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Medicine at Mid-Century

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IT IS A PRIVILEGE to live in the mid-20th century and to have witnessed the great changes as they have unfolded. I feel especially lucky to have lived as a United States citizen during this time—perhaps no people in man's history have been more fortunate. Without attempting the role of social philosopher, I should like to record some observations, just as a physician along the way, and suggest a few deductions that might be made from them. It may well be that too many physicians are so busy with the practice of medicine that they never take time to think about it.

Physicians and friends of medicine often ponder the curious antipathy of certain segments of society to medical practice. Why is it that a highly trained and lengthily educated profession, notable for self-discipline, is so frequently assailed in conversation and in the press?

To explain this anomaly, some go so far as to say it is a part of a gigantic conspiracy to overthrow and discredit private enterprise and usher in the complete socialist state. I doubt this, although I have recently heard members of Congress state that they thought it was a socialist conspiracy. In any case, the mistrust of medicine is widespread, and, at times, a little mystifying. How can it be—we ask—that a professional group which strives to promote medical progress through research, which places no limit upon its own services, which contributes so much of its time without remuneration, can be condemned as commercial, or even mercenary? What about the endless phone calls any time of day or night, the notes to schools, employers, jury commissioners, the medical history résumés to other doctors, the conferences with relatives, none of them services that carry a price tag? Are such services not appreciated? Can it be the "bad apple in the barrel" that brings about the condemnation of a whole profession? Or can it have been the evolutionary development of our present economic climate, including the medical insurance device, that has altered the public image of the practicing physician?

Perhaps it might help to examine the question in historical perspective, to see medicine as it is—not necessarily as we might wish it to be—as an integral part of a vast and revolutionary development which has already altered our political and economic environment to an extent perhaps inconceivable at the turn of the century.

Those of us here today are witnesses to not one but several major revolutions, on a world-wide scale. Social changes have occurred in the past century more far-reaching than any in the history of man. In medicine, specifically, concepts and procedures have changed more in the past 75 years than in the period of 5,000 years preceding them. Ours is a time of flux and excitement, and, as was said by Dr. Edwin L. Crosby, director of the American Hospital Association, quoting a friend of his: "It is exciting to live in a time of revolution. It is tragic not to realize it."

Let me elaborate. In only a few years we have wit-

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nessed the end of a centuries-long period of colonialism and the exploitative mercantile philosophy served by it. We are seeing the emergence of racial groups, long believed incapable of self-government, into an area of self-determination, and of both economic and political significance. As United States citizens, we are engaged in a colossal cold war, living in a garrison state costing us 4,013 millions a year in tax dollars to maintain. We have just seen at close range a representative of an ideology different from our own which openly challenges our system. Who knows what the long range effect of this tug-of-war may be, or how the balance of power may change—as it has changed so many times since this century began? Compared with what we know of the first 14 or 15 centuries A.D., ours is an historical period of almost incredibly rapid change.

The United States, in the early 19th century, was essentially a self-sufficient agricultural economy of handcraft production. Now it is a vast complex of industrial capitalism, characterized by bigness—big industry, big labor, big banking, big agriculture and big government. I am told that one out of eight employed persons works for some division of government—city, county, state or federal.

The elaboration of skills necessary to support our industrial complex has led to an almost fantastic interdependence of people on each other. This seems likely to intensify. Automation will almost certainly lead to shorter working hours and more leisure, and this, in turn, will alter patterns of social behavior. Technological imperatives will tend to make the less able individual just about unemployable, and throw the burden of his maintenance upon the state. Mass audio-visual media, rapid communication and transit have already changed our social mores; and refrigeration has changed our diet.

In a word, the political and economic environment has tended to change the position of the individual in society. It is no longer the hope or the fashion of the individual to "go into business for himself." The tendency is to go to work for corporations or government; and more emphasis is placed (and most significantly by the younger, beginning worker) on security than upon private initiative. Rising taxes and other factors have tended to bring about the general practice of personal deficit spending for personal goods and services. "Fringe benefits" are eagerly sought by both labor and management to provide the security once maintained by personal savings and investments.

Nearly everyone today lives on next week's paycheck, and the older ideas of frugality and personal responsibility have made way for a newer form of providence—insurance.

Population patterns have changed too, in the maelstrom of revolution. Since 1900, the *rate* of population increase has more than doubled. Today, we may expect population to double in less than 50 years, as opposed to the former 100 years required to complete the cycle. The *net* population *increase* in the world today is estimated at 5,000 per *hour*.

Life expectancy has also increased from 47 to 69 years. However, the maximum longevity for humans has not changed much. In other words, the proportion of centenarians in the general population has probably not increased. But, very significantly, the ratio of people over 64 has almost doubled since the turn of the century.

COST UP, AND VALUE TOO

All these things profoundly affect the economics of medical practice. New techniques of diagnosis, surgery, chemotherapy, psychiatry, let alone sanitation, immunity and epidemiology have made medicine very much more effective and socially valuable. But they have also made it more expensive in certain respects, although, if considered in terms of expenditure of time and life, it is certainly less expensive than in more primitive days.

Part of the increase in cost can be attributed to the over-all rise in prices, but, mainly, the increased costs are due to the increased variety and effectiveness of medical services. And, while it is the tendency to lump together all expenses incident to an illness under the general heading of a "doctor bill," only about 25 to 30 per cent of the amount reflects professional services as such. It was not particularly expensive to die of diabetes 50 years ago, but it is fairly expensive to live with it for 50 years today.

Paralleling explosive activity in general scientific research, the discovery of viruses, the splitting of the atom, the conquest of interplanetary space, there has been a revolution in the scientific aspects of medicine. This was inevitable, since medicine does not exist in a vacuum but is, and must be, an integral part of the total environment, giving meaning and taking meaning from the whole complex.

But physicians are in an ambivalent position, culturally derived from, first, the tribal medicine man —the witch doctor, if you please—and second, the true scientist. Medicine is not a pure science, objectively aloof from human needs and hopes; and perhaps it never will or should be, human nature being what it is. As has been said before, the sound of the sorcerer's drum is still heard in the background, and perhaps a certain amount of art and magic are necessary to the practice of medicine. This dual derivation may account for the fact shown by surveys that, while people state they are very happy about their own doctor, they express a much lower regard for

doctors in general. Their own is a miracle worker perhaps?

Along with the scientific advances of some aspects of medicine, there has developed on the part of the public almost a religious zeal for the benefits of health, and an interest—sometimes wholesome and sometimes morbid—in how these benefits are obtained. Every medium of human communication deals in some way with items relative to health, and many people have developed an unrealistic notion of what health services can provide. And, from this preoccupation with the benefits of health, there has clearly emerged the concept that the means to attaining and preserving human health are a basic human right. Health is no longer thought of as a matter of good fortune or divine benevolence. It is a civic right.

What society wants, it usually gets in one way or another. At the moment, it is dallying with a way that has been so widely adopted as to have become a fixture in world economics. This is the concept that government subsidies can provide otherwise unattainable benefits. Even the most fire-breathing free-enterpriser seems to regard just a *little bit* of socialism, especially if it contributes to his own interest and travels under an assumed name, as all right: a special tariff, a cost-plus government contract, a fair trade agreement to provide a floor under prices, crop supports (I believe we spend about a billion a year just for the *storage* of crop surpluses, which will be destroyed later), not to mention the various social insurance programs and other devices which guarantee to pay losses with taxes.

Of course, with subsidy go regimentation and controls. It seems to me that the sooner medicine realizes this, the more chance it will have to pitch in and plot the course its future will take. Standing around and wringing our hands, deploring and condemning every social and economic change, can only result in losing the war to maintain our professional freedoms and integrity, even though we may win a few battles along the way. So far as I know, the United States is the only Western democracy that still has a basic nonpolitical medical economy, and ours continues to receive dilutions.

Voluntary prepayment of health insurance is the only line of defense which exists between nonpolitical medicine and total national health insurance. Yet, most physicians are apathetic toward it. A few obstructionists are hostile to it in principle, and a few are willing to participate in it only because it gives them an opportunity to chisel.

Should government health insurance come, I suspect that the patient will suffer more from it than the physician. In America we have become used to medical luxuries and a good deal of coddling. I will be bold enough to state I think we have more people who are overtreated than undertreated in the United States. I would hazard a guess that one-fourth of the population receives three-fourths of the medical attention . . . largely because of unrealistic attitudes, fears and anxieties, constitutional inadequacy, and the hypochondriacal tendency to turn to the "medicine man image," rather than because of medical science. These people must be cared for, and it is medicine's responsibility to do so. To a great degree, it is this element of the population which incurs the expenses that force plans and companies to raise rates. This element requires most of the tests to rule out obscure and bizarre disease entities, and to fortify the physician against suits for malpractice. It costs a lot of money. It is bad enough even under the controls offered by such devices as deductibles and co-insurance. What will it be when payments come mostly from tax monies handled through politically manipulated agencies? So we believe medicine is too expensive *now?*

Mid-century finds us in a time of ferment and turmoil in human affairs and a time of change in medicine. How we as physicians, and the plans as medical fiscal agencies, react to the forces at work in our environment will surely determine the nature of future changes.

Prepayment plans are medicine's device for reconciling new economic concepts with traditional and largely personalized medical care. People like this kind of care—nearly every index tells us so. Must we lose it? I wonder. Nearly 70 per cent of the poplation has some form of health insurance protection. Many of the remainder are in situations which preclude it. Certainly, not all of the covered population look upon voluntary prepayment as just a stop-gap measure while they wait for political medicine. Most of them embrace it because they don't want political medicine or to have to bear the cost of it.

But we have far to go in the improvement of medical prepayment and health insurance. The product must be strengthened if it is to stand up to the social and economic pressures of the future. It seems to me that the people are on our side; but physician apathy as well as *time* are against us.

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