American Medicine in a Changing Society

By OVETA CULP HOBBY

IRONICALLY, every advance of man seems to bring its own problems—the Greeks spoke of it as "cost of opportunity." A changing medical practice and a changing society have presented us with an embarrassing number of what are paradoxically problems of progress. It is the solution of these problems which now concerns us all.

There is little controversy on the objective to be attained—the best medical care possible for people. It is the means to this end which raises the problems. One is the problem of supply. If we are to achieve our objective, the supply of medical care must be adequate and available to all the people. The second is the problem of using these medical resources under a policy which safeguards the traditional principles of our democratic American pattern.

Supply of Medical Care

The problems of supply we are facing include, first, problems relating to ways in which all the fruits of modern medicine can be brought within the reach of all the people. A vast array of new techniques of treatment involving costly equipment, costly medication, costly training, and the services of an army of ancillary personnel are now involved in the problems of modern medicine. Although the doctor-patient relationship remains dominant, it is no longer a simple relationship. It has been complicated by the introduction of new specialties and factors, as well as by new emphasis on prevention of disease and renewed responsibility for the total health problems of the patient against the background of his situation. Modern medicine is not only complex, it is expensive to supply.

A second problem of supply relates to meeting the cost of research underlying these medical advances and continued progress. A third problem relates to the supply of physicians in the face of the mounting cost of medical education.

Use of Medical Resources

In the use of our medical resources, we must first be careful to work within the democratic principle. Democracy is a doctrine of free will, grounded on the demonstrated ability of man to judge his own individual and common interest on the basis of his common human experience. The freedom of man, therefore, to make his own choices is essential to human dignity, development, and progress. Hence, although man is a social animal and must act with his fellows to achieve the common goals of humanity—freedom and well-being—his right to self-direction must be safeguarded, in such social action, by the establishment of the social controls involved only with his active consent.

The touchstones of democracy are "freedom," "consent," and "individual responsibility," not responsibility vested in an "elite" group with power to make choices and provide for the in-

The Secretary of Health, Education, and Welfare gave this address, here somewhat condensed, before the House of Delegates of the American Medical Association on June 1, 1953, during the 102d annual meeting of the Association in New York City. Her remarks are reproduced in full in the proceedings of the House of Delegates in the Journal of the American Medical Association, June 20, 1953, pp. 740–742.

dividual. In democracy, no one need walk alone, but he does his own walking.

Since we are pledged to the democratic private enterprise system as the system which creates the greatest opportunity for man's achievement of dignity and freedom, any policy which impairs its principles is regressive. The impairment of the principle of free choice and consent in medical care which is inherent in a compulsory program of medical care, therefore, represents a break in the fabric of our democratic system. This break occurs, moreover, in an area in which the value of the elements of "choice" and "consent" is intensified because of the very nature of the service involved. Under such a policy a long turn toward an authoritarian system would be made. The course of this social pathology is dangerously progressive and difficult to reverse.

Economic Considerations

It is clear that the democratic principle to which we are committed is not served by so-called socialized medicine. Such medical practice, moreover, not only violates the democratic principle of free choice and consent but is unsound from an economic point of view—the second principle involved in the use of our medical resources.

Democracy not only protects man's rights to free choice, it is the most economical form of social-political organization man has yet devised. For when the government provides a service, the cost of a round-trip ticket for the dollar from the taxpayer to the government back to the taxpayer must be paid. Hence, the interposition of the government between the doctor and the patient is expensive, and the total resources for medical care, research, and education are, at the last, reduced by the amount of this cost. This is the point which seems never to be fully recognized by those of socialist persuasion.

Equal Opportunity

A third principle which must govern the use of our medical resources is equal opportunity for medical care—the heart of our overall objective. Although in the short run it might appear that socialized medicine may achieve this end, in the long run its involved and costly administration, its deadly effects on free inquiry and research, and its impairment of democratic rights to free choice ultimately defeat our long-view purposes of continuing medical progress and maintenance of the high standards of medical care which the American medical profession has achieved for this country under a private voluntary system. "Equality" of medical opportunity becomes a hollow victory under these conditions.

Socialized medicine is not a satisfactory solution of our problem. What are the alternatives? As a nation we cannot afford to fail to make available the best medical care possible to all our people. We must find ways to resolve the problems we set forth earlier.

Physicians' Responsibilities

This Administration is looking, first, to the physicians of the country for leadership in meeting this challenge, and we look with confidence.

The history of medicine is a record of devoted service to humanity. The American medical profession has long proved its devotion to these ideals. Its accomplishments constitute a proud record in medical history. The demands of today are only the continuing challenge in this long history of constant adaptation to a changing society, but never have these problems been more onerous and critical than today. I can put these issues no more clearly or forcefully than they were expressed by your president, Dr. Louis H. Bauer (*1*):

"I am afraid that too many physicians are indulging in wishful thinking that the clock can be turned back and that we can again practice medicine as it was practiced 25 years ago, without involvement in all these socioeconomic problems. It is idleness to believe that. These problems are upon us; our whole way of life has been altered, and, whether we like it or not, we cannot close our eyes to it. If we fail to participate and lead in the solution of these problems, the solution will be taken out of our hands, and that solution will not be a happy one. No problem can be solved well if those most competent to advise hang back and ignore it.

"So it is up to those of us who are active in the affairs of medicine to educate our colleagues and to stimulate their interest in what may be termed the nonscientific aspects of medicine. Unless we handle these nonscientific matters properly, the scientific aspects will suffer, too."

The Citizen and the Community

Second, this Administration looks to the individual citizen to meet his responsibilities: by making full use of resources made available to him through modern medicine for the preservation of his health; by prudent participation in prepaid plans for medical care; and by assumption of common responsibilities for the advancement of the health of our Nation.

Again, we have faith that the individual citizen will meet this challenge. His understanding of the meaning of the questions involved, however, should be widened. Under any plan he pays. He should learn more about what his dollar buys under a compulsory program administered by the government and under a private, voluntary system and what his democratic rights mean to him.

Third, this Administration looks to the community, acting both through its private voluntary associations and its governmental bodies, for help in meeting this challenge.

We are all familiar with the tremendous role of private foundations in the advancement of medical science in this country. It has been estimated that in 1951, philanthropic foundations such as Rockefeller Foundation, Ford Foundation, Commonwealth Fund, New York Foundation, Russell Sage Foundation, Guggenheim Foundation, and many others, contributed $10 million toward the support of medical research; and voluntary health agencies, such as the American Cancer Society, Damon Runyon Medical Foundation, and National Foundation for Infantile Paralysis, contributed another $10 million (*2*). The American Medical Association itself is a donor to causes of medical advancement.

Role of Government

Governmental bodies also carry responsibilities in working out plans of medical care which meet our conditions and achieve our objectives. The role of government, particularly the Federal Government, is a basic question in our problem. This Administration believes that under a democratic system government has an important role to play.

The broad framework of this government responsibility was defined by President Eisenhower in his State of the Union Message last February when he said: "First, the individual citizen must have safeguards against personal disaster inflicted by forces beyond his control; second, the welfare of the people demands effective and economic performance by the government of certain indispensable social services."

The Department of Health, Education, and Welfare has been created to discharge these responsibilities of the Federal Government. These responsibilities may be broadly defined as those functions which serve the health of the Nation without affecting the doctor-patient relationship in medical practice.

Public Health and Research

The first area of concern is public health—prevention of disease; improvement of standards of sanitation in all areas, including food and drugs; and assistance and consultations to local communities in establishing and maintaining health services. The achievements of government at all levels cooperating with voluntary groups in advancing public health in these fields are too well known to recount.

Another appropriate area of government function is research. Although the achievements of private and voluntary organizations and groups in research have been phenomenal, the increasing scope of research, its cost, its basic and indispensable role in modern medicine make it a field in which government support is sought.

Rehabilitation

Another area in which the Congress has assumed an obligation for medical care is in the rehabilitation program—the restoration of the disabled. This is one of the areas in which private and voluntary medical services have worked closely with government agencies with success, and without prejudicing the principle of voluntary and private medical practice in a service administered by a government agency.

This type of service is a development in democratic society for the community care of those who are unable to provide essential services for themselves. This aspect of our problem is increasing and is becoming one of the underlying issues in the present situation. Because of tremendous advances in medicine, people are living longer and the incidence of chronic disease is increasing. The implications of these facts, and the problems they pose, are well understood.

Medical Education

There remains another area where the pressure of need is compelling a review of all possible methods of solution; that is the area of medical education, where the financial crisis is growing. A recent estimate, based on data accumulated by the Association of American Medical Colleges, shows that medical schools need approximately $20 million a year to meet current inadequacies. The medical profession has begun to contribute substantial sums (nearly $1 million to date) to the National Fund for Medical Education, organized to meet this emergency. In May, the fund reported that in addition to this money, corporate gifts amounting to $570,882 had been received with an additional $300,000 in sight. At best, only 10 percent of the amount needed is now available.

There must be a renewed drive for voluntary support of medical education and increased support by local governments, for these problems of medical education cannot go unanswered.

The importance of government responsibilities in these areas is considered of such moment by this Administration that a position for a Special Assistant for Health and Medical Affairs has been set up in the Department of Health, Education, and Welfare.

A Partnership

In closing, let me quote again from Dr. Bauer (*1*): "We can solve our difficulties if all contribute by sound thinking, by looking forward, not back, and by constant striving toward an ideal that we shall never reach, because we shall steadily increase that ideal."

We already have patterns of cooperation and joint action set by years of close partnership between government, the people, and the medical profession. We can see the results of this partnership in every phase of our national health. We need only to push forward together to achieve a better health care for the people of the United States.

We have the resources. We have the will. We shall surely find the way.

REFERENCES

(*1*) Bauer, Louis H.: The President's page. A monthly message. J. A. M. A. 151: 744 (1953).
(*2*) Schifferes, Justus J.: Who pays for medical research? Med. Econ. 28: 64–67, 139–145 (1951).

State and Territorial Health Officers' Conference

The 1953 annual conference of the Surgeon General of the Public Health Service and Chief of the Children's Bureau with State and Territorial health officers, State mental health authorities, and representatives of State hospital survey and construction agencies will be held from November 4 through November 7. Open sessions will be held in the auditorium of the Health, Education, and Welfare Building, Washington, D. C., November 5 and 7, beginning at 9:30 a. m. The remainder of the conference will be devoted to executive sessions and committee meetings.

In Departmental Periodicals . . .

THE CHILD

Educational Films

Educational films on child life are used as a group device for stimulating discussion of family relationships, child development, and the principles of mental health. Dr. Esther E. Prevey reports in the May 1953 issue of The Child that such films have been popular in the family life education program of the Kansas City, Mo., public schools.

About 100 groups of parents meet regularly there with parent-education leaders. When parents analyze the fictional family problems they see on the screen, they can talk freely without revealing some of their own problems. To get the maximum help from a selected movie, skillful leadership is needed to encourage and channel the informal group discussion.

Group leaders in Kansas City are guided by a memorandum on the use of films when they direct group discussion. For planning future meetings, they also record helpful information on a film evaluation sheet.

Dr. Prevey mentions two film lists on sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. These are: "Mental Health Motion Pictures" (National Institute of Mental Health, National Institutes of Health, Public Health Service, U. S. Department of Health, Education, and Welfare; 124 pp.; 30 cents); and "Motion Pictures on Child Life" (Children's Bureau, U. S. Department of Health, Education, and Welfare; 61 pp.; 40 cents).

Social Casework in Camp

Mrs. Adelaide Z. Palumbo suggests that the trend is apparent that workers in health, education, social work, and camping are teaming up in children's camps. Those who have worked together in privately owned camps and in organizational camps—the group workers, caseworkers, nurses, psychiatrists, psychologists, and education and recreation specialists—have found that camping is an untapped natural resource for dealing with the "whole child" and his family relationships.

Camp staffs do not yet include social workers, either group workers or caseworkers, although a camp gives service to the child much as does a child guidance clinic, a casework agency, or a neighborhood center. But caseworkers have already had some experience in placing children in camps because family agencies, children's agencies, and health agencies have been sending children to camp for years. Opportunities are present, too, for social workers to work in some camps as counselors, supervisors of counselors, and camp-intake and followup workers.

The children's camp lies within the competence of social workers and offers additional practical experience to work with children, which would be difficult to gain elsewhere. Significant trends in this direction are evident from developments such as these: A recognized school of social work has offered its first course in camping; a vacation association has created the first fellowship for advanced study in social agency camping. Social workers who are planning to work with families and children in casework, group work, or psychiatric agencies would do well to investigate the opportunities for experience offered by those camps which are authorized to give accredited field experience to social work students.

The Child is issued 10 times a year by the Children's Bureau, U. S. Department of Health, Education, and Welfare. $1.25 a year ($1.50 foreign mailing), 15 cents a copy, from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.
