

abusing one's body, we may achieve a fundamental goal of medicine: preventing disease rather than attempting to cure it.

I believe the way to preserve the private practice of medicine with freedom of choice for all patients is to strengthen the preferred provider organization concept. While HMOs have been successful in some areas, they have never completely taken over medicine because patients still find that HMOs often are run in a bureaucratic fashion and limit freedom of choice which is inherent in the American public's desire. Preferred provider organizations which maintain the private practice of medicine at a reduced cost are perhaps the best way to keep this freedom of choice and to preserve the private practice of medicine for the future.

Information transfer will clearly be one of the major tasks in the future of American Medicine. Future physicians will continue to receive some continuing education through the printed word but computer interaction as well as video educational systems will have become integral parts of the medical education process. Compact laser disks will help to store information about patients and diagnoses, making far more information accessible to practitioners than ever before.

Finally, "The Essence of Being a Physician"<sup>6</sup> by Jacob Needleman stated the problem well for the training of modern physicians. A patient's need for compassion and humane attention will never be diminished by scientific technology. In fact, it will be necessary for all physicians to continue to practice the art of medicine by "compassionate engagement in the suffering of our fellowman." People have always cared for people and machines have never cared for people; this will not change with any future scientific advances.

#### REFERENCES

1. Starr P: *The Social Transformation of American Medicine*. New York, Basic Books, 1983
2. Myers BA: Corporate profit or public good?—*In The aim of American medicine within the constraints of today's society—A forum*. *West J Med* 1986 Aug; 145:189-190
3. Abegglen JC, Stalk G: *Kaisha, The Japanese Corporation*. New York, Basic Books, 1985
4. Mason JO: Medicine's aims, society's constraints—*In The aim of American medicine within the constraints of today's society—A forum*. *West J Med* 1986 Aug; 145:186-187
5. Califano JA Jr: *America's Health Care Revolution*. New York, Random House, 1986
6. Needleman J: The essence of being a physician—*In The aim of American medicine within the constraints of today's society—A forum*. *West J Med* 1986 Aug; 145:185-186

## Medicine Is a Humanity

E. R. W. FOX, MD

AS I READ the series of articles in the August issue on the aim of American medicine, written by skilled essayists, I was struck by their consensus: Medicine is in big trouble. We doctors are no longer loved.

Commercialization has taken us over. The Four Horsemen of big business, big government, the big insurance complex and the big hospital industry have not only put constraints

Dr Fox is in private practice in Coeur d'Alene, Idaho, and is Special Editor for Idaho.

Refer to: Fox ERW: Medicine is a humanity. *In The aim of American medicine within the constraints of today's society—A forum*. *West J Med* 1986 Oct; 145:553-554

on traditional medical care, but they threaten to render such care obsolete.

With the advent of technology it is predicted that the medical doctor is to become a technician, a mere extension of the machine. These authors are saying that specialists and subspecialists will be the doctors of tomorrow, and that primary physicians—the FP, the GP, the OB/GYN, the internist—will sink to the level of the "barefoot doctors," triage agents. Bioethicist Jonsen asks the rhetorical question: "Should physicians serve [only] as gatekeepers into the house of care?"

One author (not a physician) suggests that the adoption of a "national health program" would be a move in a desirable direction. Yet, in almost the same breath he acknowledges the inefficiency of government medicine and the inequities of socialized medicine.

Nowhere in the group of essays do we find the positive, definitive answer. We are left with a feeling of anger, frustration, even desperation—it seems there is not much we can do about it.

Let me step fearlessly into this void and state my contention that, yes, there is something we can do about it. We can say to the Four Horsemen, "Don't forget we are doctors of medicine concerned primarily with the care of our patients. And remember that in caring for our patients we determine how this nation spends 10% of its gross national product."

We will go on to say, "Yes, we admit we have become too involved in the mercenary side of the practice of medicine—but you forced that upon us. Now in an effort to regain our respectability, we, the quarter million American doctors, will propose to assume a Ghandi-like posture, as we sit on our collective posteriors, waging a nonviolent protest against the Four Horsemen's threats, and we will plead with organized medicine to do the same.

"We confess that, owing to the constraints foisted upon us by technology and by the commercialism and the litigiousness of our society, we may have lost touch with the human side of medicine. We regret this and we agree that it is time for us to renew our dedication to the sensitive care and understanding of the minds as well as the bodies of our patients. Forsaking the pursuit of the dollar, we are ready and eager to return to the Art of medicine.

"We can, therefore, enthusiastically join the trend now being followed by many of our medical schools, Harvard, the University of Washington, Utah, Mount Sinai School of Medicine, among others, encouraging a return to the study of literature and all the other humanities, for in those studies we find the emotional, psychological and cultural underpinnings of human behavior."

Barbara Berg, professor of medicine and literature at Mount Sinai, said it so well in describing the nature of the course being given to their students, "Dying, disease, anguish, pain, birth, hope, courage, love—these, the absolute substance of literary work are also the integral aspects of medical work."

And so, Four Horsemen, we will abstain from counting dollars, and return to the arts, music, painting, writing and perchance even poetry. William Carlos Williams wrote these words in his book *Doctor's Stories*:

When they ask me, as of late they frequently do, how I have for so many years continued an interest in medicine and the poem, I reply that they amount for me to nearly the same thing.

If we are willing to accept this commitment to the humanities, then, once again we will be looked upon as “cultured doctors,” rather than greedy businessmen. Once again we will be members of an esteemed profession. Plenty of coins will still jingle in our pockets, and we will be happier. The medical profession will be restored to its pedestal, and doctors will again be loved.

## The Healthiest Little Community in the United States

THOMAS L. PETTY, MD

THE FIRST SIGN he saw as he approached the little town said “Slow Down and Enjoy.” His foot had already relaxed its hold on the gas pedal when he saw the second, “Welcome to the Healthiest Little Community in the United States.” As he pulled into town he noted a clean, tidy little town snuggled away in the Arkansas River Valley. The tennis courts and jogging paths were noticeable as he pulled into a filling station in the main business district. After a fill-up and rest stop, he walked across the street for lunch. “You get really hungry driving cross country,” he thought. He asked for the no-smoking section, “please,” and the waitress said, “Sit any place you like, sir, this is a no-smoking community.” He was curious about that comment when he sat down but he noticed

Dr Petty is Director, Webb-Waring Lung Institute, University of Colorado Health Sciences Center, Denver.

Refer to: Petty TL: The healthiest little community in the United States, *In* The aim of American medicine within the constraints of today's society—A forum. *West J Med* 1986 Oct; 145:554

that no one in this busy restaurant at lunchtime was smoking at all. There were no ashtrays.

The menu was interesting. Quite a variety of fish and chicken entrees, and a vegetarian plate was featured. The salt and cholesterol content on every item was listed. He figured that the 380 tasty calories he ate, a meal high in fiber, would probably last him to the next town where he planned to spend the evening.

As he was paying the bill he remarked about the trim, active people who he had seen walking up and down the street and the general attitude of healthiness that prevailed. “Your hospital must not do much business,” he said to the manager. “Oh, our hospital closed five years ago because, I guess, we really didn't need it. We kept part of it for a nursing home for our old folks. There are more and more of them moving to this part of the country because of the clean air and tranquil life-style. The kids have everything organized, have entertainment and plenty to do. Some of the old folks are learning to fish for the first time in their lives.”

The traveler was astonished. Here was a community where no one smoked and cigarettes were not even for sale. The town had decided it would be best if kids never started smoking. Everyone was active, either working or playing. Almost no one was overweight and everyone seemed to enjoy the atmosphere of health.

“We turned the other half of the hospital into a health promotion center,” the manager went on. “People get their blood measured, checks for cancer and a lung capacity test. There is plenty of sunshine in the valley so we use a lot of sun screen. If anyone has sugar diabetes, we find that out. Eye checks for glaucoma and tests for blood where it shouldn't be are done up there by the volunteers.”

The visitor got back in his car, buckled his seat belt and drove slowly out of town. “I guess this *is* the healthiest community in the United States! I wonder how they did it.”