EDITORIAL

Toward Unity and Renewal

THESE ARE TIMES of pressing need for both unity and renewal within the medical profession. The pressures for greater unity are considerable in the face of an increasingly difficult and often hostile practice environment that seems bent upon attacking, exploiting and even discriminating unfairly against a profession which seeks to serve those who are ill and improve the health of those who are not. The pressures for renewal are just as real and come from leaders within the profession and also reflect the attitudes and energy of a substantial number of younger physicians, interns and residents, and medical students.

There are many signs of growing health and vigor. During the past year many state medical associations (including the CMA) have increased their membership. There is evidence of closer day-to-day coordination at the county, state and national levels of organized medicine, and of increasing participation and involvement by younger physicians, physicians in training and physicians-to-be, in the affairs of the profession. Much of this change had its early development through the work of the California Medical Association.

At its meeting just concluded, the House of Delegates took an important further step toward unity and renewal for the medical profession in California. It voted to admit interns, residents and medical students of the state to meaningful membership in the CMA and to give their elected representation full participation in the deliberations and actions of the House. It is too early to predict what the long-range effect of this will be, but one senses that this action marks some kind of turning point in the history of the association, and that there is every reason to believe that it will not only strengthen the association but will also lead to better health care for all Californians. The House is to be congratulated.

—MSMW

Physician Involvement in Health Care Planning

ANY COMPLEX UNDERTAKING requires careful and realistic planning if it is to be successful, and health care in this nation is without question a complex undertaking. Complexity is to be found in the financing, in manpower development, in assessment of quality and cost benefits of medical and health care services, in the operation of facilities, and more often than not in the care of a single patient. This complexity is a function of the interdependence of many different and to a considerable extent independent components. What affects one inevitably affects many others. Efforts to introduce rational planning into this complex undertaking have been under way for some time, but they have not been very successful. Yet the need for planning persists. In fact it becomes more pressing each day.

To accomplish anything at all, planning must result in action. The action must be carried out by the actors, the doers. Too often in health care, the planning and the action have been separated, and particularly those who are most affected by the plans and those who are expected to carry them out have been left out of the planning process. These are the consumers and providers, to use health care jargon, or patients, practicing physicians and other allied professionals, to use medical jargon. The result has been that these often do not have much interest in carrying out a plan or plans which they do not understand and which may or may not be responsive to their needs or capabilities.

Recently there has been a concerted effort by government to assure consumer and patient involvement in planning for health and medical care. By law, consumers dominate the comprehensive health planning councils, and recent court decisions on informed consent will make the patient a full participant in planning his own medical care. But there has been a curious omission of any similar effort on a similar scale to involve the health care field, the professionals and others who are expected to carry out the plans. The result