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-
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 un-
accustomed channels.

Yet illness and medical attention, do-
tors, 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, in-
escapable 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 re-
lation-ship 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,
but none of that beautiful personal rel-
ationship too many people of the wealth-
tier 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 pre-
vention 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 sac-
crifice and deny themselves their scant
comforts if we ever get this medical busi-
ness 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 sec-
urity 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-
lieves 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 guar­
antees 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 pri­
vilege 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.

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 becom­
ing 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 considera­
tion 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
situation and personal factors on phys­
ical health—the field of psychosomatic
medicine. Both in military and civilian
medical practice there is a growing
realization of the necessary interdepcnd­
cence of the same mind and the sound
body and a readiness to take advantage
of all that can be contributed by pre­
ventive and curative psychiatry. These
are changes which have tremendous im­
portance for the organization of medical
services as we consider social security
plans for the reconstruction period.

EDITOR’S NOTE: W. D. Ross, M.D., is with the
Department of Neurology and Neurosurgery, McGill
University and the Montreal Neurological Institute.

These changes have not taken place
smoothly, nor is there yet a wide aware­
ness 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 ac­
cumulated by psychologists and psychia­
trists 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 com­
mon sense which all doctors know them­
selves to possess.

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