

## NEXT CHAPTER THE POST AND THE A.M.A

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Practically on schedule, the *Saturday Evening Post* has come up with another article on medicine, this one entitled "Your Doctor and the A.M.A."

There seems to be a standard formula for turning out articles on Organized Medicine, 1) a prominent cover splash with a provocative subhead line that raises a question of victimization in the mind of the reading public, 2) a smattering of historical background, 3) a few broad generalizations, interspersed between, 4) the relation of specific incidents with heavy reliance on direct quotations by a number of hand-picked medical personalities and "authorities" to present contrasting viewpoints, and 5) an inconclusive summation intended to demonstrate the impartiality of the magazine's editorial policy.

The recent article, which conforms fairly well to the formula, dissects the A.M.A. in light of the new Medicare legislation, acquits it, indicts it and emphasizes the factional struggle between the liberal and conservative elements within the organization. Some inkling of the editorial leaning can be gleaned from the four inserts that appear in larger type and are spaced apart from the rest of the text at intervals. The first tells us that organized medicine is faced with a "critical decision." (*Post* decisions are always "critical.") The decision that the *Post* has decided medicine must make is not whether to fight or not fight Medicare, but how medicine will choose to fight Medicare. A rear-guard action or a quiet build-up of political strength for the next confrontation? The remaining three inserts all quoted from the text are as follows: "People have great respect, even affection, for their doctors as individuals, but as an organization (the A.M.A) our image is not good. The American people owe a lot to the A.M.A. for the work it has done to improve medical education, hospitals and standards of medicine." The A.M.A. has a wide-open opportunity to help shape the health care of the future. But it probably won't." Good bad, good bad—a split decision.

The final clinching quotation may or may not have been intended to leave with the reader an editorial doubt that the A.M.A. could ever be depended upon to do the "right" thing. What interested us most about it, however, was discovering that the speaker of these words was none other than Dr. Caldwell B. Esselstyn. The *Post* identifies him as a tough-minded surgeon and an A.M.A. member, but also a long-time opponent of what he calls the A.M.A. hierarchy. We also learned that Dr. Esselstyn is now executive director of a 70,000-member, prepaid health group association in Detroit.

You may not remember, but not too long ago Dr. Esselstyn, A.M.A., ACS (F), APHA (F), headed his own Rip Van Winkle Clinic in Hudson, N.Y. Dr. Esselstyn first hit the news in 1961 when he testified in favor of H.R. 4222 (the King Anderson legislation) on behalf of the Group Health Association. at greater risks and that it is economically not feasible as a source of energy. Neither of these experts happens to be a nuclear scientist. Commoner, a biologist] and Hellman an economist, like most of the other "distinguished

scientists" opposing nuclear power, Linus Pauling, Hannes Alven, Paul Erlich, and others have made their names in fields unrelated to nuclear physics.

The book explains in everyday English the basics of atomic fission and nuclear power and discusses in complete detail the pros and cons of nuclear energy in organization of closed-panel medical practice plans associated with insurance companies. Eight months later, in March 1962, it was he who, by virtue of some frantic letter-writing within the short space of five weeks, hastily organized the PCHCATSS (Physician's Committee for Health Care for the Aged Through Social Security) and then personally led a group of 27 physicians to the White House where, through magically opened doors, they were enthusiastically welcomed by President Kennedy and Mr. Ribicoff in the flesh. (It was suggested at the time that JFK might just have known they were coming since the press and TV coverage was nationwide and instantaneous, "Prominent Doctors Endorse JFK Social Security Health Plan." etc. etc.) This maneuver did not endear Dr. Esselstyn to most of his New York State fellow physicians, who wondered how Dr. E. got to be their spokesman so suddenly, and who also felt that "Essy's" concern for the health of the aged was more political than pious.

In regard to his tough-minded surgeon's pessimistic statement in the *Post* article about the A.M.A., we have been under the impression that the A.M.A. has been trying mightily and for a long time "to help shape the health care of the future." Unfortunately for the public, most of its plans and recommendations have not coincided with the already-formulated plans of those authorities on health: the politicians in control of government. Dr. Esselstyn undoubtedly has his own ideas about how health care in the future should be carried out. The wide-open opportunity of which he speaks translates easily into "Now that we have you on the run, here is your chance to play ball our way. Or else?" We doubt that the A.M.A. will ever do the right thing in the eyes of Dr. Esselstyn until it agrees wholeheartedly with Dr. Esselstyn.

We are wondering why Dr. Esselstyn, a native New Yorker, moved from his peaceful Rip Van Winkle hideout on the Hudson to the bustle of industrial Detroit. Maybe he grabbed a wide-open opportunity of his own to Advance with the Great Society. In the Kennedy Years this would have been worded "To Move Forward with the New Frontier." At any rate, if his motivations are as political as some of his former friends once seemed to think, Dr. Esselstyn's next move may find him in Washington, D.C.

So, while we wait for the next chapter, *En Garde*, A.M.A.!