

# Health Insurance and the Doctors

By BERTRAM M. BERNHEIM

WITH a global war at its height—or approaching it—and men's eyes turned hopefully toward a future in which class and wealth will play less important roles and where the fundamentals, of which illness is one, will, in the nature of things, have first consideration, the medical profession will be well advised if it takes a more realistic attitude than has been its wont.

Disease and death, suffering and invalidism wait on no man and it is becoming increasingly evident that the best, indeed the only way to deal with them is by attack—constant and relentless. Vaccination, antitoxin, serums, sanitation, the wondrous sulfa drugs have worked miracles and brought honor to the medical profession. Without them modern society could not exist, trade and industry could never have developed as they have, and man would still be at the mercy of enemies made more dangerous even than the Germans and the Japanese by the very fact of their being unseen and in great measure intangible.

Yet the attack has not been intelligently directed and the vast number of underprivileged ill have been permitted to get along as best they could. We didn't know how widespread this neglect was until a few short years ago and only now is it beginning to dawn on us that, if for selfish reasons only, we had better give the matter serious attention, determine causes and effects, and make changes accordingly. To let a man sicken and die for lack of medical attention simply because he is poor and can't afford a doctor or because he lives in an outlying district where no doctors are available offends a social consciousness that at long last has been aroused to action. The man who had the money to pay his way and buy what he wanted always got

service, whether medical or otherwise and he still gets it, but his brother of meager means or perhaps none got little and still gets the same amount.

"We have built nice hospitals and the good doctors are there to tend your ills—giving their services free—come and get it," says society to the poor man and, unctuously thinking it has done its full duty, forgets him, or did until it was discovered that the poor fellow wasn't availing himself of the crumbs thrown him, and for good and sufficient reason. Hospitals were too few and chiefly in larger centers of population; the hours of doctors' attendance were also too few and not too well observed; the whole business took far too long—so long that mothers and wives couldn't leave their homes and children, while husbands couldn't lose the time from their jobs; night clinics were practically unknown.

In outlying districts, more especially in rural areas, hospitals were rare, doctors were few, they made a precarious living working long hours and couldn't afford to do too much work for nothing. Furthermore, the newer, better-qualified, younger graduates in medicine weren't falling all over themselves going into practice in these sparsely settled regions where people were poor, money was scarce, and schools, libraries, movies and other cultural advantages were practically non-existent. Dear old stupid society hadn't the temerity to tell the poor of these outlying districts to "come and get it", because it knew well it hadn't made provision and service wasn't there.

There can be little question that attack on the problem has been seriously hampered by lack of knowledge concerning the best methods of approach, by politics, finance, the medical profession's innate conservatism, custom, and, finally, its fear of governmental supervision. That the matter should and could be considered purely and simply as a business pro-

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position with advantage to all never dawned on anyone, least of all the doctors because illness and medical matters never had been so regarded and men's minds always have trouble cerebrating in unaccustomed channels.

Yet illness and medical attention, doctors, their education, scientific endeavor are business and, regardless of the inherent human values, the only sensible approach is along that line. Until society realizes that and takes the realistic view, until the doctors adopt a similar attitude, little progress will be made and the sick, more especially the poor sick, will be the chief sufferers. That is the blunt, inescapable truth, and the issue is only obscured by those doctors and laymen who continually mouth organized medicine's formula of fee-for-service-rendered, free choice of doctor, sacred personal relationship between patient and doctor, and other features that are equally unimportant for the masses.

No one in his right mind objects to people choosing their own physician anymore than he decries or makes light of the fine relationship existing between the sick and their doctors, but only the minority have had this because they were the only ones who had the money to pay for it. The poor sick who warm the benches of hospital dispensaries and fill the beds of hospital wards take what they get and like it, while poor Mrs. Smith of the back alley and a flock of kids with runny noses and no money never did have a regular doctor who came to her home, got none of that beautiful personal relationship too many people of the wealthier classes and too many doctors lay such stress on, and made out as best she could.

This doesn't mean that the doctors who care for the sick of hospital dispensaries and wards are not sympathetic or give little personal solace and comfort to their patients—for they do, in so far as time and their manifold duties permit—and it doesn't mean that the poor Mrs. Smiths never have a doctor come to their homes. All it means is that the poor sick—and they are in the vast majority—have little

say in choice of physician, never have had, and if the present system continues to prevail never will have. They haven't much say, once they are in the hospital, about the line of treatment, either, and that is because there are too many of them, doctors are too few, and it just isn't possible to give individual service.

I believe in looking matters squarely in the face and in that connection ask how much choice of doctor people who live in outlying districts, where there is only one doctor, or maybe two or, at most, three, get and how much comfort and personal relationship. Distances and costs are such that they only call their doctors when desperately ill and the idea of prevention by early and frequent visits is all but totally non-existent. They don't budget for illness, either, and I'm one doctor who doesn't blame them. Making barely enough money to keep body and soul together and provide a few comforts, the funds most laborers—yes and white collar workers, too—could put by for illness would be so insufficient to pay our present high costs as to make a mockery of their efforts.

But they won't need to budget and sacrifice and deny themselves their scant comforts if we ever get this medical business down to a sensible basis and they won't have to feel ashamed, pauperized, at not paying their way. They'll have far more doctor choice and general say in the course of their ills, too, than they now have and it is my belief that once the thing gets going properly—it will take time—the general run of medical care, instead of being poor or bad as so many people profess to believe, will be better. I even believe, and more doctors each day are coming to feel the same way, that while the few medical men who now make great sums in private practice will probably suffer, the average doctor will make a better living, he will have a financial security he never had before, and his work will be more satisfying.

Nor do I advocate State medicine or the complete elimination of private practice of medicine. So long as the capitalistic system prevails—and I am one who be-

believes and hopes it will, even if perhaps somewhat modified—there will be people who have more money than others and if they wish to engage private physicians that should be their right, and such doctors as wish to practice alone should be permitted to do so. For the rest, the millions, there should and can be several different kinds of medicine, chief among which will probably be groups of doctors who, organized in a business way and on a business basis, and housed under one roof with one set of instruments, apparatus, laboratories, technicians, secretaries, and even hospitals, can care for huge numbers of families on an extremely low cost basis. There are a number of such groups already, some more complete than others, and, as time passes, more are being organized.

To pay the costs for membership in such a group—large or small—there should be some form of insurance and since experience has shown that too many people will not voluntarily join up they should be made to. Compulsory insurance is the only way and the gainfully employed should pay part, the employer part, and the State or Government part. It goes without saying, though, that the unemployed must also be covered and if they have no funds the State must pay the entire cost until they are employed. It is also important to realize that the employee's wife, children, in fact his entire family, must be covered, because that is only human and if the truth be known the good health of the worker's wife and children makes for better work and less absenteeism.

Society has been a long time seeing this thing in its true light and isn't any too clear about it yet. To cover the head of the family only, or the worker, is ridiculous and we only kid ourselves because when the wife or the children get sick—as they do—they must have care somehow, some way, and if there are no funds or provision for doctor or hospital they must either suffer and die or go on the charity lists. In the first instance it is not only cruel and inhumane but if it is an infectious disease—as it not infrequently is—

society is endangered, while, in the second instance, society pays the bill anyhow.

But what interests me as a doctor and should interest all doctors is the complete elimination of all free work. That has always been a sore spot with me, and I never could understand it. Why society expects me to do its charity medical work gratis simply because I'm a doctor when it doesn't expect others to work for nothing in their respective fields is beyond my comprehension. Department stores don't give society's poor clothes for nothing and grocers don't give them food. It's just a custom, this giving of medical services free and has been going on so long that society has come to regard it as its right—and doctors let it pass.

But it never worked very well, certainly not since medicine became more complex and the one doctor didn't know all, like he used to, and therefore couldn't do all. And since society wasn't paying for its work it had little control over the doctors and lots of times and in too many ways they didn't feel under great obligation to attend clinics or go too much out of their way—especially if it meant the loss of pay patients. I think society exploited the doctors and got far more than it deserved, but the system was bad. Doctor, lawyer, business man, it matters not who, has the right to do his own charity in his own way and society has no right to demand more of one than of the other. In recent years doctors have carried a heavier burden than any other single group.

Perhaps I should say that I was never one of those who felt that experience was ample pay for the privilege of working in hospital wards and dispensaries. One can get just as much experience if he is paid. It takes some ten years to make a doctor and it just doesn't make sense to ask, insist that the man who has worked that long and arduously to perfect himself in his profession go out into a cold, unsympathetic world and wait for a practice, while putting in hours and hours, whole days working in the clinic for nothing. Having done this nearly forty years and seen how inexcusably wasteful, not to say

ridiculous the system is I think I have a right to speak freely. That doctors took it lying down is evidence supreme that they do not know what it is all about.

One of the most important features of compulsory health insurance, and the least appreciated, is that it literally guarantees doctors a living from the moment they graduate. They should welcome it, therefore, because it certainly means betterment of their status. Whether some will work on a full-time basis as salaried men or part-time with the privilege of private practice, whether they

will be paid very small amounts—a few cents, perhaps, in the clinic—for each patient they see, whether their groups will make the charge and they, as members, will receive salaries or their pro rata, or whether some other form or method of remuneration will be employed, the fact remains that they will receive pay for all the work they do, people will have a right to medical care and attention, the State will have a right to better allocation of doctors, medical centers, small and large, will be more strategically located, in short, society as a whole will be uplifted.

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## Mental Hygiene and Reconstruction

By W. D. Ross

**WAR** accelerates change. We are well aware of an acceleration in social and economic change occurring with the present war. The general public may not be as cognizant of certain changes in emphasis in medicine which are becoming more evident with mobilization of manpower. The problem of selecting individuals most fitted for the efficient prosecution of highly technical warfare has necessitated an increasing consideration of psychological and psychiatric techniques by military medical services. The stresses of war-time dislocation of life have added to the accumulating evidence concerning the influence of situational and personal factors on physical health—the field of psychosomatic medicine. Both in military and civilian medical practice there is a growing realization of the necessary interdependence of the sane mind and the sound body and a readiness to take advantage of all that can be contributed by preventive and curative psychiatry. These are changes which have tremendous importance for the organization of medical services as we consider social security plans for the reconstruction period.

These changes have not taken place smoothly, nor is there yet a wide awareness of the importance of mental hygiene in the prevention of physical illness and of social catastrophe.

Doctors on the whole do not have a scientific psychological approach. Tradition in medicine has been against this. The discoveries which stemmed from the microscopic approach of Pasteur and Virchow made possible such dramatic progress in the handling of disease right up to the modern miracles wrought by surgery, hormones, vitamins, and the sulfa drugs, that any knowledge accumulated by psychologists and psychiatrists seemed rather feeble in comparison. Psychology and psychiatry, if suffered at all, have usually been given a place of secondary importance in the medical curriculum, and an understanding of the human psyche has not been considered basic to medical practice. What a man is not up on, he is down on; hence doctors have tended to take the attitude that organized psychological knowledge has nothing to contribute beyond the common sense which all doctors know themselves to possess.

At the beginning of this war it was considered adequate in the Canadian