Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Health Hazards in Industry

TO THE EDITOR: Industrial medicine has been my primary interest for over 25 years, so I was pleased to receive the December 1982 issue of the journal.

I am used to getting strange reactions when asked about my "specialty," as though I have a touch of the blue collar. Not quite so bad, however, as a venereologist I once knew whose hostess, on learning of his calling, followed him around the house wiping the doorknobs.

Unfortunately I got the same feeling after reading your introductory editorial ("The Tip of a Huge Iceberg?").[1] In your effort to upgrade occupational medicine you ignored human factors, which form the basis of our specialty. As several of your contributors pointed out, occupational or industrial medicine has been with us for a very long time. So has our knowledge of the hazards of asbestos. Yet (in discussing one company that sought relief in bankruptcy) you suggest that this is some scientific breakthrough born of young investigators, which is about to tear our social fabric asunder.

As long ago as 1906 British investigators gave evidence of the hazards of asbestos,[2] and the literature has been replete with warnings ever since. With regard to the litigation concerning asbestos I am afraid you have missed the whole point clearly enunciated in *Borel v Fibreboard Paper Products Corporation.*[3] The social evil was that the defendants had a "duty to speak but remained silent." This is not a new social phenomenon but one as old as the garden of Eden—deceit. As long as industry employs such methods we shall require an overburdened legal system to counterbalance them. No doubt this most recent ploy of using Chapter 11 bankruptcy in a solvent corporation will now require the efforts of a host of bankruptcy lawyers to litigate the claim.

One of your contributors notes a code of ethics for occupational physicians. One tenet of his code is that a physician should communicate information about the health hazards of industry. Can you imagine what would happen to an employee physician should he dare to rock the ship of industry—you know well who would perish.

Remember the Titanic ran into the tip of that huge iceberg although her captain had been well and truly warned of the perils. Perhaps the captains of industry should be put on notice of a similar fate should they stay speeding on the same course, disdaining all warnings.

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REFERENCES

1. Watts MSM: The tip of a huge iceberg?, *In* Occupational Disease—New vistas for medicine. West J Med 1982 Dec; 137:477
2. Cooke WE: Pulmonary asbestosis. Br Med J 1927 Dec; 3:1024
3. *Borel v Fibreboard Paper Products Corporation,* 493 F2d 1076 (1973)

What Does the Future Hold for Medicine?

TO THE EDITOR: Last week I referred a woman whom I suspected of having a transient ischemic attack (TIA) to a neurologist for his opinion. Today this lady came into my office, boiling with anger: "He saw me for 20 minutes, asked me a few questions, told me to touch my nose, tapped my kneecap and charged me $94.50. That figures out at $5 a minute!"

Remembering the day when I was quite happy to receive $5 for a 45 minute house call I reflected, with sadness, upon what has happened and is happening to the practice of medicine.

The magnitude of these changes and the impact they are exerting on health care in our country are skillfully analyzed by Paul Starr in his new book *The Social Transformation of American Medicine.*[1] This scholarly analysis of the evolution of our system of health care over the past two centuries could be called "The Rise and Fall of the Medical Empire." The author, a youthful Harvard professor of sociology, has done extensive research, and has made an unbiased prognosis of what the future holds for the practice of medicine.

His forecast is not bright. The past 50 years have been the golden years of medicine. Physicians attained virtually complete control of every aspect of medical care. With sophisticated machinery and an almost endless array of drugs we gained new powers to diagnose and treat.

Hospitals, no longer the asylum of the desperately ill or for those in need of surgical treatment as a last resort, now became our medical workshops, subsidized by the government or other third party payors.

The cost of this "progress" has been enormous. Medical fees have soared. Nonprofit hospitals are in the black, and health care corporations are moving in. Open-ended hospital charges are threatened. Individualistic private practice and fee-for-service are facing extinction.

Starr has given us a studious documentation of the past and present history of the practice of medicine as