

# The Social Trend In Medicine

ALBERT A. SCHWARTZ, B.S., '40

**I**DEAS are the prophets and forerunners of progress. The ideas of one generation died because better ideas became true and active. It holds for all civilization whether it be church or state, whether farming or business, profession or society. The daughter of one generation is the mother of the next. The ideas of one generation become the progress of the next. One cannot get away from beliefs that live, and the elusive, vast, unseen, moving force that applies them, and that we name progress.

An idea brings new means, methods and details with regard to its application. Lincoln called it "the eternal question of right and wrong." One would seek for it the approval of wisdom, prudence, good judgment, common sense, sound economics and harmony with the basic ways of human nature; and would wish to feel that this idea keeps to the path of human progress. Though it be right and though it be wise, if it does not meet the last condition, it may omit from consideration any relation to society and to the good of the people as a whole. "Social rights are taking a new importance and the whole doctrine of human brotherhood is coming into its own." (Roberts).

In order to understand the great changes that are occurring in the economic and social aspects of medical care, one must at least note the five great ideas that apparently underlie the present social transition. These seem to constitute the impetus of the new epoch:

(1) There is the idea of change. Things are forever going from one state or form to another and are not going to be as they were. "All human relations are in question and have come to some degree of change. Whatever is in these relations is subject to change. The world is now truly a stage and is shifting its scenes rapidly." (Roberts). Everyone sees it, feels it and is wondering about it. This is a forward thing full of ultimate good.

(2) There is the idea of shifting emphasis from war to peace. Much money is spent in so futile an effort as war. Would it not be better to spend the money for social needs and divert the stream of billions from bullets to folks?

(3) There is the idea of shifting the emphasis from isolated accumulations of wealth for the few to the greater economic security for the many.

(4) There is the idea that life should mean a great deal more than the abundance of tangible things. "It seems that there is one bread for the body and another bread for the spirit." We are slowly learning that there is really very little difference between all men, and that the social needs of our fellow men, our neighbors and our friends are being brought to the fore. We should all feel that each of us has a personal responsibility to make the social needs practical and available. "Social needs are knocking at our doors and the days of the social miser are gone."

(5) There is the idea that since science has shown its ability it should now show its availability to the people. "Under the wing of science medi-

cine has warmed and quickened into an art so capable of necessary service that, were its benefits available to all men in equal degree, perhaps it would be accorded first choice among the blessings of the day." (Roberts). How to get adequate, available medical care to all the people is certainly among the first of the social needs of the day.

Just what is the service we call medicine? It is a science, an art and a public function, whose very essence is to serve all the people in terms of health and prevention of disease. The profession has assumed a peculiar relationship with the public; to let those who can afford to, pay; or to treat the indigent free of charge. The public has in its turn assumed just as peculiar a relationship with the physician. (1) That all the sick people anywhere at any time are entitled to medical care. (2) That those who can afford to pay should and those who cannot should be treated without charge, the burden to be assumed by the physician. "Pay if you can—free if you cannot," has been the silent slogan of a silent profession.

These relations developed in the days when communities were rural and very small, and when the doctor had a brief and inexpensive medical education, and very little overhead when once in practice. But times have changed. The medical education of a medical practitioner takes a far longer time and is more expensive than formerly. To qualify as a physician a man must have spent two to four years in college in order to be eligible for admittance to a medical school; then four or five years in the study of medicine; after which a period of one or two years is spent as an interne without any remuneration. This means that for a period of seven to eight years the doctor's family has spent seven thousand to eight thousand dollars. Consider this from a purely business angle. The interest on this expenditure at six percent, which is a reasonable rate, would amount to another seventeen-hundred to twenty-one hundred dollars. During the period the student could have been working and making an average of \$18 a week, which for seven or eight years would have meant an earning of \$6500 to \$7500. Thus a medical education (including premedical) costs approximately \$16,000 to \$18,000. If this were considered as a debt, how long would it take to repay it? The interest alone would amount to approximately \$1000 a year. How many young doctors make that amount the first year in practice? If the doctor were to pay off the debt he would be doing so the rest of his life. No wonder the medical profession is wondering if some other economic plan might not be better both for the patient and for the physician.

How to provide competent medical, hospital and laboratory service for the great middle class is becoming a graver problem every day. Economists state that it requires four percent of the family income to provide the minimum of competent medical care in a family, and this will not include any serious emergencies. If the breadwinner in the family is incapacitated, then an operation and its expense in a hospital will require an amount that the majority of persons cannot afford. Changing conditions from agricultural to industrial economic necessities have changed everything including our point of view concerning morals, women's clothes, housing and feeding problems; and so must the practice of medicine also

be changed so that the great middle class may have all that the rich and poor have been receiving.

It has been said by Lord Beaconsfield: "Public Health is the foundation upon which rests the happiness of the people and the welfare of the nation. The care of the public health is the first duty of the statesman." The physical well-being of the individual or of the people is as important as the material, mental and moral well-being. Health is no less important than education, property or protection. Public health involves not only the narrow field of ordinary services concerned with sanitary and preventive medicine, but includes the care and cure of all illness and injury to the individual. Individual illness not only most often has social-economic primary or contributing causes, but also just as often has critical social-economic consequences, especially to the individual. Disease usually spells disaster to the individual and dependents, and economic loss and disturbance to society.

It is taken for granted that the care of the dependent, indigent, mentally diseased, the tuberculous, the venereally infected and in general those suffering from communicable diseases of much public importance should be at public expense and not by the charity services of the medical profession. Why then should the average sickness not be treated in the same manner? Must there first be a blow at the safety of the public before its citizens are given care?

At present there is a huge governmental expense without the great benefits that would accrue if medicine were put on a socialized basis. For example, there are state or provincial organizations, federal health services, public health, child welfare and maternity, and also various private national societies and institutions of hygiene and medicine with state or provincial branches; the local boards of health with their hospitals for contagious diseases; the school health department; private and public ambulance services; diverse hospitals, municipal as well as private; charitable, industrial, general and special health centers; district nursing societies, Red Cross workers, private physicians and nurses; pharmacists; masseurs; "cultists of nearly 57 proverbial varieties," mediums, quacks, abortionists, herbalists, fakers, and dispensers of "patent" medicines. Does this look as if the money being spent is put to the best advantage for the majority of the people? The fact that there are now in practice such schemes as Contract practice, Group practice, Industrial medicine and Health Insurance leads us to ask, what does all this mean?

It means (1) that the average family can no longer afford to pay for adequate medical care, and this is the vast majority of the population. (2) That the middle class person's income is drained to the utmost when sickness strikes. (3) That medical services have to compete with all other forms of salesmanship known. (4) That Socialized Medicine, "a system of free medical care and practice sponsored and financed by the state, responsible to the state and organized, operated and regulated democratically by the medical and allied professions," must come about if the great middle class as well as the rich and poor are to receive adequate medical care, and if the physicians who practice for them are to be paid.

However much one is in sympathy with the various plans put forth for the socialization of medicine, a careful analysis shows that there are disadvantages as well as advantages. The question arises, can the theory be put into practice? It is admittedly an idealistic plan based solely on theory. Is it a workable scheme? Will it not contain evils of its own which might be worse than those it is supposed to alleviate?

Experience shows that once politics enters a system so does corruption, and the system necessarily suffers. If the medical profession were answerable to the state, then the control of the profession would be in the hands of politicians. This is not at all desirable.

If one were to speak to several of the physicians in the city making free visits to those who cannot afford to pay for medical services, he would learn that the most trivial thing brings in a call "to come immediately". And if it happens that the doctor has been detained and has not been able "to come immediately" he is given a thorough rebuke. This may seem amusing, but in actuality it is a serious consideration, for under "free" medical care there would be a tendency for the people to call the doctors any time and anywhere for trivial reasons. Thus would really needy cases be made to wait, and serious consequences follow. Human nature is a peculiar thing for once something is "free" then advantage is taken and no consideration for others shown.

The all important question as to whether socialized medicine could be put into practice under the present economic system, presents a greater problem than most people realize. Assuming that the socialization of medicine has been brought about, could it perform all the good it is supposed to? It must not be forgotten that the questions of food, clothing, shelter, are vital to the good health of the individual. Much illness would be averted if the people were assured of the necessities, but the fact remains that such is not the economic order of the day. This would seem to indicate that adequate medical care could not be achieved if the other necessities of life are lacking. The organization of medicine is not in itself a thing apart which can be subjected to study in isolation. It is one aspect of a culture whose arrangements are inseparable from the general organization of society.

Whether the prevailing system is allowed to go its own undirected way or whether an attempt is made to impose order and purpose upon it, a chance must be taken. "All life is a chance," and there is no escape from the hazards which attend any institution contrived for the performance of a social function. A resort to palliatives in an effort to make it work can only lead to continuance of the present appalling waste in human resources. The ever increasing number of changes which are taking place and hurrying us to an unknown future is not going to wait while we cautiously tinker and solemnly debate the next step. The truth of the matter is that the haphazard system of private medical practice is a luxury we can ill afford, for we are living in a society in which the lives and fortunes of all are mutually interrelated. Ways and means must be considered for the maintenance of the public health as a public function.