

---

---

## The Aim of American Medicine

---

---

are experiencing a stampede toward reductions in health care delivery. Everywhere we look, insurers, review organizations and new health delivery systems are touting their ability to reduce utilization. The word “unnecessary” has taken on the quality of a meditation mantra. But before policymakers break out the champagne and toast the lower rate of health care inflation, society must make sure this new system is not backfiring. Washington must make sure that it is not breaking the historic Medicare promise made to our senior citizens 20 years ago.

AARP members say, yes, reduce the unnecessary surgery, avoidable deaths and truly unnecessary hospital days—but do it in the name and for the sake of quality of care and be ready to stand up and say to all concerned: This patient and that patient and that patient are not ready to be left unattended.

While the initial focus of quality review is on hospital

inpatients, examination must *not* be limited to just the inpatient setting. Reductions in the length of stay, increases in patient transfers and greater use of outpatient services all point to the need for studying quality and the outcomes of care after discharge. Moreover, physical functioning, emotional wellness and capacity for independent living—including the effect of the prospective payment system on family members—are all crucial dimensions of care that must be understood. Finally, AARP will continue to press for a stronger consumer role in determining changes in the health care system and then educating the public about those changes.

So, in summary, it is AARP’s position that the aim of the American medical system must remain as it historically has been—the provision of the best medical care in the world to all who are in need of it, regardless of their ability to pay. The only change that today’s society has dictated is that some new and innovative ways to deliver that care must be developed.

---

---

# A Healthy, Disease-Free Society

---

---

**FRANK G. MOODY, MD, Houston**

*Professor and Chairman, Department of Surgery, The University of Texas Medical School at Houston*

THE PACE OF CHANGE in the way medicine is practiced in the United States has generated a sense of anxiety in providers of health care, their patients and the health care establishment in general. This uneasy mood is derived from the perception on the part of government and the private sector that medical care, as it is currently provided, is too expensive. There unfortunately are few data upon which to make an objective judgment about whether the public, as represented by the government or industry, is getting its money’s worth. Little is written or discussed as to what the inflated health dollar buys. What is clear is that the payors want a cheaper product and more accountability. The obvious risk to cost cutting is a dramatic and potentially harmful decrease in the quality and access to health care.

---

(Moody FG: A healthy, disease-free society—*In* The aim of American medicine within the constraints of today’s society—A forum. West J Med 1986 Aug; 145:184-185)

---

Reprint requests to Frank G. Moody, MD, Professor and Chairman, Department of Surgery, The University of Texas Medical School at Houston, 6431 Fannin Street, Houston, TX 77030.

The responses to fiscal restraint include Medicare’s diagnosis related groups (DRGs), proliferation of health maintenance organizations (HMOs), encouragement of competitive medicine through for-profit conglomerates and, more recently, “verticalization” of care in which a hospital develops its own medical catchment area. What is bewildering is that all these things are happening at once.

How should American medicine respond to these profound changes in the way in which sick people are cared for? If the trend towards institutionalized medicine continues at its current rate, it is clear that most physicians will be working in association with other physicians for a corporate entity. An effort is under way to preserve the traditions of private practice with its fee-for-service compensation and the close doctor-patient relationship in the form of independent practice associations (IPAs). It is unlikely, however, that this mode of care will be able to compete with the more efficient, and apparently cheaper, comprehensive care practiced by large prepaid multidisciplinary groups.

But economics is not the only issue. The public cannot be denied the benefits of a rapidly evolving body of knowledge

and technology. Medicine's aim should clearly be to bring therapies to the sick that will relieve their suffering or cure their ills. More important, a larger effort should be made toward understanding human behavior and the origins of disease. The prevention of cardiovascular disease, cancer and traumatic injury would clearly represent cost savings and a positive contribution to the quality of human life. I am convinced that this is an ideal that likely could be achieved within this century if more effort and resources were devoted to it. Not that all of our ills would be prevented, nor would there be perpetual life on earth, but at least incapacitating illness could be reduced to a minimum.

Meanwhile, more attention must be paid to enhancing the flow of ideas from the bench to the bedside. This will require a more concerted integration of the knowledge-generation potential of universities and the production and distribution capacity of industry. Government has an important role in the process through supporting higher education for its constituents and for insuring a legal climate in which new technology can be applied without excessive liability. A healthy, disease-free society must remain the ultimate goal whether we can afford it or not. In my opinion, there is adequate money available for this purpose. It only remains that it be used wisely.

---

---

# The Essence of Being a Physician

---

---

**JACOB NEEDLEMAN, PhD, San Francisco**

*Professor, Department of Philosophy, San Francisco State University, San Francisco*

AT A DINNER PARTY the other night, I happened to be seated next to a young, energetic health care consultant who challengingly asked me about my book *The Way of the Physician*. She wanted to know what a professor of philosophy and comparative religion could possibly say of practical use in the current crisis facing the medical profession. In light-hearted, dinner-party tones, but with quite serious intent, I explained the thesis of my book: that doctors have to become *people* and that nothing else will rescue modern medicine from its present difficulties. I was taken aback by her reply. Without a moment's hesitation, she said flatly that such a thing was not possible! The role of a doctor was now, she maintained, to serve solely as a scientific technician. A patient's need for compassion and humane attention was far better met by a nurse practitioner or a chaplain or a social worker. Doctors, in the familiar sense of the term, no longer exist. So she said.

Is it true? Are we actually entering the "postphysician era" in which the ancient, archetypal function of a doctor will

now be parceled out among medical technicians and paramedical professionals? I do not think so. But to rediscover the meaning of being a physician within the constraints of today's society will require that we know with certainty the essence of the practice of medicine, the essence of what it means to be a physician. The role of physician is fundamental to human society and culture. In one mode or another, this role has always existed. It represents the blending within the human psyche of knowledge and love, the mysterious but necessary balance between mind and heart, scientific detachment and compassionate engagement in the suffering of our fellow human beings.

I maintain that the constraints of today's society have no intrinsic power to prevent our moving toward this ideal. In fact, much of what now seems to block this ideal—the economic, legal and governmental forces—owe their power solely to our failure to perceive the essence of the physicians' art. It may be true that in many respects today's physicians cannot outwardly conduct their practices in ways that were once taken for granted. But the inner reality of the art of medicine remains the same, and by holding fast to that inner reality we can, I believe, regenerate the role of doctor and infuse life into the forms of medical practice that are dictated by contemporary socioeconomic influences. At the same

---

(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)

---

Reprint requests to Jacob Needleman, PhD, Department of Philosophy, San Francisco State University, 1267 Arguello Boulevard, San Francisco, CA 94122.