New York Academy of Medicine Explores Health Services' Gaps

ACKNOWLEDGING the need for a national forum to discuss the basic health care issues of today, the New York Academy of Medicine organized its 1965 health conference around a theme of "Closing the Gaps in the Availability and Accessibility of Health Services." More than 400 health and medical care professionals attended the sessions on April 29 and 30, 1965, to hear more than a score of experts analyze shortcomings in the nation's health services and suggest potential remedies.

Keynote speaker, Dr. E. Richard Weinerman, professor of medicine and public health at Yale University School of Medicine, made his point quickly when he stated that technology in medicine outstrips our social organization. He said an effective health service system is not possible without consideration of social values.

"Does our society wish to allocate further resources to the welfare of its slum children, its retired aged, its technologically unemployed, its functionally disabled?" Weinerman asked. "Is it serious about the war on poverty, the enfranchisement of southern Negroes, the control of chemicals in processed foods? What of the value of human life itself? Is war in a nuclear age still an acceptable extension of politics by other means?"

Weinerman contended that services for the protection of health will be acceptable and available to the population at greatest risk only if they conform to the principles of a democratic and self-respecting society. "This leaves no room for eligibility tests other than that of need," he said. "Tests of economic means, of skin color, of educational sophistication are unacceptable."

The principle of service with dignity according to need is violated as much by the invasion of the personal privacy of the northern welfare recipient as it is by the persistence of segregated facilities for the southern Negro, he said, adding that the continuation of the means test and the economic deterrent to early use of health services is inconsistent with either good medical care or acceptable democratic practice.

If attainment of high-quality standards is to be more than a pious hope, specific safeguards must be built into the health service system, he continued. Licensure requirements can provide a broader foundation for basic qualifications; periodic retraining and reevaluation methods can preserve original quality levels; professional self-audit and self-discipline in ambulatory as well as inpatient settings can elevate the general standard. The sooner the specialized American medical community admits that technical proficiency does not, by itself, produce a high caliber of health service, the sooner will the American genius for group organization and quality appraisal be applied to the front line of medical care, Weinerman said.

The keynoter concluded with a call for adequate social financing—a source and amount of funds that is both stable and sufficient. "To my mind," Weinerman stated, "there is only one answer for a democratic and affluent society: that is a judicious combination of social insurance and tax support for basic medical and for protective health services."

In a panel on "Today's Gaps in Health Care and Barriers to Service," five speakers discussed shortcomings and possible solutions for meeting health goals. Dr. Claire F. Ryder, associate chief for Care Services, Division of Chronic Diseases, Public Health Service, spelled out gaps in services for chronic illness. She said some gaps in prevention occur because the cause

and cure of certain diseases are not known, but others occur simply because we fail to use the tools we have.

Ryder said up to 50 percent of the problems in rehabilitation centers are due to immobilization and these could be decreased if every physician would promote mobility of chronically ill patients. She also noted that nursing home care is economically impossible for many persons needing it because the welfare allotments in most States do not approximate the actual cost of quality nursing home care. She also commented on the need for more homemaker and home care programs, stating that the few now in existence are located largely in urban areas in the eastern United States.

Gaps in services for children were discussed by two physicians. Dr. Julius B. Richmond, dean of the medical faculty and chairman of the department of pediatrics, State University of New York, Syracuse, emphasized the unequal distribution of physicians who treat children (pediatricians and general practitioners) as a serious problem. The child population is increasing faster than the number of physicians available to treat children. Richmond, who is currently program director of the Office of Economic Opportunity's Project Head Start, said that, except for the pediatricians in public health and institutional care programs, pediatricians in this country are providing care to children of the middle and upper classes only. Dr. Arthur J. Lesser, deputy chief of the Children's Bureau, U.S. Department of Health, Education, and Welfare, noted that shifts in population since World War II have resulted in larger numbers of children in cities, and many of these are from low-income groups that do not receive private medical care. He added that eligibility requirements for public clinics often are so unrealistic that such children may receive esssentially no medical care. "The families cannot meet the requirements for public clinics, yet cannot afford private care," he said.

Dr. James W. Haviland, past president of the King County Medical Society, Seattle, Wash., suggested five principal steps in meeting the nation's health goals: improved communications among all interested parties, including physicians, nurses, hospital administrators, government employees, social planners, and the patients; continued development and distribution of adequate health resources; continued development and analysis of new ideas in the health care field; continued attention to the enunciation of realistic goals; and consideration of the evolution of social philosophy and cultural conscience in step with the scientific advances of our times.

Robert Morris, professor of social planning at Brandeis University, Waltham, Mass., called for a better national means for health planning as one step in removing a political barrier to health care caused by fragmentation of authority among towns, special districts, cities, counties, and States. Wherever such a national planning mechanism is located, he said, its recommendations should have some direct influence on the direction and distribution of funds. Morris also suggested continued professional mobilization, noting that recent history has shown that improvements in technology and practice will not significantly reduce the volume of medical and paramedical personnel or the volume and range of physical facilities that will be required.

At a luncheon session, Dr. James T. Howell, executive director of the Henry Ford Hospital, Detroit, Mich., said optimum objectives in health and medical services must include preventive and rehabilitative medical care as well as the more classic aspects of acute medical care. Beyond this, he noted, optimal services should include health education and the care of long-term disease. He cited the comprehensive medical care program at the Henry Ford Hospital as an example of one approach to closing the gaps of health and medical services.

In a panel on voluntary financing mechanisms, a Public Health Service official described voluntary health insurance as a lusty postwar infant that has not quite reached adulthood. Mrs. Agnes W. Brewster, chief of the Health Economics Branch, Division of Community Health Services, said $61 billion has been invested by Americans in voluntary health insurance programs; yet, while insurance has provided people with a better standard of living and supported hospitals and other providers of services, it has contributed too little to—and even hampered—improvements in the organiza-

tion and delivery of health services. She noted that the objective of keeping government out of the health insurance field led insurers to a belated effort to enroll the aged in voluntary plans, and the results have demonstrated that competitive private enterprise cannot accommodate a social program of this magnitude. "This effort appears to have convinced Congress that a Federal program is essential—just the opposite result from that intended by the plans," Brewster said.

Morton D. Miller, vice president of the Equitable Life Assurance Society of the United States, New York City, countered by stating that the new plans being written provide for a broad range and large limits of protection and that the benefits of existing plans are being expanded continuously. He said the growth of health insurance has been stimulated by and has given impetus to the development of modern scientific medicine. "Both insurance and medicine now face two major problems: namely, rising medical care costs and the trend toward greater participation by government in the financing and provision of health care and health care facilities," Miller stated.

A New York State legislator declared that voluntary financing methods will not survive in this country if they cannot meet the public's health needs of tomorrow better than they have done today. Senator Seymour R. Thaler, chairman of the Committee on Public Health, New York State Legislature, Albany, said the great mass of people are unhappy both as to the cost and the quality of the medical package presently dispensed in our society. He said the citizen who provides himself with voluntary insurance coverage still remains dependent upon either charity or government for a segment of his medical needs. "He cares little for a program which mandates his illness to a proscribed period of 21 days, or relegates him to the role of welfare recipient if he suffers from mental illness, tuberculosis, or a host of other diseases not yet covered," Thaler stated. He added that we need a strong Federal health program, solidly based upon the principle that health is a basic human right; that money should be spent to meet the needs of the public, not to increase the cost of poor or indifferent care or to perpetuate or recreate discredited practices.

Dr. Herman E. Hilleboe, professor of public health practice at Columbia University School of Public Health and Administrative Medicine, New York City, and former New York State commissioner of health, described basic concepts of public health in opening a panel discussion on the changing roles of government in health affairs. You cannot separate health and social needs and you cannot separate economics and health, he said. Hilleboe noted that States are given primary responsibility for health care by our Constitution and that more attention should be paid to the special health problems in cities. He also said we need a national health policy and that, in his opinion, the Public Health Service should be the principal health planning agency on the national level. He advocated building up the Service with whatever laws and other resources it needs to fulfill this role.

Dr. Michael E. De Bakey, chairman of the department of surgery, Baylor University College of Medicine, Houston, Tex., discussed the recommendations of the President's Commission on Heart Disease, Cancer, and Stroke on which he served as chairman. He said the recommendations were based on the principles that people should have ready access to the best medical services, that the national resources for advancing scientific knowledge and providing medical services should be strengthened, and that medical education and training programs to produce health manpower must have direct and forthright governmental support. De Bakey pointed out that the national network of diagnostic and treatment centers proposed by the commission would use existing facilities whenever possible and that it would make medical and scientific excellence in heart disease, cancer, and stroke readily accessible to physicians and patients alike.

The dean of St. Louis University School of Medicine said recent trends suggest increased participation by government in both the financing and delivery of health services. Dr. Robert H. Felix, St. Louis, Mo., continued by noting that there is an increasing need to blend public and private funds in the planning, operation, and coordination of community health facilities and services. "This pooling means more than the pooling of monies," he said, "it means also the joining of objectives." Felix, a former di-

rector of the National Institute of Mental Health, Public Health Service, stated that as government involves itself more in health services and facilities, there will be increased health insurance coverage to the point where no person need defer seeking medical attention because of finances. He added that there will also be an increase in ambulatory-type services, development of comprehensive regional or district health complexes, and a return to family-type medical practice, which will mean more attention to the health needs of the family as a whole.

A professor of public welfare and social work research called for realistic planning within the range of the defined goals of society. Samuel Mencher, Graduate School of Social Work, University of Pittsburgh, said that although there appears to be a conflict between some form of medical care under government sponsorship for those of limited means and a program applicable to the general population, the issue has already been resolved in the latter direction. "The trends underlying this societal decision are clear," he stated, "and the conflict, while bitter, is deceptive and anachronic by drawing emphasis and energy from the major problems facing a system of medical care when it receives the sponsorship of society as a whole through its governmental institutions."

In the last panel of the conference, Dr. Willard C. Rappleye, dean emeritus of the Columbia University Faculty of Medicine, New York City, urged a partnership of government and voluntary agencies in strengthening the organization of health services. As an example, he cited the joint action by government and voluntary efforts in hospital services in New York City. "In an endeavor to improve the quality of medical care by strengthening the professional staffs and by recruiting well-prepared interns and residents, the city contracts with medical schools and strong voluntary teaching hospitals to accomplish these purposes," he said.

Robert M. Ball, Commissioner of the Social Security Administration, U.S. Department of Health, Education, and Welfare, discussed current health legislation in Congress, and predicted a new kind of partnership was likely to emerge. In the partnership, he said, "government and private agencies would each concentrate on financing health services for different segments of the population but would use administrative mechanisms in the voluntary sector to work toward the solution of common problems." Ball added that such a partnership will require greater public accountability on the part of private organizations.—K.K.

NOTE: Full proceedings of the conference are available from Harry Becker, executive secretary, Committee on Special Studies, New York Academy of Medicine, 2 East 103d Street, New York, N.Y. 10029. Price $2.