News and Comment

AAMC: A Broader Leadership Role in Health Education Prescribed for Association of Medical Colleges

The Association of American Medical Colleges in recent months has published a report carrying recommendations for sweeping changes in its role and has opened a Washington office—two signs that the AAMC is seeking to hasten the process of organizational evolution.

The 75-year-old association plays a central part in the education of physicians, most directly through sponsorship of the Medical College Admission Test and by sharing with the American Medical Association the responsibility for accrediting medical schools. Membership in the AAMC is, in fact, a necessary part of the accreditation requirements.

A constant refrain in the report, *Planning for Medical Progress Through Education*,* is that, because developing trends in medicine require that training in disciplines outside the traditional boundaries of physician education be included in academic medicine, the university must assume increasing responsibility for medical education.

The report specifically recommends that the AAMC assume more active leadership in the field of health education in general. To accomplish this, fundamental changes in the structure of the AAMC would have to be made, since membership is now held only by medical schools and the association has always been, in effect, a society of medical school deans.

At the level of ideas, the report makes a strong appeal to those responsible for education in the health fields to respond to the "quantitative as well as the qualitative needs" of the country for health care and personnel. Without ever being spelled out in detail, the theme of filling social needs is a strong one throughout the report.

Chief author of the report and director of the study on which the report was based is Lowell T. Coggeshall, vice president of the University of Chicago, a noted proponent of the importance of teaching basic sciences in physician education and an influential member of AAMC. He was assisted by a planning committee made up of the following members: William N. Hubbard, dean of the University of Michigan Medical School; Michael DeBakey, professor of medicine at Baylor Medical School; John E. Detrick, dean of Cornell Medical College; Clark Kerr, president of the University of California; George A. Perera, associate dean of the College of Physicians and Surgeons, Columbia; and Robert Berson, former president of the AAMC and now the organization's executive director. Ward Darley, who was executive director of the association during the period of the study, served as an ex officio member of the committee. The management consulting firm of Booz, Allen and Hamilton acted as consultants and provided staff, and the study was financed by the Commonwealth Fund.

The report includes a brief history of medical education in the United States, provides an account of current trends in medicine, and suggests action that might be taken to meet developing needs. Detailed recommendations are made in areas now or potentially in the purview of the association.

The report notes that in the past half century and particularly since the war, advances in science have greatly changed both the substance and the form of the practice of medicine. Rapid growth in population and shifting patterns of population concentration have created new problems at a time when rising income and an increasing sophistication in medical matters on the part of the public has kindled a kind of revolution of rising expectations about medical services.

Increasing specialization resulting from gains in medical knowledge and improvements in medical technology—and from the demands of the public—has tended to shift the locus of a diagnosis and treatment more and more from the patient's home or the doctor's office to the clinic, the hospital, or the nursing home. The report acknowledges that, in view of demand, supply, and cost factors affecting medical services, the productivity of the individual doctor must be raised, and it suggests that this can best be done through greater use of the medical "team" headed by the doctor.

However, the report makes no bones about a need for more and better-prepared physicians as well as for more persons in related health professions and occupations. The legacy of the famous Flexner report which appeared early in the century was the reform of the medical schools and improvement in the quality of research. The new report argues that "the need of the future will be for the field of medicine to assume responsibility for meeting quantitative as well as qualitative needs of the nation and the individual states and communities."

The report makes a frank acknowledgment of the present inability of the medical schools to educate enough physicians to meet demands. The concern of the AAMC over this failure was reflected in testimony by its executive director, Robert Berson, appearing before a congressional committee 2 weeks ago, in favor of amendments to the Health Professions Educational Assistance Act passed in 1963. The amendments would add a program of scholarships for students and extend provisions for student loans and for construction of teaching facilities in schools of medicine, dentistry, and other health professions.

Berson pointed out that, of the total number of new licenses granted, the percentage granted foreign-trained M.D.'s had risen from 5.1 percent in 1950 to 17.5 percent in 1963. The percentages of foreign-trained physicians filling internships and residencies rose, for internships, from 10.3 in 1950 to 26.6 in 1963, and for residencies, from 9.3 in 1950 to 23.9 in 1963 (a high point of 28.8 percent for residencies was reached in 1960).

The report, however, goes beyond the crisis of numbers, saying that "increasingly, society is looking to the medical profession to assume responsibility for providing the health care that the scientific advances have made possible and for which members of society desire to pay. More and more,

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there is a bringing together of society's responsibility for the health needs of the individual and the ancient Hippocratic responsibility of the physician. There is declining emphasis on the nineteenth century entrepreneurial philosophy of the physician's responsibility."

While this has an evangelical ring, the report makes the pragmatic suggestion that failure on the part of those responsible for medical education to do a better job of appraising the needs of society for health care and moving to meet these needs will have an adverse effect—"that it will invite—even make necessary—less desirable approaches to meeting the health care needs of a growing America." Specifically, the report sees the possibility of the re-emergence of medical schools of marginal quality and states that "the intervention of the government to see that emerging needs are met and to provide the means for meeting them is an even greater likelihood."

The AAMC attitude toward the federal role in medical education is, on the record, quite different from that of the American Medical Association, and from this difference has stemmed an increasing divergence of policy views between the two major components of organized medicine in the United States.

Some observers have interpreted the report as a sign of a schism developing in relations between the AMA and the AAMC along a conservative-liberal fault line. To push this interpretation too far would mean ignoring the important fact that the two are different kinds of organizations with differing interests and, to a significant degree, different constituencies in terms of influential members.

Largely in Harmony

The AAMC collaborates with the AMA Council on Medical Education on medical school accreditation, and the two groups, plus representatives of the American Hospital Association and the Federation of State Medical Boards, jointly supervise internships and residencies. AAMC's relationship with the AMA council on education reportedly has been a generally untroubled one, and observers see no reason for serious difficulties in the future.

Frictions have developed, however, in those areas where the AMA council on education has been bound by policies or attitudes of the AMA's House of Delegates which apply, perforce, to all branches of the association. The AMA, for example, has tended to disapprove of prepaid medical service plans such as those sponsored by some unions and has taken a dim view of the appointment of "geographical full-time" medical staff members in teaching and research hospitals who are paid a fixed salary rather than salary plus fees for services.

On questions of federal aid to medical education the AMA has acquiesced to federal support of research (with the payment of research assistants which that implies), and it declared itself in favor of federal funds for medical school construction on a "one shot basis" and so long as no federal control was involved. In 1963 when the Health Professions Educational Assistance Act was passed the AMA declined to take a position for or against a federally financed loan program for medical students, and it has consistently opposed federal scholarship programs.

The AAMC on the other hand has only in recent years taken stands on legislative matters. It has favored expenditure of federal funds to support medical research and for medical school construction, student loans, and scholarships—in other words, has supported federal aid to medical education across the board.

For an explanation of differences in philosophy between the two associations, one need not go far down the road of sociology to observe that the AMA House of Delegates is dominated by men who have attained a measure of success in the private practice of medicine while AAMC policy reflects the views of the influentials of academic medicine.

The AMA policy-makers typically are older men who may have been financially and intellectually on their own for many years. Many of them work brutally long hours and make good money, although overhead and taxes reduce their net and they face bleak prospects if their health should break. Suspicion of the federal government, especially where it may impinge on the medical profession, is not an uncommon sentiment among them.

Medical school faculty members are generally situated more securely though without, perhaps, the fuller opportunities for affluence open to the private practitioner. Those in academic medicine also have access to the material and intellectual fringe benefits associated with membership in a university community. They are constantly confronted with the problems caused the individual medical student by the high cost of medical education, and they know at first hand the difficulties of finding funds for buildings, equipment, and salaries. Most members of medical school faculties have gotten some portion of their training under federal auspices and are accustomed to relying on federal research-supporting agencies for grants. The federal government, to them, is not so suspect as it is in other sectors of the medical profession.

It is worth emphasizing that when the Coggeshall report urges that the AAMC assume greater leadership, the reference is to medical education, not to the broader economic and social fields in which the AMA operates.

If the AAMC is to become "a meaningful voice for medical education" it must alter its relations with other organizations in the health field and its relations with the federal government. To extend its influence, as recommended, across the whole spectrum of medical education—premedical training, medical school, internship and residency training, and continuing education—the association would have to develop, at the least, a new, closer liaison with such organizations as the American Hospital Association and the numerous medical specialty groups. Presumably, space would have to be made on AAMC's governing board for representatives of such organizations.

The Federal Front

On the federal front, the opening of an AAMC office in Washington raises the question of what national associations are inclined to call legislative relations and other people call lobbying. Most Washington offices of professional or educational groups provide information on pertinent legislative issues to constituents and also furnish expert testimony and information to Congress and federal agencies on matters of interest to them. But there are two main styles of effective operation. The first emphasizes political action, and the AMA, the labor unions, and some trade associations are generally regarded as leading proponents of this style. Their activities are most visible around election time, when campaign funds are raised for friendly candidates and organization activities down to the precinct level are carried out against candidates regarded as unfriendly.

The other style is perhaps best exemplified in the activities of the National Association of State Universities and Land Grant Colleges. That associa-

tion, like the AAMC, has a homogeneous membership and might serve as a model for it. The land grant colleges association, however, has long experience and a smooth policy-making apparatus and is accustomed to reacting to early warnings from its Washington outpost and to making its views known in Congress and the agencies in ways which are effective.

The AAMC is a political fledgling but it would appear to be operating—as representing teachers of the healers—in a friendly climate in the Capital. The recommendations in the report are just that—recommendations; now the association will have to decide what it wants to do and be and then move on to the much more difficult task of transforming itself.—JOHN WALSH

Population Politics: New Bill Introduced by Gruening Brings Birth Control Issues to Congress

In the last few years the subject of population planning has had something of the character of an amphibious beast able to tolerate periodic surfacing but basically more content to be left submerged. It was only 1959 when Eisenhower pronounced the subject of birth control "emphatically . . . not a proper political or governmental activity"—a position largely, though quietly, reversed by Kennedy, who made known the government's willingness to assist population-planning efforts in underdeveloped countries. But while the Kennedy and Johnson years have witnessed a tremendous expansion of public debate on the subject of birth control, and a disappearance of the kind of acrimony that formerly made debate impossible, the change has been more in the atmosphere than in the institutional arrangements by which the government might promote a hard assault on the basic problem of skyrocketing domestic and world population.

Two government agencies, the Department of Health, Education, and Welfare (HEW) and the State Department, have experienced modest expansions in various programs relating to population, in the domestic and foreign arenas, respectively. Additional agencies have also become involved; the Office of Economic Opportunity, for example, better known as the poverty program, is permitted under certain conditions to give aid to local communities working on birth control programs. But, in the main, agency programs have been timid, and undertaken as unobtrusively as possible, in part because of lingering doubts among politically sensitive administrators that President Johnson really meant his promise, in the State of the Union message, to "seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources." Except for occasional departures, such as the debate on the foreign aid bill in 1963, when Congress explicitly allowed funds "to be used to conduct research into problems of population growth" in underdeveloped countries, most politicians also have remained studiously aloof. So, despite an upsurge of public interest and a series of clarion calls from private groups active in population affairs and from such prestigious bodies as the National Academy of Sciences, there has been little movement toward developing a positive governmental policy that would underpin more intensive agency efforts either in the U.S. or abroad.

Now Senator Ernest Gruening (D–Alaska) has decided that the time has come for the government to lay aside its remaining squeamishness and let the issue surface permanently. Gruening, whose interest in birth control dates back to an early association with Margaret Sanger, has introduced a bill, which he refers to as the "birth control information bill" (S. 1676), calling for the creation of an Office for Population Problems in both the State Department and HEW, each headed by a new Assistant Secretary, to oversee a substantial expansion of government activities in the population field.

In keeping with the priorities conventionally assigned the population problem, the Gruening bill appears to give more emphasis to world population conditions than to the domestic situation. The preamble to the bill states, for example, that "those nations in which population growth is most extreme and where the problems arising from such growth are most acute are, because of economic, technical, and other considerations, also the nations least able independently to cope with such growth and the problems connected therewith." And it points out that "past and present efforts on the part of the United States in cooperating with and assisting nations desirous of dealing with urgent population problems with which they are confronted have not been sufficiently effective." As one line of remedial action, the Assistant Secretary of State for Population Problems would be explicitly authorized to "make available to recognized scientific and medical authorities in foreign countries, upon the request of the governments of such countries, information and assistance pertaining to medical and other aspects of population growth problems"—a provision which has no precise parallel in the section of the bill dealing with domestic programs. The functions of the HEW population office would be limited to a continual "review . . . [of] the health and medical programs of the Department insofar as they relate to the problems of population growth and health with a view to coordinating and improving such programs, as well as to determining the need for additional programs which relate to population growth and health."

The domestic section is a bit weaker than the foreign section also in that the Office for Population Problems is to be headed by an Assistant Secretary for Health, Medical Services, and Population Problems, who will take over the functions currently performed by the Special Assistant to the Secretary (Health and Medical Affairs), while his counterpart in the State Department will presumably be allowed to give full attention to population problems alone. With those key exceptions, however, the provisions for the two departments are essentially similar, having to do in large measure with the collection and dissemination of information on the activities of U.S., state, and foreign governments in the birth control field, and with encouraging the development and flow of new information.

Although the bill prescribes in detail a great number of specific tasks, the underlying point of the legislation is simply to provide some administrative

A Federal Agency "First"

The Department of the Interior will become the first federal agency to offer direct advice and service on birth control, according to an announcement last Saturday. Three departmental agencies have been directed to offer guidance on family planning and birth control, including provision of contraceptives, to American Indians on reservations, natives of the Pacific Trust Territory, and Indians, Eskimos, and Aleuts in Alaska.