

THE STATE AND THE MEDICAL PROFESSION

by

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As one who is on the outside looking in, not yet a member of the profession, my undertaking a discussion of the relation of the State to the medical profession is somewhat anomolous but certainly not uninteresting.

The question of State Medicine is particularly interesting to those in my position because of the certainty that we are to be concerned, if not in the final adjustment of this matter at least with radical changes in the practice of medicine and by changed I refer particularly to economic and social readjustments, if not revolutions, which are bound to influence us directly. the same as those already in the field. I speak of certainty, not probability, because such changes are, and have been, in progress. We probably could not if we would halt these changes, nor do I believe we could long hinder their evolution, whatever form of medical practice they may lead to, but it is within our power to lend our influence to lead to at least a partial solution of the problems of medical practice, making it more satisfactory and practicable to the people as well as more satisfactory and practicable and profitable to those engaged in the practice of honest medicine.

Changes are inevitable, the nature of those changes as they apply to medicine seem to tend to some form of more socialistic practice of medicine that we may call, for lack of a better term and more accurate vision of the future, State Medicine.

In a discussion of any such topic one should at least attempt

a definition of the subject. I believe that I am not alone in being unable to define clearly the term so frequently used, "State Medicine". In its essential meaning, I believe it to refer to the control by the governing social and political unit, of the agencies and persons who have to do with guarding and maintaining the physical health and certain aspects of the mental well being of the individuals making up the community as a whole, as these are affected by disease, congenital, degenerative, infectious, traumatic or toxic.

In fact, the only formal definition that I have gleaned from a number of articles on the subject is that recorded in the American Medical Bulletin containing the Proceedings of the House of Delegates, 73rd Annual Convention (1922).

"State Medicine is any form of medicinal treatment provided, conducted, controlled by the federal or any state government, or municipality, excepting such service is provided by the Army, Navy or Public Health Service and that which is necessary for the control of communicable disease, the treatment of the indigent sick and such other services as may be approved by and administered under the direction of or by a local county medical society and not disapproved by the state medical society of which it is a component part."

Many definitions are implied in the literature to be gleaned from the context of a multitude of articles and all differing more

or less with the particular subject of the author and his personal beliefs, inclinations and hopes.

The first type of definition tends to be all inclusive, perhaps too much so, the second as quoted excludes some phases of medical practice which it seems to me may be really a part of State Medicine, present and future.

What the present relation of the State to medical practice is, I have but a superficial, inadequate and inaccurate knowledge. What the future relationship will be I can but conjecture. At present there are, in this country, many physicians in the employ of the State, receiving in return for professional services, emolument in some form from federal, state, county or municipal funds. What the number is, I am unable to determine. The percentage of the 143,000 practicing physicians in this country must be considerable. In accordance with the more inclusive terms of a definition such as the first given, these are in whole or in part, engaged in the practice of State Medicine. The definition advanced by the delegates of the American Medical Association would clearly remove these from the class of practitioners of State Medicine, who are in the Army, Navy and Public Health Services, who are engaged solely in control of communicable diseases, and those whose chief concern is with the treatment of those recognized as indigent and provided for by state, county or municipal funds.

I cannot but believe that we must include these as engaged

in what practically amounts to State Medicine, and, therefore, looking at the future from a different viewpoint than the independent practitioner.

Leaving such consideration for the time, the question arises what is the source of the present discussion of State Medicine as a problem? Basically, I believe the problem to have originated in common with most of our present economic, social and political problems in the industrialization of the people of the civilized world which began about the beginning of the nineteenth century.

There have developed from that time on an increasing number and variety of social problems accompanied by an increasing tendency to interference with individual solution of these problems by various state and social agencies.

A contemporaneous period of enlightenment in the medical world the discovery of the bacterium and a focusing of attention on the causes and effects of disease through this discovery made inevitable the further entrance of the state into the great field of preventative medicine and has paved the way for the entrance of paternalistic and socialistic tendencies in the whole field of medicine.

The rise of a form of what we may call "mass conscience" led to the development of another great trend of activity, resulting in the formation of many and various agencies whose purpose has been officially and non-officially to guide and direct the lives of those, particularly of the industries and laboring classes, protecting them

from exploitation by their employers and from the results of their own "laissez faire" policy as concerns themselves, their future and their health.

Another great trend in economics reflecting directly on medical practice is the increasing extension of credits generally resulting in the "installment payment" plan of purchase and in the foundation of various forms of insurance, which tend to give an element of future financial stability in times of stress for relatively small single and immediate investments over a period of time.

A generalization of education has been contemporaneous with these developments resulting in what education and the dissemination of knowledge implies, - a more inquiring and more discriminating outlook on life and living, a questioning of present conditions and a beginning wonderment as to why the promises held out by the advances of our arts and sciences are not being more rapidly and completely fulfilled.

It is not my purpose to have the place of the physician in these developments. He has not stood apart as one of a buried priesthood. In the last century the advances of the science of medicine have kept pace, certainly with the advance of art and science in general. The social and economic changes have influenced him and his profession no less than others. He, too, is entangled in the mazes of change. He, too, is an individual faced with the increasing problems of the individual, and he, too, is a member of

society, faced with the problems of society. The doctor deals in life and health, their preservation have been his charge. As these cease to be matters of purely individual and family interest so must the doctor cease to look upon them as purely problems of the individual and recognize them as the greater problems of society. But as life and health are preeminently concerns of the individual, in looking to the benefit of society the doctor must not lose sight of the man.

I think I am safe in concluding that present methods and results of medical practice are on the whole far from satisfactory to the individual generally, the doctor and to society as a whole. It is admitted that medical art and science have made amazing progress in the study of health and disease, the means for preservation of health and in the knowledge of the causes, nature and treatment of disease but in the application of the results of such progress and knowledge the advance has been less satisfactory. It has not yet gone far enough, and it is in our relation to the problem of the individual that our application of the results of such progress and advancement have most lamentably lagged behind. Despite our many state and social agencies for that purpose, despite the willingness of the physician to extend to his utmost the helping hand, no one will deny that adequate medical attention is not available to every one.

The crux of the present situation lies in that fact, I believe, though one of the questions engendered but not answered by recent research into medical costs is "Are present medical facilities

in the United States adequate; if not specifically how extensive is this inadequacy?" Whether the major inadequacy is of men, facilities, or money, of unequal distribution socially, of geographically, of inefficiency in organization, of existing facilities, no one can say, but certainly all these elements enter into the final result -- dissatisfaction. My belief is that these as well as many other factors operate in producing the present situation. It has been estimated that the annual cost of medical care is about \$20.83 per capita or \$100 per family which does not include loss of time, etc. This is probably as reliable as any figure of the sort compiled. It would seem that judiciously expended \$20.83 per capita would be sufficient to insure competent medical attention for everyone.

Statistical surveys on this subject are many, some reports have been published, others are in process of compilation. After these are compiled, reviewed and evaluated, it may be possible to form a definite opinion as to medical costs and determine where the possible loopholes for waste may be. Until that time, the subject will be one of controversy, interpretation of facts and figures being biased by personal opinion and politics.

At least there is a general realization of the need of a checking up on medical economics and a praiseworthy attempt is being made in this direction. To date, I have gained the impression that, be the causes what they may, medical costs are excessive for the majority, and that these costs are excessive chiefly because the

people are not geared as high in matters pertaining to health as they are in matters pertaining to comfort, household, convenience, facility in transportation, and amusements. The practice of medicine, is in some ways, outmoded. Medicine has an extensive background of scientific research and laboratory facilities but lacks to a certain extent in modern and scientific application of its resources.

The doctor and his practice are at present still too individualistic in certain respects. Cooperation is lacking and it is cooperation that is becoming a vital necessity to the medical profession as a whole. It is in this lack of cooperation, organization and scientific and economically sound application of the facilities at hand that the root of much of the present dissatisfaction with present medical practice is based.

One hundred years ago, even fifty years ago or less, the doctor was an individual dealing with individuals. His diagnosis was clinical, his treatment medical or surgical, and there was seldom recourse to hospitalization. Now the doctor's clientele is to a greater extent transient, his interest is more apt to be in a specific phase of disease; diagnosis is aided by and to a greater extent depends on elaborate and expensive equipment; treatment has become more diversified, requiring not only stocks of before unheard of drugs and biologicals, but also expensive apparatus for the application of the physical and physico-chemical forms of treatment; and hospitals and surgeries for the care and treatment of the sick are regarded

as the "Sine qua non".

In the modern practice of medicine these facilities are necessary. Needless to say they are expensive. The patient of today, no matter what his social or economic status demands these facilities. If he does not fall into the class of the indigent poor or is unable to accept charity, he pays for them and the cost is usually more than the average purse can disgorge without suffering. The same man who can buy an automobile and a comfortably furnished modern home is really unable to pay a reasonable doctor bill in the event of more than a minor illness. The chief reason for this is, I believe, the inability of the ordinary man to recognize the inevitability of some sort of illness in his family at some time, to realize that by setting aside a sum for that eventuality as regularly as he does for "life insurance", and the down payment or installment on this or that purchase that he could face a prolonged illness with some degree of economic security. The cost of medical care in a given instance is some thing no one can predict. An illness may be of any duration, the treatment may or may not be expensive, the whims of the patient or his family as to luxuries such as private rooms and private nurses, etc. may vary widely. The bill is going to depend on all such factors as well as with the choice of physician. Setting aside such causes as exorbitant fees and gross mistakes in diagnosis and treatment, which admittedly occur but are relatively infrequent, the sum is going to vary with what the patient gets in return. The trouble is that it is seldom deter-

mined in advance for obvious reasons. Whatever the expense, it is unlooked for and often unprovided for, not to say much more than the patient expects and the patient's tendency is to rail against the "high cost of medical care". Certainly the income of the average practitioner does not reflect these high costs wherein lies the blame? Usually the profession gets it. The patient does not stop to consider that the doctor receives no part of the hospital fees; that he receives no part of the money that the patient first paid, in cash, for patent medicines and chiropractic adjustments before seeking aid; that the doctor has had an expensive education and maintains an expensive establishment; that he receives no fee for a goodly percentage of his work; that the hospital he may have attended has a large annual deficit; that perhaps one-half the cost of his illness was due to the fact that he traveled from one doctor to another shopping for a diagnosis; that he finally engaged a specialist whose fees reflect his ability in that speciality and the popular demand for his services, without discussing the fee or determining if some equally competent man at home could have served as well at less cost. This may sound extreme but each such instance may have entered into the cost of any given illness or operation and they are all operative in the rising cost of medical care. He has had superior service but expects that, he gets a comparable bill which he does not expect, feels he is overcharged and proceeds to tell someone and everyone about it. And if occasion arises is all in favor of any movement or legislation that will provide "free" medical care for all. Since this sort of thing happens to the average citizen

and since almost everyone is faced with some major illness in the family at sometime, this sort of sentiment is bound to increase.

If offered a lower class of service at a lower cost he may be almost insulted. The best is felt to be none too good for the person who is seriously ill.

I am not in sympathy with the idea that all are inherently deserving from the mere fact of having been born, nor do I see the necessity of one set standard for all, but I am convinced that every one should have reasonable assurance of adequate medical care without excessive cost. Moreover I believe that as society insists on the preservation of the unfit the state should assume the responsibility for their care. I do not believe the cost should fall on the the shoulders of the rich only, or on the great majority who are at present so severely taxed, not only directly to maintain a multitude of state and social charities but also indirectly during their periods of illness and hospitalization, to help defray the cost of care of those who cannot or will not pay. Nor do I think the medical profession should longer be expected to contribute gratis so much time and energy as physicians in addition to doing their duty as citizens and taxpayers.

I have given but a bare outline of some of the major factors which I believe are behind the present trend toward socialism in medicine. I believe that I am not alone, when I say that I feel lost in contemplating the intricacies inherent in any scheme which

will, while remaining in keeping with our present social and economic standards, place within reach of all adequate medical attention, without increasing the cost to any one loss of individual or to the nation as a whole.

I do not myself believe that a complete over throw of present standards in any one field, such as medicine, with replacement by an entirely new system is desirable or practicable. I do not see how medicine can be completely socialized without socialization of the nation as a whole.

Completely socialized medicine to me would mean some such system as this. All the medical resources of the nation would be organized under a centralized system. All doctors, nurses, laboratory technicians, pharmacists and those engaged in the allied branches of research would become employees of the system, subject to bureau cratic control, with necessarily set standards as to the amount and type of work to be done, with salaries determined as far as possible by the experience, period of service and professional responsibility of the individual as well as by what he actually accomplishes.

All hospitals, sanatoria, clinics, welfare organizations, research foundations, etc. would become state owned institutions and future developments in the line of such buildings and organizations would be directed toward distribution of such facilities in accordance with the local requirements of population industry and morbidity.

The manufacture of drugs and medical supplies would become state monopolies and research would progress under state support. Needless to say direction and control would not be entirely in the hands of the medical profession. Of necessity organization and direction would be to a great extent in the control of laymen, whose interests would certainly not be primarily in the interest of the physician or the patient. Judicious placement of medical men in positions would serve to maintain the idea that the organization's primary purpose was the dissemination of medical care.

Candidates for medical schools and subsequent degrees would be accepted only upon evidence of real fitness for the profession. Not only medicine but organization and economics would be studied so that trained men would be available for the direction of the system.

Salaries consistent with their position in life would be required. The trained physician would be a man to whom other than a high standard of living would be impossible. His responsibility would merit a high reward.

Freedom from the necessity of making a practice provide such a living would enhance their efficiency and freedom from the strenuous life that has prematurely aged so many physicians would increase their term of usefulness.

The initiative of the physician would be lessened by routine duties and reports. Any scheme to allow the individual free time for research work would necessarily encounter obstacles in view of

individual variations in efficiency, ambition and ability. The aspiring individual could to a great extent surmount such obstacles. Intelligent and politics free commissions of inquiry, adjustment and promotion could vary the required standards in the individual case. Such commissions could act as examiners when the physician desired to take up a higher degree of specialism and could act as courts of inquiry in the cost of the careless.

By some such system a high degree of medical efficiency could be maintained and a high standard of medical care be available to all who applied for it. Such a system, by eliminating a multitude of needless and overlapping costs, could to a great extent pay for the added numbers of physicians, nurses, and employers and for the new hospitals and clinics that would be required. Such enormous sums as are now expended on the manufacture and advertising of patent nostrums; the reduplication of interests of public and private medical health and welfare organizations; the waste of time from uncared for or unrecognized and untreated disease; the multiple profits on drugs and supplies; the services of charlatans and quacks, could be in great part diverted to the support of such an institution. The remaining requirements could be met in one of several ways, through taxes as at present, partially through fees or through a system of insurance. At present the public pays eventually; could it not more easily and cheerfully make this payment if sources of waste were eliminated and the cost more evenly distributed?

Does such a scheme for medical service under state supervi-

sion, State Medicine, Social Medicine, call it what you will, seem unworthy of consideration? Is it visionary, are there too many obstacles to be surmounted before it could become practical? In such a brief outline I may have failed to convey the disadvantages and advantages of such a system. Could not a Bureau, Commission, or Department of Public Health and Medical Services replace or take over the activities of the present multiparious state, county, municipal, endowed and private agencies for the promotion of public health and medical care?

Would not such reorganization and centralization of control of these agencies so reduce the waste of time, energy, and money that we should have sufficient to provide for the sick and maintain the general health at an optimum without serious additional cost?

Such a scheme could involve no more intricacies than does our present chaotic state of affairs. It is not entirely visionary because we have with us many of its elements. It is not entirely untried because most of its propositions have been or are being tried. Is it so far from the present system in England, the social insurance and state medicine of Germany, the social medicine of Russia? In twenty three countries some form of social medicine is in practice, seventeen others are giving it consideration. Social medicine is less than fifty years old in its parent country, Germany. Has it been given fair trial? Has it failed in those countries that have tried it? I do not know, medical and lay publications discuss these facts pro and con with varying observations, statistics and beliefs.

Pro and con, good or bad, we have with us much State Medicine. The future only will determine how great a part it is to play. It has not yet come to supercede the private practice of medicine in the United States. It is doubtful that it will in the near future; but the idea advances. Many medical men favor it. Bills have been presented to state legislatures making provision for such a scheme as I have outlined, in all its essentials. In 33 legislatures bills are pending providing for sickness insurance. Is this a step toward State Medicine?

In the United States at present the system of the private practice of medicine is still supreme, notwithstanding such facts as that one-half our present hospital facilities are controlled by federal, state or local governments and that there is an increasing tendency to invade the field of treatment, heretofore the private physicians prerogative, by state and social agencies.

It is true that the great majority of our physicians are at present educated in schools controlled and provided by the states, but the state has required no particular allegiance in return. Each graduate is, having conformed to certain standards of education, required to qualify for a license to practice. This not only serves to protect the state and the public from unqualified practitioners, but also tends to create for the profession a monopoly. The state requires of the physician the duties it expects of every citizen. In addition it places on him the responsibilities inherent in his profession, that he practice honestly according to the usages and

customs of the profession. A few laws directly concerning the profession exist, but they do not seem to oppress or greatly hinder the practice of medicine. Most of them are necessary for the protection, not only of the public but also of the profession. To a great extent the physician is independent of state control.

The state is invading more and more what has been considered the business of the physician, but it is entirely possible that the activities of the state and social agencies have opened new and larger fields of prospective business for the physicians. Certain aspects of the field of medicine are rightly regarded as prerogatives of the state inasmuch as they are acknowledged community problems. Certainly the profession could not assume the responsibility of the Public Health Service or the control of the problem of tuberculosis.

I fail to see the necessity of further state control of medicine in this country if the profession stays awake on the job. I do not believe that the success of social medicine in those countries that are trying it is yet known so that we should be in haste to accept it. I do believe that the present practice of medicine will be subject to change, but I am convinced that the change must be in the direction of improvement of our present system, or better, in abolishment of our present lack of system. Medical economics and the social side of medicine will require more careful consideration than they have been accorded. In view of the fact that political, economic and social problems are more directly concerning the medical profession, greater effort should be made to inculcate

more generally into the curriculum of the medical school a consideration of these problems.

The profession must present a more united front, not against the state, but against those who for political or selfish reasons are trying to direct state activities and legislation into ways inimicable to the future of the practice of medicine.

The existing organizations of the medical profession must continue their activities and the members must maintain an interest in these activities.

Among the problems that I think will require greater consideration on the part of the medical profession are those contingent upon the final reports of the Committee on the Costs of Medical Care. These, once presented and refused because they were inconclusive and incomplete, as to recommendations for future activity will be available for future consideration and action. Costs in some way must be brought within reach of the great majority of the people and this without further reducing the recompense of the physician.

The education of the public must be advanced and the proper source for education in medical matters is the profession. I feel that the medical profession perhaps too closely is bounded by ethical prejudice against advertising and has failed to make sufficient use of a powerful ally in its fight against its great enemies public ignorance and the charlatan. This should be a function of the medical organization, for the good of the profession as a whole and for

the protection of the public.

The problem of the care of the indigent and near-indigent poor will probably always be with us to a great extent. Why the physician should be expected, because of his traditional charitableness, to assume so much more than his portion of the burden, I am at a loss to understand. I think that by cooperation of local medical organizations with the local organizations for the care of this class that some basis of minimum charges in return for adequate medical care could be arranged, as is being done in many countries at present.


Facing the possibility of the future socialization of medicine the doctor should make it his business to become better acquainted with what socialized medicine may mean to the physician, to be on guard against legislation that may in the future hamper the initiative and restrict the freedom of the practitioner of medicine and to stand firmly behind any movement that will insure the physician his proper place in the practice of medicine and advance the usefulness of the science and art of medicine to the community. X

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