

The immediate past president of the American Medical Association reports on organized medicine's programs in the fields of chronic illness, aging and health care of the aged, school health problems, and medical research.

American Medical Association Report

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SINCE its founding in 1847, the American Medical Association has steadily expanded its activities and services aimed at furthering the organization's primary objectives "to promote the science and art of medicine and the betterment of public health." These programs have multiplied at an ever faster rate during the past 30 years of rapid medical progress.

The changing dimensions of medical knowledge and the accelerated pace of technological progress already have made it difficult for physicians, public health workers, and other health personnel to keep abreast of scientific advances. Now the picture is being further complicated by a multitude of social, economic, and legislative problems which require intensified effort by all concerned.

More than ever before, medicine is intertwined with the worlds of business, industry, labor, government, economics, public opinion, and public affairs. In meeting this situation, the American Medical Association for more than a year has been reorganizing its administrative structure in order to serve both the profession and the public with the greatest possible efficiency and awareness. Under seven

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new divisions, business, law, field service, communications, scientific publications, scientific activities, and socioeconomic activities, approximately 40 or more councils, bureaus, committees, and departments will be engaged in a coordinated effort to solve current and future problems in medicine.

It would be impossible in this article to cover even the highlights of all these programs, which were detailed in 300 pages of annual reports in the House of Delegates handbook at the AMA clinical meeting in December 1958. This report, therefore, will focus attention on what the association is doing in such fields as chronic illness, aging, school health problems, and research.

Chronic Illness

The medical and public health progress of the past half century has brought drastic cuts in the incidence and death rates of most communicable diseases. It has sharply reduced infant and maternal mortality. On a wide front it also has produced countless advances against many other diseases that once were serious health problems. As a result, average life expectancy at birth has increased about 23 years since 1900, and there has been a steady rise in the proportion of people living into middle and old age.

Consequently, general medical emphasis in

recent years has been shifting from the infectious, communicable diseases, which used to be the great killers during infancy, childhood, and youth, to the cardiovascular diseases, cancer, arthritis, and the various forms of chronic illness and disability which can occur at any age. This trend also has produced greater attention to rehabilitation, disease prevention, and health maintenance in its most positive aspects.

As individual physicians and investigators began to center more attention on the problems of chronic illness, the American Medical Association moved to provide organized leadership in cooperation with other interested agencies. In 1946 the American Medical Association, American Hospital Association, American Public Health Association, and American Public Welfare Association established the Interim Committee on Chronic Illness. Three years later, this committee became the Commission on Chronic Illness, with representation from the general public, industry, labor, agriculture, education, religion, social sciences, journalism, health, and welfare.

The commission conducted and published numerous studies in the field of chronic illness, some of them in close cooperation with the Public Health Service. When the commission was disbanded in June 1956, the AMA continued to work on various phases of the problem. Our Council on Medical Service, for example, still publishes the *Newsletter on Chronic Illness*, which now goes bimonthly to about 6,500 groups and individuals making up a cross section of medical and allied health fields. The *Newsletter* emphasizes community programs and approaches in the area of long-term illness but now is being expanded to include more material of national scope.

The association continues to collect and maintain a resource file on chronic illness problems and answers a wide variety of requests for information. An important part of this work involves the development of organized home care programs, which provide a comprehensive array of medical, social, and rehabilitative services for patients who do not need all the services of a hospital. The AMA has published an expanded, revised edition of a 1957 survey of organized home care programs in the United

States. The new report covers the operation of 38 such programs currently underway in various parts of the country.

For several years the association has been gathering facts about central information and referral services for the chronically ill. These agencies, designed to serve patients, physicians, and all others concerned with the problems of chronic illness, function as community clearing-houses, and they also assist in factfinding studies and program planning. A survey of five such information centers now operating in Chicago, Milwaukee, Cleveland, San Francisco, and Essex County, N.J., is scheduled for publication. The AMA objective is to help promote widespread development of such centers in order to bring about better coordination in attacking the variegated problems of chronic illness.

In many ways and from various directions, numerous AMA councils and committees concern themselves with chronic illness problems. The Committee on Indigent Care, for example, publishes a steady stream of articles, surveys, and reports dealing with public assistance programs, which by their very nature involve care in chronic illness or disability. The AMA is urging all State and county medical societies to take an active part in assisting the efficient development and operation of the medical aspects of public assistance programs. Guides for medical societies have been formulated to help that effort. In a new policy action in December 1958, the association also recommended that States be permitted to combine the present four public assistance medical programs into a single medical program, administered by a single agency and making uniform services available to all eligible recipients.

The Committee on Medical and Related Facilities, among other activities, gathers facts about chronic illness facilities and nursing homes. As a result of its exhaustive study of the Hill-Burton hospital construction program, completed last year, the AMA is urging that States be given greater flexibility in meeting their needs for chronic illness facilities and nursing homes.

On still another front, the association's Committee on Medical Rating of Physical Impairment is engaged in a long-range project of

developing a series of guides to aid all physicians in making proper determinations under both public and private disability insurance programs. Two of these guides already have been approved and made available to the profession.

As a final example, the Committee on Rehabilitation, with representation from several AMA councils, has outlined objectives and guides for intensified activity by the entire medical profession in the field of rehabilitation. To implement these, our House of Delegates in December 1958 approved a comprehensive plan of action for State and county medical society committees on rehabilitation.

Aging and Care of the Aged

During the past decade or more, the association's increased activity in the field of chronic illness led naturally to realization of the fact that a very large proportion of chronic illness occurs among people in the older age groups. Meanwhile, the growing number of senior citizens, plus a variety of social, economic, and political factors, began to focus more and more attention on health problems of the aged. Accordingly, the AMA House of Delegates in 1954 recommended the establishment of a Committee on Geriatrics, which was formed the following year.

At its very first meeting, however, this committee decided that it could not limit its scope to problems involved in the diagnosis and treatment of older patients. It recognized that practically no diseases are specifically or exclusively diseases of old age, and it saw that it had to think in terms of both the sick and the well. It defined its province as all facets of the aging process, physical, mental, emotional, social, occupational, cultural, and economic, and its name was changed to the Committee on Aging.

Since that time, in coordination with other committees on indigent care, medical facilities, and health insurance and prepayment plans, the AMA Committee on Aging has developed an expanding, intensified program of activities. Beginning in late 1956, it has sponsored a series of six regional conferences on aging, the latest of which was held in May 1959 in Salt Lake City. Basic purpose of these conferences,

which will continue in the future, is to present problems, stimulate medical and lay interest, learn local viewpoints, and promote the creation of active medical society committees on aging.

To speed progress, the AMA in June 1958 approved a set of suggested guides for medical society committees on aging, which provide a blueprint for organization, action, and co-operative projects. By the end of January 1959, all State medical societies and numerous county medical societies had formed such committees.

Through meetings, conferences, and continuing contact, the association has developed liaison with the Department of Health, Education, and Welfare, Public Health Service, American Nursing Home Association, American Hospital Association, Council of State Governments, National Committee on Aging of the National Social Welfare Assembly, Gerontological Society, University of Michigan Division of Gerontology, Federal Council on Aging, and many other national and State agencies interested in care of the aged.

An important result of the liaison with the American Nursing Home Association is the effort to establish and maintain high standards of medical care in nursing homes. Toward this objective, AMA staff members are making a field survey of 50 nursing homes in 22 States. Concurrently, the ANHA is conducting a questionnaire survey of about 4,500 member homes throughout the country. It is hoped that the results of these two surveys can be published this summer. On the basis of these findings, the AMA will formulate recommended guides and standards for medical care in nursing homes.

Following up on the regional meetings that began in 1956, the association last September held a national planning conference for medical society action in the field of aging. It attracted more than 175 representatives of 27 State health departments and of medical societies in 46 States and the District of Columbia. The conference approved a six-point AMA positive program calling for:

- Stimulation of a realistic attitude toward aging by all people.
- Promotion of health maintenance programs

and wider use of restorative and rehabilitative services.

- Extension of effective methods of financing health care for the aged.
- Expansion of training programs for skilled personnel and improvement of medical and related facilities for older people.
- Amplification of medical and socioeconomic research in problems of the aging.
- Leadership and cooperation in community programs for senior citizens.

It was agreed that the multiple activities necessary to implement this program must be carried out with effective medical leadership, a coordinated approach based on State and local needs, and strong effort to prevent isolation of the aged as a separate group in the human family.

Last November the AMA began distribution of 25,000 copies of "Medicine's Blueprint for the New Era of Aging," a booklet based on the six-point positive program presented at the planning conference. A conference report also has been widely distributed, and a new exhibit, based on the six-point program, has been shown at several National and State meetings of interested groups. The exhibit is being scheduled for numerous future showings.

As the AMA stepped up its own aging program, it also joined last year with the American Hospital Association, American Dental Association, and American Nursing Home Association in forming the Joint Council To Improve Health Care of the Aged. Pooling efforts of the four sponsoring groups, the council will study needs, resources, and programs in the field of aging. A working conference was held last February to plan for the council's first national conference, which attracted approximately 500 participants on June 12-14, 1959, in Washington, D.C. The AMA also is urging medical societies to promote the formation of State joint councils.

Meanwhile, in the area of legislation, the association has taken an active interest in constructive measures related to health care of the aged. Strong support was given to the legislation passed by the 85th Congress calling for a White House Conference on Aging to be held in January 1961, to be preceded by State conferences.

One of the medical profession's major objectives in the field of aging is to extend and improve voluntary health insurance, which already provides coverage for more than 40 percent of the population over 65 years of age. For several years the AMA has been urging experimentation in special types of health insurance coverage for the aged, and since last June it has intensified its liaison efforts with Blue Shield, Blue Cross, insurance companies, and other agencies in the prepayment field.

To expedite the growth of effective voluntary health insurance or prepayment coverage for people over 65 years of age with modest resources or low family income, the AMA House of Delegates in December 1958 adopted a proposal urging all physicians to adjust their charges to a level that will permit the development of insurance and prepayment plans at a reduced premium rate for persons now in that population group.

The association has urged all State and county medical societies to implement that policy. By March 1959 at least eight State societies had taken positive steps, and many more were expected to follow suit at annual or special meetings this spring and fall. The Blue Shield Medical Care Plans, which have a special committee studying all phases of the problem, recently developed a model insurance contract for persons over 65 years of age, incorporating the principle of the AMA policy action. The Health Insurance Association of America is urging all member companies to develop special and continuing coverage for retired persons. In recent months a number of private insurance companies either have announced new policies for the aged or have extended existing policies to more and more States.

Developments in this area are moving at a rapid, accelerating pace. The Health Insurance Association of America estimates that 60 percent of our senior citizens, who want and need it, will have protection by the end of next year. The figure is expected to rise to 75 percent in 1965 and 90 percent by 1970, but actual growth may exceed these conservative estimates.

Meanwhile, the AMA is planning for the future in all aspects of the aging problem. All

State medical societies have been urged to cooperate actively in development of the State conferences on aging which will precede the White House Conference on Aging in 1961. The association is working closely with the Department of Health, Education, and Welfare in this whole program, as well as in the development of homemaker services and nursing home classification systems. A highlight of the AMA June 1959 annual meeting in Atlantic City was a special scientific session on the medical aspects of aging. The association is pushing distribution of a new health appraisal form to stimulate increased physician participation in health maintenance programs. And the AMA itself plans sponsorship of a number of regional conferences on aging for medical, paramedical, and lay groups at some time in the near future.

In short, the American Medical Association is working hard to provide leadership for a concerted, positive, voluntary effort in the field of aging.

School Health Problems

Always interested in the health of school children, the AMA since 1911 has been cooperating actively with the National Education Association in the Joint Committee on Health Problems in Education. This committee, which met at AMA headquarters in March 1959, works to gain interprofessional recognition of principles and policies affecting the health of school-age Americans. Its findings and opinions are publicized by both of the sponsoring organizations.

As far back as 1918, AMA representatives on the joint committee were influential in declaring health to be the first of seven objectives in education. In 1922 the association declared in favor of periodic health examinations for all persons, including the school-age child. Since 1923, when the AMA began publishing *Hygeia*, now called *Today's Health*, this consumer magazine has been used to focus attention on a wide variety of school health subjects. For many years, as an aid to teachers, the association's Bureau of Health Education prepared discussion questions based on articles in *Today's Health*, which were widely used as classroom material in health education.

Independently and in partnership with the NEA, the American Association for Health, Physical Education, and Recreation, and the American Association of School Administrators, the AMA makes numerous contributions through periodic literature, pamphlets, and monographs dealing with school-age health. It also has been responsible in whole or in part for five major books: "Health Education," "Healthful School Living," "School Health Services," "Health in Schools," and "Fit To Teach."

Since 1926, the association has cooperated with the National Congress of Parents and Teachers in its program for child health, and there always has been an AMA representative on the PTA National Committee on Summer Roundup, recently renamed Child Health.

Maintaining continuous liaison, five traveling representatives of the AMA Bureau of Health Education attend or participate in numerous conferences, workshops, symposiums, panel discussions, and other activities involving school health. With the assistance of the association, an increasing number of medical societies are conducting similar activities at the State and local level through school health committees or other units. Individual physicians are active on boards of education, in school and community health conferences, parent-teacher programs, and cooperative projects with public health officers.

A focal point and clearinghouse for information is the National Conference on Physicians and Schools, held every 2 years under AMA sponsorship. These biennial conferences, which began in 1947, now attract more than 200 representatives of medical societies, health departments, school systems, and national voluntary or Government agencies. Plans are now underway for the Seventh Conference on Physicians and Schools to be held in October 1959.

The association's new Committee on Injury in Sports is developing a comprehensive program to safeguard the health of high school and college athletes. A special Committee on Amphetamines and Athletes is studying the use of such drugs as they relate to athletics. The AMA also is represented on the President's Citizens' Advisory Committee on the Fitness of American Youth.

Research

Through its councils on drugs, foods and nutrition, medical physics, mental health and scientific assembly, and committees on research, pesticides, toxicology, and cosmetics, the AMA is continually reporting on research advances in its scientific publications and at its annual and clinical meetings.

In addition to these extensive activities, the association's Committee on Research is engaged in a program of cooperative clinical investigation and collaborative reporting. This approach is being applied to the study of problems in which no one investigator has a large enough series of cases to warrant publication of conclusive findings. The subcommittees on breast and genital cancer, diabetes and pregnancy wastage, and blood dyscrasias are gathering and analyzing case reports in their spheres of interest. A new Subcommittee on Publications is being considered to solicit original articles, abstracts, and reviews dealing with research advances in the basic medical sciences. Through its Committee on Research the AMA has been active in stimulating nationwide interest in the problem of staphylococcal infections in hospitals. The association conducts a grants-in-aid program to supplement existing research projects, making 88 awards which totaled approximately \$30,000 last year.

The AMA right now is studying ways and means of improving and expanding its activities in the entire field of research. The American Medical Research Foundation has been established to initiate and encourage necessary medical research and to correlate and disseminate the results of studies already underway. As soon as legal and financial technicalities are

settled, the foundation will embark on a program which the AMA hopes will be an effective, vital force in the Nation's research effort.

In another action related to research, the association's House of Delegates in December 1958 recommended the creation of a mechanism which will assume the responsibility for promoting active liaison with each national medical society. "In the scientific fields," the house declared, "the role of the AMA should be primarily that of leadership, but every endeavor should be made to bring about coordination of the special fields of scientific interest of the other national medical organizations." Within its own administrative structure, the association also is planning to establish a research department that will concentrate on socioeconomic problems.

Going beyond our national boundaries and demonstrating a sincere interest in the promotion of international health, the American Medical Association is giving full, enthusiastic support to the current legislation which would establish a national advisory council for international medical research and a national institute for international medical research.

Conclusion

The four areas covered in highlight fashion, chronic illness, aging, school health, and research, represent only a fraction of the American Medical Association's total activity aimed toward public and professional service. It is hoped, however, that this report reflects the spirit of progressive, positive action in which the AMA views present and future medical problems.