SOME REMARKS ON THE INDUSTRIAL INSURANCE ACT.*

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The evolution of the Industrial Compensation Act is interesting—to say the least; quite interesting from many angles. Interesting to the members of the medical profession, to the casualty and liability companies, to the workmen as individuals, and should be interesting to the various labor unions whose members will constitute the vast majority of all who will (or are supposed to) benefit by the Boynton Act—a law.

I trust my remarks will not prove offensive to the Industrial Accident Commission, whose members I believe to be working for a just interpretation and enforcement of the law.

This humble article is respectfully dedicated to the medical profession, especially to the members of the State and various County Medical Societies; and to you, Mr. Insurance Man; and to you, Mr. Labor Union Man. Whether it is, or is not, a wise law, with far-reaching benefits to humanity, does not come within the scope of this paper. Suffice it to say that it *is* the law, and as the *law* it *must* be obeyed and enforced.

It has been often stated (by persons who do not know) that there is a "Doctor's Trust"—a "Doctor's Union." Would that it were so, for thereby many of the hardships and much of the injustice resulting from this law could then be easily controlled and rectified. As a matter of fact, in San Francisco County there are (according to the last published official list of the state directory) 1119 persons entitled to practice Medicine of whom 560 are members of the County Medical Society. With 50% of the profession joined in an association, it would appear that some concerted action to secure justice to the medical profession *could* be taken.

To ask a medical man who respects himself and the profession to which he belongs to accept the starvation fees which are submitted by the State Commission and cut still lower by the 14 or more liability companies is, to say the least, utterly foolish and humiliating. To offer $1.50 for hospital or home visit; $1.00 for an office visit with other compensation in proportion, is a cheerful picture to contemplate in these days of the high cost of living!

Is there any sense in the graduated scale of fees? For example: hospital or home visit $1.50 for fractured skull, $2.00 for amputation of the forearm. I maintain that a fractured skull is a very serious injury. The trephining of a skull requires the highest surgical judgment and skill (for which the surgeon is paid $50). Many patients suffering from a fractured skull die, with or without operation. Why then should a doctor be paid only $1.50 for visiting such a case, as against $2 for certain other cases? Distance, time, professional judgment are required as in other cases, to say nothing of an equal liability for malpractice.

Why should you, Mr. Medical Man, visit a patient, say in an outlying district, in the interest of a prosperous dividend-paying casualty company with a large capitalization and reserve fund; with some of the highest salaried men as managers, resident agents, etc., in their employ for the paltry sum of $1.50 to save a human life? A visit that may take you from your practice for two or three hours. A visit that may save the company hundreds of dollars.

And why should you, Mr. Working Man, expect a first-class service to possibly save your life for the sum of $1.50? Do you hold your life so cheap? Do you regard the use of your right arm (on which you may depend to earn your daily bread) as worth $10 or $12.50? Are you not entitled to the best service obtainable? Yes? Then make the company who insures your employer obtain the services of men capable of giving you the treatment to which you are entitled, instead of the cheap service, based on the cut-rate, non-living wage the company offers. Think this over, Mr. Working Man!

And you, Mr. Insurance Manager! Your position could be filled by a man earning one-third of your salary; but how filled? The salaries of your entire office and field staff could be cut one-half or one-third; but what service would you expect? What service would you secure? When a man applies to take charge of your office, what qualifications do you require? Should not the same relative requirements of your medical staff be looked into, instead of unloading your medical responsibilities on a 10, 12 or 15% premium basis; or proposing a scale of compensation, which, were it applied to insurance rates, would throw your company out of the board of underwriters? Think this over, Mr. Insurance Man!

Mr. Will J. French, Commissioner of the Industrial Accident Commission, in an address delivered before the San Francisco County Medical Society on January 6, 1914, stated: "As in Massachusetts, we propose to have the payments based on what would be charged the injured men and women should they have to pay the cost out of their own pockets. This is entirely a fair proposition. It is what you do right along."

Mr. Commissioner, the schedule contemplated by your board is far less than would be charged by any reasonable, capable medical man for the average working man. Your schedule and that of the liability companies may (we will admit for the sake of argument) be just for the man earning $3 per day—a man with a family; but how about the man earning $4, $5, $6, or $7, some without a family? Does the rate alter in proportion?

I think that the minimum fee is your idea, to govern all. It is not for you to revise our fee bill, nor to establish our fees. You have proposed the minimum (barring charity). Medical men as a class the world over do much work for nothing. No decent, self-respecting medical man ever refuses to treat the deserving poor without any thought of remuneration; nor refuses to administer to their ills; nor to answer calls at any reasonable hour of the day or night when occasion demands. To help them in many other little

* This article is not written in a spirit of vindictiveness or sarcasm, but to bring forth some points relating to Industrial Insurance for the consideration of the various Liability Companies and others who may be interested.

ways; to give but one class of service—the best in a man—is our privilege. But, Mr. Commissioner, there is a difference in *this* rate, and the rate that should be charged to a man earning at the minimum scale $3 per day, and ranging as high at $7 per day (and *getting* it). It is true that we treat some people for nothing. We are glad to do it and are proud of it. It is true that we reduce our fees in some cases, which we deem deserving, to an amount even less than the fee schedule proposed; but to expect us to enter into contracts with the large indemnity companies (who, by the way, are not in business for charity) or to treat cases for the State at these absurd rates is more than the average self-respecting practitioner should be asked to do. It is more than you have a right to ask, Mr. Commissioner! It is more than you have a right to demand, Mr. Insurance Man! It is not the service you are entitled to, Mr. Working-man!

Mr. French also states in his address to the County Medical Society above referred to: "We have consulted the best doctors in San Francisco, men whose names are known all over the land. They assure us that we are right in our position, and that the profession will endorse our stand."

Mr. Commissioner, I challenge that statement. It would be interesting to have you furnish us with a list of some of these "best doctors" "whose names are known all over the land"; men who endorse you in securing a cut-rate service of $30 for a capital operation; $1.50 for a hospital or home visit; $1 for an office visit; $1.50 for passing a catheter (note that, ye medical men), and $3 for a "complete physical examination with written report."

On receipt of this list of "best doctors"—if there are any among them belonging to the San Francisco County Medical Society—I think it would be in order to introduce a motion that their membership in the County, State and American Medical Association be cancelled, together with such others of our members who are accepting service under this starvation schedule.

In Conclusion: If the Commission honestly believes that under their adopted schedule, they can secure the "best care" obtainable for the injured working-man or woman, I think the commission is mistaken. Time will verify or disprove this.

If the casualty companies will look with as much care into the honesty, ability and other qualifications of their medical staff as they do in appointing their clerical staff, they will see without further argument, that they are securing cheap service commensurate with their own cheap schedule. If these companies are *really* honest (as I am assured they are), in desiring to give the injured wage-earner adequate care, I would urge that they look carefully to see that a medical gold-brick is not being handed them. The cheapest service in the beginning is sometimes the most expensive in the long run.

If the organized working-man is convinced that in order to economize, his employer, or the company insuring him, is furnishing inferior service, when he is entitled to that which is adequate, then this article will have, at least, accomplished something.

The medical profession is sick; far more indisposed than any individual or organization for which its services are required. It needs treatment; careful treatment. It needs organization; the same kind as 80% of the men have to whom doctors are called to administer. It needs a purgative; to be purged of the members who are accepting these cut rates, including "some of the best doctors in San Francisco. Men whose names are known all over the land."

While the society has fought against contract practice and hospital associations, and waged a bitter war to bring the insurance companies up to a $5 examination fee for life insurance, irrespective of the amount of the policy, and this JOURNAL,—*your* JOURNAL, Mr. Medical Man,—has given it backing and loyal support and publicity, it would seem that we could, at least, cast from our midst those men who are opposed to the best interests of the medical profession, and whom the society will have to defend in case damage suits are brought, *and there will be some.*

(Since this article was written there has come to our notice a statement from the medical director of the Industrial Accident Commission, in which some of the abuses above referred to have been recognized, indicating an earnest desire to improve the situation from a medical standpoint.—F. P. T.)

¶ FORTY-FOURTH ANNUAL MEETING OF THE MEDICAL SOCIETY, STATE OF CALIFORNIA, SANTA BARBARA, HOTEL POTTER, APRIL 14, 15, 16, 1914.