

MEDICINE, EVOLUTION AND SOCIAL CHANGE

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Elsewhere in the Bulletin is reprinted an excerpt from the autobiography of Dr. Hans Zinsser. Although it appeared almost thirty years ago, it reads as if it might have been written yesterday. It was the generation of Zinsser that witnessed the monumental transformations in living earlier in this century, and which saw, and brought about the great modern changes in medicine and medical practice. He was but one of a distinguished group of physician leaders who foresaw and helped plan medicine's adaptation to the social changes then in the process of developing.

By the late Thirties during our final phase of medical study and internship, it seemed certain that some form of socialization of medicine would come about within the next decade. At the time, most of us, filled with the idealism of youth, did not view the prospect with any undue alarm. In fact, conditioned by academic discipline, university hospital detachment and the progressive changes already altering the structure of medical practice, we considered it not only inevitable but a logical step in the right direction.

But then a number of things happened. The great advances and expansion of medical knowledge encouraged and demanded greater specialization. The famous clinician academician leaders of medicine were growing old and were becoming increasingly involved with the internal reorganization of medical teaching itself. Standards had to be changed, criteria had to be set for the added training that new specialization required, qualifications for specialty recognition had to be defined. The academicians had less time to practice clinical medicine. The clinicians, busier with practice loads, had less time to teach. As the pressures of administration, teaching, research, and clinical practice grew, medicine's leadership became dispersed.

Where there had once been an essentially unified profession under respected and well-rounded leadership, there was growing disunity under less impressive leaders who tended to confine themselves to more restricted fields of special interest.

At the same time, the years of World War II and military service intervened to disrupt order further, and following that, the postwar years were ones of preoccupation with recovery, concern over the new Cold War and avoidance of World War III. The small but persistent group of politicians and lay reformers was still talking and pushing for socialization of medicine, but other matters were of more pressing importance to the nation. In medicine the impetus toward change, which had been considerable during the prewar years, lessened. Much of the profession's former interest (if not enthusiasm) for adapting medicine to modern change was smothered by the experiences of vast numbers

of physicians with government-controlled systems of medicine during military service. (There is nothing like firsthand contact with the perfect-on-paper organization of Army and Navy doctoring to point at the deficiencies, red tape, frustrations and staggering costs of government medical programs.) In addition, prosperity and the complacency of a full belly and comfortable living dulled the sensibilities of a generation of doctors, encouraging the truculence and negativism commonly encountered for the past years.

With its leadership uninspired and its internal structure divided and fragmented, medicine now finds itself a victim of its own inertia. The vast changes postponed for years by dissension and indifference are now occurring; but it is the politician, the social reformer and the bureaucrat who now dictate change and the terms of change.

The evolution of medicine is in progress, and there can be little doubt the profession will adapt itself to the new order. As it loses its sense of responsibility and dilutes its duties of judgment and service, the profession will diminish in stature and become less attractive. The doctor will eventually become a salaried technician—one cog in the utopian plan of "the health team."

It will take the public awhile to realize the close personal relationship between suffering patient and compassionate physician about whom Dr. Zinsser wrote would be a thing of the past—buried and gone forever.

We are glad we won't be around to hear the griping.

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