

# Book Reviews

## Crisis in the Health Field

**Men, Money, and Medicine.** ELI GINZBERG, with Miriam Ostow. Columbia University Press, New York, 1969. xii + 292 pp. \$8.50.

The \$60-billion health industry now encompassing some 3 million health workers is increasingly described as disorganized and in crisis. Stimulated by a complex technology and the need for extensive paramedical personnel, medical care prices—and particularly the costs of hospital care—have skyrocketed. Increasing government expenditures for medical care—\$9.6 billion in 1969 for the Medicare and Medicaid programs alone—have been significantly absorbed by inflation. With growing organization and militancy among hospital workers, many of whom are from minority groups that have been underpaid for decades, there is little prospect of a change in the cost trend. At the same time, the health industry is faced with growing consumer demands for more and better services, more equitable distribution geographically and in respect to the poor, and better preventive and personalized services generally.

This volume of essays by Eli Ginzberg, a longtime student of manpower problems, with the assistance of Miriam Ostow, critically evaluates the growing educated consensus among professionals concerning the "crisis" in the health field. The authors pose as realists, seeing future developments as occurring within the context of our political system, "which stresses freedom of choice of work, and the realities of our economic system, which places heavy reliance on competition in the market place." Their perspectives are thus limited, but sensitive to the historical and human factors that make radical change so difficult to effect. A pervasive theme throughout the essays is the need to use facilities and human resources more efficiently: eliminating duplication, controlling manpower attrition,

and developing rational hierarchies of health occupations that facilitate job mobility and make efficient use of women, who predominate numerically in the health occupations. Although loosely argued and poorly documented, these essays raise abundant issues and dilemmas, and if the authors' views are at various points carelessly developed they are nevertheless provocative and stimulating.

Access to medical care is increasingly viewed as an inalienable right, and the health sector has witnessed tremendous expansion in recent years. But people's health and welfare are dependent to a much greater extent on the quality of the life they live than on the availability of medical care. As the authors rightly note, medical care is largely supportive and ameliorative, and many of the largest risks to health and life are not subject to significant medical intervention. Medicine makes a difference primarily at the margins, and expenditures for better nutrition, housing, and environmental services may contribute more to health than would further "overdoctoring."

The authors develop certain "realities" that they feel other commentators fail to take into account. They argue that, although sentiments may have some impact, the distribution of services is responsive to the market place and the rich can always command preferred services. Government financing can shift the relative position of various groups, but it cannot equalize the claims of all citizens so that need rather than income will determine who gets what. In their view such controls can only come from direct supervision over health workers, and the authors see this as neither desirable nor politically feasible. In short, in their view equitable distribution of medical care in America is impossible without "profound structural alterations . . . in our free-market economy." At best we can mitigate inequalities by "judicious interferences,"

but the idea that we can solve these problems by more federal money is "social fantasy."

One might regard these essays as a penetrating, if not radical, critique of the inability of our system to provide medical services in response to need, but the authors' repeated testimonies to the historical commitment to "the doctrine of freedom of choice of work" leave them limited options for reform. The basic context of their recommendations is a need for planning and greater efficiency and particularly good hospital management, but they also endorse a variety of specific suggestions that have been advocated for many years. To deal with the maldistribution of health professionals, they suggest federal scholarships tied to a term of service following graduation. They advocate the upgrading of public health nurses to provide primary care in isolated areas. For the urban poor they argue that present facilities be strengthened and be made more efficient, inasmuch as the large hospital outpatient clinics may provide better medical care than do private physicians. Although critical on other matters, they accept without serious questioning the popular myth that the indigent often receive good health care. (As Duff and Hollingshead's study of a distinguished teaching hospital illustrates, technical proficiency is not synonymous with good health care.) They also suggest an urban nursing corps of home visitors and better health programs in the schools. For the middle classes they offer improved "major medical insurance with reasonable deductibles and co-insurance." Although they recognize the tremendous importance of quality controls, they come up with the usual ineffective remedies—"statistical reporting and evaluation through continuing education for doctors and greater efforts to associate every practicing physician with a general hospital"—advocated by those who are unwilling to entertain any intrusions on the doctor's autonomy.

But let us not quibble, for there is much common sense in many of the specific reforms proposed. The overall logic of the authors' approach, however, rests on a set of contradictions which they recognize but neglect. While they note that medical care is largely supportive and primarily effective at the margins, they observe increasing utilization of medical services among those with increased income and better

health, and greater concern than ever about the availability of such services. While they recognize that mental handicap, mental illness, and other chronic conditions constitute major health challenges, for the most part they give little attention to the incorporation of care for such problems in their efficiency model of health services. Populations have sought the help of physicians for centuries, and during much of this history the probability of doing more harm than good, technically speaking, has been very large. But throughout history the doctor has performed not only a technical role but also a sustaining function, offering hope and support to those who have no place else to go. With increasing impersonality in modern society it would be a tragic mistake to assume that this aspect of medical care is no longer important. A medical care system organized to achieve maximum productivity and efficiency through a highly specialized division of labor may be ill-suited to meet these needs.

Much of the work of the health professions is a response to the problems that people present and the conceptions they have of medical services, and many of the efforts of the doctor are devoted to what in olden times was called the "art of medicine." No matter how irrational such demands may be or how ill-suited to the scientific character of the modern medical image, they are there and they must be dealt with; and there are still some doctors who view such functions as basic to good medical practice.

The position of the authors that the doctor shortage is highly exaggerated given the substantial growth of ancillary health workers in recent decades is convincing only if one conceives of the doctor as a very limited health technician. But this is not the image of the doctor that most people have or want, and it is not at all clear that it is an image that particularly fits the human needs of patients. The proliferation of new health professions reflects as much the dominant technical orientations of medical practice as it does the rational organization of an effective system of medical care. Ginzberg describes the tremendous expansion of clinical laboratory personnel, but he does not inquire as to whether this expansion is a balanced one or whether it in part reflects distorted medical priorities.

The nature of our investments in medical care in the future will depend

on the values we promote. Ginzberg and Ostow accept gross inequalities in medical care and different systems of medical care for the rich and the poor as a reasonable and permissible cost of preserving the autonomy of the professional in respect to where and how he practices. Although fully appreciative of the irrationalities and inefficiencies that result, they see little sign of public intolerance toward entrenched professional institutions. There is, however, significant dissatisfaction among minority segments of the population concerning the medical services they receive, and it is not at all clear that they are ready to accept what they regard as "lesser professionals" and "lesser services" than those available to other citizens. That the form of these services may not make much difference to health and life is not crucial, for the consequences flow from what men define as reality, not from reality itself. Similarly, with increased inflation in medical care prices and persistent problems of maldistribution of resources, it is not inconceivable that others will support growing protests about the organization and distribution of medical care. As such voices become organized, they will be heard by government, and the third of the medical-care dollar that government provides, if used judiciously, will be no insignificant wedge in the health industry. We are a long way from anything resembling a revolution in medical care, but I, for one, am not betting on the status quo.

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## Evolution of the Americans

**The Civilizational Process.** DARCY RIBEIRO. Translated from the Portuguese by Betty J. Meggers. Smithsonian Institution Press, Washington, D.C., 1968 (distributed by Random House, New York). xviii + 206 pp. + plates. \$6.50. Smithsonian Publication 4749.

This is the first in a series of four volumes in which the author will deal with the processes of formation and the possibility for self-advancement of the American peoples. In this volume he sets the stage for his subsequent volumes by synthesizing the last 10,000 years of human development. To facilitate this overwhelming task he correlates major technological, economic, and social rev-

olutions with various historically connected stages of cultural development. Thus he begins his synthesis with the Agricultural Revolution, which saw the establishment of Undifferentiated Agricultural Villages that led in turn to Privatistic and Collectivistic Rural Craftsman States and Nomadic Pastoral Hordes. Later in history, to give another example, he cites the Mercantile Revolution that resulted in the growth of Capitalistic Mercantile Empires, Salvationist Mercantile Empires, and various forms of colonialism. The synthesis ends with the Thermonuclear Revolution and Future Societies.

Ribeiro states his theoretical position as follows:

1) The development of societies and cultures is regulated by an orientational principle originating from the cumulative development of productive and military technology; 2) certain advances in this technology represent quantitative changes of a radical character that make it possible to distinguish stages or phases of sociocultural evolution; and 3) these progressive technological stages correlate with necessary, and consequently uniform, alterations in social organization and ideological configuration [p. 6].

Thus social organization is ultimately determined by the mode of production.

Ribeiro has managed to summarize 10,000 years of history in less than 100 pages. Although he frankly concedes that this is a trial formulation, one wonders if he has not sacrificed accuracy for simplicity and explanation for description. He sometimes merely announces that things happened (for example, "new industries appeared"), and he often misuses ethnographic analogy to flesh out his speculations. With reference to the early cities he says, "A deep-rooted hostility developed toward city populations, based on the notion that urban residents were incapable of doing real work, and that they lived by exploitation of the peasants, and were consequently responsible for the latter's misfortunes, including wars and pestilences" (p. 42). This conclusion is based on anthropological studies of modern peoples, and their relevance to emerging states 5000 years earlier is not clear. Perhaps here, as elsewhere, Ribeiro tries to compress too much history into too narrow a format. The specialist will remain unconvinced when he knows of no primary evidence supporting many of Ribeiro's assertions.

It would be possible to cite a number of examples where Ribeiro's exposition confuses cause and effect, and others where his argument is tautological: "With the passage of time both Privatistic