

THE MEDICAL REFORM GROUP OF ONTARIO

THE MEDICAL REFORM GROUP OF ONTARIO:
A STUDY OF A POLITICAL INTEREST GROUP

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ABSTRACT

The primary purpose of this thesis is to provide an in-depth analysis of a political interest group. In doing so, some of the theoretical studies that attempt to explain why groups arise and why individuals freely join them have been empirically tested. It is noteworthy that most of the members surveyed would not renew their membership if the group stopped lobbying and only supplied "selective incentives".

The secondary purpose of this thesis is to contribute to the literature on the politicalization of health care. The Medical Reform Group of Ontario is a relatively small, yet highly politicized group of progressive doctors who want to make the health care system more democratic and preventative in nature. As far as the author knows, this is the first academic investigation of any kind into the Medical Reform Group.

In carrying out these two purposes, it is argued that the Medical Reform Group is a product of social changes which took place in medical practice over the last decade and that, despite assumptions to the contrary, "rational men" will voluntarily join a political interest group to solely advance its political (or collective) goals.

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CHAPTER ONE:

THE THEORETICAL FOUNDATION

This study is an attempt to test empirically some theoretical assumptions concerning the formation of interest groups. In this regard, two pertinent questions are addressed: 1) why interest groups form and 2) why individuals join them. In answering these questions the author will make extensive use of the Truman's, Olson's and Moe's theoretical writings.⁽¹⁾ In many ways, these three scholars represent three eras of interest group analysis. Beyond this empirical test this study will serve another purpose, that is, to contribute to the existing literature on health care politics. Because the group under study is the Medical Reform Group, much of the contextual background surrounding the group formation is found in the literature dealing with health care. Besides relying on this literature, the following pages will contribute to it by studying the formation of a highly visible, yet relatively new interest group.

This study is divided into six chapters. The remainder of this chapter will outline our theoretical base. Chapter two will discuss the organizational background of the MRG and the methodology used in the study. Chapter three will introduce the MRG by presenting a profile of its members through data collected through a mailed questionnaire. Statistics such as age, sex, educational background, and membership in other voluntary associations will be discussed. As will be demonstrated in chapter three, this information

will assist us in testing our theoretical assumptions. Chapter four will assess the validity of Truman's hypothesis concerning the impact of social change upon group formation. 'Can the formation of the MRG be explained by changes in the health care system' will be the central question explored in this chapter. A secondary concern that will be addressed in the latter part of the chapter is the difference of MRG medical "ideology" to the Ontario Medical Association or "traditional" ideology of physicians. Chapter five will address the incentive structure of the MRG and its members. 'Why do members join the MRG and under what conditions will they renew their memberships' are the guiding questions for this chapter. The final chapter summarizes our findings and offers some conclusions in light of our theoretical bases. The question here is whether Truman, Olson or Moe, or perhaps a combination thereof, explains why the MRG emerged and why people join it.

THE THEORETICAL FOUNDATION

Our purpose is to analyze the formation and maintenance of a particular interest group. It is therefore necessary to outline the theoretical approaches that are relevant to this study. The specific theories that concern us are those that attempt to explain why groups emerge and why individuals

join them. A quick review of the literature reveals that a number of disciplines have attempted to answer these questions. Economists, sociologists, psychologists and political scientists have all sought to explain why groups emerge and why people join them.⁽²⁾ Despite this rich inter-disciplinary interest, it is possible to place all studies within one of two theoretical approaches that seek to explain collective action. These can be termed the "environmental" and the "economic". Because the former has a longer history, we will outline the basic tenets of this theory first.

THE ENVIRONMENTAL APPROACH

This environmental school derives from a rich mixture of disciplines seeking to explain collective action but generally posits factors in the environment as determinants of the emergence of, and willingness to join groups. Much of the literature on trade unions has its roots in this school. For example, Bain contends that the decision to join a trade union is a function of management's attitude and/or changes in the business cycle.⁽³⁾ However, for this research the utility of the environmental school is found primarily in writings of political scientists, since it is a political interest group we wish to analyze.

Bentley, Latham and Truman, all political scientists, belong to the environmental school and are generally recognized as the foremost proponents of group theory.⁽⁴⁾ Beginning with Bentley's position that society can best be understood in terms of groups and their interests, this theoretical approach developed a strong following. Unfortunately, their work was not so much a theory of interest groups as it was an interest group theory of politics.⁽⁵⁾ Their idea of a group was more an analytic construct used to simplify and interpret real world politics. But this stipulation need not be a stumbling block. By studying the underlying assumptions of this approach, we can come to grips with the specific dimensions of the environmental school that concern the formation of and decision to join groups. Because Truman is the most articulate of the group theorists, his book, The Governmental Process, will be used as the representative text.

TRUMAN'S LOGIC

A fundamental variable in the logic of all our theorists is their conception of man. According to Truman, man is a social animal.⁽⁶⁾ That is to say, it is natural for him to seek the company of like minded individuals. Thus Truman bases his theory on an Aristotilian conception

of man. With this basic premise in mind, we are prepared to examine Truman's logic.

Truman defines a group as a set of individuals with either common interests or shared attitudes. With constant or increasing interaction a group will stabilize or, in other words, evolve into a formal organization. Because Truman defines the basis of a group as shared attitudes, he is able to place virtually all individuals into one group. Thus, for Truman, "organization indicates merely a stage or a degree of interaction".⁽⁷⁾ However, organization is a particularly important stage of a group's life because it increases the group's political clout. From this perspective, the act of joining a group is taken for granted; individuals will associate with others whenever it is in their common interest to do so. In Truman's model, it is not the act of joining that needs explaining, for people are de facto members of groups anyway. What requires explanation is how shared attitudes are produced in the first place and secondly, how these groups develop into concrete organizations.

As noted above, Truman's theory rests on the assumption that shared attitudes constitutes the group and, as the group interacts and stabilizes, a formal association emerges. The basic factor encouraging interaction is a disturbance in the established pattern of behaviour. It is at this point that Truman introduces the concept of "tangent relations".⁽⁸⁾

In any society of appreciable complexity there are bound to be many institutionalized groups and, in some cases, there are individuals who belong to and participate in more than one. Groups that share common individuals are said to be tangent to one another by virtue of these individuals. For example, the College of Family Physicians and the Ontario Medical Association are tangent to one another because a number of doctors belong to both organizations. For Truman, tangency is the key to formal association. In his own words:

The association is a group that grows out have been called tangent relations... When a disturbance occurs in two or more of these tangent groups, or subdivisions, the affected individuals are likely to seek an adjustment through interactions with others in the tangent group, with whom they have "something in common".(9)

Clearly then, the concept of tangency refers to a process whereby members of group A interact with group B in response to a common problem or issue that gave rise to the interaction.

Truman is not clear, however, on how tangent relations differ from the simple idea that formal associations are organized by shared attitude groups experiencing increased interaction. Does tangency denote the process whereby common attitudes come to be shared in the first place or does it simply describe how different groups initially interact? Salisbury, one of Truman's contemporary critics, has addressed

this issue:

Tangency results in interaction; interaction combined with disturbance leads to intensified interaction and common attitudes among those similarly affected by the disturbance; intensified interaction leads to association. (10)

Whether Salisbury's interpretation is correct or not, Truman certainly saw a strong relationship between the ideas of interaction and disturbances.

The disturbances Truman puts forth as fostering interaction leaves little to the imagination. Among the variety of disturbances put forth are "the increasing division of labour within industry, the growing differentiation between employer and worker...; rapid developments in transportation and communications...; shifts in economic organization...; numerous technological changes...; market fluctuations...; war, depression or other emergencies" and the list goes on to include most other elements of social change. (11) When referring directly to the formation of professional associations, Truman points to the special skills and preoccupations of their members which encourage common attitudes and interests. The extent of political activity of professional associations is determined by the activity of competing groups and threats to the discharge of their professional functions. (12) Although, as Truman's critics have indicated, the formulation is not very precise, the ideas are crystal clear. (13) Social changes disturb the

established pattern of interaction and, as a result of this disturbance, some groups are dissatisfied and, as a result of this dissatisfaction, associations are formed.

A number of implications can be drawn from Truman's argument. In the first place, the central factors encouraging interest group formation are macro-social forces of change. Second, groups tend to organize on the basis of disadvantage and seek to use their organized strength to improve their position vis-a-vis other groups. Next, associations seek to stabilize the internal relations among members. Another equally important method to stabilize internal relations and, in addition, restore intergroup equilibrium, is to make claims upon other groups. "That is, the goals of group incorporation and the essential activity that characterizes these associations involve conflict among groups".⁽¹⁴⁾ Indeed, the formation of one association may foster the birth of a counter-organization. Fourth, and finally, interest groups gravitate toward government when they find they cannot attain their goals without the assistance of state powers. Their goals, generally speaking, are to "restore a previous equilibrium or to facilitate the establishment of a new one" and they gravitate towards government because state powers are the most inclusive in today's world.⁽¹⁵⁾ There is one other aspect of Truman's theory that needs examination before we move onto Olson's.

Truman's historical examination suggests he has two different ideas concerning the pattern of interest group formation. On the one hand, he seems to be saying that groups form continuously, and on the other, he sees groups forming in spurts. Once again, we rely on Salisbury to clarify this ambiguity.⁽¹⁶⁾ It is his conclusion that Truman supports both hypotheses. One position has been termed the "homostatic mechanism hypothesis"; a more appropriate term might be the "wave theory". The idea here is that the formation of one group may foster the formation of another. In this regard, Truman draws attention to the growth of employer associations in the second half of the last century as a result of the inroads being made by labour unions⁽¹⁷⁾ This hypothesis, although useful and valid, is really a derivative of Truman's fundamental hypothesis. Certainly some associations are a product of a need for counter-organization, but a more central question concerns the reasons underlying the growth of the initial associations. If employer associations are a product of labour unions, what are labour unions a product of?

The proliferation hypothesis addresses the above question. Using this approach, the pattern of association formation is explained by the macro-forces of social change outlined above. By now the idea is a familiar one.

With an increase in specialization and with continual frustration of established expectations consequent upon rapid changes in the related techniques, the proliferation of associations is inescapable.(18)

Thus, the proliferation hypothesis argues that the various processes of social change, such as new technology, produces a specialization of functions and, as a consequence, a new set of interests, thereby restoring equilibrium to the social system. This position clearly incorporates the wave theory in that some secondary groups are born in response to these initial associations. It must be pointed out that Truman emphasizes the social forces of change over the wave theory in his analysis of group formation. Indeed, as we will now see, it is the stress laid on social forces of change that separates the environmental school from the economic one.

THE ECONOMIC APPROACH

The assumption of the environmentalists that shared-attitude individuals would naturally join together to pursue their common good enjoyed a long marriage with many disciplines. One effect of this marriage had been little study into motivations underlying an individual's decision to join a group. Simple agreement with the goals of the group were accepted as enough motivation. This accepted

relationship, however, suffered a major setback in 1965 with the publication of The Logic of Collective Action.⁽¹⁹⁾ With this book, Mancur Olson sparked a series of attacks on the environmental school in particular, and pluralist theory in general. Basically, Olson destroyed the comfortable myth that interest groups' political goals are simply a reflection of its members' political views. Two decades later, Olson's logic is still accepted as the theory that best explains the decision to join an interest group. Since Olson's logic will be tested in the following chapters, it is necessary to outline its essential elements here.

OLSON'S LOGIC

Unlike Truman, Olson does not begin his analysis by focusing on the forces in the environment that foster collective interests. Indeed, environmental forces hold no value in Olson's model. Instead, Olson draws attention to the nature of the good being provided. According to Olson, rational individuals sharing common interests will not join formal organizations in order to advance those interests. This assumption is diametrically opposed to the environmental school. How does Olson arrive at this conclusion?

Olson's logic depends on two factors: his assumptions about the nature of man, and his distinction between the

motivational value of collective goods as opposed to selective incentives. Since the operational value of the second factor depends upon the first, let us begin our analysis of Olson by outlining his model of man.

Olson assumes all individuals are rational, perfectly informed and economically self interested. The decision-making calculus of such individuals works in the following way. When faced with a set of alternative actions, the individual will always choose the one that offers the most benefit at the least cost. Rational man is simply a maximizer of personal utility. Olson's model predicts that in any given situation, all rational men, providing they possess the same information, would make the same decision. Olson is able to make this generalization because he attributes only one value to man. To Olson, all individuals use money as a yardstick of value. When faced with a decision, all men weigh the marginal costs against the marginal benefits. If man can receive the benefits without paying the cost, he will do so. In other words, in Olson's model, man is a pure economic animal who will, if chance permits, allow others to pay. Using this model of man, Olson is able to develop the central dimension of this "theory", the distinction between collective goods and selective incentives, into a refutation of the environmental school.

The key to Olson is his conclusion that collective

goods or common interests hold little or no motivational value. Collective goods are defined as "any good such that, if any person X , in a group $X_1, \dots, X, \dots, X_n$ consumes it, it cannot feasibly be withheld from others in the group".⁽²⁰⁾

That is to say, collective goods are non-exclusive; it is impossible to prevent anyone from enjoying them. Police protection is a classic example of a collective good.

Police protection is a good that is enjoyed by taxpayers and non-taxpayers. Both citizens living within the community, as well as those just passing through, all benefit equally from the provision of the good. Indeed, given the fact that police protection is a non-exclusive good, it is impossible to deny it to anyone, even those who do not pay their tax. Given Olson's assumption about the economic motivation of man, he would predict a rational man would avoid paying his taxes, and thus avoid contributing to the collective good, if he was sure no punitive action would follow. He would, in the words of rational choice theorists, take a free ride. This is true despite the fact that all citizens' interests (except criminal) would be advanced by police protection. Legal sanctions do, however, exist, and the mere fact of their existence seems to confirm Olson's logic. That is, common interests are not enough to induce people to contribute. In the case of police protection, coercion is necessary.

Olson's model of man, combined with the non-exclusive quality of collective goods, has important implications on the study of interest groups. For Olson, the logic behind the decision not to contribute to the provision of a collective good applies equally to the decision to join an interest group. Individuals with similar interests will not join a group that furthers these interests. Instead, they will opt to take a free ride. Take, for example, a group that promises higher fees for doctors. This political goal will not induce a doctor whose interests are served by a higher fee to join for he can still enjoy the benefits without paying the membership dues. The decision-making calculus of the rational individual outlined above remains constant. Nobody will pay for anything if he can get it for free. How then do interest groups induce individuals to join? It is at this point that Olson elaborates upon his concept of selective incentives.

A selective incentive is exclusive.⁽²¹⁾ That is to say, it discriminates between non-members and members of a group, thereby eliminating the free-rider problem. A selective incentive can be negative, as in the case of coercion used above, or it can be positive. Most interest groups, unlike the state, cannot rely upon coercion (unless they use the state to enforce exclusivity or apply intense peer pressure) to ensure the collective interests of its members are advanced. Instead, interest groups must devise some set of positive incentives that will induce individuals to become members.

This entails providing some benefits to group members that are denied to non-members. Moreover, selective incentives remain separate and distinct from the collective goods a group provides. For example, the Ontario Medical Association (henceforth, OMA) offers free subscriptions to its journal and organizes educational seminars for its members. In addition to these selective incentives, the OMA also pursues collective goals, such as higher fee-for-service rates, that supposedly advance the interests of all physicians. According to Olson's model, a rational physician would only weigh the marginal costs and benefits of the selective incentives in deciding whether or not to join the OMA. The fact that the OMA lobbies the government for higher fees would not be a factor in the decision-making calculus of rational individuals. This is so because higher fees benefit both members and non-members alike. Hence, by claiming that man by his nature is a free rider and by pointing to the non-exclusive quality of collective goods, Olson has challenged Truman's assumption that man will naturally join associations that promote their common interests. There are, however, two qualifications that limit the universal applicability of Olson's conclusion.

The first qualification that Olson points out is group size. According to Olson, the theory applies only to latent groups. A latent group is one that consists of a large number of people who would benefit from the provision

of a collective good but whose individual contribution towards that good is negligible.⁽²²⁾ As Olson puts it: "An individual in a 'latent' group, by definition, cannot make a noticable contribution to any group effort and, since no one in the group will react if he makes no contribution, he has no incentive to contribute".⁽²³⁾ Thus, the inconsequentiality of individual contributions undermines the incentive of a collective good in latent groups. A second characteristic of latent groups that acts in a similar way is the start-up costs of organizing.⁽²⁴⁾ In his critique of pluralists, Olson points out that latent groups are more difficult and costly to organize as opposed to "privileged" or "intermediate" groups.⁽²⁵⁾ Latent groups, at least in the initial stages of group formation, are unlikely to possess the resources necessary to organize "potential" members, let alone supply them with selective incentives. These two factors then, inconsequentiality and organizing costs, undermine the incentive value of collective goods in latent groups. Therefore, Olson's theory applies only to latent groups.

In addition to this qualification, there is another that Olson attaches to his theory. In his short analysis of non-economic lobby groups, Olson claims his analysis is "less helpful in some cases than in others".⁽²⁶⁾ Included among these cases are philanthropic and religious lobbies, as well

as "the occasional band of committed people who continue to work through their organization for admittedly lost causes".⁽²⁷⁾ Philanthropic organizations voice concern about some groups other than their own members and religious lobbies attract members on the promise of some ultimate benefit. Olson dismisses these lost cause groups as non-rational or irrational and suggests one should turn to psychological literature for an understanding of these groups. Outside of these types of lobbies, however, Olson is quite prepared to apply his logic "whenever there are rational individuals interested in a common goal".⁽²⁸⁾ The central question we must now address is whether the group under study here would qualify as an exception.

IS THE MRG A LATENT GROUP?

This question really has two parts and therefore two separate answers are required. In the first place, we must ask whether the MRG is a latent group. Our group would seem to qualify on this count, for it is large enough that the difference between one member joining or not joining would be insignificant in terms of securing the provision of a collective good. That is to say, the inconsequentiality problem does not exist. Moreover, the initial start-up costs

were high enough to act as a deterrent. Besides the standard financial costs, the MRG suffered from a retaliatory cost. The well-established and immensely powerful OMA attempted to quash the group in its formative years.⁽²⁹⁾ Thus the group seems to qualify with respect to the first condition.

The second question we should address is whether our group is religious, philanthropic and/or committed to lost causes. The first of these can be dismissed quickly. The other two, however, deserve more attention. Despite the fact that our group does voice concerns for other groups outside its formal membership, such as the patient and other less powerful health care professionals, it does not fit the philanthropic category because it also lobbies for changes desired by its membership. These changes include paid vacation, sick leave and a government run pension plan for physicians who work outside a fee for service payment plan. These collective goods pursued by the group on behalf of their members disqualify it from being termed philanthropic. The lost cause category is a bit more difficult to dismiss.

Whether or not our group is committed to a lost cause is open to subjective evaluations. Certainly, the OMA would place our group in the land of lost causes.⁽³⁰⁾ However, this is highly questionable because an objective analysis demonstrates the growing impact that our group continues to achieve from its conception on May 26, 1979. For example, the group played an instrumental role in getting

the Canada Health Act passed. Moreover, a majority of the public support one of the group's main policies, namely the removal of financial barriers, such as extra billing, to health care. Even within the profession, the group seems to have a sizeable but silent body of support, if non-participation in the 1986 Ontario doctors' strike is used as a measure of support. Such factors disqualify our group from the lost cause category. Thus, it seems that there is nothing in Olson's qualifications that warrant omitting the MRG from its application. This now completes our outline of Olson's logic. By way of summary, we will address the impact Olson made on the environmental school, as well as offer a critique of Olson.

THE IMPACT OF OLSON'S LOGIC ON POLITICAL SCIENCE

By treating man as an economic animal rather than a social one, and by drawing attention to the non-exclusive quality of collective goods, Olson changed the way political pluralists studied interest groups. Pluralists had to answer to a new challenge; that is, the application of economic reasoning to political analysis.

The idea that common interests formed the basis of group formation and maintenance and that these common interests were reflected in the group political goals was

not the full story. Pluralists were forced to recognize the motivational importance of selective incentives. A group with an abundance of members was no longer accepted as an indication of its political support and likewise, an individual's recruitment into political groups was not necessarily performed on the basis of political compatibility. A latent group's maintenance depended on its ability to supply members with selective incentives. The impact of this logic on interest group pluralism is explained by Moe:

...Olson develops a logical argument that undermines the presumed pluralist link between common interests and collective action, showing that, with certain identifiable exceptions, political goals will not be sufficient to induce member support of interest group activity. (31)

Thus, Olson forced political scientists to begin to look inside interest groups. The question of how and what selective incentives were administered became a very important part of political analysis. To quote Moe again, Olson's logic "signalled a new beginning for interest groups theory and research - a resurgence of scholarly interest, an exciting new analytical framework; and progress toward a broader understanding of political goals". (32) However, outside a handful of empirical works, this resurgence was not forthcoming.

Our theoretical framework presents a dichotomy through two schools of thought that are diametrically opposed. On one hand is the environmental school's explanation of group formation. It was Truman's premise that individuals with common interests would naturally form groups as a result of forces in the environment. On the other hand, the economic school ignores the question of why groups form, and instead focuses on the individual's reason for joining an existing one. It was Olson's premise that individuals will not naturally join a group to advance their common interests even if forces in the environment made it beneficial to do so. As Philip R. Jones puts it, the environmental school "throws weight on those factors which stimulate demand for collective goods and the environment which supports organization", while the economic school "emphasizes the characteristics of the common goal and the size of the group, and asserts boldly that awareness of collective interests will not explain collective action..."⁽³³⁾ This does not mean, however, that we are left with an either/or decision. A recent attempt has been made to bring these two approaches together in order to achieve a more thorough understanding of interest groups.

MOE'S LOGIC

Moe's logic is a hybrid of the environmental and economic schools of thought. On one hand, he applauds Truman's attempt to come to grips with the formation and maintenance of interest groups. However, Moe is uncomfortable with Truman's pluralist assumptions. In particular, Moe is critical of the idea that all interest groups arise on the basis of common interests and that group policies are a product of these common interests. On the other hand, Moe finds Olson's distinction between selective incentives and collective goods a theoretically interesting one and accepts the notion that selective incentives are important in understanding why individuals join groups. However, he is not as quick as Olson to dismiss the inducement value of collective goods. Moreover, Moe faults Olson for failing to address the initial formation and subsequent maintenance of interest groups. Moe's purpose is to attain a broader understanding of interest groups by addressing what he views are the major weaknesses, while combining the major strengths of the environmental and economic approaches to interest groups. By doing so, Moe develops a theory of interest groups that attempt to explain why they "do what they do" in the political arena.

Although Moe's theory is a comprehensive one covering most aspects of group formation and maintenance, and deserves

full attention by anyone interested in political groups, we will outline only those aspects that are pertinent to questions being addressed here, that is, ideas concerning why individuals join groups. Let us begin by focusing on Moe's conception of man.

Like the two former theorists, Moe's logic ultimately rests on his conception of man. In this respect, he falls somewhere between Olson's economic vision and Truman's social one. Instead of accepting Olson's assumption that all men are rational and perfectly informed and, therefore, in the face of a common decision will act in a similar way, Moe structures a theory of bounded rationality. His premise is that man is a complex individual with other interests outside economic ones, such as social and political interests. In addition to these subjective values, Moe contends that it is unrealistic to assume that each individual is equally informed. Because each individual possesses a different and mixed set of values combined with different amounts of information, each will have a unique perception of any given situation and will act on the basis of that perception. Therefore, Olson's attempt to predict the behavioural pattern of "rational" men is misguided. Indeed, as Moe contends, "rational individuals may be grossly ignorant of the objective context, and they may be motivated by the most altruistic of values".⁽³⁴⁾ By assuming that man is a

"bounded" rational animal, Moe develops a unique theory concerning why individuals join groups.

Generally speaking, it is Moe's position that an individual may join an interest group for either its selective incentives or its collective goods or a combination of both. For Moe, this is an empirical question. An individual may have an incentive to join depending on what values and information he possesses, which guide him in his (subjective) evaluation of the marginal cost and benefits of joining. Thus,

An individual is more likely to contribute the higher his estimate of marginal benefits, the lower his estimate of marginal costs, and the lower his estimate of the total level of supply. (35)

In other words, if an individual believes a collective good is desirable and, as a result of the above estimates, believes his contribution will make a difference in attaining the collective good, he will likely join an interest group solely on this basis, regardless of the selective incentives it supplies. In this regard, Moe attaches some weight to the size of an individual, assuming that the larger the individual, the more likely collective goods will hold some inducement value. Large individuals are defined as those who estimate their marginal costs to contribute to be less than their marginal benefits.

However, realizing the free rider problem may continue to discourage some large members from joining for collective goods, Moe turns to the role of efficacy.⁽³⁶⁾

Unlike Olson, who assumes all individuals underestimate their true impact on the provision of collective goods, Moe contends that some individuals are likely to overestimate their true impact. These efficacious individuals need not be large economic ones. Socialization processes, such as education and upbringing, can mold an otherwise apathetic individual into a politically efficacious one. Similarly, a person's perceived impact on group goals can be heightened by the group itself through newsletters, media campaigns and annual meetings. The theoretical importance of this insight is the direct link between perceptions of efficacy and the motivational value of collective goods. With specific regard to political goals, it can be said that those who join interest groups in light of these goals overestimate their true impact while, vice versa, those who join for selective incentives underestimate their true impact. Thus the inducement value of political goals increases with one's sense of efficacy; and this sense of efficacy may be a product of the group's internal communication process. Before moving to an examination of Moe's logic concerning the formation of interest groups, we will examine some of the implications of this theory so far.

The introduction of non-economic values into the decision-making calculus of a person about to join a group has major implications for Olson's logic. Because rational individuals may be interested in more than economic gain, new inducements take on relevance. These inducements can be derived from either the group's selective incentives or its collective goods. For example, an individual may value the political goals of the group more than his own economic situation warrants, but contribute regardless because of his strong belief in the goals. However, joining in support of collective goods must be qualified by the efficacy requirement. As Moe writes:

To have an incentive to contribute any amount toward a collective good, an individual must believe that his own contribution will enhance group success to such an extent that he will receive greater values in return, regardless of what type of values these are. (37)

This represents a slight revision of Olson's basic argument that:

- 1) All individuals in large groups would estimate their marginal costs to be greater than their marginal benefits; and,
- 2) The (non) effect of a single contribution would prevent an individual from joining.

Thus, for political scientists studying interest groups, there should be a strong correlation between a person's sense of efficacy and his commitment to the group goals.

The efficacy requirement does not apply when non-economic inducements act as a selective incentive. This statement needs some clarification. By making use of Clarke and Wilson's trichotomy of selective incentives, Moe is able to distinguish between economic and non-economic selective incentives. The former, termed material inducements, have been made familiar to us by Olson. The latter is separated into two broad groups. On one hand are solidary incentives. These are intangible incentives derived through social interaction and include such things as making friends and enjoying the company of others. Solidary incentives can also be negative in the form of peer pressure which may force an individual to join or otherwise face a loss of friends or perhaps a decline in invitations. In any case, the psychic benefits/sanctions derived through social relationships may act as a non-economic selective incentive. However, like material incentives, solidary incentives are not primarily concerned with politics.

On the other hand, purposive incentives may be intricately tied to the political goals of the group. These incentives are similar to solidary ones in that they are

intangible, but they differ to the extent that the individual may never know or meet the other members of the group. Instead, purposive incentives are accrued to a person "by virtue of his support of causes, value systems, principles, or ends that he considers to be worthwhile!"⁽³⁹⁾ However, this is not to say that purposive incentives face the same efficacy obstacle as collective good incentives. It is important to be clear about these differences. Joining an interest group solely on the basis of enjoying the collective good requires an individual to believe that his contribution makes a difference to the provision of the good; hence, the efficacy requirement. In contrast, joining a group because you support its political goals, regardless of whether they are achieved, does not require a high sense of personal efficacy. The very act of joining and expressing support for a cause may result in a sense of satisfaction. As Moe puts it:

If group policies reflect his ideological, religious, or moral principles he may feel a responsibility to "do his part" in support of those policies, and indeed he may consider the free rider option morally reprehensible.⁽⁴⁰⁾

Thus, it is the pursuit and support of worthwhile causes that induces the individual to join, rather than the actual provision of a collective good. In this way, purposive incentives cause collective goods to actually generate their own selective incentives. This finalizes our discussion on

Moe's logic concerning the decision to join. We will now conclude this theoretical review by recapping the three theories and posing some questions.

SUMMARY

As we have seen, Truman, Olson and Moe each set forth a unique theory. On one hand, Truman believes the decision to join groups is simply based on the common interests of its members. The central question for Truman concerns the formation of groups; and he relies either on the proliferation or the homostatic mechanism hypotheses to explain how groups arise. On the other hand, the primary concern of Olson is the decision to join groups that already exist. He rejects Truman's position that common interests are a sufficient inducement to group membership by relying on the distinction between collective goods and selective incentives. For Olson, it is only logical for individuals to join groups solely on the basis of their selective incentives the group supplies. Somewhere in between these two positions rests Moe's logic. For him, the decision to join a group can be based on either the collective goods it pursues, the selective incentives it supplies, or a combination thereof, provided necessary conditions are met for those motivated by more than economic gain.

The differences between the various theorists concerning the decision to join groups is depicted in the table below.

STAY IN THE GROUP IF ONLY SERVICES SUPPLIED

		YES	NO
Stay in the group if it only lobbied?	YES	Each Sufficient (Moe)	Lobbying Only (Truman)
	NO	Services Only (Olson)	Both Necessary (Moe)

As the table suggests, lobbying or political goals are the main incentive for Truman, while services are the main incentive for Olson. Depending on the individual, either political goals or economic services can act as an incentive to join a group under Moe's logic.

The primary purpose of this thesis is to assess the logic of each theorist by applying them to the Medical Reform Group. In order to test the relevance of each theorist, there are a number of questions we must address. Below are several interesting questions drawn from Truman, Olson and Moe's work, that will guide this study. In essence,

there are three main questions, i.e. which of the theorists best explain the decision to join the MRG, but a series of more specific questions will help guide us. Upon reading these questions, it will become evident that this thesis is an empirical test of theoretical literature.

1. Can Truman explain the formation of, and subsequent decision to join the MRG?

- * Do members of the MRG have tangent relations to one another through other groups?
- * Did the MRG members join the group to further their collective interests?
- * Can the formation of the MRG be explained by forces of social change?
- * Did the MRG challenge other groups in an attempt to restore equilibrium to the system?
- * In attempting to satisfy the collective goals of its members, did the MRG find it necessary to lobby the government?
- * If the formation of the MRG cannot be explained by the proliferation hypothesis, is the homo-static mechanism hypothesis applicable?

2. Can Olson explain the decision to join the MRG?

- * Do MRG members value the selective incentives of the group more than its collective goods?
- * Would MRG members quit if the group stopped supplying selective incentives?
- * Would MRG members remain if the group stopped pursuing political goals?
- * What is the primary reason for joining the MRG?
- * How important are other reasons for joining?

3. Can Moe explain the decision to join the MRG?

- * Did MRG members join for selective incentives, collective goods, or a combination of both?
- * If members joined for the collective goods, did they have a strong sense of personal efficacy?
- * If members joined for the collective goods, did they attach a high value to them?
- * Are the selective incentives supplied by the MRG material, solidary or purposeful?
- * If members joined in support of the political goals the MRG pursues, did they gain a sense of personal satisfaction, or feel they would be supporting a good cause, or possess a sense of responsibility when they joined?
- * Under what conditions (i.e. incentive package) would MRG members remain in the group?
- * How does this incentive package relate to feelings of personal satisfaction, support for a good cause, and a sense of responsibility?

A mailed questionnaire, personal interviews, MRG records and correspondence as well as secondary sources, were used to answer the foregoing questions. The details of these instruments, their findings, and a short summary of the MRG organization and its principles follows.

R E F E R E N C E S

¹Terry M. Moe, The Organization of Interests: Incentives and the Internal Dynamics of Political Interest Groups (Chicago: University of Chicago Press, 1980); Mancur Olson, The Logic of Collective Action: Public Goods and the Theory of Groups (New York: Schocken, 1971); David B. Truman, The Governmental Process: Political Interests and Public Opinion. Second Edition (New York: Knopf, 1971).

²In addition to those works previously cited, the following are noteworthy: A. Bentley, The Process of Government (Chicago: University of Chicago, 1908); N. Frohlich, et al, Political Leadership and Collective Goods (Princeton: Princeton University Press, 1971); E. Latham, The Group Basis of Politics (New York: Cornell University Press, 1952).

³G.S. Bain, The Growth of White Collar Unionism (Oxford: Clarendon Press, 1979).

⁴Bentley, Process of Government; Latham, Group Basis; Truman, The Process.

⁵Robert H. Salisbury, "An Exchange Theory of Interest Groups", Midwest Journal of Political Science XIII (Feb. 1969).

⁶Truman, Process, Chapter Three.

⁷Ibid, p. 36.

⁸Ibid, pp. 40-41.

⁹Ibid, p. 40.

¹⁰Salisbury, "Exchange Theory", pp. 189-190.

¹¹Truman, Process, pp. 104-105.

¹²Ibid, p. 97.

¹³See, for example, Olson, Logic, Chapter Five.

¹⁴Truman, Process, p. 37.

¹⁵Ibid, p. 44.

¹⁶Salisbury, "Exchange Theory".

¹⁷Truman, Process, pp. 66-74.

¹⁸Ibid, p. 37.

¹⁹Olson, Logic.

²⁰Ibid, p. 14.

²¹Ibid, p. 51

²²Ibid, p. 50.

²³Ibid.

²⁴Ibid, pp. 125-129.

²⁵Ibid, Chapter Five.

²⁶Ibid, p. 150.

²⁷Ibid, p. 161.

²⁸Ibid, p. 159.

²⁹During the formative years, the MRG was very concerned over the OMA's attempts to dismiss it (Minutes - 1979). Indeed, the MRG constantly reassured its membership and potential membership that their mailing list would be protected.

³⁰The OMA constantly points out that the MRG is a small group. Indeed, its news releases characterize the MRG as a politically naive band of radical doctors.

³¹Moe, Internal Dynamics, p. 4.

³²Ibid, p. 32.

³³Philip R. Jones, Doctors and the British Medical Association: A Case Study of Collective Action (Westmead: Gower Publishing Company Limited, 1981).

³⁴Moe, Internal Dynamics, p. 14.

³⁵Ibid, p. 32.

³⁶Ibid, pp. 33-34.

³⁷Ibid,

³⁸Peter B. Clark and James Q. Wilson, "Incentive Systems: A Theory of Organizations", Administrative Science Quarterly VI (Sept. 1961).

³⁹Moe, Internal Dynamics, p. 117.

⁴⁰Ibid, p. 118.

CHAPTER TWO:

AN INTRODUCTION TO THE MEDICAL REFORM GROUP

This chapter will serve three purposes. In the first instance, we will briefly introduce the Medical Reform Group. Its size, history and goals will be outlined. Secondly, the reason for the MRG being chosen for analysis will be discussed. Finally, this chapter will outline our survey instrument and address some of the problems associated with questionnaires.

THE MEDICAL REFORM GROUP: PRINCIPLES AND ORGANIZATION

The first sentence of the MRG's constitution points out the lack of a medical forum that addresses "the vital social issues facing health care in Canada today."⁽¹⁾ The constitution then points out three contradictions evident in our medical system. First, it is noted that, while science tells "the roots of illness lie in correctible social, economic, occupational, and environmental conditions", the medical profession focuses on "diagnosis and cure, ignoring the contribution we can make to the prevention of disease". Secondly, it is pointed out that, while "political economy tells us that there is a growing need to democratize the health care system", the medical profession clings to an "archaic hierarchy whose roots lie in the nineteenth century". The final contradiction is between "conscience (that) tells us that health care is the right of all Canadians" and the

medical profession that has "increasingly involved itself in an attack on free, universal accessibility to care".⁽²⁾ In light of the above need for social change and the three contradictions, the MRG was born.

The MRG was originally conceived to be a "democratic, non sectarian organization of progressive physicians and medical students" dedicated to three basic principles.⁽³⁾ These principles reflect the MRG's solution to the above contradictions. First is the notion that health care is a right. All monetary and other deterrents to equal care must be removed.⁽⁴⁾ Secondly, is the acceptance of social and political causes of ill health. The constitution states all health care workers, including physicians, "should seek out and recognize the social, economic, occupational and environmental causes of disease, and be directly involved in their eradication".⁽⁵⁾ The final principle calls for the reorganization of the health care system "in a manner in which the equally valuable contribution of all health care workers should be recognized".⁽⁶⁾ Thus, the MRG seeks to demolish physicians' position as the gatekeepers of medicare.

The constitution also outlines the formal organization of the group. Three categories of members were created: 1) full - Ontario doctors and medical students, 2) affiliate - out of province doctors and medical students, and 3) associate - non physicians. While both affiliate and full

members may vote at General membership meetings, only the latter can be elected to either the Regional Executive or the Provincial Steering Committee. Associate members are eligible for neither. However, since the constitution has been adopted, full membership has been revised to include only physicians, while medical students form a different category. Both receive the same status, but students now pay a cheaper membership fee. Moreover, a supporting membership, physicians who pay above the full rate, and an organizational (i.e. corporate) membership has been included. The breakdown of the MRG membership is displayed in chart 2.1.

CHART 2.1: MEMBERSHIP IN THE MRG.

<u>TYPE</u>	<u>%</u>
Supporting	8
Physician	56
Affiliate	4
Associate	16
Student	15
<u>Organizational</u>	<u>1</u>
Total (N)	100% (101)

Decision-making occurs at two levels. At each of

the five regions - Toronto, Hamilton, Eastern Ontario, Western Ontario and Northern Ontario - the local executive implements both local and central policies, as well as co-ordinates other housekeeping duties. On the other hand, the Provincial Steering Committee co-ordinates and implements all the major activities of the group, including the approval and release of public statements, the publication of the newsletter, as well as the allocation of the group's financial resources. Article 35 states that "any decision made by any body of the MRG shall be by simple majority of voting members present in the presence of a quorum of full members of the said body".⁽⁷⁾ While the group's commitment to democratic policy making is reflected in their constitution, the decision to omit non-medical health care workers from full participation caused some internal strife. Some of the membership felt it was hypocritical to speak for democracy in the health care system while the group banned non-medical personnel from fully participating in policy-making activities. However, because of the competing interests evident in broad-based health care groups, which ultimately leads to their dissolution, along with the important need for an alternate ideology within the medical profession, it was felt medical physicians and students should control the MRG.⁽⁸⁾

WHY THE MEDICAL REFORM GROUP?

Before choosing to study the MRG, I had to ensure that it met three criteria. In the first place, the group had to fit Olson's description of a latent group - i.e. a group with a sufficient number of members that would render a single member's contribution insignificant to the group's overall political success. Most studies claim that a latent group should have at least 50 members.⁽⁹⁾ The MRG's 150 members (at the point of mailing) qualifies it on this count. Second, the group had to rely on voluntary membership rather than coercion to maintain itself. The necessity of meeting this criteria goes without saying. Finally, the MRG had to pursue both political goals and supply their members with some direct services that non-members cannot enjoy. This distinction is crucial to our theoretical base.

In addition to satisfying these criteria, the selection of the MRG was encouraged by three other factors: 1) the recent formation of the group, 2) the growing attention it is receiving by Ontario media, and finally, 3) a personal interest in health care politics.

Choosing the MRG as the research object was only half the battle. Gaining the co-operation of the group's executive was the next step. This was not an easy task. It took some investigative work to obtain the group's unlisted telephone number. (The fact that the number is not readily available

considerably increases the cost of joining, at least in terms of time. Given the precarious nature of the MRG's policies within Ontario's dominant medical establishment, the group is extremely protective of its members' identity. This made the task of gaining access to the group's minutes and mailing list all the more difficult. However, with the help of a few well-placed references, the MRG's executive agreed to the study. A compromise was worked out whereby the names and addresses were not to be revealed. Moreover, a question by the Steering Committee was included in the final questionnaire. Having gained their trust, the Steering Committee was nothing less than co-operative.

THE SURVEY INSTRUMENT

As alluded to above, the instrument used to measure the incentive system of the MRG was a mailed questionnaire. Along with a three page questionnaire, each member received two covering letters. One letter was written by a member of the Steering Committee assuring the membership that the questionnaire had the approval of the executive, and encouraged them to reply. The second covering letter, written by the author, explained his personal interest in health care politics and, in stronger language than the first, encouraged all members to respond, regardless of their level of partici-

pation in the MRG. The questionnaire was mailed in February, 1985 and, in an effort to increase the rate of return, a reminder was placed in the group's March newsletter. This approach seemed to work, as a 67% response rate was attained in the first mailing. Given this high return, a second mailing was not necessary.

The design of the actual questionnaire was adopted from Moe's dissertation.⁽¹⁰⁾ Both the thesis committee and Carolyn Tuohy from the University of Toronto scrutinized the questions for their validity and reliability. In addition, great importance was placed on the length of the questionnaire in light of the crowded schedules most physicians follow. As well as saving time, another advantage offered by a questionnaire is an expanded sample size. Whereas face to face interviews allow for spontaneity, the questionnaire enabled me to reach all MRG members. Besides adapting to doctors' schedules and increasing the sample size, it was felt that a questionnaire would encourage candid answers as the respondent would remain anonymous.

After a series of revisions, the final instrument consisted of 21 questions for a total of 55 variables (see appendix one). Question 1 to 7 gathered personal data. Members were asked the year they joined the group, their membership category, where and when they graduated, their birthdate and their sex. Moreover, members were asked to

describe and rank their level of participation. Question 5 attempted to distinguish leaders from the average membership, as well as the politically motivated from the socially motivated. Question 6 and 7 asked members to rank both their political participation and other participation in the group. Besides gathering relevant data in themselves these simple non-controversial questions were designed to put the respondents at ease and at least begin to fill out the questionnaire.

Once these introductory questions were answered, members were asked more difficult and, for our purposes, more central questions. Question 8 asked members how their own dues and contributions affect the MRG's lobbying goals:

The MRG lobbies both the provincial and federal government to achieve political goals with respect to health. Your own dues and contributions help supply financial support to the group. Speaking as an individual member: What effect do your own dues and contributions have on the MRG's success/failure in achieving its lobbying goals?

- _____ a big effect
- _____ a noticeable effect; my own dues and contributions do actually make a difference for the group's success or failure.
- _____ my own dues and contributions do not really make a difference for the group's success or failure.

Two purposes were served by this question. On one hand, the political (or collective) goals of the group were singled out while, on the other hand, a member's sense of efficacy was measured.

The next set of questions (9 to 11) attempted to measure the pivotal role of incentives. This represents one of our two angles of viewing members' motivations. Respondents were first asked to rank the various direct member services (DMS) of the MRG and then they were asked whether they would continue to belong to the group if a) lobbying stopped, and b) services were stopped. Finally, they were asked how they would react if the MRG simply changed the nature of its political goals while maintaining the existing services. This method of measuring the pivotal role of incentives is expanded upon below.

Question 9 presented members with a list of the group's selective incentives, termed direct member services. These DMS were deliberately set apart from the MRG's political goals. In this question, members were asked to rank the value of each of them:

The MRG supplies you with other services as well as lobbying. We will call these services "direct member services" - they are the services made available to you because you are a member of the MRG. How valuable are each of the "direct member services" listed below to you? Rank each of them 1 to 4, where 1 = very valuable, 2 = fairly

valuable, 3 = not very valuable, and 4 = no value.

- _____ information contained in the newsletter
- _____ conferences, workshops and seminars
- _____ social events such as dining, baseball, etc.
- _____ opportunities to participate in lobbying
- _____ opportunities to research and formulate
- _____ policy positions
- _____ chance to exchange ideas with fellow members
- _____ of my profession.

Besides providing us with data on the value of the selective incentives the MRG supplies, Question 9 served to clarify in the respondent's mind what selective incentives are and how they are distinct from collective goals. This distinction paved the way for Question 10.

Question 10 was divided into two parts. Part A asked members whether political goals would be a sufficient inducement to remain a member of the MRG:

Consider the following imaginary situation. Suppose the MRG stopped providing all of the "direct member services" listed above except for lobbying opportunities (that is, it stopped providing the newsletter, conferences, social events) and was transformed into a group whose only activity was to lobby for political goals decided upon by the general membership and pursued by the Steering Committee.

Your dues remain the same. Would you stay in the group?

- _____ Yes, definitely.
- _____ Yes, probably.
- _____ Probably not.
- _____ Definitely not.

Part B asked the opposite. Members were asked whether DMS alone would be sufficient inducement to remain a member of the MRG.

Now let us consider a situation that is almost the opposite. Suppose the MRG stops lobbying altogether, and simply continues to provide you with all the "direct member services" that you receive now. Your dues remain the same. Would you stay in the MRG?

- ☐ Yes, definitely.
- ☐ Yes, probably.
- ☐ Probably not.
- ☐ Definitely not.

Thus, Question 10 made each member make a distinction between the group's collective goods and selective incentives and decide whether one or the other is a sufficient reason to remain in the MRG.

The response to Question 10 can be cross-tabulated to measure the relative motivational value of political and economic incentives, as was depicted in chapter one. Depending on how they answered, respondents could be placed in one of four categories. These categories are depicted below.

B Stay in the Group if only services supplied?

		YES	NO
A. Stay in the group if it only lobbied.	YES	1 - each sufficient	2 - lobbying only
	NO	3 - services only	4 - both necessary

Members in category one said yes to both parts of Question 10. They would remain in the group if only political goals were pursued, or if only DMS were supplied. It makes no difference to them if one or the other is dropped; each is of sufficient value to remain in the MRG. Those in category two said yes to Part A, but no to Part B. For these members, political goals are a sufficient reason to remain in the MRG, but selective incentives are not. Respondents in this category fit into Truman's theoretical assumptions. In contrast, respondents that abide by Olson's logic belong in category three. These are members who feel the DMS of the MRG are a sufficient reason to remain in the group, but political goods are not. They answered no to Part A and yes to Part B. Finally, those who fall in category four answered negatively to both parts. For these members, neither political goods alone nor DMS alone are a sufficient reason to remain in the MRG. Both must be supplied if they are to remain a member. Categories one and four fit into Moe's theoretical framework.

While Question 10 provides the basic data necessary to measure the pivotal role of incentives, another question was added. Question 11 attempted to measure the importance of the nature of the political goals the MRG pursues. That is to say, members were asked how they would react if the MRG continued to supply the existing DMS but changed the

content of its political activities.

Suppose the MRG continued to supply the present "direct member services" in addition to political goals. However, suppose the political goals took on a radically different flavour in order to attract more members. Would you remain in the MRG?

- _____ Yes, definitely
- _____ Yes, probably
- _____ Probably not
- _____ Definitely not

This question attempts to measure the importance of the specific political goals that MRG pursues. Unfortunately, the word "radical" was never defined and this caused some confusion. Nevertheless, most of those that were confused wrote that if the MRG took a more traditional stand, i.e. more closer to OMA positions, they would quit!

This set of questions provided very interesting data. Political efficacy was measured, selective incentives were evaluated, and the pivotal role of economic and political incentives were revealed. This data enabled us to classify MRG members according to the relative attractiveness of various incentive packages. However, despite the benefits derived from these questions, they remain quasi-behavioural. Members were asked how they would react to certain hypothetical circumstances rather than why they initially joined the MRG. Hence, in order to correct this flaw,

as well as view members' motivation from a different angle, another question was added.

Question 12 represents a second approach to measuring the inducement value of certain incentives. In this lengthy three-part question, which maintains the political and non-political goods distinction and introduces expressive and social incentives, members were asked to rank various possible reasons why they belong to the MRG.

12(a) You are presently a member of the MRG and could probably give several reasons why you belong. Below is a list of several possible reasons why you belong. Please rank them in importance where 1 = very important, 2 = somewhat important, and 3 = not very important.

- A ____ to gain the direct member services that membership in the group makes available to me.
- B ____ to support the political goals of the MRG.
- C ____ I have friends and acquaintances in the group. My personal and social relations with them are the main reason I belong.
- D ____ I feel I have a responsibility or civic obligation to belong.
- E ____ I feel I would be abandoning a good cause if I did not belong.
- F ____ I gain a sense of personal satisfaction by joining.

(b) Which of the above is the single most important reason why you belong?

A ____ B ____ C ____ D ____ E ____ F ____

(c) If you had to choose between A&B, which would you choose?

A ____ or B ____

As seen, Question 12 ignores hypothetical circumstances and instead asks members to suggest their reason(s) for joining. This approach gives us a different slant on member motivations. When combined with our first approach, we can gain a deeper understanding of the inducement value MRG members attach to certain incentives. For example, we can inquire into the relationship between a member's reason for joining initially and under what conditions he will remain a member. Similarly, we can relate the importance of politics as a pivotal inducement with feelings of responsibility or personal satisfaction. Moreover, we can cross-tabulate a member's sense of efficacy with his major reason for joining. Question 13 attempted to pinpoint the more efficacious members by asking them if they would take a more active role if they ever became dissatisfied with the MRG goals.

In addition to these standard questions which could be put to almost any interest group, a few more specific questions were asked. Members were asked their relationship to the OMA, and those that never joined or quit were asked to give reasons:

Question 14:

- a) Are you a member of the OMA?
- ☐ presently a member
 - ☐ formerly a member
 - ☐ never a member

- b) If you were a member, did you participate in its committees or sections.
Yes _____ No _____
- c) If you are no longer or never have been a member of the OMA, please explain why?
_____ In an economic sense, I found the costs not worth the benefits.
_____ In a political sense, I found the goals not worth supporting.
_____ other (If possible, please explain)

This question measured political dissatisfaction and participation levels and attempted to reveal whether those that quit the OMA for political reasons joined the MRG for political compatibility.

Question 15 asked members to indicate their membership in other groups and their level of participation within these groups. This question served two purposes. First, it provides some insight into possible tangent relations of group members. If most MRG members belong to similar groups, then Truman's hypothesis concerning tangency is strengthened. In the second place, this question measured the political affiliations of MRG members since most groups chosen were political interest groups.

Other interesting questions, such as what members felt the most important health care issue was and whether they felt a close allegiance to any political party were also added.

Question 16:

What, in your opinion, is the most important issue(s) facing health that the MRG should address? (please describe briefly)

Question 17:

Do you feel a close allegiance to one political party?

- ☐ Conservative
- ☐ Liberal
- ☐ NDP
- ☐ Other
- ☐ No

Question 18 measures the member's commitment to democracy. It was pointed out that democratic structures can hinder the speed and effectiveness of decision making. In this light, members were asked if they felt the MRG would be better off with more authoritative decision-making structures.

The next question was inserted by the Steering Committee. In an attempt to increase revenue, the group's leadership decided to poll the membership about a possible dues increase. The Steering Committee hoped to discover whether the increase would be offset with cancelled memberships.

Finally, in an attempt to place MRG members in one of Tuohy's clusters, two additional questions were asked.⁽¹¹⁾ Firstly, members were asked to rank the attractive-

ness of various ways of organizing the delivery of health care and, secondly, members were asked their feelings towards the various actors involved in the formation of health policy.

Question 20:

How attractive to you are the following ways of organizing the delivery of medical services?

	Attractive	Acceptable	Unacceptable
Medically Controlled Group Practice	_____	_____	_____
Solo Practice	_____	_____	_____
Community Clinic managed by both lay and medical boards	_____	_____	_____

Question 21:

What degree of influence do you feel the following groups should have in the formation of health policy?

	Great Deal	Some	Little	None
Medical Profession	_____	_____	_____	_____
Other Health disciplines	_____	_____	_____	_____
Lay Representatives	_____	_____	_____	_____
Federal government	_____	_____	_____	_____
Provincial Government	_____	_____	_____	_____
Local Government	_____	_____	_____	_____

Having outlined the purposes of the question, we can focus on some of its pitfalls.

PROBLEMS WITH THE SURVEY INSTRUMENT

As Moe points out, there are two types of problems that arise with mailed questionnaires.⁽¹²⁾ The first of these results from the ambiguity of conceptual measures. Given the intricacies and complexities of our theoretical bases, it is difficult to formulate precise, yet simple questions. Therefore, a trade-off had to be made between precision and what could be understood from those not aware of Olson, Truman and Moe's writings; otherwise, we would have ended up with either a low response rate or a data base lacking in validity. Thus, a middle ground was adopted. Our questions, while not theoretically elaborate, are broad enough to comprehend. This trade-off is apparent in our question on political efficacy, the pivotal role of incentives, and the major reason for joining.

In the case of political efficacy, it is next to impossible to measure precisely one's perceived impact on the provision of a collective good. Accordingly, efficacy was measured by categorizing members into three broad groups: those that feel they make a big difference, those that feel they make a noticeable effect, and those that

feel they have little or no effect (see Question 8). Despite the differences these terms mean to individual members, it is not unreasonable to expect that most members will understand the general thrust of the question. Although it is not perfectly accurate, this question can serve as a rough indicator of a person's sense of efficacy and, when used in conjunction with other responses, we can compare, for example, the sense of efficacy of MRG leaders with those of the "general" membership.

Our question on the pivotal role of incentives (see Question 11 above) are also subject to ambiguities. In some instances, members would not react the way they indicated in the hypothetical circumstances. However, it is highly probable, unless the group underwent dramatic changes, that most members would react the way they indicated. In a similar vein, our pivotal incentive questions were too rigid. Instead of measuring member responses to relative changes in incentive packages, we asked their responses to either pure collective goods or selective incentives. Moreover, we have ignored other incentives, such as social relations and feelings of responsibility. Nonetheless, Questions 10 and 11 are easily understood and provide us with data on two of the most theoretically important incentives. While these data are not precise measures of each member's incentive system, they should provide us

with a meaningful picture of the relative inducement value of political and non-political incentives for MRG members.

In the question concerning the major reason for joining, we have again opted to place members in categories. For example, we asked members how important feelings of personal satisfaction or social relationship were in their decision to join the MRG. However, feelings of "personal satisfaction" or "importance" are subjective and, therefore, comparisons are open to discrepancies. In addition, simply claiming personal satisfaction as the most important reason for joining may be misleading. One could gain a sense of personal satisfaction because he or she strongly believes in the political goals of the MRG or because they have friends in the group. Nevertheless, like the efficacy variable, there is probably a general understanding among the members concerning what the question means and what it is trying to measure.⁽¹³⁾

Each of the above three cases illustrates how our mailed questionnaire, as any designed to measure elusive theoretical concepts, is subject to conceptual ambiguities. This should not, however, severely limit the conclusions we can draw from our results. The questionnaire was designed to reveal the incentive structures of MRG members and, while the conclusion may not be definitive, they are certainly indicative.

The second problem with mailed questionnaires arises from the failure to gain a 100% response rate. Because all the MRG members did not return the questionnaire, there is always a chance that our data base is biased. There are two ways that our respondents can be biased. In the first place, most of our questions were essentially political, and this may have inhibited politically apathetic members from filling out and returning the questionnaire. If so, our sample may over represent the more politically motivated membership. Secondly, our sample may be subject to the "Olson paradox of research".⁽¹⁴⁾ That is to say, if Olson's theoretical assumptions are correct, either no one would answer the questionnaire or those that answered would not be "rational economic men". If this is true, our sample may under represent economically motivated members. However, both these problems need qualifying.

In the case of the former, my covering letter addressed this problem. It was stressed that all members, regardless of their degree of involvement in the MRG, should respond. With a response rate of 67% through a single mailing, it seems the majority of MRG members listened. Following this same line of argument with respect to the second problem, and in response to Olson, if 67% of MRG members answered the questionnaire, one has reasonable

grounds to doubt whether rationally economic men exist. Moreover, as Moe puts it: "Logical arguments can only be taken as suggestive".⁽¹⁵⁾ Olson's logic is derived from theoretical assumptions which are never totally met empirically.

In sum, we can say that if any bias exists, it is in favour of politically motivated members. However, this shortcoming should not prevent us from making suggestive conclusions. We should, nevertheless, keep in mind the ambiguities of conceptual measures and the potential for sample bias. In this respect, our conclusions will be qualified. The next two chapters will draw on the results of the questionnaire.

R E F E R E N C E S

¹"Constitution of the Medical Reform Group of Ontario", as adopted by a meeting of the General Membership, October 14, 1979, p. 1.

²Ibid.

³Ibid.

⁴Ibid, p. 3.

⁵Ibid.

⁶Ibid

⁷Ibid, p. 7

⁸"The Medical Reform Group - An Update", NEWS, July, 1979, MRG files, Toronto, Ontario, p. 3.

⁹Terry M. Moe, The Organization of Interests: Incentives and the Internal Dynamics of Political Interest Groups (Chicago: University of Chicago Press, 1980), p. 201.

¹⁰Terry M. Moe, "An Economic Theory of Interest Groups", Phd. Dissertation, (University of Minnesota, 1976), pp. 757-779.

¹¹Tuohy's cluster will be observed in Chapter Four. See her Phd dissertations entitled: "The Political Attitudes of Ontario Physicians: A Skilled Ontario Perspective" (Yale University, 1974).

¹²Moe, Internal Dynamics, p. 203.

¹³IBID, p. 204.

¹⁴IBID, p. 205.

¹⁵IBID.

CHAPTER THREE:

THE CHARACTERISTICS AND POLITICAL ATTITUDES OF
MEDICAL REFORM GROUP MEMBERS

This chapter will outline some of the general characteristics of MRG members by summarizing the preliminary data revealed by the questionnaire. Data on members' association with other groups, their participation rate, political party allegiance and educational background are discussed. A better understanding of the MRG's membership and their tangent relationships will be gained from this observation.

MEMBERSHIPS IN OTHER GROUPS

As noted in chapter one, Truman's first premise concerning interest group formation involves tangent relations. "The association is a group", Truman wrote, "that grows out of what have been called tangent relations". Thus, the first question we must address is whether MRG members belong(ed) to the same groups. In other words, we must try to reveal the tangent relationships, if any, that MRG members have to each other.

This type of inquiry is by its nature difficult. The gains to be made by an extensive examination of all tangent relations are not worth the cost and effort. Indeed, the author is unaware of any study that focuses specifically on tangent relations. Therefore, in place of an elaborate investigation, simplicity was used. Members were asked to

name the various groups and institutions they have been affiliated with in the past.

The preliminary question asked whether MRG members belonged to any other organizations and, if so, did they participate in them. In addition, given the fact that the MRG is primarily a physicians' group (80 out of 101 of my respondents are or will be medical doctors), I asked members what medical school they attended and when they graduated. Because of the overwhelming number of doctors in the MRG, we know the Ontario College of Physicians and Surgeons is one body where tangent relations exist. The results from memberships in voluntary associations and educational institutions are reported below.

The largest voluntary lobbying group for doctors in Ontario is the Ontario Medical Association (OMA). It is a very conservative political group, voicing opposition to state medicine and protecting the traditional definition of professional freedom and autonomy. Given the political nature of the MRG, I asked the members whether they belonged to the OMA, why they did not belong, and finally, whether they participated in any OMA committees or sections.

From Tables 3.1, 3.2 and 3.3, we can see that, while over half of the MRG physicians are or were members of the OMA, only 9% participated in any of the groups, committees or sections. More significant, however, is the fact that

TABLE 3.1 MEMBERSHIP IN THE OMA (THOSE ELIGIBLE)

	<u>%</u>	<u>(N)</u>
Presently a member	30	24
Formerly a member	21	17
Never a member	<u>49</u>	<u>39</u>
	100%	80 (N)

TABLE 3.2 PARTICIPATION IN OMA COMMITTEES AND SECTIONS (MEMBERS AND FORMER MEMBERS ONLY)

	<u>%</u>	<u>(N)</u>
Participated	9	4
Never participated	<u>91</u>	<u>39</u>
	100%	43 (N)

TABLE 3.3 REASONS FOR QUITTING OR NOT JOINING THE OMA

	<u>%</u>
Economically, I found the cost not worth the benefit	4
Politically, I found the goals not worth supporting	64
Both economically and politically, I found it not worth it	25
Other	<u>6</u>
Total (N)	99% (55)

almost 2/3 (64%) of MRG physicians reject the OMA for its political policies, finding the group's support for direct change distasteful, and another 25% feel that both economically and politically, the OMA is not worth joining. Thus, while tangent relations do exist with the OMA, most MRG members seem hostile to the political goals the OMA pursues. This seems to suggest that the MRG is a political haven for those that find the OMA ideologically incompatible. The political participation rate of MRG members, however, suggests that political expression is limited to joining the renegade group (see Table 3.4).

Some of the comments written by respondents are indicative of this hostility. For example, one MRG member wrote:

I find the right wing leanings of the OMA (and CMA) executive distasteful, i.e. with regard to the Canada Health Act, and socialized medicine in general. Furthermore, I refuse to be a member of an organization that supports and actively solicits support for a group such as the National Citizens Coalition.

Moreover, some of those MRG members that do belong to the OMA felt they had to provide an excuse for their membership. As one apologetic medical student put it:

As a student, the cost is minimal and I get a good laugh out of what they ask me to do and feel good to have the MRG.

TABLE 3.4 PARTICIPATION IN POLITICAL POLICY
FORMULATION AT THE MRG

	<u>%</u>
Very active	17
Somewhat active	17
Not very active	<u>65</u>
Total (N)	99% (98)

Besides the OMA, MRG members share memberships in other organizations. Table 3.5 presents the five most common voluntary associations to which MRG members belong. As can be seen, 40% of our respondents belong to Physicians for Social Responsibility (PSR). This anti-nuclear group was originally conceived in 1962 in Boston, but only started maturing in the late Seventies. PSR Canada was formed in Toronto in 1980 and grew tremendously in December, 1981 as a result of a membership symposium held at the University of Toronto. Informal discussions with Steering Committee members revealed that both movements shared members.

The New Democratic Party is by far the most popular political party for MRG members. However, while only 23% formally belong to the NDP, as we will point out below, over two-thirds of the respondents feel some allegiance towards the party. The remaining three most common interest groups are Amnesty International, various peace groups (including Greenpeace) and the Canadian Association for the Repeal of

of the Abortion Law. In terms of participation, Table 3.6 points out that 73% of those MRG members that belonged to other voluntary associations were active to some degree. This suggests that MRG members have tangent relations in these groups. However, this is only a possibility. Given the difficulty in measuring tangency, we can only suggest what may be, rather than what is.

Although the above evidence is not conclusive, we do have some indication that MRG members belong to the same types of groups. The questions were deliberately phrased measuring outside memberships to include non-political ones. Despite this, the group indicated that most were pressure groups. More interesting, however, is the fact that all the groups can be characterized as progressive or at least have a left wing orientation. Complementing this association with left wing interest groups is a strong affinity with the NDP. When asked if they felt a strong allegiance towards a political party, 69% chose the NDP. (See Table 3.7).

TABLE 3.5 MEMBERSHIPS IN OTHER VOLUNTARY GROUPS

	%
Physicians for Social Responsibility	40
New Democratic Party	23
Amnesty International	18
Peace Groups	11
Canadian Association for the Repeal of the Abortion Law	9
Total (N)	101% (70)

TABLE 3.6 PARTICIPATION RATE IN OTHER ORGANIZATIONS

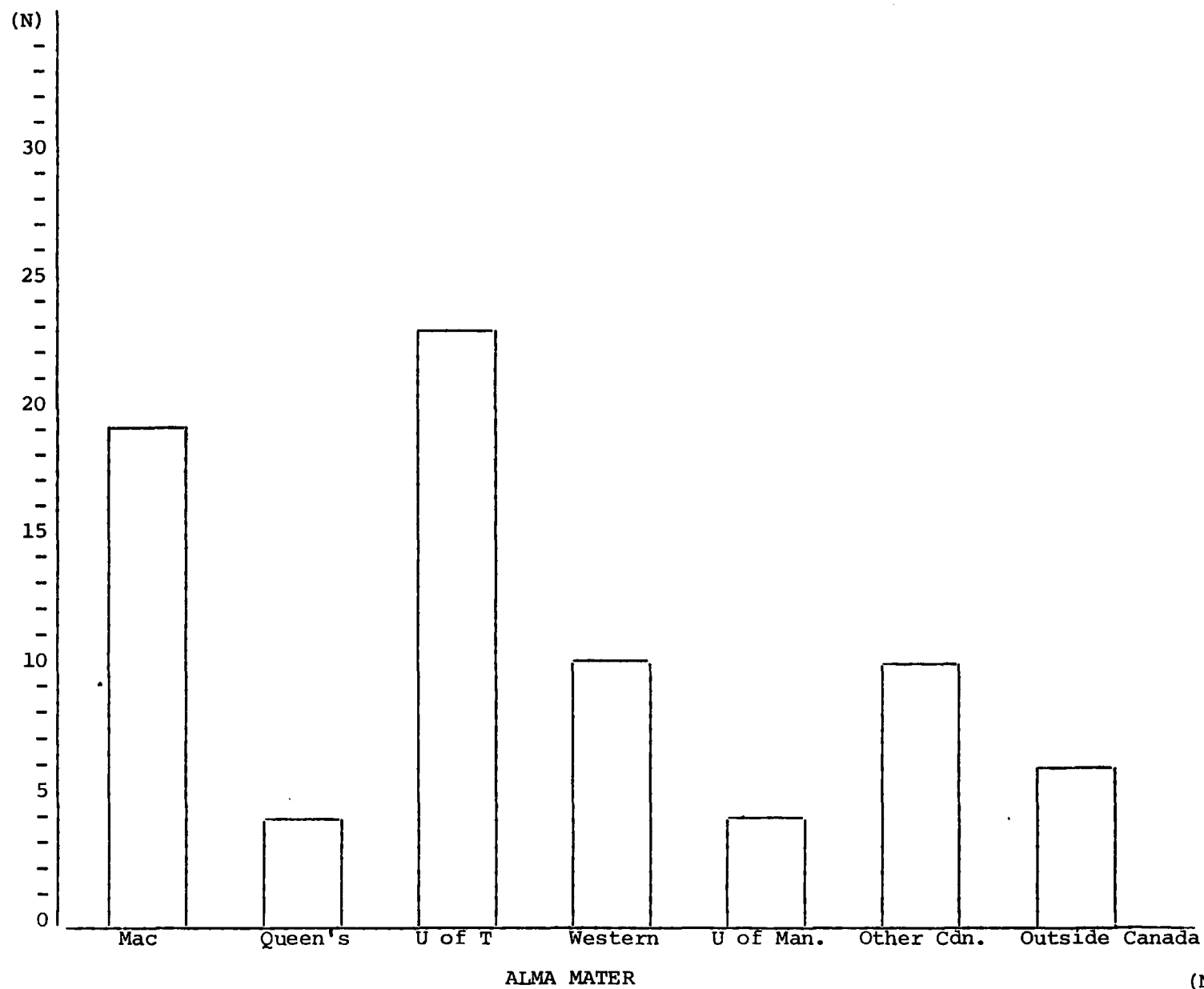
	<u>%</u>
Very active	35
Somewhat active	38
Not very active	<u>27</u>
Total	100%
(N)	(81)

TABLE 3.7 ALLEGIANCE TO A POLITICAL PARTY

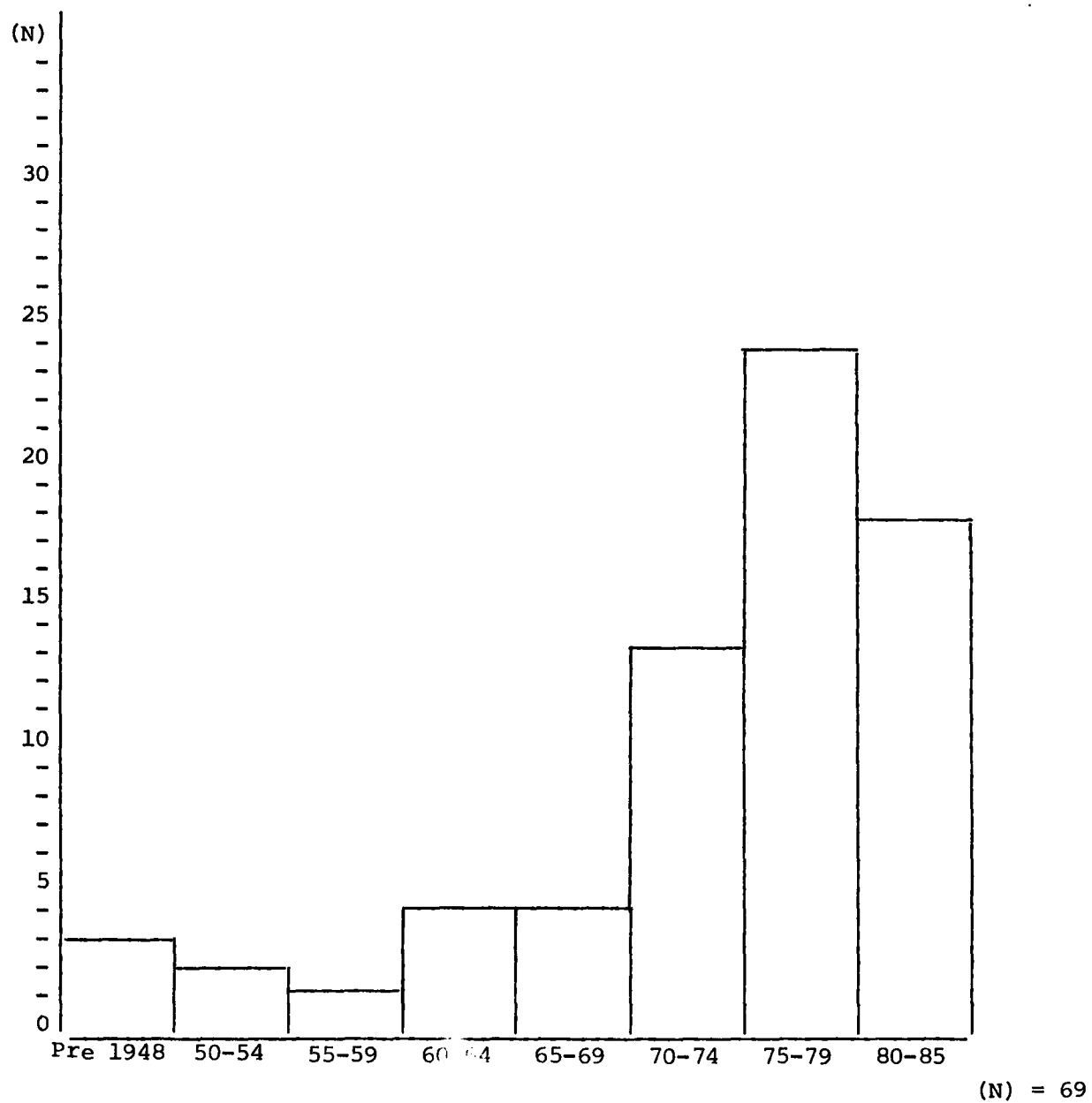
	<u>%</u>
Progressive Conservative	0
Liberal	2
New Democratic Party	69
Other	1
No allegiance to any party	<u>28</u>
Total	100%
(N)	(100)

EDUCATIONAL BACKGROUND OF MRG MEMBERSHIP

In an effort to explore further the relationships between MRG members prior to joining the group, the physicians were asked to outline their educational background. As shown in graph 3.1, over half of the respondents (42/76) graduated from either McMaster University or the University of Toronto. Even more surprising is the graduating dates of the members (see graph 3.2). Eighty percent (55/69) graduated from medical schools during the formative years (post 1970) of medicare or after. Thus, most of the MRG physicians have never worked outside of state medicine. This adds support to the hypothesis that those who only worked under medicare are less antagonistic towards government interference in



(N) = 76



medical financing. This finding contradicts that of another study on medical attitudes towards medicine which found that physicians who entered practice before 1970 were systematically more supportive of medicare in principle.⁽¹⁾ In any case, the similar educational background of MRG physicians implies they may have had tangent relations prior to the formation of the MRG or at least prior to joining it.

Upon discovering the similarity in educational institutions and political views of MRG members, it was decided to concentrate on the group's leaders (leaders were identified as Steering Committee members, either past or present). In particular, the question of whether there was any correlation between the MRG leaders and the university they attended was addressed. Are most of the group's leaders from one university, or a selected few, and did they attend roughly at the same time? The results of this inquiry are revealed in Tables 3.8 and 3.9. It seems that, while McMaster graduates are over represented on the Steering Committee, there is a close relationship between the percentage of members from a particular university and the percentage that make up the Steering Committee. Most of the MRG leaders are from either McMaster University or the University of Toronto. More interesting, however, is the graduating dates of Steering Committee members. Over three-quarters

TABLE 3.8 ALMA MATER OF STEERING COMMITTEE MEMBERS (%)

	<u>McMaster</u>	<u>Queen's</u>	<u>U. of T.</u>	<u>Western</u>	<u>Other Cnd.</u>	<u>Europe</u>	<u>U.S.A.</u>	<u>%</u>
Member	35		30	10	15	5	5	100 (20)
Non-Member	22	7	29	15	20	4	4	101 (55)

TABLE 3.9 GRADUATING DATES OF STEERING COMMITTEE MEMBERS (%)

	<u>Pre- 1945</u>	<u>1950- 1954</u>	<u>1955- 1959</u>	<u>1960- 1964</u>	<u>1965- 1969</u>	<u>1970- 1974</u>	<u>1975- 1979</u>	<u>1980- 1985</u>	<u>Total</u>
Members	-	-	-	5	10	25	45	15	100%(20)
Non-Members	6	4	2	6	4	17	29	31	99%(48)

(77%) of the leaders have graduated since the inception of medicare in the mid-1960's. This is not surprising, however, given the corresponding figure for the non-members. (Eighty-five percent of non-members graduated in 1970 or after).

SUMMARY

This short chapter presented some preliminary data on the MRG membership. By discussing the membership's participation in other voluntary associations and educational background, hypothesis concerning tangent relations and general attitudes of the membership can be drawn.

Despite the size and political clout of the OMA, most MRG members refuse to join or have resigned their memberships in the group for political reasons. The fact that close to two-thirds of the respondents found the political goals of the OMA not worth supporting suggests political incentives may play a role in their decision to join the MRG.

Membership in other voluntary associations further supports the notion that political motives are important to MRG members. Left wing groups, such as the anti-nuclear group and the Physicians for Social Responsibility, appeal to MRG

members. Similarly, over two-thirds of the respondents feel an allegiance to the New Democratic Party.

Turning to the educational background of the membership, it was discovered that over half of the members attended Southwestern Ontario medical schools, namely, the University of Toronto, McMaster University and Western University. Moreover, close to three-quarters of the respondents graduated in the post-medicare period, suggesting a higher acceptance of medicare by those physicians who never practiced in the pre-medicare days.

As we have indicated above, the concept of tangent relations used by Truman is difficult to test empirically. Nonetheless, the above evidence suggests that many MRG members knew others prior to joining the group. The observed cohesiveness of the group reinforces this conclusion. The MRG seems to consist of, and appeal to, young, progressive and politically conscious doctors who graduated from an Ontario medical school some time during the 1970's. Chapter Four will outline the political climate surrounding medicare in Ontario and suggest reasons why the MRG was formed in the late Seventies.

R E F E R E N C E S

¹Malcolm J. Taylor, et al., "Medical Perspectives on Canadian Medicare: Attitudes of Canadian Physicians to Policies and Problems of the Medical Care Insurance Program", A Research Project financed by a grant from the National Research Development Program, Health and Welfare Canada (Toronto: York University, 1984), p. 55.

CHAPTER FOUR:

SOCIAL CHANGE AND THE FORMATION OF THE
MEDICAL REFORM GROUP

Truman has claimed that interest groups arise out of "macro-social forces of change". As outlined in chapter one, these forces include economic shifts, political developments, technological advances and many other elements of change. In this chapter, the formation of the MRG will be examined under Truman's light. The changes in medicine and their effect upon the political ideology of physicians will be examined. Similarly, it will be argued that the issue of extra billing in the late Seventies provided an immediate cause for the MRG to form. A comparison of the Ontario Medical Association and MRG's position during the 1986 doctors' strike will complement this discussion by illustrating the differences in each group's political ideology. The final section will take a closer look at the political views of MRG members by presenting some data collected from the questionnaire.

SOCIAL CHANGE IN MEDICINE

There is no doubt that Canadian physicians "witness a rapid and fundamental transformation in the political and economic context of their work"⁽¹⁾ with the coming of medicare. State run medical insurance contradicted medicine ideological principles of self-regulation and entrepreneurial freedom.

The ideological values of doctors at the beginning of medicare has been described by Weller as an "ideology of self help, free enterprise, competition, fee for service, and the positive results to be had from the pursuit of self interest".⁽²⁾ The very ideology of the profession was at odds with the government paying the bills. However, despite these differences, a compromise was worked out.

In order to minimize medical hostility to medicare, Ottawa simply socialized the demand side while leaving the supply side in essentially private hands.⁽³⁾ Thus, the professional freedom and self-regulatory status of doctors were ensured, while the patient looked to the state to pick up the tab for medical services. In addition, physicians were permitted to opt out and extra bill if they disagreed with the terms of government policy.⁽⁴⁾ As an added incentive, doctors were given a substantial increase in the fee schedule which increased the difference between physicians' incomes and the average industrial wage by the largest percentage ever.⁽⁵⁾ However, pressures for change soon challenged this compromise.

PRESSURES FOR CHANGE

1. An Outdated Medical Model

The traditional model of medicare practiced by

Canadian physicians is medically controlled, individually oriented and curative in nature. As noted above, medicare simply entrenched this "Asclepius" model of medicine without addressing its limitations.⁽⁶⁾ However, soon after the arrival of medicare, the limitations of the original model were being called into question. The benefits of the "Hygeian" model, which emphasizes the environmental causes of illness and the prevention of disease, were being held up by some groups as a more effective solution to Canadian health problems.⁽⁷⁾ The federal and provincial governments themselves also acknowledged this trend away from curative care in various working papers and reports.⁽⁸⁾

A new perspective on the Health of Canadians was the most widely acclaimed criticism of the health care system.⁽⁹⁾ The Lalonde Report, as it is popularly known, criticized the effectiveness of high tech, individuality oriented, curative care. As Lalonde claimed, factors affecting health were resolvable to three elements besides health care organization: namely, "human biology", "environment" and "lifestyle". The central premise of The New Perspective was the ineffectiveness of the health care system to address the changing pattern of ill health away from infectious diseases towards environmental (including occupational) and behavioural causes. As Lalonde put it, "the darker side of economic progress", such as drinking, stress and smoking, are major causes of ill health, yet the

"organized health care system can do little more than serve as a catchment net for the victims".⁽¹⁰⁾ Epidemiological studies that followed Lalonde's Report added support to his arguments.⁽¹¹⁾

2. Medical Autonomy

In addition to these government documents that challenged the focus and organization of health care, there was growing public concern over the degree of autonomy granted to the medical profession.⁽¹²⁾ One concern arose from the ability of the medical colleges to restrict entry while public medicare promised to increase the demand for health care. Another concern, no doubt the product of the consumer movement, questioned the sincerity of a complaint procedure where the members of the same profession judge each other. A final concern centred around the profession's control over the allocation of functions among various health care personnel. The nursing profession has been particularly effective at arousing suspicion concerning the decision-making power of physicians.⁽¹³⁾

3. Financial Constraints

Medicare was initially financed through a shared cost agreement between Ottawa and the provinces, with the

former paying 50% of the costs, provided the latter guaranteed the four principles of universality, comprehensive coverage, portability and uniformity remained intact. Although this arrangement benefitted both physicians and patients, it soon became apparent that a change was needed. The basic problem with the shared cost arrangements was its lack of incentives to control costs. Because the arrangements were open-ended, i.e., Ottawa paid half the cost of the provincial health bill regardless of the amount or how it was spent, medicare proved inflationary.⁽¹⁴⁾ After a series of negotiations, a new financial formula that addressed this problem was agreed upon.

The Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (EPF), passed April 1, 1977, was the alternative. Essentially, the EPF Act replaced the open-ended payments with bloc grants. Instead of sharing the costs, Ottawa would now finance health care by transfers and cash payments.⁽¹⁵⁾ A ceiling was placed on how much Ottawa would contribute and, moreover, the provinces could pocket any monies saved through a better allocation of services. EPF seemed to satisfy Ottawa's goal of stabilizing costs, as well as the provincial goal of increasing flexibility and autonomy. Unfortunately, however, EPF created a situation where the concern over costs put equity in the back seat.

4. Erosion of Equity

Under EPF, provincial governments began to pay more attention to health care budgets. The Ontario government, in an effort to control costs, experimented with reducing both the price and volume of medical services, as well as limiting its own financial contribution to health care.⁽¹⁶⁾ These attempts at cost control were viewed by the medical establishment as a challenge to the freedom of physicians to determine the price and volume of their service. Government attempts to hold down increases in fee schedules was inimical to this professional ideology.

In response to these government initiatives, many doctors, back by the Ontario Medical Association, either increased the volume of their services, opted out, extra billed or resorted to a combination of all three.⁽¹⁷⁾ Manga has estimated that the rate of extra billing in Ontario jumped by 50% since the adoption of EPF.⁽¹⁸⁾ Extra billing and other direct charges have the effect of undermining equal access to health care.⁽¹⁹⁾ One federal task force concluded that "uncontrolled billing of patients beyond the levels of provincial medical insurance plan schedules will ultimately destroy medicare".⁽²⁰⁾ Despite this evidence, the Ontario government refused to ban the practice of extra billing, giving rise to what many termed a "crisis" in health

care. It seemed the principles of universality were being sacrificed for the sake of cost control. In response, concerned interests organized.

THE RISE OF THE MEDICAL REFORM GROUP

The concerns that Canadians were insured under an outdated medical model, the rise of para-medical personnel who challenged medical autonomy, and the attempts to limit costs with its subsequent erosion of equity sparked action on the part of those who sought to preserve the principle of universality, as well as improve the efficiency of the health care system.⁽²¹⁾ For instance, in November of 1979, the Canadian Labour Congress organized the SOS Medical Conference. Ottawa also expressed concern over provincial developments and called upon Justice Emmett Hall to head up a commission re-examining health care. In addition to these defenders of public medicare, many non-medical health care practitioners got involved in political action to further their own interests in what they perceived to be occasion of reform.⁽²²⁾ The MRG emerged during the late 1970's as a group of "progressive" physicians dedicated to equal access to health care and favouring a more "efficient" organization of the delivery system.

THE EXTRA BILLING DEBATE: THE CORNERSTONE OF THE MEDICAL REFORM GROUP

Although the MRG's constitution calls for change in the delivery of health care services, the group was initially organized around the principle of equity. To some doctors, extra billing is equated with professional freedom and government attempts to eliminate this practice are seen as a threat not only to professional freedom, but also to the quality of medical care. As will be discussed below, this outlook is encompassed by the Ontario Medical Association and, to a radical degree, by the Association of Independent Physicians. The MRG was formed "to provide a voice for socially concerned doctors whose opinions were not represented by traditional medical associations".⁽²³⁾

The MRG emphasizes in many of their briefs that the growing rate of extra billing in the 1978-1979 period was a prime factor in their emergence. For example, the opening paragraph in their brief on the Canada Health Act states:

A group of physicians and medical students founded the MRG of Ontario in 1979 because they were concerned about the erosion of medicare. In particular, they saw the increasing number of physicians who opted out of O.H.I.P. in 1979 as a threat to access to the health care system for poor and moderate income Ontarians.⁽²⁴⁾

Thus, the Ontario Medical Association's official acceptance of extra billing provided a cornerstone upon which the MRG was formed. The remainder of this section will highlight the ideological differences between the Ontario Medical Association and the MRG by contrasting their policy positions during the 1986 doctors' strike.

DOCTORS STRIKE

During the summer of 1986, Ontario experienced a doctors' strike organized by the OMA to prevent passage of Bill 94; a measure by the governing Liberals to end extra billing. The strike provided an excellent opportunity to contrast the opposing positions of the two groups. Both the MRG and the OMA received widespread media attention during the course of the strike. Their debate was carried out in the press. In support of extra billing, the OMA offered several reasons:

- 1) extra billing rewards excellence within the profession,
- 2) it allows doctors to spend more time with patients,
- 3) it injects more funds into an underfunded health care system,
- 4) when practiced properly, it does not impede access by poorer members of society, and
- 5) it is the right of independent professionals to price their own services.(25)

In the end, the OMA believed that Bill 94 marked the beginning of the end of professional freedom.

The MRG saw it differently. They welcomed the passage of Bill 94. During a press interview, one of the founding members of the group, Dr. Bob James, had this to say about the OMA's strike:

I believe extra billing should have been outlawed 20 years ago and this particular law is not a bad law. I think the government is bargaining in good faith and the OMA is doing it in bad faith.(26)

The reason Dr. James and the MRG felt the OMA was bargaining in bad faith is demonstrated in their counterpoints to the OMA's arguments. Dr. Gordon Guyatt, a spokesman for the MRG, challenged the notion that extra billing rewards excellence. Writing in the Globe and Mail, Guyatt pointed out any doctor, regardless of seniority, can opt out and extra bill.⁽²⁷⁾ If one were to follow the OMA's logic, all extra billing doctors should be superb physicians, and the rest a mediocre lot. However, Guyatt draws attention to "the very best Ontario physicians", those who belong to medical faculties and teach students and physicians in training - who do not extra bill. In conclusion, he writes that most physicians who extra bill "are responding to an economic milieu that allows them to get away with extra billing."⁽²⁸⁾

Michael Rachlis, another spokesman for the MRG, challenged the OMA's second point that opted-out physicians spent more time with their patients.⁽²⁹⁾ Drawing upon a study conducted by Professors Alan Wolfson and Carolyn Tuohy, Rachlis concluded that there is no evidence that opted-out physicians spend more time with their patients than opted-in physicians.⁽³⁰⁾ Indeed, Opting Out of OHIP found no difference between opted-in and opted-out physicians in terms of patient load, hours of work, or waiting times for appointments.

The MRG also refutes the notion that extra billing injects more funds into an underfunded system. The MRG views extra billing as a direct payment from the patient's pocket to the physician's pocket. Extra billing does little or nothing to inject funds into the health care system; it only increases doctors' incomes.⁽³¹⁾ Whether the system is underfunded is also disputed by the MRG. In a brief presented to the Legislative Sub-Committee on Social Development on Bill 94, the MRG stated:

The OMA has claimed that Bill 94 is a "smokescreen" for the real issue which is underfunding of the system. The MRG reaffirms that extra billing is a real issue that affects hundreds of people every day. The group also points out that the Canadian Medical Association Task Force on Funding which reported in 1984 found no evidence of overall underfunding of the system.⁽³²⁾

In a subtle way, the MRG used a report published by the OMA to refute the OMA's point. For the MRG, the health care system is not underfunded per se, rather it is misfunded in terms of reliance on high tech, curative care.

Despite the OMA's claim that those who cannot afford out-of-pocket charges are not extra billed, the MRG presents empirical evidence to the contrary. In the clipping noted above, Rachlis cites Woodward and Stoddart's paper prepared for the Hall Review.⁽³³⁾ He concedes that some doctors are "considerate in their billing practices but there are some who "extra bill everyone and expect the patient to ask for a reduction".⁽³⁴⁾ The MRG's abhorrence of extra billing, and the OMA's support of it, was expressed in its brief to a Health Policy Conference in the Spring of 1983.⁽³⁵⁾ While discussing the successes and failures of our health care system, the brief stated:

The most disappointing failure has been the refusal of organized medicine to accept the principles of one-hundred percent first dollar coverage and unimpeded access to insured services. In a time of economic crisis the medical profession of the 1980's has the opportunity to behave in the tradition of compassion and responsibility associated with the practice of traditional medicine. Instead, consumers are treated with increasing intransigence by a profession whose business practices, unhindered by government, are destroying the soul of medicine. Tragically, the soul of the medical profession is also being destroyed.⁽³⁶⁾

MRG physicians support public medicare and its principle of equal access and for them extra billing represents a negation of this principle.

The argument that extra billing is a right rests on ideological grounds. The strongest advocate of this ideology is the Association of Independent Physicians; a group of doctors within the OMA who defend what they believe to be professional rights and freedoms. In a public hearing discussing Bill 94, the Vice-President of this association displayed his fear of government intervention in these highly emotionally charged terms: "In the extreme, ladies and gentlemen, this leads to state doctors like the notorious Mengele of the Nazi concentration camps and like state psychiatrists in Russian political prisons."⁽³⁷⁾ In direct contrast to this fear of government intervention is the MRG's view that medical care is a public good. In an appeal to the OMA and A.I.P., the MRG asked both groups to remember that physicians have been given a medical monopoly which frees them from competition and ensures all their patients can afford treatment.⁽³⁸⁾ Moreover, the state pays over 95% of their medical training, something that a true free enterprise system would not provide. To the MRG, doctors who extra bill are not unlike a school teacher who charges parents an extra fee per student in addition to their salary, or a fireman who charges a household a fee for every fire

he puts out.⁽³⁹⁾ Dr. Philip Berger, a spokesman for the MRG, claimed that health care is not a commodity but an essential service and as such "the government has a duty to ensure equal and public access to that service"⁽⁴⁰⁾

The above comparison between the OMA and MRG on the issue of extra billing illustrates the differences in ideology between the two medical interest groups. Members of the MRG further expressed their concern over extra billing in the questionnaire. When asked what was the most critical issue facing health care, the vast majority of respondents chose universality (see Table 4.1). The final section of this chapter will explore other dimensions that make up the MRG ideology.

TABLE 4.1WHAT DO YOU THINK IS THE MOST IMPORTANT ISSUE FACING
HEALTH CARE TODAY?

	<u>%</u>
Universality	59
Preventative Medicine	8
Community Health Clinics	7
Heirarchy of Medicine	7
Other	<u>18</u>
Total	99% (96n)

MEDICAL REFORM GROUP IDEOLOGY

In an attempt to examine the "ideology" of the MRG more closely, the members were asked two questions. The first question measured their preference of various ways of organizing the delivery of medical services. Members were asked to rate solo practice, medically controlled group practice, and jointly controlled community clinics as either attractive, acceptable or unacceptable. Similarly, members were asked to indicate what degree of influence various interests should have in the formation of health policy. These two questions were phrased in a manner that would permit a comparison with another study on medical ideologies.

Carolyn Tuohy has published some pioneering works on medicine's political opinions in Canada, with particular emphasis on Ontario.⁽⁴¹⁾ In her Phd. dissertation (1974), Tuohy discovered a small cluster of medical opinion that favours a change in the delivery system towards community clinics, along with more lay and government influence in the formation of health policy. In contrast to this minority of physicians (termed Welfare State Liberals), the majority of physicians preferred solo practice, and medical dominance in the formation of health policy. Based on the assumption that MRG members are representatives of Welfare State Liberals,

Dr. Tuohy was consulted and assisted in the formation of the above two questions so that they would provide a basis for comparison. These questions and their results are shown in Tables 4.2 and 4.3.

The evidence presented in Tables 4.2 and 4.3 support the above statement that Tuohy's Welfare State Liberals resemble the ideological outlook of MRG members. In Table 4.3, which measured MRG members' reception to change, we find that only 6% of the respondents find traditional solo practice attractive. Similarly, slightly over one-third (36%) of the respondents find solo practice unacceptable; a remarkably high percentage if one believes the policies advocated by the OMA are representative of the profession as a whole. More attractive and acceptable to MRG members are medically controlled group practices. The most revealing statistic here concerns the overwhelming support for community clinics. Over four-fifths (81%) find community clinics managed by both lay representatives and medical boards attractive. A mere 2% reject such clinics.

MRG members' attitudes towards outside interference in health policy is revealed in Table 4.3. While it is not surprising that all respondents feel the medical profession should have at least some influence in health policy, it is revealing that the members give close to equal opportunity for input from other interests. The figures for other

TABLE 4.2

HOW ATTRACTIVE TO YOU ARE THE FOLLOWING WAYS OF ORGANIZING
THE DELIVERY OF MEDICAL SERVICES? (%)

	<u>Attractive</u>	<u>Acceptable</u>	<u>Unacceptable</u>	<u>Total %</u>	<u>(n)</u>
Solo Practice	6	58	36	100	(97)
Medically Controlled- Group Practice	29	66	5	100	(98)
Community Clinics managed by both lay and medical boards	81	17	2	100	(100)

TABLE 4.3

WHAT DEGREE OF INFLUENCE DO YOU FEEL THE FOLLOWING GROUPS
SHOULD HAVE IN THE FORMATION OF HEALTH POLICY? (%)

	<u>Great Deal</u>	<u>Some</u>	<u>Little</u>	<u>None</u>	<u>Total%</u>	<u>(n)</u>
Medical Profession	50	50	-	-	100	(101)
Other Health Workers	48	52	-	-	100	(101)
Lay Representatives	55	44	1	1	101	(101)
Federal Government	27	62	9	2	100	(99)
Provincial Government	24	67	8	1	100	(99)
Local Government	21	66	12	1	100	(99)

health care workers input into health policy formulation closely resemble the weight of input given to the medical profession itself! This reveals support for a decentralization in the present decision making hierarchy surrounding health policy formulation. Indeed, most revealing is the degree of support given to lay input (55%), which is more than any other interest. In terms of governmental intervention, MRG gives less weight to such input. However, close to nine-tenths feel the three levels of government should have at least some input.

It seems that the small cluster of medical opinion identified by Tuohy parallels the opinion of MRG members. However, one must be careful not to assume the two are one and the same. Although the ideology of Welfare State Liberals resembles the ideology of the MRG, a more intense study is needed before such a conclusion can be substantiated. Indeed, Tuohy herself has written that, while the ideology of the MRG is very "socialist in inspiration", it is "not revealed to a significant extent in surveys".⁽⁴²⁾

SUMMARY

During the initial years of medicare, doctors had the best of both worlds. They were free to charge above the fee schedule if the patient was willing or able to pay, but

in any case, he was guaranteed a minimum payment. Similarly, physicians' vision of how health care should be organized and delivered was beyond reproach and para-medical personnel posed little threat to their decision-making power. Finally, the economic boom years of the 1960's and early 1970's ensured questions of efficiency and effectiveness were never raised. However, all this changed by the late 1970's.

The move away from curative care toward preventative care, the rise of highly skilled para-medical personnel, and the concern over cost control and universality shook the traditional ideological tenets of physicians. Their vision of medicare was no longer popular. Critics, including the government, sought solutions to the "crisis" that were incompatible with medicine's view of professional autonomy and economic freedom. Out of this battle arose the MRG.

The differences between the Ontario Medical Association and the MRG were displayed during the 1986 doctors' strike in Ontario. Both the medical association and the Association of Independent Physicians battled for the repeal of Bill 94, while the MRG applauded its introduction. Indeed, members of the MRG favour community clinics over solo practice and advocate stronger lay and governmental input into the formulation of health policy.

The formation of the MRG can be attributable to "macro-social forces of change" as determined by Truman.

There is no doubt that the changes that have occurred in medicine over the past quarter century fostered the formation of the MRG. The MRG is a group of doctors who rejected the traditional associations response to these changes. Chapter five will take a closer look at the incentives that motivate MRG members.

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¹⁴Weller and Manga, "Health Policy", p. 231.

¹⁵G. Carter, "Financing Health and Post Secondary Education: A New and Complex Fiscal Arrangement", Canadian Tax Journal, vol. XXV, pp. 534-550.

¹⁶Carolyn J. Tuohy, "Pluralism and Corporatism in Ontario Medical Politics" Business and Government in Canada, Edited by K.J. Rea and J. T. McLead (Toronto: Methuen, 1976), p. 399.

¹⁷Weller and Manga, "Health Policy", p. 238.

¹⁸Pran Manga, "The Political Economy of Extra Billing: A Discussion Paper" (Ottawa: The Canadian Council on Social Development, 1983) p. 6.

¹⁹The ill-effects of direct charges has been well documented. See, for example, M. Barer et al. Controlling Health Care Costs by Direct Charges to Patients: Snare or Delusion. (Ontario Economic Council, 1979).

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²¹Weller & Manga, "Health Policy", p. 239.

²²Tuohy, "Conflict and Accommodation", p. 27.

²³Medical Reform Group of Ontario, "History of Membership Criteria, October, 1980" (Toronto: Medical Reform Group files).

²⁴IDEM, "The Canada Health Act: A Brief by the Medical Reform Group of Ontario"; presented to the House of Commons Committee on Health and Welfare, Ottawa, Ontario, February 7, 1984, p. 1.

²⁵During the months leading up to the strike, numerous articles were written that highlighted the differences between the Medical Reform Group and the Ontario Medical Association. Many of these articles were reprinted in the MRG Newsletters. See, particularly, MRG Newsletter, vol. 6, No. 2, April, 1982 and MRG Newsletter, vol. 6, No. 3, June-July, 1986.

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³⁸Rachlis, "The Myth".

³⁹Guyatt, "Extra Billing".

⁴⁰Steven Rauchman, "Treating the Person, not the Purse?", Canadian Doctor, May, 1986.

⁴¹See particularly, "The Political Attitudes of Ontario Physicians: A Skilled Group Perspective," (Phd. Dissertation: Yale University, 1974) and "Smoke and Mirrors: Professional Ideology and Symbolism in Health Care Policy" in Proceedings of the Conference on Health in the 80's and 90's, March 14 and 17, 1982, Montebello, Quebec.

⁴²Tuohy, "Conflict and Accommodation", p. 26.

CHAPTER FIVE:

THE INCENTIVE SYSTEM OF THE MEDICAL REFORM GROUP:

POLITICAL MOTIVATIONS AND THE DECISION TO JOIN

This chapter addresses the incentive system of MRG members. In particular, the topic here is why individuals joined the MRG, under what conditions will they renew their membership, and how does the decision to join relate to the more subtle aspects of incentive systems. The first part of this chapter will assess the value of various direct member services (DMS or selective incentives) that the MRG provides. From here, we discuss the political efficacy of group members and the importance of other expressive values, such as supporting a good cause and feelings of responsibility in their decision to join. This will prepare us for an examination of pivotal roles of incentives; members were asked how they would react if a) lobbying stopped, and b) direct member services stopped. Next, we measure the incentive system in a different way by asking members to rank their reasons for joining. The final sections of this chapter will examine the relationship between political motivation and expressive values, and between political motivation and efficacy.

Perhaps the best way of understanding the organizational incentive structure of the MRG is to begin with an analysis of the selective incentives it supplies. Table 5.1 lays out the DMS of the MRG and members' evaluation of those services. It is apparent from Table 5.1 that the newsletter outweighs all the other selective incentives the MRG provides. Over

TABLE 5.1 MEMBERS' EVALUATION OF MRG SERVICES

<u>SERVICE</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>Total%</u>	<u>(n)</u>	<u>1 or 2</u>
Newsletter	48	43	7	2	100	99	<u>91</u>
Chance to Exchange Ideas	57	22	12	9	100	91	<u>79</u>
Conferences, workshops, seminars	34	41	18	7	100	93	<u>75</u>
Research and policy formulation	24	41	22	13	100	91	<u>65</u>
Lobbying opportunities	25	34	23	18	100	91	<u>59</u>
Social Events	11	22	32	36	101	92	<u>33</u>

1 = very valuable
 2 = fairly valuable
 3 = not very valuable
 4 = no value

91% of the respondents indicated that the information contained in the newsletter was a valuable reason for joining. This is consistent with Olson's hypothesis. It is a tangible economic service. However, what is not apparent from the table is the contents of the newsletter. What makes it so appealing?

A thorough reading of the MRG newsletters will reveal that they are a political document. The newsletters are filled with new developments and issues concerning health care politics. Many of the pieces are photocopies of relevant newspaper reports and magazine articles. Furthermore, and not surprisingly, the newsletter also informs members of the crucial role the MRG must play in health care politics and how that role is being fulfilled. In any event, despite the value of this information, the newsletters are certainly not worth the \$100 membership fee that physicians pay. If all that members desired was the newsletter, they could obtain it for \$25 a year. Therefore, if MRG members are rational economic men, they must join for more than the newsletter. This leads us to an analysis of the other DMS.

The chance to exchange ideas and the conferences and workshops put on by the MRG are also very important to the members. In both instances, three-quarters or more of the

respondents felt that services were somewhat valuable. The closeness of these two services in value should not be surprising since they are closely interconnected. The chance to exchange ideas probably occurs most during seminars, workshops and conferences. Perhaps the most interesting statistic concerns the chance to exchange ideas. If we change our measure of importance by simply focusing on value 1, we find that over 57% of our respondents felt the chance to exchange ideas was VERY valuable. This percentage is higher than the newsletter, where only 48% of the members felt it was a VERY valuable service. This is interesting, given that the exchange of ideas is an intangible benefit compared to the newsletter.

The opportunity to research and formulate policies, as well as participate in lobbying, are the next most valuable services provided by the MRG. The former was valuable to 65% of the respondents, while the latter was valuable to 59%. Like the services noted above, these two services are closely connected. The policy-making process and the chance to engage in pressure politics can be seen as a continuum. This is to say, there is no use formulating policies if you're not going to lobby the government to implement them. Hence, the relative similarity in value between these two variables is predictable.

The final type of service offered by the MRG is social in nature. Events such as dining or baseball occur

once or twice a year. This is seen by the executive as a chance for members to get to know others on an informal basis. However, in terms of valuable services, these social events ranked last. Only 33% of our respondents felt that these events were valuable. This low percentage is reflected in the way social events are organized. They are never the main event; rather they follow a day-long meeting consisting of workshops, seminars or conferences. Dining and baseball are seen as a chance to unwind after a day of political discussion. Thus, we can safely assume that solidarity incentives are not of major importance in the MRG. (1)

In closing our discussion on members' evaluation of MRG services, it is useful to draw attention to the importance of politics to group members. Virtually all services, with the exception of social events, are concerned with health care politics. Take, for example, the workshops and conferences organized by the group. Topics for some of the workshops include extra billing by doctors, the inclusion of medical students into the medical establishment, and occupational health and safety hazards. Similarly, conference speakers have included Vince Navarone, a leading Marxist scholar and writer on health politics, and Stephen Lewis, former leader of the Ontario New Democratic Party. Thus, we must question Olson's tendency to separate politics from the services an interest group provides. Clearly, the

centrality of politics in the services the MRG provides cannot be ignored.

The data on political efficacy suggests that, at least on a perceptual basis, many MRG members should be somewhat politically motivated. As seen in Table 4.2, 77% of our respondents felt that their dues made a difference, however small, to the group's political success. This is higher than any of the five groups Moe studied.⁽²⁾ It is clear that MRG members do not think their dues are as insignificant as Olson would contend. This heightened sense of efficacy could be the result of the high value that members attach to the information in the newsletter, which, as Moe notes, could be used to strengthen members' perceived impact on political goals.⁽³⁾ However, despite this large number that felt their dues make a difference to the group's success, only 8% of the members felt their dues had a BIG effect on this success. Upon this discovery, it was decided to investigate the relationship between the group's leaders and efficacy. Could most of these 8% be Steering Committee members, as we have a theoretical reason to suspect? This assumption was partly borne out in the data (see Table 5.2). While the same number of "average" members as Steering Committee members felt they made a big difference, the latter are more likely to be efficacious. That is to say, 20% of Steering Committee members checked the "big

TABLE 5.2EFFECT OF DUES AND CONTRIBUTIONS ON THE GROUP'S POLITICAL
SUCCESS (%)

Effect	All Members	Steering Committee	vs. "Average" Member
A big effect	8%	20%	5%
A noticeable effect	69%	70%	68%
No real effect	23%	10%	27%
Total %	100	100	100
(N)	(95)	(20)	(75)

effect" column, while only 5% of "average" members felt their contributions had a "big" effect on the group's success. Having discussed the importance placed upon the selective incentives the MRG provides, it is now appropriate to examine the pivotal role of incentives.

As outlined in chapter two, question 10 attempted to measure the pivotal role of incentives by asking members how they would react if a) direct member services stopped, and b) lobbying stopped. The responses are reported in Tables 5.3 and 5.4. It appears that political incentives are of primary importance to MRG members. From Table 5.3, we find that a substantial majority of respondents, 84%, would remain in the MRG if services were stopped and only lobbying continued. Moreover, from Table 5.4 we can see that almost half of MRG members would quit if the group stopped lobbying and only provided services. Conversely, only 16% would quit if services ceased, while over half would remain if only services were provided. The only group in Moe's study where 50% or more of the members would remain if the group just lobbied was the Farmer's Union; and just 58% indicated they would.⁽⁴⁾ The obvious conclusion is that political inducements are far more important for MRG members than most other interest groups that have been tested.

If the data from Tables 5.3 and 5.4 are cross-tabulated, we can classify members according to which

incentives are pivotal to their membership. Table 5.5 displays the results of this cross-tabulation. It is obvious that lobbying is both of primary and pivotal importance to MRG members. From this table, it can be seen that for 40% of the respondents, membership is contingent upon "lobbying only", while "services only" is contingent for only 6%. The majority of respondents fall in the "either services or lobbying" category with 45%. Only 10% indicated their membership was pivotal upon both services and lobbying being provided. Overall, membership in the MRG was pivotal upon lobbying for 95% of the respondents, while services was pivotal for 61%. Another way of presenting the same data is shown in Table 5.6. Here we can see which theorist comes closest to explaining the incentive structure of the MRG membership. It is evident from Table 5.6 that lobbying is either a sufficient or pivotal inducement for the majority of MRG members.

The second approach to measuring member motivation, i.e. asking members to rank their reasons for joining, complements the results of our first approach. Table 5.7 shows how important various reasons are for joining the MRG. Again, it is clear that lobbying plays a central role within the MRG, with 90% of the respondents claiming support for the political goals was a very important factor in their decision to join. (Only 1% indicated political factors were not

TABLE 5.3

HOW MEMBERS WOULD REACT IF THE MRG STOPPED PROVIDING
SERVICES BUT STILL LOBBIED (%)

<u>Reaction</u>	<u>%</u>
Stay In	84
Drop Out	16
<hr/>	
Total (n)	100 (101)

TABLE 5.4

HOW MEMBERS WOULD REACT IF THE MRG STOPPED LOBBYING,
BUT STILL PROVIDED SERVICES (%)

<u>Reaction</u>	<u>%</u>
Stay In	51
Drop Out	49
<hr/>	
Total (n)	100 (101)

TABLE 5.5

A CLASSIFICATION OF MEMBERS ACCORDING TO WHICH INCENTIVES
ARE PIVOTAL TO THEIR MEMBERSHIP (%)

<u>Incentives</u>	<u>%</u>
Either services or lobbying	45
Lobbying only	40
Services only	6
Both services and lobbying	10
<hr/>	
Total	101
(n)	(101)
<hr/>	
<u>SUM:</u>	<u>%</u>
SERVICES SOMEHOW PIVOTAL	61
POLITICS SOMEHOW PIVOTAL	95

TABLE 5.6

A THEORETICAL CLASSIFICATION OF MEMBERS ACCORDING TO
WHICH INCENTIVES ARE PIVOTAL TO THEIR MEMBERSHIP

Stay in MRG if group only lobbied

		YES	NO
<u>Stay in MRG if group only supplied DMS</u>	YES	Each Sufficient (Moe) (I) 45%	Services Only (Olson) (II) 6%
	NO	Lobbying Only (Truman) (III) 40%	Both Necessary (Moe) (IV) 10%

TABLE 5.7IMPORTANCE OF VARIOUS REASONS FOR JOINING (%)

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>	<u>Total % (n)</u>
Lobbying	90	9	1	100 (100)
Good Cause	54	33	13	100 (98)
Feelings of Responsibility	46	33	21	100 (97)
Personal Satisfaction	30	43	28	101 (98)
Services	27	46	26	99 (95)
Social	8	26	66	100 (96)

important!) The idea that they would be abandoning a good cause and feelings of responsibility were also central considerations for MRG members with 54% and 46% respectively indicating these were very important reasons in their decision to join. It is also interesting to note that only 27% of the respondents felt direct member services were a very important reason in their decision to join. Finally, social considerations were very important for a mere 8% of the members.

The presentation of this data on members' motivation went beyond Moe's approach of measuring expressive values.⁽⁵⁾ Besides asking whether feelings of responsibility were important in their decision to join, members were also asked if they felt they would be abandoning a good cause if they did not belong, and if they gained a sense of personal satisfaction from joining. The former was designed to measure altruistic motivations,⁽⁶⁾ while the latter attempted to measure more internal, personal incentives. According to Moe, these expressive values should be indicative of political values. The data reported in Table 5.7 supports Moe's theoretical prepositions.

As can be seen, over half of our respondents indicated that they felt they would be abandoning a good cause if they did not belong, and slightly less than half felt that feelings of responsibility was a very important

reason for joining. Slightly less than one-third ranked personal satisfaction as very important. Although altruism, responsibility and personal satisfaction need not necessarily result in strong political values, they nevertheless increase the probability of political motivations. As Moe aptly put it, purposeful inducements "need not always be politically rooted" but their presence "serves to underline the potential for politically-based memberships and to enhance the likelihood that collective goods can generate their own selective incentives".⁽⁷⁾ As the data above in Tables 5.3 and 5.4 indicate, political incentives are very central in understanding the incentive structure of the MRG. The presence of expressive values among these politically motivated members lends support to Moe's theoretical position.

In an attempt to rank the reasons for joining by importance, members were asked to choose the single most important reason they joined. Table 5.8 shows that for 80% of the respondents, political goals were of primary importance in their decision to join. This far outweighs any other reason. Indeed, the next most important reason was feelings of responsibility which accounted for 7% of the respondents. Thus, most politically motivated members, when faced with a decision between responsibility and support for political goods as their main reason for joining, choose the latter. The same holds true for the other expressive values.

TABLE 5.8MAIN REASONS FOR JOINING (%)

<u>REASON</u>	<u>%</u>	<u>(N)</u>
Lobbying	80	(78)
Feelings of Responsibility	7	(7)
Services	6	(6)
Good Cause	4	(4)
Personal Satisfaction	2	(2)
Social	1	(1)
<hr/>		
Total	100	(98)

TABLE 5.9MAJOR REASON FOR JOINING IF CHOOSING
BETWEEN SERVICES AND LOBBYING

<u>REASON</u>	<u>%</u>
Services	8
Lobbying	92
<hr/>	
Total	100
(N)	(100)

Similarly, most of those who considered social relationships important in Table 5.7 did not feel it was their primary reason for joining. Moreover, when members were asked to decide whether political goals or economic services were more important in joining, an overwhelming 92% picked the former (see Table 5.9).

As done for political efficacy, an analysis was performed to see if there is any difference in the reasons for joining between group leaders and average members. The results are reported in Table 5.10. As we can see, nineteen out of twenty (i.e. 95%) of Steering Committee members joined primarily for political reasons. The corresponding ratio for non-Steering Committee members is 58:77 or 75%. Thus, group leaders are more prone to join in support of the collective goods the MRG supplies than are non-Steering Committee members. However, the number of non-leaders who joined for political reasons is still substantial in light of theoretical arguments that assume otherwise.

We can gain further insight into member motivation by combining our data on the pivotal role of incentives and the main reason for joining. As shown in Table 5.11, 100% of those who joined for "services only" would not remain a member if the MRG only lobbied. However, 50% of service joiners ascribe a secondary role to lobbying. This is a

TABLE 5.10 STEERING COMMITTEE MEMBER AND
MAJOR REASON FOR JOINING

<u>Major Reason for Joining</u>	<u>S.C. Member</u>	<u>Non-S.C. Member</u>
Political	95	75
Other	5	24
Total (N)	100% (20)	99% (77)

TABLE 5.11 MAIN REASON FOR JOINING BY
PIVOTAL ROLE OF INCENTIVES

<u>Incentive</u>	<u>Reason for Joining</u>		
	<u>Lobbying</u>	<u>Responsibility</u>	<u>Services</u>
Either Services or Lobbying	44	29	34
Lobby Only	44	57	-
Services Only	3	--	50
Both Lobbying and Services	9	14	17
Total (N)	101 (78)	100 (7)	100 (6)

theoretically interesting discovery, suggesting the existence of secondary incentives.

When we focus on members who joined for lobbying, we reach a similar conclusion. Table 5.11 shows that 97% of those who joined in support of the MRG's political goals would not maintain their membership if only services were provided. However, for 56% of "lobby joiners" services play a secondary role. Thus, services play as much as a secondary role for lobby members as lobbying does for service members. Perhaps most interesting is the fact that all those who joined for "feelings of responsibility" would not remain in the MRG if only services were provided. For these members, lobbying is the crucial factor; services are only of secondary importance. The political sensitivity of MRG members is highlighted in Table 5.12, where over half of the respondents indicated they would quit if different political goals were pursued.

Having established that politics is more important as an inducement value than direct member services, we can now address other relevant questions. For example, we can inquire into the relationship between political motivations, expressive values, and efficacy. In particular, we can ask whether those with strong expressive values or sense of efficacy are more politically motivated. Let us begin by examining the first question.

TABLE 5.12

WOULD YOU REMAIN A MEMBER OF THE MRG
IF THE POLITICAL GOALS TOOK ON A
RADICALLY DIFFERENT FLAVOUR?

Yes	27%
No	51%
Depends	21%
<hr/>	
Total	99%
(N)	(84)

EXPRESSIVE VALUES AND POLITICAL MOTIVATIONS

As discussed in chapter one, Moe has theoretical reasons to suspect that purposeful motivations and perceptions of efficacy are related to political involvement. In chapter eight of his The Organization of Interests, Moe presents data to support his theoretical prepositions.⁽⁸⁾ This section will present similar data on political motivations and expressive values as it relates to the Medical Reform Group's membership. Following this will be an examination on the relationship between efficacy and political motivations. Besides providing additional information on the incentive structure of the MRG membership, this data can be used for comparison with Moe's findings. However, it should be noted that Moe relied solely on "feelings of responsibility" as a measure of expressive value, while "feelings of abandoning a good cause" and "personal satisfaction" have been added here.

The association between feelings of responsibility and the pivotal role of incentives is depicted in Table 5.13. One of the most notable findings is that nobody who felt responsibility was very important would remain in the group if only services were provided. On the other hand, 40% who ranked responsibility as very important would remain in the group if it only lobbied. It is also notable that as

TABLE 5.13 FEELINGS OF RESPONSIBILITY BY THE PIVOTAL ROLE OF INCENTIVES (%)

<u>Incentive</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Either Services or Lobbying	51	47	25
Lobbying Only	40	35	50
Services Only	-	6	15
Both Services and Lobbying	9	13	10
<hr/>			
Total (N)	100 (45)	101 (32)	100 (20)

TABLE 5.14 FEELINGS OF RESPONSIBILITY BY MAIN REASON FOR JOINING (%)

<u>Main Reason</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Lobbying	73	81	90
Services	2	9	11
Responsibility	16	--	--
Other	9	9	--
<hr/>			
Total (N)	100% (44)	99% (32)	100% (19)

responsibility decreases in importance, the inducement value of services increases (0<6%<15%). A similar association between responsibility and political motivations is observed in Table 5.14 which focuses on responsibility as the main reason for joining. As shown in the table, 73% of those who felt responsibility was very important joined primarily in support of the MRG's lobbying goals, whereas only 2% joined to gain direct member services. It is also noteworthy that only 16% of those who ranked responsibility as very important felt responsibility was their main reason for joining. When forced to decide between feelings of responsibility and political goals as the major reasons for joining, most picked the latter.

When we turn to the association between pivotal incentives and joining because they felt it was a good cause, the link between expressive values and political motivations remains strong. As shown in Table 5.15, 38% who felt the "good cause" of the MRG was very important in their decision to join would remain if the group only lobbied. Only 2% who ranked "good cause" as very important would remain if only services were provided. Moreover, the percentage of those who would remain if only services were provided increases as the importance of "good cause" decreases. (2<9<15). Table 5.16 explores the relationship between "good

TABLE 5.15 GOOD CAUSE BY PIVOTAL ROLE OF INCENTIVES (%)

<u>Incentive</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Either Services or Lobbying	49	41	39
Lobbying Only	38	44	39
Services Only	2	9	15
Both Services and Lobbying	11	6	8
<hr/>			
Total (N)	100% (53)	100% (32)	101% (13)

TABLE 5.16 GOOD CAUSE BY MAJOR REASON FOR JOINING (%)

<u>Major Reason</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Lobbying	79	81	75
Services	4	6	17
Good Cause	8	--	--
Other	10	12	8
<hr/>			
Total (N)	101% (52)	99% (32)	100% (12)

cause" and our second measure of political involvement as the main reason for joining. As shown in the table, 79% who ranked "good cause" as very important joined primarily in support of the lobbying goals. Only 4% who ranked good cause as very important joined to gain the services. It is particularly noteworthy that only 8% who felt the good cause variable was very important in their decision to join, joined primarily for the good cause. This suggests that supporters of "good causes" realize the political significance of their involvement.

The final expressive value examined was "personal satisfaction". In Table 5.17, which displays the importance of "personal satisfaction" by the pivotal role of incentives, we find that 41% of those who ranked personal satisfaction as very important are lobby members. In contrast, no one who ranked personal satisfaction as very important would remain in the MRG if only services were provided. Turning to the relationship between personal satisfaction and the main reason for joining, we find that over two-thirds that ranked personal satisfaction as very important joined primarily in support of the MRG's political goals (see Table 5.18). Only 4% who felt personal satisfaction was very important joined primarily for services. Similarly, only 7% of those who felt personal satisfaction was very important in their decision to join, joined primarily for their own satisfaction. Thus, once again,

TABLE 5.17 PERSONAL SATISFACTION BY PIVOTAL INCENTIVES (%)

<u>Incentive</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Either Services or Lobbying	48	50	30
Lobbying Only	41	31	52
Services Only	--	10	7
Both Services and Lobbying	10	10	11
<hr/>			
Total (N)	99% (29)	101% (42)	100% (27)

TABLE 5.18 PERSONAL SATISFACTION BY MAIN REASON FOR JOINING (%)

<u>Major Reason</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Lobbying	68	83	85
Services	4	10	4
Personal Satisfaction	7	--	--
Other	22	7	12
<hr/>			
Total (N)	101% (28)	100% (42)	101% (26)

a connection between an expressive value and the salience of political motivations is suggested.

The foregoing tables strongly suggest that expressive values do have important political consequences. In all cases, there was a relationship between the importance of the expressive value and the importance of political motivations. Many of those members who felt the expressive value was very important are politically motivated. Given our earlier finding in Table 5.7 that expressive values are widespread among group members generally, it is reasonable to propose that a substantial number of members join not only because they feel they make a difference to the group's success, but because they gain expressive benefits from supporting the MRG's political policies. The next section will examine the relationship between political motivations and efficacy.

POLITICAL MOTIVATIONS AND EFFICACY

In this examination, we should expect that the higher one's sense of personal efficacy, the greater role political motivations should play in their decision-making calculus.⁽⁹⁾ That is to say, when an individual believes his contribution, however small, makes a difference to the group's political success, he will have a reason to take politics into account

before deciding whether or not to join the group. In the two tables presented, the expected pattern emerged.

Table 5.19 displays the relationship between efficacy and the pivotal role of incentives. As we can see, 75% of those who felt their contribution had a big effect will maintain their membership if either services or lobbying are provided. Another 13% will remain in the MRG if only lobbying is provided. Similarly, no one with a high sense of efficacy would remain in the MRG if only services were provided. Perhaps most significantly, the percentage of members for whom lobbying is somehow pivotal increases along with efficacy (101% > 92% > 86%). These findings are supported in Table 5.20 where 88% of those who have a high sense of efficacy joined primarily in support of the political goals. Moreover, the percentage of members joining mainly for services increases as efficacy declines (0 < 5 < 15).

These data add support to Moe's contention that those who overestimate their efficacy will have an incentive to join for political reasons because of it.⁽¹⁰⁾ While it is important to highlight the tentative nature of these findings, it still remains that the expected patterns emerged. Thus, it is not unreasonable to suggest that efficacy can help to explain why so many "average" members join for political purposes.

TABLE 5.19 EFFECT OF CONTRIBUTIONS BY PIVOTAL
ROLE OF INCENTIVES

<u>Incentive</u>	<u>Big Effect</u>	<u>Some Effect</u>	<u>No Effect</u>
Either Services or Lobbying	75	41	46
Lobbying Only	13	44	36
Services Only	--	8	14
Both Services and Lobbying	13	8	14
<hr/>			
Lobbying is Somehow Pivotal	101	92	86
<hr/>			
Total (N)	101% (8)	101% (66)	101% (22)

TABLE 5.20 EFFECT OF CONTRIBUTION BY MAJOR
REASON FOR JOINING

<u>Incentive</u>	<u>Big Effect</u>	<u>Some Effect</u>	<u>No Effect</u>
Lobbying	88	77	80
Services	--	5	15
Other	13	19	5
<hr/>			
Total (N)	101% (8)	101% (65)	100% (20)

SUMMARY AND CONCLUSIONS

In this chapter, we have explored some of the major aspects of the MRG's incentive system. We have investigated through a mailed questionnaire why members initially joined the MRG and under what conditions they will maintain their membership. Moreover, we have examined some of the subtler dimensions of member motivations. This investigation has rendered some very interesting findings. The MRG does not seem to follow Olson's logic; rather the group seems to fit into Truman's broad scheme. A short summary of our findings suggest this to be the case.

1. While the MRG supplies a variety of selective incentives, they all are, with the exception of social events, politically oriented. Even the newsletter, the most tangible economic benefit supplied by the group, is a political document. Moreover, if the members only desired the newsletter, they could purchase it for \$25, which is one-quarter of the cost of physician dues. Therefore, we must look to the intangible benefits the group supplies in order to comprehend its attraction.

2. The most valued service supplied by the MRG is the opportunity to exchange ideas. This suggests an academic quality to the group. Similarly, following the newsletter, the ensuing

most valued services supplied by the MRG are the conferences, workshops and seminars, followed by opportunities to participate in lobbying and research policy positions. The value of these services suggests that the pursuit of collective goods can generate their own selective incentives.

3. A large percentage of respondents (77%) indicated they felt their dues and contributions make a difference to the group's success. This is contrary to Olson's assumption that people in latent groups feel inefficacious.

4. Group members possessed expressive values; as measured by feelings of responsibility, personal satisfaction or support for a good cause.

5. More members would remain in the group if services were dropped than if lobbying were dropped.

6. When the answers to Question 10 are cross-tabulated we find that over six times as many members would remain in the MRG if it only lobbied than if it only supplied services (see chapter two for information). Similarly, politics was somehow pivotal to 95% of the members.

7. When asked to rank the importance of six possible reasons for joining, most people (90%) indicated that support for political goals was very important. Direct member services fell to fifth place at 27%.

8. When asked to choose the most important reason for

joining, 80% chose support for the group's political goals. Only 6% joined primarily to gain direct member services.

9. When the main reason for joining was crosstabulated with the pivotal role of incentives, we found that all service joiners would not remain in the group if the MRG only lobbied and most lobby joiners would not remain if the MRG supplied only services. Similarly, service joiners are about as likely to ascribe a secondary role to lobbying as lobby joiners are to ascribe a secondary role to services.

10. Those with strong expressive values are more likely to be stimulated by political values than those with weak ones.

11. Those with a strong sense of efficacy are more likely to ascribe a pivotal role to politics and join for political reasons.

The above summary runs counter to Olson's logic, but does suggest support for Truman's logic. Political motivations, at least within the MRG, are more important than economic ones. However, these political motivations are correlated to expressive values and efficacy; something that Olson does not consider in his equation. These discoveries have implications for the existing literature on group formation. These implications will be discussed in the next and final chapter.

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¹Peter B. Clarke and James Q. Wilson, "Incentive Systems: A Theory of Organizations", Administrative Science Quarterly, Vol. 7 (September, 1961).

See also, James Q. Wilson, Political Organizations, (New York: Basic Books, 1973).

²Terry M. Moe, The Organization of Interests: Incentives and the Internal Dynamics of Political Interest Groups, (Chicago: University of Chicago Press, 1980), p. 207.

³IBID.

⁴IBID, p. 210.

⁵IBID, p. 207.

⁶Harriet Tillock and Denton E. Morrison, "Group Size and Contributions to Collective Action: An Examination of Olson's Theory Using Data From Zero Population Growth, Inc." in Louis Kreisberg, ed., Research on Social Movements, Conflicts and Change (New York: JAI Press, 1979) pp. 131-158.

⁷Moe, Internal Dynamics, p. 207.

⁸IBID, Chapter 8, pp. 201-218.

⁹IBID, pp. 33-34.

¹⁰IBID.

CHAPTER SIX:

SUMMARY AND CONCLUSIONS

This thesis has attempted to serve two purposes:

1) provide an empirical test for three theories on interest groups, and 2) contribute to the literature on health care politics in Canada. The latter purpose has been served by the object of investigation. As described, the Medical Reform Group of Ontario is a new and somewhat unique group of physicians who offer an alternative vision of health care than the traditional medical associations' vision. With respect to the empirical purpose, a number of questions were laid out in chapter one that guided the format of the thesis. Our findings will be summarized in these concluding pages. However, the main focus of this conclusion will be to draw together the main threads of analysis, summarize their meanings, and speculate on the organizational future of the MRG.

TRUMAN AND THE FORMATION OF THE MRG

Truman claimed that forces in the environment are responsible for the growth of interest groups and, in some instances, groups will form in opposition to one another (i.e. labour unions and employers' associations). The formation of the MRG can be explained by focusing on the changes that have occurred in the health care system. New medical ideologies, the rise of para-professionals, financial constraints and the erosion of equity all were underlying

causes for the formation of the MRG. The Association of Independent Physicians may also be the result of social change; however, it is interesting to note that the group formed after the MRG and immediately challenged its progressive view. Perhaps the A.I.P. rise lends support to Truman's wave theory. That is to say, the formation of the MRG encouraged the formation of a counter-organization. However, more investigation is needed to substantiate this claim.

Other aspects of Truman's theory are supported by this analysis. The concept that groups are initially formed as a result of a small number of members who have "tangent relations" to one another was addressed in chapter three. As discussed, the educational background, age and political philosophy of the members are very similar. When asked to name other groups to which they belonged, the respondents indicated political groups with a left-wing orientation. This analysis also lends support to Truman's contention that new interest groups will challenge existing groups and often end up lobbying the state to further its collective goals. In the battle over extra billing, the MRG launched a direct attack upon the Ontario Medical Association and took advantage of opportunities to present their views to government bodies. The characteristics of interest group formation noted by Truman are applicable to the MRG.

THE DECISION TO JOIN

Truman, Olson and Moe each had different ideas concerning the decision to join groups. While Truman believed individuals would join on the basis of collective interests, Olson argued that selective incentives were a necessary condition. For Moe, the decision to join was empirical; rational individuals could join for selective and/or collective incentives. The existing literature that attempts to test the decision to join provides mixed conclusions.⁽¹⁾ Perhaps, as Moe contends, the basis for membership differs among groups. However, if one were to ignore evidence to the contrary and solely base their conclusions on this study's findings, it would seem impossible to ignore the validity of Truman's theory.

As indicated in chapter five, the primary attraction of the MRG to its members is political. Although members chose the newsletter and the chance to exchange ideas as the most valuable services the MRG provides, both these incentives have political orientations. Moreover, when directly asked the most important reason they joined the group and upon which conditions they would continue to join, the members indicated the support of political goals and the pivotal importance of politics respectively. Similarly, the vast majority of MRG members would quit if the group stopped lobbying and only supplied direct services, yet only half

the members would remain if the reverse was true. Thus, it seems that Truman's hypothesis is the most applicable to our study. However, some of the findings also lend support to Moe's theoretical assumptions.

Although the MRG attracts and maintains members on the basis of its political philosophy, this does not negate the validity of Moe's stance; the collective goals of the group could generate selective incentives and/or the MRG could consist of highly efficacious individuals. The evidence presented in chapter five supports both these prepositions. Most members gain a sense of personal satisfaction from joining and similarly, they feel their contributions have some impact on the success of achieving group goals. Moreover, Moe's contention that political values, such as responsibility and supporting a good cause, are linked to political incentives was also demonstrated by the results. The data showed a strong correlation between those with strong political values and those who joined for political reasons. Perhaps the most important evidence supporting Moe's theory is the fact that a small percentage of respondents joined to gain the direct member services and one joined for social purposes. The fact that all MRG members are not primarily politically motivated is an important consideration. The decision making calculus of these individuals obviously differs from most and suggests Moe has insights that are relevant here.

SUPPORT FOR MOE

For Moe, the benefits and costs of joining a particular group varies across individuals and thus no theory can be conclusive. The fact that Truman's logic was most applicable in understanding the decision to join the MRG does not mean it would be applicable in understanding member motivations in another group. As pointed out in chapter one, Moe assumes some groups may form on the basis of either political or selective goals alone, while others have to rely upon a mixture of the two.

For any given group, the relative motivational value of collective and/or selective incentives depends upon the perceptual characteristics of each individual member. In this case, the vast majority of members are politically motivated and the goals of the MRG offer an outlet for these motives. However, this exchange of dues for the pursuit of appropriate political goals goes both ways.

The incentive package offered by the group determines the type of membership it attracts. If the package is narrow in scope, then the likelihood of a homogenous membership increases. As described earlier, the constitution of the MRG set a clear and specific mandate of reform and, as a result, has attracted a small and politically compatible membership. Had the group decided to experiment with a more elaborate set of selective incentives while keeping their political goals vague, the membership, and hence the

survey results, would be different. (If the MRG had tried to carbon copy the OMA policies, it is unlikely the group would have survived, as the latter has already captured that market). If anything is conclusive from this analysis, it is this: the mixture of collective and selective incentives offered by the MRG attracted a large number of young, reform-minded and politically efficacious physicians. In other words, our analysis suggests that the MRG found a niche in the ideological spectrum of physicians, and formed an organization around it. As it happens, this niche is motivated more by the collective goals of the MRG than selective incentives and hence lend support to Truman's perspective.

THE ILLOGIC OF OLSON

While it is certainly true that individuals may join groups solely on the basis of selective incentives, problems remain with Olson's original argument. As Olson's shortfalls have already been pointed out by others, this short section will only address a problem unveiled by this study.⁽²⁾

The basic problems with Olson is that he assumes all rational men are motivated by economic gain. If this logic were true, the MRG could never have formed. (Indeed, this study would not have been possible as the membership received no economic benefit from completing the questionnaire). The Health Care Accessibility Act which banned extra billing

obviously hurt that segment of the medical profession who practiced it. If one were to accept Olson's logic, then not only would all physicians have cried out against the Act, but the majority of physicians would have been practicing extra billing. However, neither of these conditions were true. The issue that launched the MRG into the political arena was the group's opposition to extra billing. Moreover, during the 1986 doctors strike, the membership of the MRG increased by roughly one-third. In order to understand the motivations of these members, one must move beyond Olson's limited perspective.

It has been suggested by a few of Olson's critics that "moral" incentives can motivate individuals to contribute to goals that run counter to their economic self interest.⁽³⁾ The questionnaire attempted to measure "moral" incentives by asking members whether they felt they would be abandoning a good cause if they did not join the MRG. As Table 5.7 indicated, over half the respondents felt this reason was a very important one for joining. Slightly less felt a responsibility or civic obligation to join. Thus, MRG members have what has been termed a "reform utility"; that is, a desire to change society in a manner that would make it better for all, even if there are costs involved to the individual.⁽⁴⁾ MRG members feel the benefits to be had from a reformed health care system are worth the costs involved to the individual physicians. The concept of moral incentives

or reform utility points out a basic flaw in Olson's logic. In some cases, depending upon the value of the collective good to society as a whole, rational, self-interested men will contribute, despite the personal costs.

THE FUTURE OF THE MRG

Having discussed the growth and incentive package of the MRG, it is appropriate in these concluding statements to comment on the future of the group. Since its formation, the group seems to have reached a plateau. The membership has fluctuated between 150 to 200 members over its eight-year history. Moreover, since the battle against extra billing has been won, the question arises whether the group can sustain its popularity in the future. Are there any other issues to which the membership will contribute? The remainder of this chapter will address these and other questions as they relate to the organizational future of the MRG.

The MRG stagnantcy is the result of various factors. In the first place, the group does not publish its phone number. Imagine an interested individual wishing to make a contribution but not knowing where to send his cheque. Unless he knew a member or came across the post office box in one of the group's media campaigns, the chances

of contacting the MRG are slim. Moreover, having received the address, it is possible that only the most committed individuals would take the time to write for membership information. The fact that the MRG still refuses to publish its phone number suggests the group still has one foot in the closet, preferring to cover itself in a shroud of secrecy fear of the social stigma attached to belonging to a group of "renegades".

The fact that the OMA has adopted mainstream policies that attract the majority of physicians also impacts on the size of the MRG. As the traditional interest group of physicians, the OMA has established a predominance that the MRG can only hope to match. By negotiating the fee schedule with the OMA, the government has inadvertently legitimized the medical association as the chief spokesmen for physicians. Moreover, the resources available to OMA allow the group to monitor the popularity of their positions. If a particular policy position is likely to result in significant membership drop, or if a challenging group begins to attract more members, the OMA can amend their policy position accordingly (provided the ideological differences are not too far apart). Another factor that adds to the OMA's predominant position is the wide array of selective incentives it offers its members. Although no analysis exists on the motivation of OMA members, there is little doubt that the journals, resources and services available to the members play a

significant role in renewed memberships. However, despite the influence of the OMA, the MRG still has a future role to play in Ontario health care politics.

The passage of the Health Care Accessibility Act could have marked the beginning of the end for the MRG. A major plank in the group's stated purpose was removed. However, instead of being a threat to the group, the passage of the Act was used to maintain existing members and attract new ones. Newsletters that recaptured the struggles and events surrounding Bill 94 detailed the influential role played by the MRG in the debates, and subsequent recruiting letters reminded the reader that "the effectiveness and credibility of the MRG in working for our common goals and principles is directly based on having a committed membership".⁽⁶⁾

Indeed, the recruiting strategy employed by the MRG consists of a letter that outlines the political policies of the group, their successes to date, and the battles that lay ahead, and ends with an appeal to join. The MRG attracts (and loses) membership on the basis of politics, and has shown little interest in gearing their policy positions in order to attract a wider audience. Thus, the future of the group will be determined by the future trends in health care politics. Below are some speculations on health care issues in the future, and the role the MRG could play in them.

The aging population in Canada will have a profound effect on the health care system. Utilization of health care services by the elderly will increase and the costs of care will continue to rise. Traditionally, the health care system has opted to institutionalize the elderly. However, the capacity to do this in the future will diminish and the aged will resent being institutionalized, with the result being a "crisis". The MRG will probably address this crisis by calling for a reorganization of the health care system. In-home services, house calls, and the rise of para-medical personnel all are policies that are compatible with the MRG's ideology.

Occupational health is another branch of medicine that is increasingly gaining attention. Recent changes to the Ontario Occupational Health and Safety Act indicate that the government is going to address on-the-job illnesses. The MRG has recognized this fact since its inception. As the future battle on occupational health and safety heats up, the MRG will enjoy a head start on its rivals. Since this battle promises to increase the scope of medical authority and, as such does not involve inter-physicians conflicts, the appeal of the MRG will widen.

One final issue for health care could involve reprivatization, especially if a free trade deal is struck with the United States. Besides a return to direct charges,

reprivatization could result in a reduction of insured services and privately run (read profit oriented) hospitals. In this scenario, the MRG will revert back to familiar political ground. A new battle to ensure health care access without financial deterrents will be fought.

It is often the case that academic analysis ends with a call for more research; this analysis is no exception. The formation of the MRG and the motivational values of its members have been discussed with reference to three theorists. While the theory on interest groups continues to evolve, there has been little in the way of empirical analysis. Indeed, within the Canadian context, empirical investigations are virtually non-existent.

A number of assumptions were made about the OMA and AIP incentive packages in this thesis. The author would like to see these assumptions tested in a similar study. By doing so, we come one step closer to resolving the issue of why groups form and why people join them.

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³Tillock and Morrison, "Group Size", pp. 145 - 146.

⁴IBID.

⁵The logic here is similar to that of the contagion theory. See, for example, William M. Chandler, "Canadian Socialism and Policy Impact: Contagion from the Left", Canadian Journal of Political Science 10, December 1977, pp. 755-780.

⁶See MRG letter by Dr. Philip Berger, September 3, 1986.

APPENDIX ONE: THE QUESTIONNAIRE

1. When did you join the Medical Reform Group? (please circle one).
1984...1983...1982...1981...1980...1979

2. What type of member are you?
☐ Supporting member
☐ Physician
☐ Affiliate member
☐ Associate member
☐ Medical student

3. If you are a physician, where and when did you graduate?
☐ McMaster Year of Graduation 19__
☐ Queen's
☐ University of Toronto
☐ Western
☐ Other (please specify) _____

4. Personal Data:
Year of Birth: _____ Sex: Male _____ Female _____

5. Which of the following activities describe your participation in the MRG? (check as many as apply).
☐ I've been a member of the Steering Committee.
☐ I've presented the group's political policies at governmental bodies.
☐ I try to have some input into the MRG's political goals.
☐ I attend the seminars, workshops, and meetings put on by the MRG.
☐ I help organize the members for social events like dining and baseball.
☐ I have been a member of an ad hoc committee set up by the group.
☐ I only participate to voice my disagreement with some group policies.

6. How actively do you participate in trying to affect the political policies the MRG adopts?
- ☐ very actively
 - ☐ more actively than most
 - ☐ about average
 - ☐ less than average
 - ☐ scarcely at all
7. How actively do you participate in other ways that have nothing to do with the political policies the MRG adopts?
- ☐ very actively
 - ☐ more actively than most
 - ☐ about average
 - ☐ less than average
 - ☐ scarcely at all
8. The MRG lobbies both the provincial and federal governments to achieve political goals with respect to health. Your dues and contributions help supply financial support to the group. Speaking as an individual member: What effect do your own dues and contributions have on the MRG's success or failure in achieving its lobbying goals?
- ☐ a big effect
 - ☐ a noticeable effect; my own dues and contributions do actually make a difference for the group's success or failure.
 - ☐ my own dues and contributions do not really make a difference for the group's success or failure.
9. The MRG supplies you with other services as well as lobbying. We will call these services "direct member services"--they are services made available to you because you are a member of the MRG. How valuable are each of the "direct member services" listed below to you? Rank each of them from 1 to 4 where 1= very valuable, 2 = fairly valuable, 3 = not very valuable, 4 = no value.
- ☐ information contained in the newsletter.
 - ☐ conferences, workshops and seminars.
 - ☐ social events such as dining, baseball, etc.
 - ☐ opportunities to participate in lobbying.
 - ☐ opportunities to research and formulate policy positions.
 - ☐ chance to exchange ideas with fellow members of my profession.

- 10a) Consider the following imaginary situation. Suppose the MRG stopped providing all of the "direct member services" listed above except for lobbying opportunities (that is, it stopped providing the newsletter, conferences and social events) -- and was transformed into a group whose only activity was to lobby for political goals decided upon by the general membership and pursued by the Steering Committee. Your dues remain the same. Would you stay in the group?
- ☐ yes, definitely
 - ☐ yes, probably
 - ☐ probably not
 - ☐ definitely not
- 10b) Now let's consider an imaginary situation that is almost the opposite. Suppose the MRG stops lobbying altogether and simply continues to provide you with all the "direct member services" that you receive now. Your dues remain the same. Would you stay in the MRG?
- ☐ yes, definitely
 - ☐ yes, probably
 - ☐ probably not
 - ☐ definitely not
11. Suppose the MRG continued to supply the present "direct member services" in addition to political goals. However, suppose the political goals took on a radically different flavour in order to attract more members. Would you remain in the MRG?
- ☐ yes, definitely
 - ☐ yes, probably
 - ☐ probably not
 - ☐ definitely not
12. You are presently a member of the MRG and could probably give several reasons why you belong. Below is a list of several possible reasons why you belong. Please rank them in importance where 1 = very important, 2 = somewhat important, 3 = not very important.

12. A. ☐ to gain the direct member services that membership in the group makes available to me.
- B. ☐ to support the political goals of the MRG.
- C. ☐ I have friends and acquaintances in the group --my personal and social relations with them are the main reason I belong.
- D. ☐ I feel I have a responsibility of civic obligation to belong.
- E. ☐ I feel I would be abandoning a good cause if I did not belong.
- F. ☐ I gain a sense of personal satisfaction by joining.

b) Which one of the above is the single most important reason why you remain a member of the MRG? (please circle a letter).
 A...B...C...D...E...F

c) If you had to choose between A and B, which would you choose?
 A. ☐ or B. ☐

13. If you ever became highly dissatisfied with the political or direct member services supplied by the MRG, do you think you would take an active (leading, if necessary) part in attempting to put together a new association that would be more satisfactory?
- ☐ yes, definitely
- ☐ yes, probably
- ☐ probably not
- ☐ definitely not

14. Are you a member of the Ontario Medical Association?
- ☐ presently a member
- ☐ formerly a member
- ☐ never a member

b) If you were a member, did you participate in its committees or sections.
 Yes ☐ No ☐

- c) If you are no longer or never have been a member of the OMA, please explain why?
- _____ in an economic sense, I found the cost not worth the benefits.
- _____ in a political sense, I found the goals not worth supporting.
- _____ Other. (If possible, please explain)
-

15. Please indicate any other voluntary groups you belong to. These might include sports teams, church groups, or other political groups.
-

- b) In general, how would you describe your activities within these groups - going to meetings, taking an active interest in programs, etc.
- _____ very active _____ fairly active _____ not very active

16. What, in your opinion, is the most important issue(s) facing health care that the MRG should address? (Please describe briefly)
-
-

17. Do you feel a close allegiance to one political party?
- _____ Conservative
- _____ Liberal
- _____ NDP
- _____ Other
- _____ No

18. The MRG is a democratically run organization. For instance, members of the Steering Committee are elected and everyone is encouraged to participate in formulating goals. These democratic structures can, however, hinder the speed and effectiveness of the group in pursuing its goals. Do you think the MRG would be better off with less democratic and more authoritative decision making structures?
- Yes _____ Perhaps _____ No _____

19. Would you remain a member of the MRG if the dues for Physicians were increased to:

\$125	yes	_____	no	_____
\$150	yes	_____	no	_____
\$175	yes	_____	no	_____
\$200	yes	_____	no	_____

20. How attractive to you are the following ways of organizing the delivery of medical services?
 attractive acceptable unacceptable

medically controlled
group practice

solo practice

community clinics
managed by both lay
and medical boards

21. What degrees of influence do you feel the following groups should ideally have in the formation of health policy?

a great deal some little none

the medical profession

other health disciplines

lay representatives of
the community

federal government

provincial government

local government

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. PLEASE RETURN IT IN THE ENCLOSED ENVELOPE AND MAIL IT AS SOON AS POSSIBLE. ONCE AGAIN, THANK YOU.

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