

COMPOUND COMPLEX  
(Originally published October 1962)

Some of the county society members have had the opportunity to become familiar recently with the workings of the state-run, federal government-sponsored service of Dependent Medicare. The service, enacted under Public Law 569 by the 84th Congress, provides payment for medical services for eligible dependents of persons on active duty in the Uniformed Services. Initially the service offered any dependent the choice of civilian or government-run medical care. This was abandoned after it became obvious that ailing dependents deserted the clinics and military medical installations in droves in search of a more personal doctor-patient relationship. The government wisely called a halt to this *carte-blanche*, free choice on the grounds that adequate federal medical facilities were standing idle, and because the cost, as more and more exercised their choice, became staggering. For the past several years now, Dependent Medicare at civilian hands has been limited essentially to emergency work and to those dependents living apart from their military sponsors, who still have the privilege of choosing between civilian and military care.

At present, as an inaccurate guess, probably less than 10% of service dependents are being cared for under the law by private, civilian care. In the overall picture of medical care in this country, this percentage would represent an infinitesimal fraction. However, in dealing with just this fraction, one is overwhelmed by the multitude of intricacies and complexities of the structural bureaucracy necessary to keep such a service functional.

There are manuals, bulletins, schedules, directives, registration cards, identification cards and numbers, authorized forms, special forms, state offices, local review boards, state review boards, national offices, national review boards, and countless other confounding and compounding aspects. Red tape, if you will, but all of these things are inevitable and necessary to insure the proper function of such a plan.

The problems that arise in reducing medical diagnosis and treatment—with all of the involved complications—to a standardized reportable system are countless. The human body and its ailments do not conform to a manual of operation and regulation; black is not always black, white is not always white, and in between, the gradations and combinations of gradations of color are infinite.

All of this is outlined only to emphasize the problems of bureaucratic medicine in a small segment of medical care under government sponsorship and control. If *all* of the medicine practiced in this country were to fall eventually into the hands of government sponsorship, the bureaucracy and the paper work would have to multiply proportionately; the cost would be beyond imagination.