AMA: Graduate Medical Education Plan OK'd, Other Issues Confronted

The American Medical Association is in trouble and it knows it. Its membership rolls are declining. Its influence is eroding. It is facing financial stringencies that are new to organized medicine. The "house of medicine," as its leaders are wont to call it, is in need of shoring up. But in spite of its troubles, it is not in imminent danger of collapse.

Although the habitual categorization of the AMA as an ultraconservative and, therefore, outmoded organization has elements of truth to it—particularly with regard to the AMA's official position on certain social issues—it would be foolish to write off the strength of the association just yet. Though it is clearly not a bastion of liberality, the AMA is trying to assume a realistic posture with regard to certain key professional issues, even though it takes what many of its own members consider an impractical right-wing stand on others.

The AMA is fighting to maintain its viability in the face of powerful pressures to the contrary. From outside its ranks, it is threatened by the spectre of a national health insurance program that, it anticipates, will compromise the traditional privileges of doctors. It fears the emergence of peer review groups in which public representatives as well as physicians would sit in judgment on the quality and cost of health care. It is unhappy about doctors' unions that are springing up throughout the United States, now organizations of uncertain power but growing in number and visibility. It is feeling pressure from students and others who are demanding changes in patterns of medical education.

These were among the troublesome issues that were laid before the house of delegates, the 241-member governing body of the AMA, when the association met in San Francisco last month for its 121st annual convention.

One of the less glamorous but, in the eyes of AMA officials, most important and far-reaching of the more than 160 separate reports and resolutions brought before the house for action was the report of the board of trustees on graduate medical education. In adopting this report, the AMA officially, if somewhat reluctantly, relinquished its sole hold on graduate medical programs and opened the door to what may be sweeping changes in specialty education.

There has never been any overall, coordinated system for accrediting specialty residency programs. Rather, they have existed on a somewhat ad hoc basis, established according to certain essential standards laid down by the AMA. During the last few years, this state of affairs has drawn criticism from students and educators of various persuasions who have argued that the system created what amounted to an isolationist policy in which a surgeon, for example, could pass through years of residency without ever coming out of the operating room to see what was going on in the rest of the hospital. Much of this thinking came out several years ago in the report of the Citizens Commission on Graduate Medical Education—the Millis report—prepared under the leadership of John Millis, then president of Western Reserve. The report was the product of a 3-year study commissioned by the AMA itself, and the association has been discussing it ever since.

Precisely how graduate training will change as a result of the AMA's adoption of what is known as report H of its board is unclear. What is certain is that a number of professional groups will now join with the AMA in determining those changes. "The important thing," AMA executive vice president Ernest B. Howard said in an interview with *Science*, "is that now all the organizations and institutions that can legitimately expect to have some input in graduate medical education will be represented." Two new structures are about to be established—a Liaison Committee on Graduate Medical Education and, overseeing that, a Coordinating Council on Medical Education. Member organizations, each of which approved the plan prior to AMA action, are the American Board of Medical Specialties, the Association of American Medical Colleges (a group concerned primarily with undergraduate education), the Council on Medical Specialty Societies, and the American Hospital Association. Inclusion of the latter group is important, officials point out, in that it formally recognizes hospitals as the site of all the specialty training under consideration and acknowledges their need for some input in planning. In addition, the liaison committee and coordinating council will each have a representative from the federal government and from the public, the former to be named by the Secretary of Health, Education, and Welfare, the latter to be chosen by committee and council members.

Even this year there was some opposition to this plan for formally sharing authority for graduate medical education. Delegates urged rejection on the grounds that quality would suffer if control were wrested from the AMA and that this sharing merely constituted an invitation to eventual federal domination. In the end, however, the majority of delegates agreed with the view of one delegate who said, "The AMA no longer really has the run of graduate medical education anyway. If we adopt this report, we'll just be catching up with reality."

AMA Leery of Peer Review

When the subject of peer review came up, the reluctance of the house to accept what a minority consider the reality in that area prevailed. The epitome of what the AMA finds objectionable about peer review is the proposal to establish professional standards review organizations (PSROs) put forward by Senator Wallace F. Bennett (R–Utah). If Congress passes the Bennett amendment, PSROs with public representatives as well as physicians will be set up on a regional basis to evaluate the quality and cost of care, even to the point of determining such particulars as whether a doctor keeps his patient in the hospital too long. The AMA finds the idea abhorrent and adopted a resolution voicing strong opposition to the Bennett amendment and similar proposals. It is one of the most sensitive issues before the body of practicing physicians, who believe only they are qualified to police themselves and to decide how to do so.

President-elect Russell B. Roth, a urologist from Erie, Pennsylvania, says, "Peer review is still an immature art, not one sufficiently refined to be legislated upon us." Nevertheless, he also sees some value in peer review and

maintains that the AMA endorses the concept, if not the specifics of existing legislative versions of it. "I think peer review is the great white hope for some kind of containment of health costs," he declared, adding that he sees the doctor as "a purchaser of health care in a very real sense. He buys hospital space, drugs, and services for his patient and is in a position to influence costs. He needs to be educated to his responsibility."

Less adamant than some about the idea of a public representative on peer review committees, Roth says that, if the public is going to be spending billions of dollars in health care, it is reasonable to expect it to desire some input to the system. "The public has a valid role," he says, referring to matters of cost reviews, "though that really is a bit separate from *peer review* in the strictest sense."

At the close of the meeting of the house, the delegates, after heated debate, agreed to refer for study a resolution from the New England delegation that defended the idea of a public representative who would participate in cost judgments made by peer review organizations, while leaving the matter of the quality of care to physicians.

Unions: Not Quite Acceptable

In general, the AMA is no happier about the prospect of having to contend with doctors' unions than it is with peer review, although it did not condemn them outright in the end. "I don't think doctors' unions should exist and I'm not even sure that they're legal," declared AMA president Carl A. Hoffman, a urologist from Huntington, West Virginia. "Unionism for the physician would be the very antithesis of individualism."

He sees unions as a sign of the "profound disquiet" among U.S. physicians and of their declining confidence in the AMA. There are 350,000 physicians in the United States today. An estimated 15,000 of them belong to a doctors' union, although no one is quite sure of that figure. In Florida, a doctors' union is working within the state medical society. This year, 1000 physicians joined a union in the San Francisco Bay area; another 500 enrolled in one in Los Angeles. Generally, members say that they are as interested in determining the climate in which medicine is practiced as they are in making money. But the house of delegates and AMA officials are loath to give them sanction. Says Roth, "The principles of unionization do not have much to offer most M.D.'s because they have no lay employers. As I see it, to belong now would mean just one more set of dues to pay. But I suppose they will have to be considered if the situation changes much. Before I could imagine it, though, we'd have to think of an alternative to strikes. Doctors who strike would be striking against the wrong people."

The ethics of strikes and the question of the legality of unions for physicians weighed heavily in the debate that surrounded them in committee hearings and during debate on the house floor. As it wore on, it became apparent that, although there is a general antipathy to unions among AMA delegates, their dislike of the concept is tempered by their fear that, as the federal government's intrusions into the practice of medicine increase, unions may become a good idea. Thus, they twice rejected resolutions to take a stand of utter opposition to unions. Finally, they compromised by referring to the board of trustees a resolution for "establishment of a study commission to determine the most effective legal way to permit collective bargaining and the institution of class actions on behalf of the medical profession in the United States." The idea of unions lives.

National health insurance was, of course, another area of considerable concern to the delegates, although it received less attention than it has in previous years. Certain and continued opposition to proposals such as Senator Edward Kennedy's (D–Mass.), which advocates tying health insurance to the social security system, was promised. Whether the AMA itself will introduce a bill in the next Congress is not certain, according to Roth, who says that the organization may support an Administration bill rather than one of its own. The important point, as he sees it, is that the AMA have "constructive input" to any national scheme, in order to insure that the plan is "rational." Says Roth, "After all, we're the ones who are going to have to implement it."

Perhaps as important as decisions on stands on national issues this year was the AMA's concern with putting its own house in order. For the first time, medical students will be allowed to join the AMA; interns and residents were made eligible last year and had a representative among the delegates this year. This turnabout signals the organization's intent to attract young people to its ranks, if possible, and to reverse the downward course its membership rolls are taking. Outgoing president Wesley Hall, a Reno, Nevada, surgeon, summarized the problem a year ago when he said, "Our association's membership is slipping, in spite of an overall increase in the physician population [see table]. This trend could be serious . . . . You need but look at membership trends in other associations to realize that something is wrong in our own federation." Hall then proposed that the AMA take a good look at itself. It is attempting to do so now through a series of public, regional meetings of the Council on Long-Range Planning and Development that will attempt to find out what is wrong with the AMA. They have been charged with coming up with the answer by next June, and some major internal restructuring may follow.

What AMA officials say they are anxious to do is to maintain (some say restore) the preeminence of the "house of medicine" among physicians and the public. To this end, says Howard, there is one question that must be resolved: "How do you keep a professional a professional? In essence," he mused at the close of business, "this is what we have been talking about all week."

—BARBARA J. CULLITON

AMA membership up and downs.

Physicians	Year				
	1968	1969	1970	1971	1972
Number in the United States	315,688	324,954	334,028	344,823	*
AMA members (including retired M.D.'s, military personnel, and others who do not pay dues)	*	*	214,053	204,580	*
AMA dues-paying members (primarily, but not exclusively, M.D.'s engaged in private practice)	166,156	167,646	168,214	156,199	144,354†

* Not available. † The number of dues-paying members for 1972 is as of 15 June and represents an increase of 4,821 members since 15 June 1971.