THE RELATION OF THE MEDICAL PROFESSION TO THE NEEDY SICK

by

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For centuries, in fact ever since the days of Imhotep, the relation of the medical man to the needy has been well defined. Even in the parables of Christ in the New Testament, charitable care of the needy is evidenced, as in the story of the Good Samaritan. The subject was one of paramount interest in the days of Henri de Mandeville, who wrote of the difficulties then confronting the profession - not so much whether or not to care for the poor, which was obligatory, but how much to charge the rich people in order to make up the difference in fees.

There never has been any question as to the necessity for caring for the poor, and a good per cent of the practice of any good physician or surgeon has been for charity, without the slightest prospect of remuneration and only in the interests of humanity and a relief of suffering.

The theme of the paper is then not to argue the above relations for it is the creed of every honest physician and surgeon to care for all those are weak and suffering. Relief of such pain and trouble is his primary and almost sole consideration, and remuneration for such service is of secondary and minor importance.

Because of the present economic upset with its subsequent disproportionate increase in dependents, there has been pushed onto the medical man an extra and enormous burden of charity work. This extra burden has been shouldered by everyone, industries, etc., but they are able to curtail their activities somewhat, whereas the physician has

not been able to curtail his. On the other hand his practice has increased, but the income has decreased. One may argue that the country has gone through other depressions without so much complaint from the medical profession, but one must consider that until now, the medical profession was not nearly as well organized. In those days there were no large and small clinics and hospitals with large overheads. In the old days a depression to the family doctor meant only a few more notes, a few more promises, a few more vegetables and extra mileage for the horse and buggy. It did not mean unpaid rent, lagging interest on the x-ray equipment, and other expensive machinery, and unpaid or decreased office and nursing staff.

The unparalleled advance of science and medicine, and the concomitant education of the general public in matters of health has not only made diagnosis and treatment more accurate and satisfactory, but has also subtly built up organizations with expensive equipment that requires cash payments in reasonable time. It is for these reasons that the doctor of today has to think more of remuneration for his services than he did. Most of his income goes for the organization and the machinery, a constant factor which science and the public demand. Probably the remuneration which he himself receives is comparatively no more than that of the old family doctor of former years.

It is with these things in mind that this thesis is prepared, since it deals with the method of distributing aid to the dependents with an assured, although somewhat meager, compensation for that aid.

In order to obtain a fair idea of the methods used generally, I thought a survey of the State of Wisconsin, with some reading on European plans, would give the necessary information. Accordingly, I sent out 72 form letters to all the poor relief commissioners in counties and cities, in which I questioned them as to their means of giving medical aid to the needy. A copy of the form letter is appended. 39 replies were received, which represents a little over fifty per cent, and the contents of these is tabulated in this thesis. Because of the expense attendant upon it, no more letters were sent to the delinquent ones, and also I believed that those that were returned gave a fair estimate of the type of service being given. From these reports it is evident that in general the methods used were those of a paid County or City physician, or else each individual physician presented his bill to the poor relief office who liberally discounted it. The advantages of the paid city or county physician was that there was a definite amount paid by the city and county, and at least one or two doctors received pay for their work. The disadvantages lay in the fact that it generally was too much work for the men involved, and the family could not go to their own family physician, that is unless he wanted to work without pay. The majority of the communities, in fact all of them but the very small ones, were dissatisfied with this arrangement.

The advantages of each family doctor presenting his bill is that each family can have their own doctor. The disadvantage to the County or City is that it entails a lot of book-keeping and is more expensive. The disadvantage to the doctor is that his bill is unques-

tionably discounted beyond all fairness.

Only one community reported on a new system that is being worked out in Wisconsin, with satisfaction to all parties concerned. This was Kenosha, which operates under a modification of the original Polk County plan. I visited the Secretary of the State Medical Society, who graciously gave me a fund of information on this particular subject. Under the Society's guidance and advice several counties and one city have worked out various modifications of one general fundamental plan. Under this plan the county or city pays to the local medical society, a definite sum every year, and the Society arranges with its members for the care of the dependents. The advantages to this plan are as follows:

1. Each family can have its own doctor
2. The doctor is assured of some pay
3. The dependents are assured good medical care.
4. The poor relief office has no worries over medical aid except how to raise the money.
5. No one or two doctors in a community have all the relief work.

The disadvantages are -

1. The doctors are still underpaid. This is, of course, a contract plan, and as such receives some opposition from doctors because they believe such a system leads to State Medicine. Opposition

on such a basis is silly - as a matter of fact it is only by such organized effort on the part of the medical societies that the physicians are going to help themselves out of their difficulties and work things to their advantage. The detailed outlines of these various modifications, and the original Polk County plan are included in this paper.

2. There are a great many needless calls made by the needy, who, since they know they do not have to pay for the visits, call on the doctor for sundry minor ills of no consequences. In fact, it has reached such a state that the under-privileged person is the one who pays for care, since they call on the doctor only in times of necessity and are apt to deprive themselves and also their children of proper medical care, because of the expense.

It is a hard matter to curb the number of calls since the poor relief official is ill-fitted to tell the urgency of the call and the doctor must see the patient to determine the extent of the illness. Since many of the needy are not particularly active mentally, the doctor cannot depend on the story over the telephone on their ability to differentiate real or fancied illness.

EUROPEAN PLANS

Numerous systems are employed in Europe and information concerning these was taken from International Studies by Sir Arthur Newsholme.

In many of the countries a District Medical Officer is employed. His position is much the same as that of a paid city or county physician. He is paid a salary by the local community or subsidized by the district or state. As a general rule this plan works fairly well, but there is necessarily a limitation of services and an overworked doctor. Countries using this system include Denmark, Sweden, Norway, Switzerland, Belgium, Italy, Jugoslavia and Hungary.

In Germany and also in Denmark, where 66% of the population is insured, they have a system of sickness insurance. A certain amount of the working man's salary is set apart for sickness, and when he is ill that part is paid to the attending physician. This system works quite well if the money is paid to the doctor and not the working man. If the money is paid to the man it encourages a certain amount of malingering. Most of these forms of sickness insurance are compulsory.

In France they have a system whereby the patient has a free choice of doctors who are paid by the government on a fixed scale of fees. Such a plan is satisfactory, but carries the disadvantages of low fees and does not tend to limit the calls.

Great Britain also has a District Medical Officer with a fixed salary, but also has an Insurance Act requiring compulsory sickness insurance. By this Act any qualified doctor may be on the list and the patient makes his own choice. The fees charged are decided upon by the Association of Medical Practitioners and the Ministry of Health

and not by the insurance companies. The plan works reasonably well, but could stand improving since the service is incomplete, in that it is limited to the abilities of the general practitioner and provides no funds for advancement of preventive medicine. There is also an element of malingering in view of excessive resorting to the doctor.

In any insurance scheme, as pointed out by Sir Arthur Newsholme, the advancement of preventive medicine is limited. "Prevention is more important than provision, in as much as one, when he feels secure from sickness financially, may not endeavor to prevent it, and consequently hinders the development of prevention". Denmark is the only country to make use successfully of voluntary insurance, but even they have indirect penalties for failure to belong to "sickness clubs".

In all insurance schemes, the insurance should be taken out locally in order that it may be evaluated according to local incidence of disease, and also that statistical surveys may be made more easily. The following statements made by Sir Arthur Newsholme in his "Medicine and the State" are indicative of the new trends in medicine, and are pertinent to this paper in that they deal with the social aspects of medicine.

1. The health of every individual is a social concern and responsibility.

2. Medical care in its widest sense, for every indivi-

dual, is an essential condition of maximum efficiency and happiness in a civilized community.

3. Adequate medical care for a large proportion of the total number of sick persons, necessitates the organization of measures and institutions beyond the power of the individual private medical practitioner to provide.

4. In every country as civilization advances and the public consciousness is aroused, not only is public health work in its limited sense increasingly developed, but there is also a corresponding increase in communal effort towards satisfactory and complete medical care for the sick.

5. In every country there is a steady trend in the medico-hygienic service towards the supersession of voluntary effort by official (including insurance) provision.

6. Medical arrangements in all matters which are not strictly and technically medical must conform to the business arrangements made by the financially responsible representatives of the public.

It is evident, therefore, that any of the above systems are all temporary and inadequate measures, but of those so far developed

the last one mentioned, that is the Polk County plan with its various modifications, seems to have the least disadvantages.

A satisfactory and relatively permanent plan can not be developed for the care of the needy, until there is more or less complete revamping of the present medical organization, with unquestionably some degree of state control. The modern trend is toward preventive medicine, and public sentiment and education in health matters will eventually force the state into taking measures to further such progress, since the medical profession itself is too either with general practice or scientific research to develop it.

Without further study it is dangerous to make proposals, but with the material and information so far obtained it seems to me that an arrangement such as the following should be developed.

The state would support a state general hospital with salaried staff. This hospital is to diagnose and treat those cases which cannot be taken care of in local hospitals with their facilities. The state should also subsidize local hospitals in strategic points in the state and govern the quality of nursing staff, equipment and management. The staff of these hospitals should also be selected by the government, either on a competitive examination basis, or by a board consisting of state officials and state medical society officials. In all of these matters the State medical society should have a representative in the state government with a vote and a hand in the management of medical affairs. Perhaps it would be better to establish a separate State Department of Social Medicine, composed equally (as to votes) of

responsible, intelligent and trained state officials and medical men.

In order to insure constant, adequate and preventive medical care, I believe a law should be passed demanding that each and every person arrange with his doctor a yearly contract, under which he pays the physician a specified sum, determined by the doctor, and in turn the person receives all medical care necessary, without medicines, surgery or hospitalization. In order that preventive medicine be further practiced and in order that the doctor may protect himself, the contract should stipulate that the patient have a physical examination and check-up twice a year, whether sick or well.

Medicines, surgery and hospitalization obviously could not be included in the above plan. However in a plan which some hospitals are using today a yearly sum is paid by the individual to the hospital, for which he receives all hospital care necessary with laboratory and x-ray work.

In the State Hospital and subsidized hospitals, the local community or county should pay the remaining portion of the cost of the indigent care. However, this sum should be minimal because of the fact that the required yearly sum insuring health and hospitalization would be so small that even the poorest could afford it, and consequently would be taken care of, automatically, without help from the county or community except for medicine or surgery.

In all state controlled matters, there is bound to be graft,

but even in the face of this, the general level and quality of the practice of medicine and the service to the individual would be raised, and ideally the practice of preventive medicine would be increased with consequent increase in the general good health of the State.

The following is a copy of the form letter which was sent to all poor relief commissioners in counties and cities in State of Wisconsin:

> "I am writing to you for information from which I intend to compose a thesis for my degree in Medicine at the University of Wisconsin. In this thesis, which according to the rules of the school must deal with the sociological aspects of medicine, I am endeavoring to determine the relation of the medical profession to the relief of the needy.
>
> Accordingly I am writing all of the relief administrators in this state and asking them to briefly explain their local method of administering medical service to thenneedy. In order to facilitate matters and to make the statistics more uniform, I am enclosing a form which if you will fill out and return to me will be greatly appreciated. On that form it is most important to me that you state your own opinion as to the merits and demerits of your local system.
>
> I shall add to the information thus obtained the methods employed in some European countries. Comparisons will then be made and the advantages and disadvantages of the various systems considered in the hope of working out a practical, fair, honest and economical plan for handling this increasingly large factor in the management of poor relief.
>
> I realize that these are busy days for a poor relief official but I would greatly appreciate your returning the filled in form as soon as possible."

The following questions were asked on the above mentioned form which was sent with the above letter: Who gives medical service to

the needy under your care? Who pays for that service, and how much? How is the money for that service apportioned (disregard hospital costs)? Opinion as to efficacy of system.

District	1	2	3	4
Monroe Co. Norwalk	Medical staff of Sparta Clinic and family physician	County	Each doctor paid	Good
La Crosse County	Family physician	County and State	Each doctor paid	Satisfactory
Green County Brodhead	Family physician	County	Each doctor paid	Satisfactory
Spooner	City physician	City of Spooner	Salary to city physician	Entirely satisfactory-not hard on doctor.
Kaukauna	City doctor and family physician, city doctor must O.K. cases.	City of Kaukauna	Salary & cut from bills family physician	Satisfactory
Columbia Co Columbus	Family doctor	County	Each doctor paid	Satisfactory
Green Co. Monticello	Family doctor	County	Each doctor paid	Satisfactory
Eau Claire	City doctor	City of Eau Claire	Salary to city doc.	Very good
Menominee	Family physician	City of Menominee & Asso.Charities	Cut from regular price of each doctor	Very satisfactory
Green Bay	City doctor	City of Green Bay	Salary to city doctor	?
Oconto	City doctor	City of Oconto	Salary to city doctor	Satisfactory
Menasha	City doctor	City of Menasha	Salary to city doctor	Satisfactory
Columbia Co Portage	Family doctor	County	25% discount from each bill.	Very good
Lincoln Co. Merrill	County doctor	County	Salary & mileage	Efficient
Columbia Co Morrisonville	Family doctor	County	25% discount on each bill	Not very efficient, some doctors charge too much
Neenah	City doctor	City of Neenah	Salary	Satisfactory

District	1	2	3	4
Kenosha	Medical Assn. of city of Kenosha	City of Kenosha	Divided among members of Med.Assn.	Very satisfactory
Oshkosh	City doctor	City of Oshkosh	Salary	Very good
Stevens Point	City health officer	City of Stevens Point.	Salary	Good.
Sauk County Prairie du Sac	Family doctor	County	One-half of the regular charge.	Questionable - would rather have a salaried doctor.
Iowa County Mineral Point	?	?	?	?
Juneau Co. NewLisbon	Family doctor	County	County has rates	Fair
Monroe Co. Sparta	Sparta Clinic	County	CountyRates	Satisfactory
Walworth Co Hartwell	Family doctor	County Commission	50% of the regular rate.	Satisfactory
Walworth Co Foster	Family doctor	County	Each doctor paid	Satisfactory
Oconto Falls	City doctor	City Oconto Falls	Salary	Very Satisfactory
Iowa County SpringGreen	Family doctor	County	Each doctor paid	Very good
Superior	City doctor, aided if necessary by family doctor	City of Superior	Salary	Satisfactory
Jefferson Beck	Family doctor	County	Each doctor paid 50% out.	Unsatisfactory
Manitowoc	City doctor	City of Manitowoc	Salary	Unsatisfactory
WashingtonCo	County physicians (2)	County	Salary	Satisfactory
Sheboygan	City doctor	City of Sheboygan	Salary	Satisfactory
Walworth Co Hansen	Family doctor	County	Each doctor paid	Very good
Jefferson Co Hibbard	Same as E. Beck	-	-	-

District	1	2	3	4
Chippewa Co " Falls	County doctor	County	Salary	Satisfactory
Milwaukee	County dispensary and general hospital	County	Salary	Very good
FondduLac	City and family doctors	City of Fond du Lac	Salary and each doctor paid	Not in operation long enough to tell
Rice Lake	City doctor	City of Rice Lake	Salary	OK-now contracting with all doctors at 50%
Janesville	County doctor	County	Salary	Satisfactory

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