LETTERS†

Concerning Terms. "Health Insurance" versus "Sickness Insurance"*

January 17, 1941.

To the Editor:—The term "Health Insurance" has been challenged as fallacious and misleading. In order that there be no misunderstanding as to the intent and meaning of the phrase, we should properly investigate its use and definition and compare it with the proposed term "Sickness Insurance" . . .

Therefore, by definition, meaning, and common usage, the term "Health Insurance" is accurate, honest, and legitimate.

Very truly yours,
ELINOR B. HARVEY.
DONALD K. FREEDMAN.

Reply

January 20, 1941.

To the Editor:—Inexact terms and lack of definitions are common causes of profitless controversy and confusion of thought. If the medical profession is to continue to deal honestly within its own ranks and with the public, it will wish to use terms that are neither ambiguous nor deceptive.

There is much to be said in favor of insurance to meet the cost of medical care in sickness especially if on a voluntary basis. If such insurance is sold to the public as "Health Insurance" the insured will expect health which cannot be promised or paid for on any basis so far undertaken. The first step toward useful discussion is a correct use of terms.

1. Fire Insurance, Accident Insurance, Burglary Insurance, Sickness Insurance are terms implying financial protection against the costs of the hazard named.

Life insurance is an investment in benefits to others than the insured person, who pays for them during his life.

Sickness insurance, a term correctly describing systems, voluntary and compulsory, in effect in continental Europe at least since Bismarck's time, was replaced in England for political persuasiveness by Lloyd George about 1912 to obtain support for his compulsory participating plan for medical care for wage earners. The term "Health Insurance" is widely used in this country for the same purpose. Neither the purpose, which is to persuade people to vote for something they will not in fact receive, nor the term itself as descriptive of the purpose for which the insurance fund is created, justifies our use of the phrase "Health Insurance" in medical discussions among ourselves or with the laity, except to warn against its incorrect and unpredictable implications.

2. Group or individual insurance to meet the cost of periodic medical or health examinations or examinations for diagnosis and early treatment of "pre-clinical" states of disease may or may not contribute to the health of the individual, according to the patient's understanding and coöperative ambition to achieve, maintain, or improve his health. This cannot be insured either for or against. This is not included among compulsory "Health Insurance" benefits in England. There is no evidence in this country or abroad that insurance schemes to meet the cost of care in sickness have been an important factor in the health status of the people generally or of the insured group. Nor has the misnamed "Health Insurance" scheme in England brought to the insured a superior or adequate quality and range of medical care in sickness.

3. Sickness insurance will win its way into dictionaries and ultimately in the *Index Medicus* when it is clearly understood to describe something definite, exact, correct as defined, and quite different from "Health Insurance" as intended by its current promoters.

Whatever our language or national inclinations or traditions, we must admit that *Krankheit Versicherung* has the precise meaning of sickness insurance. *Gesundheit Versicherung* is something different and nonexistent. The British adopted a new name for an old thing without altering its essence or quality.

There are no health services offered or provided for under the "Health Insurance" scheme in England. Insurance is not paid when health is lost. The cost of sickness is paid for. The insured determines when he or she is sick and demands attention. The insured have no investment in health and their insurance does not give them any better health.

Very truly yours,
HAVEN EMERSON, M. D.

Concerning California Law Applying to Graduates of Foreign Medical Schools

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, July 14, 1941.

Board of Medical Examiners,
515 Van Ness Avenue,
San Francisco, California.

Attention: Charles B. Pinkham, M. D.
Secretary-Treasurer.

Gentlemen:

This is in response to your request of June 27, 1941, in which you propound a series of questions concerning the application of the recent amendment to Business and Professions Code Section 2193 (Stats. 1941, Chap. 751) to become effective September 14, 1941.

As pointed out in opinion NS3403, addressed to you under date of April 4, 1941, the amendment adds a fifth condition or requirement of licensure to the present four conditions or requirements which must be met with respect to all applications for a physician's and surgeon's license, which applications are based upon diplomas issued to the applicants by foreign medical schools approved by your Board, except Canadian schools. This new condition, identified as Subdivision (e) of Business and Professions Code, Section 2193, provides, in effect, that such applicant, if he is not a citizen of the United States, may be permitted to take the physician's and surgeon's examination given by your Board only if the foreign country in which he has been licensed to practice will admit to practice therein citizens of the United States, upon proof of prior admission to practice medicine and surgery in some State of the United States.

Section 2 of the amendment reads as follows:

Subdivision (e) added to Section 2193 of the Business and Professions Code by this amendatory act does not apply to any person who on March 31, 1941, was registered as an interne under Chapter 5 of Division 2 of the Business and Professions Code, relating to the practice of medicine.

I*

Your first question reads as follows:

What is the status of the foreign medical school graduate who has filed our Form 172-173 and thereby has "registered" in conformance with the rules of the Board of Medical Examiners, but who has not prior to March 31, 1941, *commenced* the one year interneship training required under Section 2193, Subdivision (d)?

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

* From the New York State *Journal of Medicine*. This controversy began with the publishing of Dr. Haven Emerson's letter in the January 1 issue—Editor. For editorial comment in this issue on "Sickness and Health Insurance," see page 56.

* Numerals inserted by the Editor for convenience in reference.

It is my opinion that it is not necessary that the applicant have actually commenced serving his interneship prior to March 31, 1941, so long as he has duly executed and filed with you your form 172-173. Said form, on its face, clearly indicates that its purpose is to serve as a preliminary registration by graduates of foreign medical schools whose credentials have yet to be approved by your Board and who, following such approval, will be required, and propose, to complete either the senior or fourth or final year in approved medical schools in the United States, or, in lieu of this, serve at least one year in residence in hospitals located in the United States and approved by the Board for training of internes.

There is nothing in Chapter 5 of Division 2 of the Business and Professions Code providing for either the time or mechanics of registering as an interne. In adopting Section 2 of the recent amendment, supra, the legislature undoubtedly had in mind the practice of your Board in requiring that such registration on your form 172-173 be filed *prior to commencement of the interneship.* A recognition and adoption of this practice is apparent from the language of Section 2 of the amendment, supra, for had the legislature intended to require the actual commencement of interneship by March 31, 1941, as a condition of eligibility for admittance to examination, it could, and undoubtedly would, have used the word "commence" rather than "registered."

II

Your second question reads as follows:

What is the status of the foreign medical school graduate who has filed our Form 172-173 and who has received notice from some approved hospital in the United States that he has been accepted as an interne for service commencing July 1, 1941?

As pointed out above, it is not a question of time of commencement of interneship, but rather of registering as an interne with you, which the applicant does upon filing your Form 172-173. Therefore, an applicant such as you describe in your second question is not affected by the amendment if he filed said form with you on or before March 31, 1941.

III

Your third question reads as follows:

What is the status of the individual who has filed our Form 172-173 and who, on March 31, 1941, was interning at an approved hospital, who thereafter transferred to another approved hospital where he intends to complete the *entire* one year interneship under Section 2193, Subdivision (d)?

I do not believe that his transfer from one hospital to another works any change with respect to his registration as an interne within the contemplation of Section 2 of the amendment. Neither said Section 2 nor your Form 172-173 in use at the time of the adoption of said amendment, makes any reference to commencement of interneship or change of status with respect thereto.

Here, as in the situation described and discussed in connection with your first and second questions, the determining factor is the date of filing your Form 172-173.

IV

Your fourth question reads as follows:

Assembly Bill 1475 (Chapter 751) requires that the country in which the foreign medical school graduate (an alien) is licensed shall grant the same privileges to a citizen of the United States as are exacted under the laws of this state in connection with a license to practice medicine and surgery. We assume that the phraseology in Section 2193, Subdivision (e) means that the Board of Medical Examiners of California must be furnished with satisfactory evidence that the foreign country in which the applicant is licensed, granted the same privileges to American citizens at the time the applicant's medical license was issued.

I do not agree with your assumption. In my opinion, Subdivision (e) of Business and Professions Code Section 2193 requires only that the so-called similar privileges be accorded citizens of the United States by the foreign country in question *at the time that the foreign applicant makes application to your Board,* rather than that such similar privileges shall have been granted by said foreign country at the time the applicant in question was admitted to practice therein.

In support of this view, I direct your attention to the language of said Subdivision (e), which is in the future, rather than past, tense. The subdivision reads as follows:

If the applicant is not a citizen of the United States, the country in which he has been licensed to practice medicine and surgery *will admit to practice* therein citizens of the United States upon proof of prior admission to practice medicine and surgery in some State of the United States or upon proof of matters similar to those required in this section for graduates of foreign medical schools. (Italics supplied.)

V

Your fifth question is as to the type of proof which the Board should require of applicants with respect to the laws of the country in which they are licensed.

In answer thereto, I respectfully direct your attention to opinion NS3403, wherein this office stated:

Evidence offered in the manner provided by either of the following code sections would be competent as to the laws of the particular foreign country upon the subject.

"Books printed or published under the authority of a sister state or foreign country, and purporting to contain the statutes, code, or other written law of such state or country, or proved to be commonly admitted in the tribunals of such state or country as evidence of the written law thereof, are admissible in this state as evidence of such law."

Code of Civil Procedure, Section 1900.

"A copy of the written law or other public writing of any state or country, attested by the certificate of the officer having charge of the original, under the public seal of the state or country, is admissible as evidence of such law or writing."

Code of Civil Procedure, Section 1901.

In addition, or in lieu thereof, it would be proper, in my opinion, for your Board to accept evidence in the form suggested by you, viz:

(a) Over the seal and signature of the local consul of the country in which the individual was licensed;

(b) Over the seal and signature of the American consul in the country in which the applicant was licensed.

VI

Your sixth question reads as follows:

Will a foreign medical school graduate (not a citizen of the United States) who is granted a medical diploma by an approved medical school in the United States, be entitled on the basis of said diploma to file application for and be admitted to a written examination for a physician and surgeon certificate in California?

If that could be done, then the provisions of Business and Professions Code Section 2193 (covering applications based on diplomas from foreign medical schools) could be nullified with respect to every foreign school graduate who, in observing Subdivision (d) of said section, secures admittance to the fourth or senior year in an approved school in the United States, completes said year of study, receives a diploma from said school, and offers same, rather than his foreign school diploma, as the basis of his application. In other words, we would have the anomalous situation of a foreign school graduate seeking to qualify under Business and Professions Code Section 2193 and then by virtue of the very act of qualifying thereunder removing himself from the other provisions of said section. For this reason it is my opinion that a so-called diploma issued by a medical school in this country, based upon studies largely completed in a foreign school and only partially completed in this country, would not be sufficient to take the case out of the provisions of Business and Professions Code Section 2193. Such applicant must present both his foreign medical school diploma and his diploma or certificate from an American medical school.

If the subdivision be construed in this way, it has a reasonable and just application and more fully accords with the intention of the legislature. The legislative intent will

control a literal construction which leads to injustice and absurdity. "A statute may be construed contrary to its literal meaning when a literal construction would result in an absurdity or inconsistency."

Leo v. *Board of Medical Examiners,* 36 Cal. App. (2d) 490, 493.

This result would not obtain, however, if one who graduated from a foreign medical school chooses to disregard his diploma from said school and the work completed therein and to start his medical education anew in this country, completing in a school or schools in this country the full residence course required for a diploma, and thereafter make said diploma the basis for his application.

VII

Your seventh question reads as follows:

We assume your opinion on the above will hold in the instance of a foreign medical school graduate licensed in another state who seeks a California reciprocity certificate.

Business and Professions Code Section 2316, on the subject of reciprocity, reads as follows:

He shall inform the board on his application form of all institutions from which he has graduated and of all institutions at which he has studied and the period of this study.

The requirements of the college from which he has graduated *and the requirements of the medical licensing authority shall not have been at the time his certificate was issued in any degree or particular less than those which were required for the issuance of a similar certificate to practice a system or mode of treating the sick or afflicted in this State at the same time.* (Italics supplied.)

By virtue of the italicized language of said code section, it is my opinion that a graduate of a foreign medical school who applies for reciprocity in California, based on a certificate issued to him in another state after the adoption of Business and Professions Code Section 2193 (originally Stats. 1913, p. 722) or the date of the adoption of the applicable amendments thereto, is not entitled to such reciprocity unless the state whose certificate he uses as the basis of his reciprocity application had a statute similar to Business and Professions Code Section 2193 at the time he was admitted to practice in said State and the applicant had met the requirements of said statute in securing admittance to practice therein.

Very truly yours,

EARL WARREN,
Attorney General.
By THOMAS COAKLEY,
Deputy.

Concerning the California Regional Fracture Committee of the American College of Surgeons.

To the Editor:—The American College of Surgeons realizing that in some instances patients suffering fractures of the extremities and back have been inadequately treated, has therefore appointed fracture committees in every State of the Union.

The purpose of these committees is to help educate the medical profession in order that better first-aid treatment might be given to the injured. Better results are obtained when the injured extremity is immediately placed in traction using the Thomas type of splint with bandage or cloth traction applied over the shoe if necessary. The ambulances in incorporated cities now carry Thomas splints as part of their first aid equipment. They also have stretchers with a pillow which will prevent angulation and possible spinal cord injury in those patients suffering fractures of the spine. The patient then should be speedily transported to an approved hospital wherein the accepted type of x-ray examination is performed. The College is desirous of having all hospitals, which accept fracture cases, be equipped with fracture beds, Balkan frames, suitable apparatus for weighted traction, and the usual apparatus for skeletal traction.

Organized hospital staff conferences should be given at least once a year by men particularly interested in fractures and the entire evening should be devoted to the proper care of the injured. All patients suffering with serious fractures should have a consultation with a doctor particularly skilled in the treatment of fractures and adequate progress notes should be filed with the patient's chart.

California, being a large State, has two fracture committees, the centers being San Francisco and Los Angeles. The members of these committees are willing to enter into consultation with the attending physician and if necessary to give their services gratuitously. If all of these ideas are continuously carried out in California, better end results will be obtained in the injured.

The Committee for Southern California is as follows:

Los Angeles

Frank J. Breslin, Los Angeles, Chairman.
Francis M. McKeever, Los Angeles, Secretary.
William Arthur Clark, Pasadena.
John Ball, Santa Ana.
Harold D. Barnard, Los Angeles.
Philip J. Cunnane, Los Angeles.
Wallace Dodge, Los Angeles.
Clyde E. Early, Los Angeles.
Charles Phillips, Los Angeles.
Harry Schurmeier, Santa Barbara.
Arthur L. Weber, Upland.
Robert W. Wilcox, Long Beach.
John C. Wilson, Los Angeles.
Benjamin M. Frees, Los Angeles.
Alfred E. Gallant, Los Angeles.

San Diego

Maynard C. Harding, San Diego, Chairman.
Paul R. Brust, San Diego.
Elmo G. Crabtree, San Diego.
Ralph Kaysen, San Diego.
Fraser L. MacPherson, San Diego.
Louis Strahlman, San Diego.

San Francisco

Lt. Col. N. T. Kirk, San Francisco, Chairman.
Frederic C. Bost, San Francisco.

Sincerely yours,

FRANK J. BRESLIN, M. D., *Chairman,*
The Regional Fracture Committee
The American College of Surgeons.

Concerning Rheumatic Heart Disease*

SAN FRANCISCO MEDICAL SCHOOL

March 25, 1941.

To the Editor:

On December 27, 1940, Dr. Howard F. West sent me the following letter:

"By postcard ballot the Executive Committee of the California Heart Association has unanimously voted to submit to the State Board of Health a recommendation that rheumatic heart disease be made a reportable disease. I am enclosing a formal statement to that effect.

"I would like to appoint you as a committee of one to draft a definition of rheumatic fever that you think would be appropriate to accompany this request. Of course, you may consult with any of the San Francisco men whom you may desire."

It seemed important to me that before making rheumatic fever a reportable disease, considerable education might advantageously be carried on in the JOURNAL of the California Medical Association. I made this proposal, and have been delegated to approach Doctor Kress with this in mind, so he may make editorial comments to a point where the profession will be willing to accept the fact that the

* For editorial comment, see page 58.