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Preventive Medicine

To most medical students, "preventive medicine" is a bore. To them it is a repetition of the obvious and, for the most part, an area over which they have little or no control. Smoking, suicide, automobile accidents, polluted water and air, the public's ill-chosen diet, and physical unfitness are a few examples. But when they become physicians, they soon realize they will be blamed for not practicing preventive medicine.

They are told that medical practice is not cost-effective, with no hint of what this means in terms of a patient's health or life. If it costs, say, \$75,000 a year for a germ-free room in which a child lacking immunoglobulin must live, is it worth it? You tell me whose child it is. With the advent of government-subsidized medicine through Medicare, how does the doctor, the patient, or the third-party payer decide what is a necessary medical procedure? Should doctors not practice "defensive medicine," which in the old days—that is, before 1960—was the art of covering all contingencies?

The public assumes that the some \$118 billion expenditure for health brings better health, and for the most part they are right. If minor ailments go untreated, all too often a major illness follows, and the chance of a cure is lost. Not only that, the physical discomfort of patients is often immeasurably increased. Few itches are ever reflected in the mortality tables but for the patient it seems they ought to be. Hypertension causes no symptoms in its initial stages and therefore treatment often seems superfluous to the patient, but to ignore it is to invite long-term trouble. Is this cost-effectiveness? How could we have so quickly forgotten the conquest of most bacterial infections, along with a viral disease such as polio? Is that part of medical practice not beyond cost?

The chief problems of preventive medicine are two: (i) to prove beyond doubt that such modalities as exercise, low-fat diets, and a 55-mile-an-hour speed limit are cost-effective, and (ii) to persuade a pleasure-loving, affluent, and undisciplined society to accept the necessary warnings. It is not for want of trying that various government agencies and private organizations, such as the American Heart Association and American Cancer Society, have had so little success in terms of the mortality tables.

Thus, man-made environmental hazards are the greatest threat to human life. People perversely seem to prefer to teach their children violence on the television screen, and thereby add to suicide and crime, than to give up the questionable pleasure of a nightly fare of murder and implausible detectives. Ann Somers* stated that in 1973, 18,032 Americans between 15 and 24 years of age died in auto accidents, 5,182 were murdered, and 4,098 committed suicide—15 percent more deaths by violence than in 1960 and 1961. The culture of violence is now a major threat and is seriously contributed to by television's daily fare of "entertainment."

In the days when we had a surgeon general, who usually was neither a surgeon nor a real general, even though his authority was great, a stamp of disapproval was required on every cigarette package and advertisement warning the smoker that smoking was a dangerous business, but this has had little effect on the billions of cigarettes consumed by the American public.

It is time that politicians and public alike realize that preventive medicine is seldom an issue that doctors can influence except through giving advice, usually neither wanted or accepted. The mortality statistics are not a measure of the good that physicians do. If you do not know this, you have never been seriously ill. I have never determined what wisdom and compassion and the giving of hope were worth. Come to think of it, they are not for sale. —IRVINE H. PAGE, *Research Division, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, Ohio 44106*

*A. Somers, *N. Engl. J. Med.* **294**, 811 (1976).