

Forum

The Aim of American Medicine Within the Constraints of Today's Society

In the August 1986 issue the editors began a forum for discussion of the aim and purpose of medicine within the constraints now being placed on health care. A summary will appear in a future issue.

What Patients Expect

CARTER G. MOSHER, MD

MUCH HAS BEEN WRITTEN in recent years about the declining prestige of American medicine. Paradoxically, this public disenchantment has mounted during a period of unprecedented advancement in medical science. One critic (Aaron Wildavsky) has been prompted to draw an analogy with the patient who is "doing better, but feeling worse." Understandably, physicians are asking themselves, "Just what do they expect from us anyway?"

Respect cannot be gained merely by insisting that it is due. We are well advised, I believe, to look within ourselves to reaffirm those qualities that have traditionally earned high social esteem for members of the medical profession. The lesson is inescapable that patient satisfaction relates more directly to the personal touch of a physician than to the impact of modern technology. In my view, society will continue to value those physicians:

1. Who can place their patients' interests ahead of their own convenience;
2. Who offer more than knowledge and skill, namely the energy and dedication to apply them in day-by-day contact;
3. Who take the time to communicate their advice as well as their compassion;
4. Who consider how they can heal, where possible, and how they can help in any case.

The practice of medicine is truly an extension of one's intellect and attitude; an extension, let me suggest, in the active sense of reaching out to make one's services available. Ideally, the physician is a composite of the informed professional and a caring human being. To the extent that we can remain sensitive to the personal concerns of our patients, we

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will be giving them not only the best that modern medicine has to offer, but also the confidence that they have a doctor to whom their state of health really matters. Those physicians who heed this calling will surely bring honor to themselves and to their profession.

A Nuremberg Defense

GLENN S. VANSTRUM, MD

DURING THE PAST DECADE vast changes have occurred in the economic, political and technologic practice of medicine. Nevertheless, in spite of DRGs, PACs and MRIs, we still care for the sick. In the shadow of Hippocrates, we still strive to uphold a moral tradition. In the hospital trenches, we still battle death and debility.

(No real change there.)

Gradually big business and big government are telling us more and more what we must do, or what we must desist from doing. As we slowly lose financial control, we physicians might still be optimistic that the public respect and admiration the medical profession has built through generations of dedicated travail will somehow keep us well cared for on a material basis.

(We hope, at least.)

Really, all we need to do is follow the directive of government and assist getting the health industry's newly inflated 10% of the GNP back to a more reasonable 6% or so.

(Cost-cutting is a buzzword these days.)

We should surely just get back to work caring for the sick, do our jobs, and let our wise political and economic leaders take charge.

(Well, let's not let them push us around *too* much. After all, what about the quality of care?)

Perhaps we might want to ask, for what exactly is the rest of that GNP being used? Does it build Hondas, Sonys, Nikons, BMWs and Mercedes?

(No, probably not.)

Does it build cruise missiles, MIRVed Minutemen, "Peace-keeper" MXs, B-1 bombers and neutron bombs?

(Oh, no. You're one of those antinuclear nuts!)

What is the purpose of having a clever nuclear deterrent of 5,728 submarine nuclear warheads, 1,027 ICBMs with 2,127 warheads and some 3,500 strategic bomber nuclear devices?

(To keep the Russians from bombing us, of course.)

We are spending billions to upgrade our weapons so they can target the Russians' 6,012 nuclear weapons in 1,398 missiles. Is there a reason to do this, if, say, we were already attacked by the Russians and those silos of theirs were empty?

(No—but what does this have to do with medicine?)

Then the United States is, essentially, condoning a first-strike nuclear weapon philosophy.

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