
The Aim of American Medicine

The question for American medicine is with whom is it most willing to collaborate: an admittedly inefficient government or an inherently inequitable market? Under whose controls will it best be able to pursue quality and service: government socialized medicine or competitive socialized medicine?

If we continue as Wall Street predicts, the problems of the poor, of the uninsured and underserved, of a two-class health system, will become more and more apparent—even to the point of a reversal of recent positive health status trends. This will stimulate renewed discussion, by the professions and by consumers, of a national health program. Enactment of such a

program that melds the capabilities and interests of the profession for quality, of the market for efficiency and of the government for equity is, it seems to me, inevitable before the end of the century. Given the experience in most other industrialized countries, it is also a desirable direction.

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The Credo of an Honored Profession

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TO DEFINE THE AIM of American medicine in today's environment, we must first know what is unique about American medicine.

When I am asked that question, it always reminds me of a story told about Benjamin Franklin. It is said that, as he left the meeting concluding the constitutional convention in 1787, a member of the waiting crowd asked him, "Mr Franklin, what kind of government have you given us—a monarchy or a federation?" He replied, "A federation, my boy, *if you can keep it.*" If one were to instead ask, "What singular quality makes American medicine unique?" the paraphrased answer would be: "It is an honored profession, my boy, *if you can keep it.*"

What is a profession? Traditionally, it is a field of endeavor requiring specialized knowledge obtained by prolonged and concentrated study—knowledge much beyond what the average person can be expected to obtain. Because of their acknowledged value to society, professionals are accorded certain privileges and honors, such as the privilege of

self-discipline. In return, they are expected to apply this knowledge for the betterment of the greater society. In the field of medicine that professional credo can be summed up quite simply. It is "healing first and dollars second."

American medicine is currently locked in a struggle, seeking to preserve and pass on its heritage to the next generation. For the last ten years, our profession has experienced a series of hammering attacks from the "four horsemen of commercialism." They are big government, big business, the insurance complex and the hospital industry. If they had their way, the four horsemen of commercialism would change the credo of medicine from "healing first and dollars second" to "profits first and healing second."

Recently we have seen the corporate acquisition of medical schools, and a health maintenance organization in southern California advertising that its hospital will kick back a portion of profits to those doctors admitting patients with medical diagnoses that result in big profits to the hospital under the new Medicare system. I submit that professionalism itself is in an undeclared war, attacked by those committed to "bottom line" thinking.

Let me illustrate with a chilling anecdote. I recently appeared as a witness before the Prospective Payment Assessment Commission (PROPAC) in Washington, DC, along

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with several other panelists. One of the other panelists was a high official in the Health Care Financing Administration. He analyzed various ways to assess the quality of care provided under the diagnosis related group system and he warned that if mortality statistics are to be used in any comparative way, then very careful selection must be made of the right numerators and denominators in order to avoid possible distortions from extraneous factors. "Garden variety" mortality statistics would probably not be suitable (and this was his exact phrase) "if we are to obtain a picture of *the flow of death* that may, or may not, be attributable to the new payment system." The "flow of death" is a shocking phrase; it exemplifies true bureaucratic thinking, and we must never forget it.

Physicians are deeply concerned about the threat to quality in health care, but, remember, differences in that quality can only be measured in the differences in outcome experienced by a patient. There are many outcomes of importance (mortality, morbidity, patient satisfaction, lost employment and the like). When one takes all factors into account, high quality care can often be less expensive than lesser quality. When physicians speak of preserving the option of high quality care in America, *that* is what we mean.

I believe the real issue today is *not* money; that is simply the battlefield on which the real issue is being fought. It is the control of quality-of-care decision making. This control re-

lates directly to the credo of professionalism: healing first and dollars second.

Some may ask, "Who should control quality-of-care decision making? The government, the health insurance industry or possibly the doctors?" The answer must be, "None of the above." Quality-of-care decision making should *remain* with those most closely affected by the resulting outcome, and that means patients working in concert with, and advised by, their doctors. It is a *joint* decision-making process.

Therefore, the need is for health care competition conducted in a responsible fashion, with a broader perspective than the fiscal bottom line. The phrase "caveat emptor" must never be the watchword in health.

Full-bore competition will not be painless, but competition is substantially preferable to regulation. As they say in the world of exercise and conditioning, "no pain, no gain!"

These are easily the most dynamic times ever seen for health care in this country. The generation on the firing line now must do its utmost to preserve and promote health care that is simultaneously accessible and affordable to all Americans and of the highest quality *in the judgment of those who receive it*. The success of that effort is by no means assured but, if we are to pass on "an honored profession" to those who follow, our bottom line must steadfastly adhere to "healing first and dollars second."