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# Changing Climate for Medicine

A generation ago, the practice of medicine was very often ineffective. Today, because of medical research, diagnosis and treatment are greatly improved. However, the government is now deeply involved in the financial and educational sides of medicine, and a deeper involvement, including detailed management of treatment, is likely. We will probably witness episodes in which well-intentioned but shortsighted governmental action leads to long-term destruction. The academic community, which lives with wreckage resulting from the exercise of federal power, should monitor developments in medicine closely. Intervention may become necessary.

The essence of the practice of medicine is in the interaction between patient and physician. In spite of the tools that have been invented or will be devised, medicine will remain an inexact science. The best physicians are highly motivated, highly intuitive. There is no substitute for the conscience of the physician. If conscience and motivation are lost, little will be left. Current developments are placing at hazard these key factors.

Intervention by the Congress and by the Administration has come because of demands of the public that are based at least in part on unrealistic expectations of what can be delivered in the way of patient care. The average person's concept of what is possible medically is conditioned by a memory of miracle drugs and polio vaccine and by accounts of organ transplants and great new medical discoveries. The public expects the best possible medical care but wants it delivered in the style of a generation ago—the doctor appearing at the home with black bag and stethoscope. Some medical problems can still be handled in the home, but to do justice to serious illness, the doctor must be able to employ a full set of modern diagnostic aids and therapeutic equipment. The public also has come to demand that physicians never make mistakes in technique or judgment, as indicated by the current rash of malpractice suits.

Some of the complaints of the public are legitimate. One is the comparative scarcity of general practitioners or primary care physicians. The proliferation of knowledge arising from research has made specialization in medicine seem necessary. Specialization has had the further effect of encouraging concentration of doctors in big medical centers. The result is geographical maldistribution, with rural areas and the ghettos suffering shortages of physicians.

Without adequate analysis, someone dreamed up the theory that the cure for such shortages was to increase the output of the medical schools. It was reasoned that some of the excess doctors would spill over into the shortage areas. The medical schools were treated to the carrot and stick approach. They were put under pressure to increase enrollments and given the inducement of capitation grants, that is, subsidies based on enrollment. To a degree, the treatment has worked. Enrollment today is about 60 percent above that of 7 years ago. However, the graduates have settled in the areas that already enjoyed ample numbers of physicians. Instead of getting at root causes of the problem and offering substantial incentives to practice medicine in less desirable environments, Congress is now considering legislation that would force young doctors to spend 2 years in what amounts to indentured servitude. Moreover, the medical schools now rightly fear that capitation will either be eliminated, causing severe financial distress, or be used as a weapon against the students. One form this action may take is government-imposed quotas on the number of specialists that may be trained. Is the government so wise and foresighted that it can mandate intelligently how many scientific specialists of any kind there should be?

Medicare and Medicaid have also given the government financial power which seems destined to be used to regulate all phases of medical practice. Such details as the length of stay in hospitals are to be prescribed. There is danger that procedures will be standardized and routinized to such an extent that the quality of the practice of medicine will decline.

In these momentous developments, the most important factor of all is being overlooked. How will they affect the motivation and conscience of the physician?

—PHILIP H. ABELSON

Adapted from a commencement address, Medical College of Wisconsin, 25 May 1975.