

## SOMETHING TO LOOK FORWARD TO

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In that Medical Utopia envisioned for the future of the United States there will be no humbug or discontent. The ailing patient will get his medical care on demand either at home through visitation by his friendly, compassionate “physician assistant,” or by taking a two-block stroll to his neighborhood satellite health center where, without the indignity of waiting in line or the degradation of being called a clinic patient, he will be warmly welcomed by a team of young, paramedical paragons (trained in sociology and cultural anthropology). They will sort out his symptoms, probe meaningfully into his environmental adjustment, profile his bio-chemistry, initiate treatment, and advance him painlessly to a team of family counseling physicians (real doctors, possibly) at the precinct satellite center. If indicated, after appropriate study, evaluation and computerization, he may progress next to the area satellite health center, and then to the community hospital center; from there he may eventually move to one of the affiliated hospitals in the regional, university medical school complex for a heart or liver transplant. All of this will cost him nothing, and will be accomplished in an unbelievably short period of time, like an hour, or a day or so at the most – provided, of course, he hasn’t misplaced his Medical ID Card. This efficient system of delivering medical care will have come about by the perpetuation of a more responsible type of medical free enterprise working in mutually profitable partnerships with the Federal and State Governments. All of the well-trained medical and paramedical personnel engaged in this system, compensated by adequate salaried incomes and retirement benefits, and freed of the worry of putting economics above everything else, will no longer complain, and find in their work such gratifying social commitment that their eight-hour shifts, three days a week will seem all too short.

Well, this is the way medicine in the U.S. may soon be if we interpret the hopes of TIME magazine’s editors correctly. It is all spelled out in and between the lines of the TIME article, “What’s Wrong with U.S. Medicine,” which appeared in the February 21, 1969 issue.

As articles go, this latest one was no worse or better than any previous ones which have appeared at regular intervals in the slick-paper periodicals. The “liberal” on Left slant is characteristic in all, and the barely disguised advice that improvement can come only through greater government regulation and control (care is often taken to avoid the spelling out of capitalized, Social Medicine) is the recurrent theme. In one form or another, all of the old gripes that annoy the frustrated social planners (increasing impersonality, unavailability, inadequate care, high costs, doctors’ incomes, private practice) are rehashed; and even the ever-useful infant mortality statistic is dusted off and trotted out in disgrace again.

It is a fact, confirmed many times by many competent observers since the turn of the century that, in any free society, the literary and intellectual segment (broadened now to include all of the influence-wielding communications media) is predominantly Left in its outlook. Under the umbrella of protection offered by a capitalistic society not yet subject to totalitarian control, and during those intervals when the society itself is not involved in or threatened by immediate catastrophe, the literary intelligentsia find much to admire in the apparent or imagined orderliness of the controlled societies of socialistic states.

The logic of the intelligent, literary mind obsessed with social improvement is always affronted by the bumbling, undirected progress of the *laissez-faire* approach. By selectively focusing on obvious

deficiencies in such areas as industry, farming, medicine, poverty control, urban planning, transportation, education and politics, the Left-leaningers can invariably paint condemnations in bold, black strokes. They are able to equate any minor fault in their own society with any major fault in whatever society they find detestable at the moment. For example, the so-called poverty in America is described in the same adjectives as that of India; the starving Negro children in Mississippi are compared to those in Biafra. They can spot oppression and police brutality in Chicago, but conveniently overlook slave labor camps and mass purges in China, Cuba and Russia. Their ideal society is something called “democratic socialism,” administered and directed presumably by an oligarchy of leftist intellectuals in a government they hope will not become totalitarian to the point of interfering with their own activity.

A Canadian physician, replying to the TIME article on medicine, pointed out that the faults of medicine today are exactly the same as those of our present society, and that TIME’s solution of placing physicians under control of such a faulty society could hardly be expected to improve the quality of medical care.

The AMA’s own propaganda organ, the *AMA News*, in answer to TIME’s fanciful accusation that doctors’ incomes had “skyrocketed and approached escape velocity” by an annual average net increase from \$25,000 in 1961 to \$34,000 in 1969, disclosed that in the same interval the net income of TIME, Inc. rose from 8.1 million to 33.5 million annually; that an issue of TIME (once a 10-cent magazine) sold for 25 cents in 1961 and 50 cents today.

The naivete of TIME’s medical editors is best demonstrated in the concluding paragraphs of the article. In a time when the majority of medical students and recent graduates in training disappears more and more into super-specialization and esoteric fields of government-financed research, and when the majority of the few who do emerge with an interest in clinical medicine seems more concerned about regular hours, fringe benefits, overtime pay, guaranteed incomes and financial security from day one of practice, TIME professes to see a great future for medicine once the present (meaningfully involved, no doubt) generation of students – glowingly described as seeking “social commitment” in medicine – takes over the reins of medical care. With Pollyanna innocence, TIME looks forward to a new savior and dispenser of care, the new family counselling physician, trained in “psychiatry, psychology, sociology, cultural anthropology and economics!”

When TIME’s editors are passing their next kidney stones, may they fall into the hands of a socially-committed, cultural anthropologist. When we pass ours, we will yell for an old-fashioned, foul-mouthed, anti-social GU man who can still use a cystoscope and treat pain with morphine.

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