Forum

Contemporary Aims for American Medicine—1987

A Report on a Forum

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American medicine is enjoying unprecedented technologic success while at the same time it is undergoing unprecedented stress. And, surprising though it may be, there seems to be no real consensus or agreement, within or without the profession, about what should be the basic aim of the medical profession in today's changing social, economic, political and even technological environment. Clearly as a nation we are entering a period of social transformation that is as yet poorly understood, and just as clearly health care is in the forefront of much of the change that is taking place in the larger environment.[1] If this is true, then might there not be opportunities for the medical profession to help shape some of the change that will take place?

A forum on the "Aim of American Medicine within the Constraints of Today's Society" was conducted in *The Western Journal of Medicine* (Vols 145 and 146) to address these issues. Readers and others were invited to submit their views constructively and succinctly. This summary report presents a proposal for three contemporary aims for American medicine that are based on published and unpublished material considered in the forum. It is hoped that it will stimulate further consideration of this subject—one that is so important for the future of health care as it continues to evolve in this nation.

Historical Background—Medical Technology and Societal Response

For most of this century a major aim of American medicine has been the development of modern medical science and technology.[2] This received enormous impetus when the public became aware of the remarkable progress in the care of the sick, injured and emotionally disturbed that occurred during World War II. It was then that the potential benefits of the new medical science and technology for better health became obvious. Subsequently, enormous sums of money were invested by the nation in biomedical research, in the training of health professionals and in the development of other resources needed to deliver this new and better care. Over time this investment produced many changes in the medical profession. Medical scientists began to replace clinicians as the teachers and role models in the clinical departments of many medical schools and they rose to positions of influence and leadership in many professional organizations. Again, over time, preoccupation with the enzyme systems of molecular biology and the biochemistry of disease began to erode and at times even displace the practicing clinician's traditional interest and concern with the needs and feelings of patients who, as always, were seeking help, solace and caring, as well as curing, from their physicians. In short, for the past 40 years the accepted aim of American medicine has been to practice the best technical medicine that is available, with the perhaps unexpected result that less attention was often paid to the human condition in patient care.[3] The consequences of both these trends have now begun to be profound.

By the 1960s it was evident that the huge investment in research had produced further progress and dramatic successes. Society then determined to make this better care accessible for all. There soon surfaced a political consensus that health care was a person's right.[4] What has turned out to be a cascade of federal legislative interventions in health care began with the enactment of the Medicare and Medicaid laws in 1965. The purpose was to ensure access to care for the elderly and the poor. By the 1970s the costs of health care began to rise and soon were to be perceived as out of control. These rapidly rising costs prevented any further large federal subsidies for health care.[5] Instead there began a series of federal legislative efforts to restrain the rising costs. These laws included experiments with PSROs, HSAs, certificates of need, ceilings on payments to physicians and hospitals, PPOs and PROs. Most recently the federal government has imposed a system of DRGs to govern Medicare payments to hospitals. In addition, it has been the policy of the federal government to actively foster competition in the health care enterprise while at the same time increasing its attempts to regulate it.[6] None of these initiatives or programs have so far reduced the cost of care, nor do they seem likely to do so. Rather, each of them has increased it. In short, they have not worked. There is ample support for the view that today's problems in health care followed sequentially on the federal legislation to extend health care benefits to its citizenry.[7]

There was another fallout from all of this. It has been suggested that as a by-product of these almost miraculous scientific and technological advances in medicine that occurred during this time, physicians began to be perceived by many of the public as an elite group with unprecedented powers over life and death. Coincidentally, this happened more or less during a time when egalitarianism was on the rise in American society, and authority of almost any kind was being questioned and even attacked in the public arena. The perception (or the reality) of physicians and the medical profession as elite did not sit well with the egalitarian movement. The honor and respect formerly enjoyed by physicians and the medical profession became significantly eroded. The times were right for public acceptance of constraints upon doctors and the medical profession.

All of the above has led to insecurity, uncertainty, confusion and even some loss of a sense of purpose or direction among physicians and the medical profession. It now seems

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desirable, even necessary, to rethink some of the fundamentals of what we are about.[8] The purpose of the forum was to initiate discussion on a contemporary aim for American medicine.

Where We Are Now

Medical science and technology have made it possible to give better care to more people than at any time in history. This has raised a host of new ethical, moral and legal questions that have yet to be resolved.[2] Contemporary biomedical science tends to describe illness as a series of biochemical events. People have been taught the power of medical science and expect to see its beneficial results in the care that they receive.[9] Not surprisingly, as more and better care is given to more people the costs have continued to rise. These costs are now considered to be unacceptable to payors in both the public and private sectors.[2] And, as an ever larger share of the gross national product has been spent on health, it is generally conceded that there have not been proportional gains in the measurements of health status.[10]

What then is to be done to contain these rising costs or to reduce them? Society has decreed that a kind of ceiling has been reached in the funding for health care.[11] The payors want a cheaper product and more accountability.[6] There has been almost a stampede to reduce the amount of health care services that are delivered.[12] Should we stifle research, cut back health professions education and training, discourage health promotion and prevention? It has been noted that the longer people live, the more health services they will consume and at greater cost.[8] Should we develop consensus-derived guidelines, DRGs for example, to control costs in the treatment of illnesses? So far DRGs have not reduced costs to the Medicare program. But costs are not the only issue. The public will not be denied the benefits of evolving medical science and technology, nor will care be denied to the increasing numbers of the elderly.[6]

Just as modern medical science and new technology have had profound effects upon society as a whole, so have the responses of society in the form of social, economic and political constraints profoundly affected health care in this nation.[2] For whatever reason the health care system is not working well. The approach of making piecemeal changes has not controlled costs, rather it has increased them.[13] With each intervention, new and often costly problems have been created and the old ones generally have not been solved either.[14] Corporate America has recently joined government in seeking ways to control the rising costs of health care. Corporate America thrives on competition, advertising and marketing.[5] Corporate America's primary concern is with the "bottom line," that is, profit or loss, with the result that indigent patients are being squeezed out of the marketplace for health care. It is not clear who will pay for the care of these patients or who will support unprofitable biomedical research as the government bows out, or who will provide the funds for the costly training of the future doctors and other health professionals that will be needed. Market forces are inherently inequitable and cannot really be held accountable. The consequences can be severe for the losers.[4] And in health care the losers tend to be the weak, powerless and susceptible—that is, the children, the elderly, disabled, poor or the afflicted—and often these may be the ones who need it most.[8]

Physicians are in pain. As we learn more and more, and can perform greater and more complicated scientific wonders, we are coming under increasing criticism for our incomes and behavior, and seem to be liked and respected less all the time.[3] Sometimes it would appear that commercialism has taken us over. The "four horsemen of commercialism"—big government, big business, the insurance complex and the hospital industry—seem to threaten to render traditional medical care obsolete.[15] There are hammering attacks against physicians and the medical profession. Doctors are no longer loved.[16] A crazy quilt has been created that has degraded physicians' self-image and confidence and has removed them from their independence.[13] There is a widespread view among the profession that medicine is in very deep trouble at the present time.

Themes From the Forum

The purpose of the forum was not simply to outline, however briefly, the historical background or where doctors now find themselves in the many professional and public arenas of health care. The waters are troubled and indeed the seas are rough. The direction and the course that will lead to better times and smoother sailing is not clear either to practicing physicians or to the leadership of the profession as a whole. A perusal of the published and unpublished material considered in this forum uncovered five themes that appeared to run through much of the discussion, and seemed to serve as a sort of consensus from which some contemporary aims for American medicine might be derived. The five themes that were identified are as follows:

1. What it means to be a physician.
2. The heart of medicine.
3. Care of the sick.
4. Health for all.
5. Balancing conflicting needs or purposes.

1. What It Means to Be a Physician

Most physicians have their own concept or belief of what it means to be a physician. They may not have thought much about it since they were in medical school or even before, when they were considering medicine as a career. Many of us thought being a physician meant being available to those who need help because they are ill, and that the physician was there to do everything within reason to help. One studied and trained in medical school, and thereafter, to be able to bring the knowledge and skills of medical science and technology to bear in caring for patients and to help relieve suffering and, if possible, to restore health. To be sure, it was understood that if one worked at it, medicine would provide a good living, but financial gain was not usually the primary goal. In fact it was assumed that a certain amount of free or part pay care would be given and there was genuine satisfaction to be gained from this.

Ideally a physician is a composite of informed professional and caring human being.[17] It may be regrettable, but it is true that too often the caring has given ground to the informed professional—that is, to science and technology in patient care. But this is not all. Economics has entered into medical practice in many ways. The profession is in an undeclared war, attacked by those who are committed to "bottom line" thinking in patient care.[15] This "bottom line" thinking is now increasingly to be found in physicians' practices where costs are rising and incomes are lower. Many physicians are now perceived to be putting dollars before healing, although

the house of medicine is by no means agreed or unified on this priority.[18] In theory, charity in patient care was supposed to have been eliminated by the health care legislation of the sixties, but this has not happened. Rather the reverse, charity by physicians and hospitals has been more or less mandated as a result of cost-cutting legislation and the more or less systematic underfunding of health care for the aged and the needy that has occurred in recent years. With all of this, the profession finds itself in a struggle for survival and a need to recover its lost esteem.[19]

It was also pointed out in the forum that the medicine we have today reflects its past. What it means to be a physician contains enduring values. Medicine will move into the future by discovering how these enduring values can be realized in the new social and cultural contexts.[20] For example, ways must be found for a physician to remain a patient's advocate in circumstances where the relationship may be highly impersonal, financially unprofitable or legally threatening. These will be tasks for medical ethics. But in the meantime we will need to adapt the ancient wisdom of our profession to the present circumstances.

Society will continue to value physicians who (1) place patients' interests ahead of their convenience, (2) offer more than knowledge and skill, namely the energy and dedication to apply them in daily contact, (3) who take time to communicate their advice as well as their compassion and (4) consider how they can heal where possible, and how they can help in any case.[17] Patients expect more from physicians than they do from other health care workers. They give up more of their independence to their physicians, and sometimes sick persons resent those upon whom they have to become dependent. Yet physicians must take charge during acute problems, give support and provide reasonable options in the care of long term illness and be concerned about maximum freedom for the patient the rest of the time.[3]

Medicine is an honored profession "if you can keep it." The credo should be "Healing First—Dollars Second."[15,18] The forum suggests that this is central to what it means to be a physician.

2. *The Heart of Medicine*

The heart of medicine is surely the direct transaction between doctor and patient.[21] The heart of medicine is close to the art of medicine. Hippocrates was quoted, "the art has three factors, the disease, the patient, the physician. The physician is the servant of the art. The patient must cooperate with the physician in combatting the disease."[14] The inner reality of the art (the heart) of medicine remains the same in spite of contemporary socioeconomic influences.[21] Physicians will still need to reconcile algorithmic medicine with a love and respect for the human as a being.[9] Physicians will need to educate themselves as to the true nature of the healing transaction where usually more is involved than simply biotechnology.[11] When illness occurs people still want a physician. They want the scalpel or intervention with chemicals. But they also want attention.[9] The one essential that a doctor can give to a patient is his or her attention. There is need to strengthen a willingness to listen and give attention.[21]

The role of physician is fundamental to human society and culture. The archetypal function of doctor has always existed. It is the blending of knowledge and love, balance between mind and heart, scientific detachment and compassionate engagement in the suffering of fellow human beings.[21] One contributor quotes Barbara Berg: "dying, disease, anguish, pain, birth, hope, courage, love—these, the absolute substance of literary work are also the integral aspects of medical work."[16] Another contributor credits David Stafford-Clark for saying the role of physician is like that of a pilot, the patient is the captain of a ship who needs help at the beginning and end of the voyage and occasionally in between. The pilot has his own journey and cannot go on trips, but can help others with their ships when they need help.[3] The appropriate role for a physician is to "Be a Pilot, Not a Pirate."

3. *Care of the Sick*

It is a given that medicine is a constellation of sciences and arts aimed at diminishing, curing and preventing pain, disability and deformity, as well as postponing death.[14] Doctors of medicine are primarily concerned with care of patients, and it is good to remember that in caring for patients doctors also determine much of how this nation spends more than 10% of its gross national product.[16] Indeed there has been great pressure upon physicians to reduce costs. The refrain from the American Association of Retired Persons (AARP) is "cut the costs and keep the care."[12] Yet it is difficult for physicians or anyone else to set limits on the proper use of health care resources with little or conflicting guidance from the reigning cultural norms. Somehow it will be necessary to learn how to commit less than all available resources while maintaining the traditional goals of caring and curing.[14] Good medical care has always included cost containment as a measure of sensible medical judgment.[13] Even assuming that much of the waste in health care is eliminated, the increasing age of the population and the ever increasing costs of sophisticated science and technology will continue to produce a staggering health bill for the nation.[22,23]

Costs and quality cannot be separated in health care. Quality and outcomes of care need more study.[12] Payors want both quality and accountability.[8] One contributor notes that the quality of care can only really be measured by the outcome experienced by a patient, and that high quality in these terms may often be less expensive than lesser quality. Quality of care decisions should remain with those affected by outcome—that is, patients working with and advised by their doctors. A broader perspective on the "bottom line" is needed.[15]

There were a number of comments about how health care is or might be delivered. The aim should be to find new ways to provide high quality care at affordable prices.[12] Another contributor suggested we must let go of the past and get a firm grip on today and tomorrow, and noted that tens of millions of people do not have health insurance and suggested some form of nationwide health insurance is needed, that it could be run by the insurance industry, that the government is capable of exercising quality and cost control, and that a large competitive medical profession is capable of providing care for all the people.[13] Another suggested that there be a pluralism of ethical medical approaches to the delivery of health care, and noted that pluralism is dominant in our society, that it is basic to social tranquillity and is what gives individualism its quality.[7] Others addressed the rationing of medical care[22] and noted that this was being accomplished to the satisfaction of the populations concerned in Canada and the United Kingdom.[23] On the other hand, HMOs, PPOs and IPAs were credited with helping to preserve private practice. But there seemed to be a sense that we deserve something better than we

have,[23] and that physicians can help modify societal constraints so as to better serve patients' needs.[14]

4. Health for All

Better health for all was clearly a theme running through the forum. It should be a fundamental aim of American medicine to contribute to the fullest possible extent to the health of all people.[10] One contributor said the ultimate purpose is to serve the health and medical needs of all people.[4] Technology can be considered appropriate that stresses prevention of disease, seeks treatment at primary rather than secondary or tertiary levels of care, involves patients and families in both prevention and treatment, and is economical—that is, brings the greatest good to the greatest number. The health status of minorities should be brought closer to the standard of all.[10] Prevention is to be encouraged.[24] It was noted that 65% of the lives lost before the age of 65 were due to preventable causes.[10] Health education can help.[5] There should be a larger effort toward a better understanding of human behavior and the origins of disease, a more rapid flow of ideas from bench to bedside, and a better integration of the knowledge generation potential of universities with the distribution capacity of industry.[6]

And, finally, there was concern with the prevention of nuclear war,[25] and on a broader scale it was recommended that the medical profession publicly demonstrate an abiding and aggressive concern with the health, safety and welfare of society as a whole—state, nation and the world—and become a vital force for peace, disarmament and a nuclear-free world.[26]

5. Balancing Conflicting Needs or Purposes

Balancing conflicting indications, risks, needs and the like is nothing new for physicians. They have highly developed skills for doing this, even when there is inadequate information. They bring their science, technologic skills and usually intimate experience with the human condition to bear on problems of health and health care. Many of the problems of communities, states, nations and even the world affect health or are affected by health, and many of these problems require finding a balance among conflicting needs or purposes. Just as in clinical problems in patient care, the knowledge, skills and the human experience to be found in the disciplines of medicine can be brought to bear on many social, economic and political problems pertaining to health and health care. Indeed one may consider that organized medicine is to the body politic as a physician is to a patient.[11]

There can be no doubt that the physician's perspective on complex social and human problems can be exceedingly valuable to society. Physicians speak not only as medical experts but as sometime patients and as knowledgeable citizens and taxpayers.[11] The forum contains many examples of conflicting purposes and conflicting needs, where input from physicians and the medical profession might help to achieve a more workable balance. Examples include the role of patient advocate versus "gatekeeper" or what quality of care is purchased at what cost,[19] or, how health care costs can be justified when so many other needs of society cry out for funding[11] or the effect of competition on health care and the conflicting forces impinging upon doctors, patients and the care that is given.[5] And in a larger dimension, in what ways can the perspective of medicine contribute anything to how best to allocate monies available in the gross national product (to bombers or nuclear power or to health and education, for example),[25] or to correcting flawed economic as well as flawed health policies?[7] Or as a learned profession, should medicine try to enhance the public's insight into what can be expected from government[7] or help to instruct the public concerning the hard lessons of finitude?[14]

These are only some of the areas of conflicting needs and conflicting forces that appeared in the forum. There are many opportunities for physicians and the medical profession to use the skills of the profession to help balance conflicting needs and purposes.

Recommended Contemporary Aims for American Medicine

A perusal of the printed and unprinted material considered in the *WJM* forum and in this report quite clearly identifies three contemporary aims for American medicine in today's more or less hostile environment. American medicine has an honorable heritage and the present problems that beset the profession are more the results of its success than of failure. The basic message is to reaffirm medicine's traditional strengths and apply them toward finding better solutions for the problems of health and health care, be they technologic, ethical, cultural, social, economic or political in nature.

The aims for American medicine drived from the forum are as follows:

1. *Take care of the sick*
   (This is the oldest and most fundamental aim of medicine and its reason for being, now and in the future. The art, the science and human caring find their highest expression in caring for the sick.)
2. *Promote health for all*
   (This is a more modern aim for medicine and it recognizes a relationship between illness in individual persons and health for all. Its dimensions extend to all the problems of population and health in the closed biosphere. The medical profession has much to contribute to better understanding of, and better solutions to, these problems.)
3. *Work within the profession and in society to find reasonable balances among conflicting needs and purposes affecting health and health care.*
   (The growing interdependence in modern society gives rise to many conflicting purposes, pressures and needs in health care and elsewhere. Physicians have training and experience in balancing conflicting needs or goals, often when there is inadequate information. Medicine has developed skills to do this that can be brought to bear.)

How to Do It

The strength of American medicine, whether in patient care or in the social, economic or political arenas of health care, in the final analysis lies not so much in the numbers and kinds of physicians or in the kinds of social, economic or political pressures the profession can bring to bear (although these are important), as in the traditional professional perspective doctors can bring to problems, whether in patient care or in the broader dimensions of health care in our society. This perspective is based on the special skills and human values that doctors acquire through their professional studies in the disciplines of medicine and their professional experience in caring for their fellow human beings in their adver-

sities. Just as a doctor brings all this into play when acting as physician to a patient, so can the medical profession, through its leadership, bring a similar perspective into play when functioning in the role of physician to society. And it may be that, just as physicians have now begun to market their services to patients, the time has come for the profession as a whole to begin to develop and market what might be its important new role as physician to society, and become a potentially significant new force in this increasingly interdependent world where so much that is done or is not done so profoundly affects health or is affected by it.

In conclusion, the *WJM* forum seemed to call for a reaffirmation of the concern and commitment to what it means to be a physician, to the heart of medicine (which is seen to be something other than dollars), to the primacy of patients' needs in health care, to better health for all, and to use these concerns and this commitment to help find better balances among conflicting needs and purposes in health and health care. Organized medicine should try to become better recognized as an association of concerned and committed physicians who work, individually and collectively, to bring their knowledge, skills and humanity to care of the sick, better health for all, and to finding reasonable balances among conflicting indications in the social, economic and political arenas of health care, much as they are trained to do when there are conflicting indications in the care of patients.

And finally, medicine is an honorable profession, useful to patients and to society, but only the profession can keep it so.

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