

STUDENT ACTIVISTS AND THE MEDICAL "CRISIS"

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Now that Ralph Nader, that self-appointed rectifier of all the nation's wrongs, has turned his band of investigators loose on American medicine, we can expect a renewed attack on our system (non-system to some) of medical care. After a couple of years of relative quiet, the heavy artillery is being readied once more and the final barrage is about to begin.

The usual sniper fire has been going on for some time in the pages of such magazines as *Time* and *Look*, but the real warning shots were fired last April in the two, hour-long CBS TV news documentaries, "The Promise and the Practice" and "Don't Get Sick In America," which, focusing on selected distortions, portrayed American medicine at its worst.

Some months ago, Dr. Irvine Page observed that medicine was suffering from an overdose of "high decibel, crisis rhetoric." Critics (and more and more are turning up within the profession) seem to have established successfully in the minds of all, the presumed fact that a "crisis in medical care" does exist.

To the average citizen, "crisis" implies an impending catastrophe necessitating drastic emergency measures. But applying the term in this sense to the situation in this country, which, by all common sense standards enjoys unusually good health, is patently false and deliberately misleading. Yet if "crisis" is defined, as it is medically, as a turning point for better or worse, such as occurs in an acute febrile illness, there may be some justification for its use.

When all the shouting, tear shedding, breast beating and overblown rhetoric about the sad state of medical care is analyzed, only a few basic complaints emerge: too few practicing physicians to look after an ever expanding population; the affluent can get better care than the indigent or deprived minority groups; medical care grows increasingly impersonal; and most galling and important of all, medical costs have reached disastrous levels. The reasons for these deficiencies are brilliantly outlined in Al Pruitt's article on the medical market place, which appears on page 19 of this bulletin.

Most annoying to all practicing physicians daily engaged directly in treating patients is the widening swell of criticism coming from the halls of academic medicine and, particularly, that criticism voiced by new groups of student militants and trainee activists. A typical example of this wholesale condemnation appeared in the autumn issue of the *American Scholar* (the Phi Beta Kappa quarterly) under the heading, "The Failure

of American Medicine."

In the course of reviewing two books on medical care in America, the author, Michael Michaelson, lashes out emotionally against all facets of our medical care system. He states categorically that America is an unhealthy nation and drags out the usual comparative mortality statistics with Scandinavia as proof. Our system is impersonal, and the poor are treated like animals by the health professionals: "In the U.S. every patient, and not merely every poor patient, is a nigger." The obsolescent practicing physician, fee-for-service, the one-to-one doctor-patient relationship and, of course, the AMA are responsible for all evils.

It is ridiculous to assert, as Michaelson does, that this is an unhealthy nation. One has only to travel abroad or look around here with unbiased eyes to know this. Comparing health statistics is a futile and deliberately misleading game. No one but a fool or a politician would attempt to identify the statistical population of Sweden with that of the United States. Some years ago the Swedish delegate to the World Medical Association pointed out the impossibility of equating the populations of the two nations with the remark, "People who do compare such things are obviously looking for headlines."

And what is Michaelson for? Well, in case you can't guess, a consumer revolution in medical care, a redefinition of the role of the physician, drastic restructuring of the system, relating meaningfully to the community, and a new recognition of the issue of accountability and self-determination (whatever the hell that means). Activist medical organizations like The Medical Committee For Human Rights, the Student Health Organization, and the Health Revolutionary Unitary Movement, which have backed the sit ins and disruptions of the Black Panthers and the Young Lords, definitely meet with his approval.

Mr. Michaelson is identified by the *Scholar* as a medical student and a graduate student in sociology at the University of Pennsylvania, who has reported on medical issues for the *Saturday Review* and the *Nation*. His qualifications as a commentator on medical care would thus seem to rate on par with those of a high school, sophomore quarterback trying to instruct the Green Bay Packer offense.

James Reynolds, the Washington editor of *Medical Economics*, reporting recently on the annual convention of the Student American Medical Association held in Philadelphia (Mr. Michaelson's home grounds) found the radical activists almost uniformly denouncing the money grubbers of the medical establishment and labeling our health care system out dated and "atrocious". Yet in spite of all their impassioned

grandiloquence and their strident calls for more involvement in the care of ghetto patients, most of those he interviewed admitted their intentions to go into teaching, sub-specialty study, research or administration. A clear case of "let's all have a duck dinner. You bring the ducks."

One can agree that medicine faces "crisis" times, that our situation is serious and likely to become more so. Yet the reform suggestions of Michaelson and other immature, soapbox medical activists have as much substance as cloud vapor, and represent no more than regurgitations of shop worn, sociologic double talk.

If, as Dr. Pruitt contends in the Bulletin article, most of medicine's maladjustments today are directly or indirectly the aftermath of inflation. Our present difficulties are merely reflections of the overall disintegration of the nation's complicated, socio-economic structure brought about by government's repeated intervention in the medical market place. As he says, inflation cannot last forever, and even if it does end in disaster, the world will not come to an end. Our government may fall, our society may collapse, but we will still be here. Perhaps then we will rediscover that self-determination sought by Mr. Michaelson and will be able to choose the medical care best suited to us as individuals, be it given by corpsman, witch-doctor, barber, surgeon or Chinese acupuncture specialist.