatment may be taken. He has had limited success. I will attempt to explain some of the limitations which pertain to his case within the framework of Brian Martin and his co-author's concept of 'Suppression'.[5] Before continuing with this task I must stress that due to the constraints on the length of this essay only a narrow spectrum of the issues raised by my research will be presented. Accordingly, I will indicate to the reader relevant matters of importance and point to further reading in the Footnotes.

Initially it is necessary to consider the conceptual framework within which the empirical data will be considered. Although the work of Martin et al. is primarily concerned with the suppression of intellectual dissent they do indicate that there are many kinds of suppression, of which there are two primary features:

a) "A person or group, by their public statements, research, teaching or other activities, threatens the vested interests of elites in corporations, government, professions or some other area."

b) "An attempt by a powerful individual or group to stop or to penalise the person or activity found objectionable." [6]

In his capacity as an individual author, Martin sets out a framework of Corporate, Bureaucratic and Professional Elitism with which he attempts to uncover the sources of suppression.[7] Rather than utilise this analysis I have decided to work within J.B. McKinlay's Marxist perspective which posits a conceptual framework of four levels of analysis within which medical phenomena may be situated. These levels are, in the order of their determining influence:

a) The level of Financial and Industrial Capital.
b) The activities of the Capitalist State.
c) The level of Medicine itself.
d) The level of the Public.[8]

There are two important reasons for deciding to utilise McKinlay's Marxist framework rather than Martin's essentially Functionalist Elitism perspective.[9] Firstly, McKinlay offers us the 'level of the Public' as a distinct entity in his framework whereas Martin's analysis does not. McKinlay thus offers greater scope to consider the interactions of members of the public with other levels in the hierarchy, which constitute to some extent Martin's Corporate, Bureaucratic and Professional Elites. The applicability of McKinlay's conceptual framework in this respect will be crucial to my analysis. Secondly, McKinlay draws the interrelationships of the four levels outlined above into a clear focus via the organising theme of the profit motive in capitalist society. This theme concerns what McKinlay and many other Marxist authors consider to be the structural requirements and underlying logic of capitalism.10 Martin touches upon some of the interrelationships which inhere in his Elitism model but he does not systematically interpret them nor does he offer a schemata whereby relative levels of determining influence are discernable between and among the Elites. Thus, McKinlay's framework is useful for situating various fragmented and narrow theoretical perspectives found throughout the study of medicine into a broader analysis of Capitalism.

In what ways does Rolf Kaiser satisfy Martin's et al. first criterion of suppression and where do we situate those threatening activities within McKinlay's theoretical framework? In the first instance, Rolf Kaiser's activities toward the promotion of community awareness of the dangers of undiagnosed Chronic Glaucoma threatened the vested interests of the medical profession in that he is a lay individual recommending to the public matters concerning health – or more correctly, illness.[11] This conflict of interests is located between the 'level of the Public' and the 'level of Medicine itself'. This nexus will be the subject of further analysis later in this paper.

Secondly, and directly associated with the first point, Rolf Kaiser publicly advocated that detection of Chronic Glaucoma might better be facilitated by a greater reliance upon Optometric manpower in conjunction with Ophthalmic manpower. This is a direct threat to the Ophthalmologists who, as medical professionals, have a vested interest in limiting the profession of Optometry, members of which are not medically qualified.[12] We may locate this issue within the 'level of Medicine itself' and between this level and the 'level of the Public' in terms of Rolf Kaiser's advocacy, and also between the 'level of Medicine' and 'the activities of the Capitalist State' in terms

of the latter's capacity as supporters and legitimators of the hegemony of Medicine over the ancillary professions and occupations of the health care enterprise.[13] Although I will not be dealing specifically with aspects of the Ophthalmic/Optometric interface within this paper it must be borne in mind that the effects of the interprofessional rivalry permeate the issues of eye care in Australia.[14]

Thirdly, Rolf Kaiser's lobbying of the Federal and N.S.W. State Governments to gain support for the initiation of activities which would facilitate the secondary prevention of Chronic Glaucoma directly threatened their legitimacy in terms of their role as the managers of the social consequences of capital accumulation.[15] Despite the continuing rhetoric surrounding the necessity of preventive approaches to health care in this country, the State and Federal Governments have historically made only piecemeal efforts towards the development of effective prevention policy initiatives.[16] The economic reality supporting this view was recently put forward in a report to Australian Health Ministers thus,

"A brief glance at Commonwealth and State health budgets reveals that funds explicitly for health promotion and illness prevention represent a miniscule amount of health expenditure – less than one per cent in 1984/85." [17]

In this context we may situate Rolf Kaiser's case across the boundaries of all four levels of McKinlay's framework. Rolf Kaiser's lobbying of government as a member of the public initiated responses associated with its role as a functionary of 'Financial and Industrial Capital', and a supporter of the Medical profession (within the constraints of this former role), and in this particular case this support was, arguably, in opposition to the interests of the public.

Having established that interests have been threatened, it is now necessary to consider in what ways Rolf Kaiser's case meets the second criterion of Martin's et al. concept of suppression. That is, in what ways was Rolf Kaiser penalised for or prevented from carrying out his activities concerning the secondary prevention of Chronic Glaucoma, and by whom? Before proceeding I must point out that there are many aspects of this case that are worthy of comment. In the interests of academic rigour however, I have decided to deal only with issues for which I am able to substantiate my views with recorded evidence. Accordingly, the following analysis will deal chiefly with the first and third aspects of the case outlined in connection with the satisfaction of the first criterion of Martin's et al. concept of suppression. Aspects of the case that will not be dealt with here, but do have direct bearing on the issues, include the withdrawal of pledged funding and support to Rolf Kaiser; threats of legal action against him by certain participants in the debates; the denial of funding from the N.S.W. and Federal Governments; the shelving of a 3000 signatory petition on the issue of screening by the Federal Government; and the receipt of anonymous phone calls by Rolf Kaiser in which threats have been made upon his life.

Now to the specific issues.

In July of 1986 Rolf Kaiser established a Glaucoma Research Trust Fund with the dual aims of creating a public awareness of Glaucoma and attracting donations for research into the aetiology of the disease.[18] This initiative, along with Rolf Kaiser's ability to obtain media coverage at both national and local levels, brought his activities to the attention of a medical professional – an Ophthalmologist named Ivan Goldberg. Rolf Kaiser first became aware of this attention when he appeared on the *Ray Martin Midday Show* on September 2, 1986 as part of his campaign to publicise Chronic Glaucoma in Australia. The events which transpired on that day constituted the commencement of the indirect suppression of Rolf Kaiser by the Ophthalmic profession via the interests of one of its members and his associates. In his official capacity as spokesman for the Royal College of Ophthalmology of Sydney, Dr. Goldberg appeared on the above mentioned television program via prior arrangements between himself and the producers of the show.[19] Initially then, Rolf Kaiser was forced into a public association over which he had no prior consultation and little effective choice.

Despite attempts to have his own contact details displayed on the screen during the interview, Rolf Kaiser was not informed that prior arrangements to have the names and phone numbers of two associates (and at that time, patients) of Dr. Goldberg had been made.[20] It became apparent that pre-meditated motives were being played out in a forum which left little room for debate. Subsequent events saw the formation of the National Glaucoma Foundation of Australia (NGFA) by Rolf Kaiser in concert with Dr. Goldberg in his capacity as a representative of the Royal Australian College of Ophthalmologists, and two of Dr. Goldberg's associates one of whom was Mr. Laurie Pincott, the Executive Secretary of the Royal Australian College of Ophthalmologists.[21] Detailed examination of the Minutes of the first four meetings of the NGFA (now known as the Glaucoma Foundation of Australia Incorporated) have brought to my attention three primary ways in which Rolf Kaiser's input into the Foundation was effectively suppressed by the collective aims of Dr. Goldberg and his associates. This organised bias manifested itself in the following fashion:

- During the first meeting of the NGFA Rolf Kaiser was delegated the responsibility for attending to the "...public relations and the every day promotion of the Foundation at the grass roots level."[22] At the third meeting this responsibility was denied by the Chairman, Mr. F. Luxton.[23] Discussions were to be continued with Rolf Kaiser on the matter but never took place[24] and furthermore, during the fourth meeting of the NGFA the Chairman ruled that no conflict was evident even though disputation continued.[25] Obviously then, Rolf Kaiser's effective role in the NGFA was being suppressed.
- Rolf Kaiser's proposed initiatives concerning a Public Awareness Campaign were effectively subverted via the introduction of Foundation aims ancillary to public awareness matters, such as the funding of "special projects" for the purchase of Ophthalmic equipment for professional use.[26] Despite the continued discussions concerning the publicity of the Foundation,[27] its members have failed to act on resolutions and have not made an appreciable effort towards activities concerning the secondary prevention of Chronic Glaucoma, despite opportunities for the support of immediate public activities – in this case, Rolf Kaiser's Awareness Campaign.

- Funds raised by Rolf Kaiser and held within the "Rolf Kaiser Glaucoma Research Trust Fund" for research purposes were the subject of an attempt to co-opt these funds into the NGFA without the prior agreement of Rolf Kaiser and the Trustee.[28]

In short, the NGFA, the formation for which Rolf Kaiser has been described as the 'catalyst'[29] now pursues aims vastly different in practical emphasis than those of promoting the secondary prevention of Chronic Glaucoma; and without Rolf Kaiser who felt compelled to resign due to the events which transpired as evidenced by the Minutes of the meetings. In the context of McKinlay's theoretical framework adopted earlier, consideration of these issues places us primarily within the 'level of Medicine' and the interactions between that level and the public. In these respects, what characteristics of the medical profession help us to understand Rolf Kaiser's suppression?

The work of Eliot Freidson is particularly useful here. He states,

> "Supported by the power of the State, they (practicing professions) have official mandate to apply their knowledge to the world about them. Their mandate is to define whether or not a problem exists and what the 'real' character of the problem is and how it should be managed." [30]

Here we are confronted with the issue of the role of expertise in modern society of which I will have more to say later in this paper. At present I am concerned with the limits of the professional knowledge, which constitutes such expertise. In other words, what are the limitations of the professional knowledge claims utilised by Dr. Goldberg to gain influence over the committee members of the NGFA in order to control that organisation and subsequently suppress Rolf Kaiser? Freidson makes a clear distinction between the development of scientific medical knowledge and the issues attendant upon its application within society.[31] He argues that medical professionals do not necessarily have any greater claim to expertise in the application of medical knowledge where social, moral, political and economic evaluations are involved. This view reflects his belief in the 'moral equality' of all members of a free society.[32] Accordingly, in tasks involving such evaluative decisions,

> "…the public has every right to insist that it cannot be excluded from participation." [33]

The issues of primary concern to Rolf Kaiser have always been moral and social in nature. If we adopt Freidson's view that restrictions upon professional autonomy are justified on the grounds that there is a 'transmutation' of medical knowledge in the course of its application, and accordingly that matters which directly affect the public interest should be accessible to that public, then Rolf Kaiser has been unfairly treated indeed. Consideration of Freidson's moral viewpoint asks us to consider the legitimacy of professionals in our society, particularly with respect to the moral equality of all that society's citizens.

I will now turn my attention to Rolf Kaiser's direct interactions with the level of 'the activities of the Capitalist State' to see if these also provide evidence to satisfy the second criterion of Martin's et al. concept of suppression. Many dialogues with State and Federal Government representatives and organisations have been initiated by Rolf Kaiser over the last four years. For the purposes of this essay I would like to focus upon his communications over an extended period with Dr. Neal Blewett, the Federal Minister for Community Services and Health. I intend to argue that these communications display what Barry Barnes and David Edge describe as "…the tendency to 'convert' value issues into technical discussions."[34] Given that Rolf Kaiser's concerns have always primarily lain within the issue of public awareness of Glaucoma, with the aim of enabling members of the community to voluntarily pursue all available pathways of detection for the disease, Neal Blewett's letters have almost entirely centred upon technical issues involved in mass screening for the disease.[35] Such a tendency on the part of Dr. Blewett is what Jurgen Habermas has termed the 'scientisation of politics'. That is,

> "…the 'scientism' by which the infiltration of technical expertise determines the conceptualisation of political problems, the language in which they are expressed, and the institutional forms by which decisions are reached." [36]

Accordingly, whatever the particular values which motivated the controversy, the debates concerning the secondary prevention of Glaucoma have focused upon technical questions, and subsequently political values and scientific facts have become difficult to distinguish.[37]

There is another important feature of Neal Blewett's communications, which needs to be considered here. With the extended lobbying of the minister by Rolf Kaiser for almost three years, it is interesting to note the attitude adopted in his most recent letter concerning the matter of Glaucoma prevention in general. I quote,

> "My department has no direct responsibility for the delivery of services to reduce the incidence of Glaucoma, promote eye health or prevent eye injury. This responsibility lies with the States and Territories." [38]

Within the context of Dr. Blewett's discussions of the technical issues involved in mass screening for Glaucoma, and his earlier statement that "…there needs to be greater awareness of the problem (visual impairment caused by Chronic Glaucoma) generally",[39] his stance on the issue does not seem consistent. This latest response offers much to support the view that attempts are now being made to formally exclude Rolf Kaiser from dialogue with the Federal Government on the issue. Furthermore, it is likely that Neal Blewett would have been aware of the limited response Rolf Kaiser obtained from the N.S.W. Government in terms of its responsibilities on the issue. Commentators upon the Australian health care system(s) help us to interpret these events. There is no question that Neal Blewett is correct in stating, that the basic powers over health remain with the states, however as Joan Ryden and Diane Mackay point out,

> "…there are few areas in which the Commonwealth has not become involved (in health), mainly through the provision of finance. The result has been an intermeshing of Commonwealth and State activities with considerable confusion of accountability and responsibility." [40]

And further,

> "While Commonwealth governments seem prepared to leave the actual provision of health services to State authorities they show no desire to relinquish all control of either the cost or the shape of such services." [41]

And finally, it can be argued that the Federal government does have some responsibility concerning the issues raised by Rolf Kaiser in that the National Health and Medical Research Council, a federal body, has Health Care Committees and Researeh Units concerned with advising the government on matters relating to the provision of health care, and preventive medicine in particular. It seems plausible then to view Neal Blewett's actions as constituting the suppression of Rolf Kaiser via the interpretation and manipulation of the structural limitations inherent in the Australian health care systems.

It is now appropriate to consider the wider social context within which these issues are situated.

Freidson draws our attention to the relationship between the State and the Medical profession. Via the provision of licensing laws the State has provided the legal basis for the legitimacy of Medicine's monopoly of the right to define health nnd illness, and to treat the latter.[43] Although Freidson emphasises the dialectical nature of this relationship, McKinlay's analysis implores us to consider the determinine; influence of the interests of the controllers of financial and industrial capital in our society.[44] He argues that the presence of financial and industrial corporations in and around the medical business fundamentally influences the nature of medical work. With the greater determining influence of these institutions upon the activities of the Capitalist State, the 'level of Medicine' can be seen to be subordinate to both whilst retaining substantial autonomy in its control over the members of the public. Within this context Rolf Kaiser has found himself attempting a task for which the existing social relations and institutional arrangements, in their primary role as facilitators of capital accumulation, are predicated against. As well as directly threatening existing social relations (as outlined on pages 2 and 3), Rolf Kaiser's activities – and arguably, preventive medicine in general – threaten what McKinlay and many other Marxist authors see as the primary logic of capitalism; namely, the accumulation of capital via the inexorable requirement of profitability.[45]

My attempt to situate the suppression of Rolf Kaiser into a broader social context has highlighted some of the limitations of the models employed. Foremost amongst these is the issue of causality. Within Martin's et al. concept of suppression for example, what indications do we have that the ways in which Rolf Kaiser threatened the vested interests of certain elites in our society brought about the penalties which he can be seen to have incurred?

How do we decide the relative influence of other features of the human dramas that surround the debates? These questions are indicative of the indeterminancy of Martin's et al. concept of suppression and the lack of decision-making power which it can afford us in understanding features of our social environment. Political economy approaches such as that developed by McKinlay also have their shortcomings. Bryan S. Turner indicates that these "…approaches are often inadequate from the point of view of a comparative and historical sociological study." [46] Once again, the precise causal mechanisms which determine the relationships between the presumed logic of capitalism and the specific features of the social system under consideration are not systematically and clearly accounted for. These shortcomings are admittedly a feature of this essay.

On the other hand, the strength of the approach I have adopted is clearly recognisable in political terms. As Martin states, the use of the term 'suppression' reflects

> "…a particular way of viewing the world in which the exercise of elite power often constitutes suppression and in which freedom of speech against elite frameworks becomes dissent." [47]

Accordingly, I have sought to use the concept of suppression as a tool for political purposes - to question the nature of our society and the existinc social order. Marxist political economy has similar aims. Thus, what is seen to be at stake will depend unon the theoretical perspective one adopts. Rolf Kaiser would arcue that the visual impairment and sufferine; of a significant number of the community is the primary issue, whereas McKinlay's concerns lie with the inherent inequitable social relations which capitalist societies display. Freidson and Habermas echo these concerns about equality from somewhat different perspectives, and commentators on the structural aspects of the health care system such as Ryden and Mackay are concerned with the more mundane legal/political causes of inequalities in the delivery of and access to medical care.

What I have attempted to do in this essay is to draw some of these perspectives together under the umbrella of a broad political economy. Initially this approach will raise more questions than it will answer. Given that I intend to continue research into some of the broader issues raised in this paper, I believe that this is a strength of my approach.

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2. Roger A. Hitchings, 'Screening for Glaucoma', *British Medical Journal*, Vol. 292, No. 6519, p.506.

3. International Glaucoma Association, London, in their 1985 Public Information Brochures, sent to Rolf Kaiser with a letter dated October 9, 1986.

4. There are several categories of people at high risk of developing Glaucoma. There seems to be substantial controversy about the relative importance of these categories. The following quotation from F.J. Pabalan and T.A. Weingeist includes the most commonly accepted risk categories: "…while glaucoma screening preferably should be part of the routine physical examination in all patients, it is especially important in those at risk, e.g. patients over 40 years of age, diabetic and hypertensive patients, those with a personal or family history of glaucoma, blacks, highly nearsighted patients and those on corticosteroid therapy." in *Postgraduate Medicine*, Vol. 77, No. 6, 1985, p.256.

5. Brian Martin, C.M. Ann Baker, Clyde Manwell and Cedric Pugh, (Eds.), *Intellectual Suppression – Australian Case Histories, Analysis and Responses*.

6. Ibid., pp.1–2.

7. Brian Martin, 'Elites and Suppression' in Brian Martin et al., op. cit., pp.185–99.

8. John B. McKinlay (Ed.), *Issues in the Political Economy of Health Care*, pp.8–9.

9. For a discussion of the limitations of a purely functionalist account of Medicine in the Social Sciences see, Vincente Navarro, *Medicine Under Capitalism*.

10. For a detailed account of McKinlay's position see John B. McKinlay, 'The Business of Good Doctoring or Doctoring as Good Business : Reflections on Freidson's View of the Medical Game', *International Journal of Health Services*, Vol. 7, No. 3, 1977, pp.462–3.

11. Eliot Freidson has done much research to substantiate this view and I will draw heavily upon his work later in this paper. Eliot Freidson, *Profession of Medicine – A Study of the Sociology of Applied Knowledge*.

12. Evan Willis, *Medical Dominance – The Division of Labour in Australian Health Care*, Second Edition. In this book Willis explores in some detail the dominance of the medical profession over ancillary professions and occupations within the Australian health system. 'Limitation' is one particular method whereby the medical profession sustains its dominant position. The Ophthalmology/Optometry interface clearly illustrates the concept of limitation.

13. Support for the view that the State supports and legitimates the dominance of the medical profession in the health care enterprise may be found in the following works: Evan Willis, op. cit., pp.2–5; Eliot Freidson, op. cit., pp.23–4; A. Hale Glasner, 'Professional Power and State Intervention in Medical Practice', *Australia and New Zealand Journal of Sociology*, Vol. 15, No. 3, 1979, pp.20–9.

14. The Ophthalmology/Optometry rivalry is historically an international phenomenon. Basic resources for consideration of the debates involved may be found within the major journals of these professions. In Australia these are *Australia and New Zealand Journal of Ophthalmology* and *Australian Journal of Optometry*.

15. This view of the State's role in Capitalist society is widely held by Marxists. See in particular: Marc Renaud, 'Structural Constraints to State Intervention in Health', in John Ehrenreich (Ed.), *The Cultural Crisis of Modern Medicine*, p.111.

16. The Report of the Health Targets and Implementation Committee to Australian Health Ministers is highly critical of the lack of government initiatives in this respect *Health for All Australians*, A.G.P.S., Canberra, 1988, p.7.

17. Ibid., p.5.

18. 'Glaucoma Sufferer Launches Research Charity', *Border Morning Mail*, Albury, August 23, 1986, p.28.

19. That Dr. Ivan Goldberg was acting in this official capacity is documented on file tape of the interview itself. *Ray Martin Midday Show*, Channel 9, Sydney, September 2, 1986.

20. I have no recorded evidence that these people were Dr. Goldberg's patients. This admission was made to Rolf Kaiser by members of the NGFA and confirmed by his personal research. Furthermore, at that time, these people were not aware that their personal details were being utilised in said fashion by Dr. Goldberg. Although I am unsure about the legality of obtaining evidence for these claims, it does raise some important ethical questions concerning the doctor's activities.

21. Minutes of meeting held to form a Glaucoma Research Foundation – held at 27 Commonwealth Street, Sydney on Tuesday, September 3, 1986 at 9.30am.

22. Ibid., p.2.

23. Minutes, NGFA, December 3, 1986, p.1.

24. Ibid.

25. Minutes, NGFA, January 28, 1987, p.1.

26. Minutes, NGFA, December 3, 1986, p.4.

27. Examination of the Minutes of the first four meetings of the NGFA highlight the rhetoric concerning public awareness and the promotion of the Foundation. It also highlights the extent of inaction on these matters and the changing priorities of the Foundation over a short period of time. Minutes, NGFA, meetings 1–4.

28. Minutes, NGFA, October 29, 1986, p.1, December 3, 1986, p. 2.

29. Mr Horrie Dargie, quoted in 'Glaucoma Group Organised', *Border Morning Mail*, Albury, September 13, 1986.

30. Eliot Freidson, op. cit., p.303.

31. Ibid., p.371.

32. Ibid., p.338.

33. Ibid., p.348.

34. Barry Barnes and David Edge (Edr.), *Science in Context*, p.244.

35. Letters from Dr. Neal Blewett to Mr T.A. Fischer, MP, Member for Farrer, dated February 26, 1987, November 19, 1987, August 25, 1988. Letter from Dr. Neal Blewett to Mr H.D. Mair, MLA, Member for Albury, dated August 28, 1987.

36. Jurgen Habermas, quoted in Barry Barnes and David Edge, op. cit., p.244.

37. Dorothy Nelkin, Controversy as a Political Challenge', in Barry Barnes and David Edge, op. cit., pp.277–8.

38. Dr. Neal Blewett, in a letter to Mr T.A. Fischer, July 28, 1989.

39. Dr. Neal Blewett, in a letter to Mr T.A. Fischer, February 26, 1987.

40. Joan Ryden and Diane Mackay, 'Federalism and the Health Services', in Heather Gardner (Ed.), *The Politics of Health – The Australian Experience*, p.204.

41. Ibid., p.221.

42. Sidney Sax, 'Organisation and Delivery of Health Care', in Heather Gardner, op. cit., pp.230–5.

43. Eliot Freidson, op. cit., p. 5. See also Evan Willis, op. cit., p.5.

44. J. B. McKinlay, op. cit., (1984), p.8.

45. Support for this view is given by Willis, op. cit., p. 219. See also: Bryan S. Turner's analysis of Vincente Navarro's work, in *Medical Power and Social Knowledge*, pp.172–4. Howard Waitzkin and Barbara Waterman, *The Exploitation of Illness in Capitalist Society*. Lesley Doyal and Imogen Pennell, *The Political Economy of Health*, in particular, Chapter one. J. B. McKinlay, op. cit., (1977).

46. Bryan S. Turner, op. cit., p.194.

47. Brian Martin, op. cit., p.185.

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LETTERS

Dr. Neal Blewett
to Mr T. A. Fischer: 26/2/1987, 19/11/1987, 25/8/1988, 28/7/1989
to Mr H.D. Mair: 28/8/1987

MINUTES

Meetings One to Four of the **National Glaucoma Foundation of Australia**:

3/9/1986, 29/10/1986, 3/12/1986, 28/1/1987.

TELEVISION PROGRAMS

Ray Martin Midday Show, Channel 9, Sydney, 2/9/1986.