Attitudes

F. A. DUNSWORTH, M.D.*

The following opinions are those of the author alone and are designed more to provoke discussion and thought than to give any definitive and final statements.

I propose to discuss some peculiar attitudes towards members of the medical profession or towards the medical profession as a whole exhibited by the general public. However, I view as even more ominous the attitudes displayed by members of our profession towards other members.

SOME ATTITUDES DISPLAYED BY THE PUBLIC.

A few years ago the British Columbia Division of the Canadian Medical Association conducted an opinion survey. One of the most striking findings was the fact that, among a high proportion of the public, "my doctor" is considered very highly. He is considered conscientious, responsible, reliable, a pillar of the community, friend in need, reasonable in his charges for professional services, etc., etc. However, from the same persons often came the contradictory attitude that "those doctors" are considered arrogant, irresponsible money-grubbers.

In the United States many of the opinion surveys have given almost identical results but "those doctors" is translated into "The American Medical Association". It does not take a very perceptive person to realize that in many publications the American Medical Association, i.e., Organized Medicine, has been attacked and abused as a reactionary obstructionistic body. The public image of Organized Medicine comes primarily from the information and attitudes that have been transmitted in the press and through other means of public information. The tragedy is that these negative feelings towards Medicine collectively are sure to return like a boomerang and hurt the public attitude toward the individual doctor.

It is very unfortunate that the public attitude towards their own particular doctor, that arose from personal experience, is rarely generalized by the public to include all doctors. It is for this lack of generalization that many of us in Medicine have been so concerned and feel strongly that a planned collective approach must be made in an attempt to illustrate the many positive contributions that Organized Medicine has made to the community and to the country.

ATTITUDES WITHIN THE PROFESSION.

There are many different aspects of the peculiar contradictions in attitudes that seem to be present within the medical profession itself. I wish to mention just a few of them.

(a) The gulf of understanding between salaried physicians and those physicians in private practice that obviously is based on the method of remuneration. It is most unfortunate that many physicians in private practice (general practice or specialties) strongly suspect that physicians who are on salaries can only have loyalty to their employers and as such have ceased to follow the principles of Medicine. The tragedy is that such misunderstandings can occur between doctors and though at times there might be some slight justification, the overall experience is that a phys-

*F. A. Dunsworth, M.D., C.M. (Dal.), Associate Professor of Psychiatry, Dalhousie University, Halifax, N. S.

ician is always a physician and his basic loyalty is to the practice of Medicine. During the summer in Saskatchewan when it was quite possible that salaried physicians could have been recruited to carry out private practice in opposition to the stand of the Saskatchewan College of Physicians and Surgeons, apparently very few, if any, of the salaried physicians were willing to be exploited as "strike-breakers" and demonstrated a solidarity with the profession which should never be forgotten.

(b) The gulf of understanding based on the type of practice. Unfortunately, there seems to be some misunderstanding between those doctors in general practice and those in specialty practices. Many of those doctors in general practice feel overworked, underpaid and unrecognized. As it were, they feel insecure and think that they have little status. However, those doctors in a specialty frequently know that they give much more time to teaching (which is definitely underpaid), many of them work long hours and in relation to remuneration it obviously takes much longer to establish a specialty practice, with longer years of little or no remuneration while in training. Probably eventually, except for some of the surgical specialties, in a professional lifetime the incomes are fairly similar between general practice and the specialties.

There are many satisfactions in either type of practice. In general practice there are the satisfactions of the personal contact, knowing not only the patient but all his family and total environment, and the acceptance of the family physician as friend and confidant on a very warm level. These same things might happen in a specialty practice but there does tend to be more distance between the physician in a specialty practice and his patients. In most of the practices the patients are referred and then are treated for given conditions, the treatment being limited to one aspect either in time or of a specific disease. Many doctors in specialty practice who originally were general practitioners miss their previous contacts with patients

but they feel by specializing that they are able to contribute something more specific, and their particular chosen practices give a different kind of satisfaction to the doctor himself.

(c) The attitudes and antagonisms felt by some physicians towards certain specialties. Doctors also are in the general population, so to a certain degree they are influenced by public means of communication and information. Television, by far, is the greatest influence in the last decade and it is obvious that many specialties within Medicine are over-glamorized but at the same time are often distorted. I need only mention "Ben Casey" and the "Eleventh Hour" as examples of the peculiar trend in the television industry to abuse its power of general information and sacrifice accuracy for entertainment value.

Within Medicine there seems to be a relatively low status of certain specialties. In particular, I feel that Dermatology and Psychiatry are regarded as second rate specialties. Speaking as a psychiatrist, I was often amused in the past by the distance in contact with my colleagues in contrast with the welcome when a psychiatric emergency arose. With Psychiatry becoming increasingly better accepted in General Hospitals and in Medicine generally, much of the stigma has faded but it has not completely disappeared.

It is generally agreed that the misunderstandings between specialties are frequently removed when one works in close contact, especially on a general hospital level with one's colleagues who practise different specialties.

Unfortunately in our materialistic society there seems to be some difference in status associated with the level of remuneration. By and large doctors are frequently overpaid for specific *techniques*, e.g., surgical techniques. At the same time there seems to be an under-emphasis on the diagnostic skills and the amount of time required to reach a diagnostic and therapeutic assessment of the patient. Unfortunately, then, in this latter category internists are underpaid.

At the present time different techniques are being attempted to correct this imbalance in remuneration, studies are being made in different parts of North America of a "relative value" fee structure and in certain services where the fee for service principle seems difficult to apply, e.g., Department of Veterans' Affairs, Consultants to government institutions generally, part-time Medical Officers with the Armed Services, etc., as well as in teaching institutions, a pattern of payment for services on a sessional basis seems to be the fairest. This means that those with similar training will be remunerated on a similar basis. This has the advantage of encouraging physicians to go into what might be considered "underpaid" specialties. But the unfortunate thing is that we do not know how to apply these principles to the private practice of Medicine where one is paid basically on a fee for service which, unfortunately at times, can turn into payment for specific *techniques*.

These, then, are only some of the conflicting attitudes presently encountered in the practice of Medicine. With modern communications and rapid transmission of news (which influences attitudes), Medicine now is faced with many more questions and many more problems in these areas than were faced by our medical forefathers. The Hippocratic oath is not out of date, its principles are still sound and strong, but 2,500 years later we have to re-think our principles and candidly face the problems of public attitudes towards the medical profession as well as the attitudes within the profession.