The Question:

SHALL ORGANIZED MEDICINE BE UNIFIED, or SEPARATE

Members of the California Medical Association are to be called upon in September to ballot on a question of great importance to the future of organized medicine: Shall membership in organized medicine—county medical society, California Medical Association, American Medical Association—be unified, or shall such membership be separate?

In the July issue we published statements pro and con which the Informed Membership Poll Committee had prepared from statements of position on both sides of the question that the committee had solicited from county societies and individuals.

Here, for the fuller information of our readers on this momentous question, we are presenting material representative of the arguments that the Committee digested in the statements printed in the July issue.

For Unified

No one, least of all doctors, likes the word "compulsory." If we must choose between "compulsory" and "voluntary," there are about two hundred years of American heritage that will stack the results heavily in favor of "voluntary."

Unfortunately, the choice is not that simple. The precedent has been established in California that if a doctor wishes to participate in organized medicine, he must support all levels of his organization, local, state, and national. Because of the large numbers of California doctors who belong to AMA, California has one of the larg-

For Separate

Though there are many lesser arguments, there is one overriding persuasion which would make me choose to limit my membership, financial and personal support to the local medical society—that reason is public relations.

It is my feeling that organized medicine on a national and state level, in the eyes of the average layman is:

1. The largest and wealthiest lobby in one nation's capital.
2. Too political.
3. Reactionary.

For Unified

est and most effective delegations to the AMA House of Delegates. The CMA delegation to AMA is doing an outstanding job and deserves the support of every doctor in California.

If we were organizing a new entity with three levels of responsibility and great diversity of opinion and philosophy among the potential members, it would be rational to allow membership in one or two components if this were the will of the majority. This, however, is a far cry from the factual situation.

The profession, indeed the nation, is engaged in a soul-searching debate concerning the future course of the health care system. The AMA is by far the most effective voice available to the members of CMA in the national arena. The next few years will be crucial in the efforts of doctors to influence legislation regarding national health insurance and the preservation of private practice. It will be a mistake, possibly a fatal mistake, if we undermine the influence of AMA by paving the way for a sizable exodus of CMA members.

MAURICE M. HASKELL, M.D.
Long Beach

If we feel that private practice of medicine is in the patient's best interest, then we must retain the freedom of practice we have and not succumb to the present political pressures of socialism to fragment and government control with the results of the decay of quality medicine for our patients.

The American Medical Association represents today the strongest voice of medicine. It is capable of wielding the greatest political influence because it speaks for the vast majority of physicians. We hear the argument that the AMA should be strengthened by making it more acquiescent to the demands of the medical profession by making AMA membership voluntary. We have such different political philosophies, however, that even today the AMA is accused by some of us as being too conservative, and yet, by others as being too socialistic. Obviously the AMA cannot represent all to the total satisfaction of all. However, we must not fragment now. This is exactly what the government planners want and are pushing for.

Our greatest strength will be acquired through unity, not only for manpower, but even more important for the dollar income to help with more effective public relations programs, committee meetings to establish guidelines, pamphlets designed for the general public, run an effective political machine. If one wishes to support the medical society it should be considered a three-level society with a choice of deciding whether or not to join—not to decide which level to join. Each society is in concert with the next level and should have our support.

We treasure our freedom, including our freedom to practice medicine according to our code of ethics and abilities and are already fettered by many government-imposed restrictions. If we are to avoid greater restrictions or government controlled medicine, we should be working to at least acquire financial support of all levels of our medical society. In this way we will have the unity and strength which we need to keep American Medicine free.

PREPARED BY A COMMITTEE OF THE ORANGE COUNTY MEDICAL ASSOCIATION

At present, the public, the legislature and the news media generally assume that the American Medical Asso-

For Separate

4. Insensitive to changing socio-economic tides and times.
5. Not interested in the health problems of the people.
6. Greedy and interested more in its economic welfare than anything else.

I also believe that each individual has a great deal of respect for, concern for and love for his own physician. I believe the most good can be done at the local level.

I feel the AMA and CMA to be ineffective and money wasteful—in fact, intending to do good, but doing the opposite in the field of public relations.

I would, therefore, limit membership to the County Medical Association, limit personal support to the County Medical Association, and limit my financial support to the County Medical Association.

JOHN G. FAST, M.D.
Riverside
Riverside County Medical Association

The functions of a medical society or association should be the advancement of the science through education, coordination of community health needs, and perhaps assisting local physicians with some of the business problems of practice.

A medical association or society should not be a political union or pressure group. It should not be in the business of administrating and controlling the practice of medicine.

I believe that these unwarranted functions of medical societies can be eliminated at the local level by local effort. The state and national organization possibly can be changed after the local ones have been, but it may be simpler just to eliminate them.

This, of course, is an extreme view. If these views are not subscribed to by most people in medicine, they should at least allow those who hold them to be free to attempt to put them in practice. One should be allowed *freedom of choice,* certainly a basic concept upon which our society is supposedly based. The freedom involved here is one of choosing which organization, if any, one wishes to join. There should be no argument or discussion, the concept of freedom of choice is too basic.

ROBERT B. BUCHHOLZ, M.D.
Santa Rosa
Former Member, Sonoma County Medical Society

In considering the values involved in preferring AMA membership, the following are offered for consideration:

1. An organization comprised of members who freely belong requires a continuing sensitivity by the power structure to the needs and desires of that constituency. When the membership is mandatory, those vested with power may choose to ignore that subservience.
2. An organization based on voluntary membership speaks with greater authority for its numbered membership, and less likely to have divisive elements to distract from a professional image, and is more likely to provide a united front for more effective political muscle.
3. Elaboration of the many benefits of AMA membership by the proponents of compulsion begs the question. These benefits are more apt to be in greater abundance when the membership must be

For Unified

ciation speaks for most doctors when it takes a stand. As a strong voice, speaking for a united profession, it has been effective more often than not. Now, however, there has risen an intense feeling among many doctors that perhaps the AMA does not represent the profession fully or well.

Physicians are bewildered by their changing role in society and frustrated by the ever increasing hostility that they encounter. They are hurt and angered by their loss of status and the decline in the traditional prestige of medicine. Aware of the erosion of the public image of doctors but unable to find any exact cause for their decline in esteem and power, they strike out at the most convenient target, the leaders of organized medicine.

Interestingly enough, both the right and left wings of medical opinion blame their leaders for failing them in a time of social change and inflation of health care costs. The liberal doctors claim that the AMA leadership is senile and arch-conservative, unable to keep up with the times, and therefore failing to meet our present problems. Conversely, the conservatives in medicine condemn the AMA and the CMA as being too liberal, feeling somehow that all would have been well if organized medicine had just taken a harder line and refused to go along with the government on any changes at all.

Both views fall short of reality, yet they are held by many of our profession. The referendum conducted in San Francisco last month showed that two-thirds of our doctors would prefer to choose voluntarily whether or not to join the AMA and CMA. Recent polls in San Diego and Los Angeles resulted in equally lopsided majorities in favor of voluntary membership in the state and national associations. At its Anaheim convention, the CMA voted to take a similar poll this coming September and it is reasonable to assume that the outcome will be for optional memberships. Although not all the doctors who vote for voluntaryism will quit the AMA and CMA, a considerable number will. This will be a tragic mistake.

If ever medicine needed a united voice it is now. The next two to four years will doubtless see the beginnings of some system of national medical care and it is important that medicine has a strong voice in what type of system is initiated. We still think that the professionals in medicine are better qualified to plan and deliver medical care than politicians and bureaucrats. But if organized medicine speaks only in a fragmented Babel of voices, the leaders in Washington will design and implement their own plans.

A great many divisive voices are clamoring to be heard, all claiming that *they* speak for medicine. The various specialty groups and colleges each say that they are talking for their members. The Foundations for Medical Care have gone to Washington claiming to represent all the doctors in their areas. Groups such as the Councils of Medical Staffs, the Physicians Health Congress and the American Association of Physicians and Surgeons are busily recruiting. Then the American Hospital Association has its health plan which it presents as a blueprint for future medical care. Yet no matter what each group claims, it, in truth, represents only a segment of medicine.

Who does speak for medicine?

Today, only one organization, the AMA, speaks for all of medicine: surgeons, internists, general practitioners, psychiatrists, medical societies, teaching hospital staffs and university faculties.

For Separate

courted than when the wedding is of the shotgun variety.

Polls recently conducted by several societies reflected a great majority favoring voluntarism. Compulsion advocates demean the intelligence of their colleagues when they dismiss these results as mere unthinking acceptance of the preferable word "voluntary," as opposed to "compulsion." They also ignore the growing disenchantment of many who regard the political representation of the private practice of medicine by the AMA as being out of tune with the desires and beliefs of its constituency, and the further belief that having a captive membership is not conducive to maintaining a responsible leadership.

PREPARED BY A COMMITTEE OF THE ORANGE COUNTY MEDICAL ASSOCIATION

1. The voluntary way is the American way. Each physician should be free to make his own decision as to the advantages or disadvantages of membership in any organization. Compulsion is a concept out of our heritage of individual liberty in a democratic society.
2. For a profession which vigorously defends the principle of "freedom of choice" in health care, it is strangely incongruous that the CMA, with its "all or nothing at all," local society + CMA + AMA membership requirement, denies its individual members this freedom. Is compulsory membership fair to the physician and each of these organizations?
3. The argument that the AMA would disintegrate and become impotent without compulsory membership in California is specious. Only ten of the fifty state medical associations, including California, have mandatory AMA membership. Why should California physicians be denied their freedom to make a choice?
4. Voluntary membership without guaranteed dues would make such organizations more responsive to the desires and needs of their individual members.
5. Medical organizations with a voluntary, rather than captive membership can speak for their members with much greater authority. Government, insurance companies, unions, the press, etc. will listen with much more respect. Divisive elements detracting from a unified professional image would be much less likely.
6. Elaboration of the many benefits of CMA and AMA membership by the proponents of compulsion begs the question. Benefits are more apt to be in greater abundance when the membership must be courted than when the wedding is of the shotgun variety.
7. Compulsion tends to result in resentment and condemnation instead of the constructive, active support and courage by voluntary membership.
8. The legality of compulsory membership in medical associations has been challenged in several states. Should the CMA continue to expose itself to the indignity and poor public relations that could result from a possible suit for freedom of choice?
9. Specialty groups are assuming more and more of the burden of representing physician interests and are receiving increasing attention from socio-economic forces in society. Physicians, more than ever, are being forced to set priorities for their organizational commitments. Mandatory membership in two organizations (both the CMA and AMA) to maintain membership in another (county medical association) significantly interferes with the privilege of setting these priorities.
10. In a free-market economy, products sell on their

For Unified

Who will speak for medicine tomorrow?

Most probably and most unfortunately, a multitude of voices, none commanding enough power or respect to be heard and to guide the construction of a national health program.

PAUL SCHOLTEN, M.D.
San Francisco
President
San Francisco Medical Society

Reprinted, with permission, from March issue of THE BULLETIN of the San Francisco Medical Society.

There are many things in life which we do and accept. Some of these things we do willingly and some we do reluctantly, but we do them because in the long run they are for our good.

How chaotic would our medical education have been if some element of compulsion had not existed in medical school! We are now aware that this forced participation was beneficial to us.

We in Medicine should be able to learn from the history of the trade unions. They have become all-powerful because workers in all trades must belong to the union. Many workers, at times, find themselves in disagreement with their leaders but support them nevertheless. They have learned an all-important lesson, that only through a united voice have their goals been achieved.

Perhaps it is unfortunate that physicians are better educated and more independent than the average trade union member. Because of our intelligence and independence we question the actions of our leaders more often than we support them.

If ever Medicine needed a unified voice it is now. Many politicians, labor leaders and others will attempt to force some form of a national health program on the medical profession. Medicine still has some friends but if we have no national voice to speak for us, even these may be lost.

Our leaders, both state and national, have been criticized by some physicians as being too conservative. The average physician seldom takes the time or makes the effort to become knowledgable about what the American Medical Association or the California Medical Association accomplishes each year for the benefit of physicians and medicine in general.

No physician in California is compelled to belong to the AMA, the CMA or his local medical society. We belong to our local component medical society because most of us want to be members of the family of medicine, the local society, the CMA and the AMA. It is only logical that this relationship should exist. There will always be some who want to share the benefits but refuse to accept the responsibilities of membership in any organization. Human nature being what it is, we all tend to prefer voluntary over compulsory activities. But if membership in our state and national association is on a voluntary basis, these organizations will in time lose membership and will no longer be an effective voice speaking for the physicians of California or the nation.

MEMBERSHIP POLL COMMITTEE
Humboldt-Del Norte County Medical Society

Every physician has the right to join organized medicine or not, but it must be all or none since this is the way the system is set up and the way it must continue in order to function properly. Those who advocate di-

For Separate

own merits. If the AMA and CMA represent real value, there need be no fear of a significant drop in membership were it voluntary.

11. A medical association cannot truly claim unity when its membership base is compulsory. Real unity of purpose and refusal to compromise principle characterize those organizations whose membership is voluntary. In the words of Thomas Paine, " 'Tis not in numbers but in unity that our great strength lies."

ALLAN K. BRINEY, M.D.
Los Angeles County Medical Association

The importance of having a single voice speaking for medicine cannot be disputed. The results and track record of the AMA over the past fifty years are deplorable. We are tired of being captive members of the AMA. We are weary of seeing increases in dues with decreases in effectiveness. We are weary of reading in the *AMA News* that the position of Medicine is strong, that we are sure to achieve our objectives, and that all is sweetness and light—while at the same time we read in the newspapers that we are getting thoroughly clobbered.

The AMA once stood at the forefront of progressive thinking and socially responsible action. Witness its support of the Pure Food and Drug Act and our present system of medical education. The AMA is limited now by its inability to communicate its ideas to its members or the public. Organized medicine (AMA) has yielded the initiative to other parties. Many of us are convinced that the new generation, plus many of the older physicians, will decide to let the AMA go its own way, mainly because changes will never be accomplished from within.

In our own Society we can stand up and be heard. The AMA delegates are elected by an archaic system of rubber-stamping a nominating committee's selection. This is the same type system the Congress used to select Senators until 1913. If the slow moving Government could enhance the democratic process by handing the choice of Senators over to the people why must the AMA continue to preserve antiquated methods? Too often our own CMA delegates tell us what is good for us and pay minimal attention to our complaints. If we have so little influence on our own delegates, what then can we expect from our AMA delegates?

The fragmentation that is occurring in medicine can be laid at the door of the AMA. It has steadily lost power and territory to others in the health field. Currently the AMA has less than friendly relations with hospitals and medical schools and the Federal and State governments. The AMA leadership continues to be arch conservative; negative in approach and thereby failing to clearly see the surging tide of health problems needing solution.

No reforms appear on the horizon. The AMA demonstrates no realization of the self destructive course it has pursued in the past.

Resignation from both CMA and AMA may not be the solution. However, the option to do so must be present. Massive resignations may bring the juggernaut to a halt. This could stimulate both organizations to examine their posture of negative vigilance and a desire to change to a vital organization sharing problems with their members.

The option for membership must remain with the member, he should not be forced to belong. Membership in both CMA and AMA should be based upon a desire for membership. This desire for membership can only be nurtured and fostered by demonstration of concern

For Unified

vided membership are trying to abdicate their responsibility, both financial and political. Medicine must have a united voice and those who are advocating separate membership, because they disagree with the present leaders and policies, can, if they desire, use their efforts within the existing framework to change leaders and policies. Non-participation by the dissident is much less effective in changing the course of organized medicine than is intelligent dissent within the organizational framework. Advocation of separate membership for financial reasons is absolutely unacceptable.

R. W. CLETSOWAY, M.D.
President
San Luis Obispo County Medical Society

In the very near future you will be invited to participate in a poll on an issue before the CMA which could well have profound effect on all of organized medicine for many years to come.

The issue is simply whether or not membership in your county medical society should require membership in the CMA and AMA.

I wish I could say the answer to this were as simple as the question itself, but it indeed is not. Unfortunately in discussing this issue, the words, compulsory versus voluntary, are being interjected, and most of our responses would be immediate and obvious; for as individualistic as most of us are, the word, compulsory, carries a connotation which is unacceptable. The consequences of making membership in the CMA and AMA voluntary, however, should be carefully considered.

It is certainly true that there have been many times when these organizations have not truly represented me, and possibly you, in our political, social, and medical philosophy. The same could also be said occasionally for our own county medical society. Regardless of this, the fault for some of this situation lies directly with many of us who have abdicated our responsibility to our own professional association, preferring to leave it for someone else to represent us. Sometimes not truly our representative, sometimes not really our best foot forward, and for some of this, we must accept the inevitable consequences.

This does not mean, however, that total rejection of our present representative system is a better solution, rather, the strengthening of our democratic process to better represent us and unify us as an organization which can truly be the voice of organized medicine.

Therefore, I would propose that you carefully consider this very important issue and perceive it not as compulsory or voluntary membership in the AMA and CMA, but as supporting organized medicine or not supporting organized medicine, which can, and will, represent you well if empowered to do so. Belong or don't belong, this is your decision, but don't destroy your association at a time when a strong voice for American medicine is so sorely needed.

There are those who would delight to see you divided. In Britain it was division of the specialist and the generalist. In this country it has taken other forms, but make no mistake, the objective is the same, and I would again implore you to weigh your decision carefully.

JAMES R. HANSEN, M.D.
President
San Mateo County Medical Society

Reprinted, with permission, from the April issue of SAN MATEO COUNTY MEDICAL SOCIETY BULLETIN.

For Separate

for the welfare of their members and not by the beefing up of their public relations department to buy a better image.

MEMBERSHIP POLL COMMITTEE
Humboldt-Del Norte County Medical Society

We feel that in an isolated rural area membership in these organizations be separate and voluntary. It is important that an organization of doctors be operative and functioning to provide an interchange of ideas for problem solving, to provide a framework for utilization review and to provide also a framework for review and/or disciplinary actions if such should be necessary for the doctors of the group. If some isolated member of the county medical society should decide he should not become a member of the CMA or the AMA or both of these organizations, it would presently be impossible for him to remain a member of the local county society. Without his membership the local society would be less powerful to take action or to communicate appropriately with such a doctor. It is the feeling of this society that, should membership in the three organizations be voluntary, the strength of the organization would be increased because the membership would be composed of those who are interested, rather than by a coercive mandate.

Another side of the argument by those in favor of combined membership: This certainly is a time in history when medical practice and the medical profession itself must be united and it is the feeling on the part of some that should the membership ruling be changed there is the possibility of a smaller membership with less income and less power in dealing with governmental problems and issues on the scene of today.

DAVID G. DAEHLER, M.D.
Susanville
Secretary, Lassen-Plumas-Modoc-Sierra Medical Society