(Whatever it takes to show those evil, God-less Commies.)

Most experts agree the US has some 30,000 nuclear devices, strategic and tactical, the USSR some 20,000, and France, Britain, China and Israel some more. If a Challenger-Chernobyl type of technology failure occurred, there is a real chance someone might get hurt. And, with most of these weapons cocked and poised at each other on 30 minute warning. . . .

(Well, ha-ha, we'd win then. Our four touchdowns and a safety over their three TDs and a missed extra point, 30-20.)

Given the communications problems submarines have, and such a phenomenon as the electromagnetic pulse (well documented radiation effect of atmospheric nuclear explosion which causes sustained electronic havoc), it is very probable a "small" nuclear exchange would escalate into an all-out exchange.

(We learn from experience, then.)

Carl Sagan and other physicists predict that a "mere" 100 megaton exchange would precipitate the global year-long climactic change called a nuclear winter.

(But do we really know that?)

Most medical authorities predict global destruction of life following such an exchange, and possible extinction of our own species.

(Oh, these long-hair beatnicks and hippies have been carrying those "The End Is Near" signs for years.)

While the Strategic Defense Initiative (Star Wars) is pleasing intellectually, it seems unlikely a determined opponent would not be able to sneak a few hundred megatons or so through.

(So?)

When one couples the SDI defense system with our MIRVed (multiple independent reentry vehicle) silo busters and submarines with which it is doubtful command will be able to communicate after hostilities begin—why, we see that we have a system built primarily for *first strike*. Isn't there something a bit immoral about planning this?

(It's not our business as physicians to worry about this!)

If our country and the USSR are pursuing a first strike strategy that is expensive and genocidal, do we not, as physicians, have a moral duty to band together and get our global patients onto a healthier regimen?

(I just do as I am told. Let the experts in the political/military/industrial world handle it. I'm going back to the hospital.)

You've been very patient. One last question, please. Suppose, as a physician, you survived a nuclear bomb explosion. What would you do about the hundreds of thousands of burn, trauma, starvation, radiation and disease victims?

(You're just trying to scare me. You've obviously been influenced by the Communists. Go back to work. Do as you are told.)

Medicine's Problems Reflect Society's

EDWARD PALMER, MD

THERE IS AMPLE historical support for the view that the problems plaguing today's American medicine followed sequentially federal legislation designed to improve and extend its benefits to the citizenry. The recognition of its wayward consequences is indispensable to the rethinking of medical care fundamentals. Such rethinking should include not only how to adapt to the present reality of the practice of medicine but also how to limit, neutralize or prudently counteract its disruptive and hampering effects on health care and enhance the public's insight as it grows in understanding of what can be expected from government.

Your previous contributors agree on the fundamentals of professional conduct. We should also agree upon a pluralism of ethical medical approaches to satisfy desired choices, needs and means—both of the patients and ourselves. Pluralism is dominant in our society. It is what gives individualism its quality and is basic to social tranquility.

The enactment of Medicare disregarded the realism of our varied financial means. It was the philosophic turning point in the provision of medical care to a segment of our population. Our long-term aim should be Medicare's dismantling with the expansion of Medicaid (the AMA's original Eldercare proposal somewhat altered) to take care of the financially needy seniors. The political flak could be somewhat neutralized by noting that 52% of Medicaid patients are Medicare beneficiaries. It will be slow and difficult but worthwhile.

The search for means to adapt to the restraints of present-day medicine aside, our problems cannot be separated from the other pervasive changes affecting our society as a result of our flawed economic and political policies. As a learned profession, our greatest concern should be with the looming placebo-treated economic upheaval—the continuing spending beyond our imagination or understanding, the monumental debt and our monetary policy solutions. An economic shambles threatens our form of government! Common sense suggests we make our own preparation for a medical Grace Commission when the most severe and crippling belt tightening becomes inevitable. Unless my understanding is totally flawed, that's where we should examine the gaping cracks in our entire social framework.

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(Palmer E: Medicine's problems reflect society's, *In* The aim of American medicine within the constraints of today's society—A forum. West J Med 1987 Jan; 146:107)

Educate, Educate, Educate

R. W. ODELL, Jr, MD

WHETHER WE PHYSICIANS agree or disagree, our society has decreed through its collective bureaucracies that a kind of ceiling has been reached for the funding of our health care enterprise. This event is forcing a long needed reappraisal of values we as physicians have taken for granted. How important is it to sustain mere physical existence? Are biotechnological solutions adequate, or even appropriate, in the healing of most illnesses? Can we, as organized medicine, justify these expenditures when so many other needs in our society cry out for funding? Medicine has not been honest about these issues with the larger culture. We have "taken the money and run," as Woody Allen would say. As long as third parties were around to pick up the tab, we were free to go our merry

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way, treating the physical manifestations of illness without having to ask too many embarrassing questions about efficacy or cost-effectiveness.

In some sense, the organizations of American medicine bear the same relationship to the body politic that the individual physician bears to his patient. A competent physician educates his patient as part of his treatment. American medicine will regain its preeminence in our society only insofar as it reassumes this vital function of educator about matters medical. This will require a brutal honesty and much soul-searching, for past deficiencies are not easily made up.

Initially, we must tell our constituency that biomedical intervention has been oversold as a solution to the healing of illness. We have not wrought miracles, we have merely performed some amazing technical feats that are only of limited usefulness to a fortunate few. The use of technical solutions as the sole means of treating illness and disease will never "cure" us; not only is this approach doomed to failure, but its wide application carries the substantial risk of generating ". . . a new kind of suffering: anesthetized, impotent, and solitary survival in a world turned into a hospital ward" (Ivan Illich, *Medical Nemesis*, Pantheon, 1976).

Second, biomedical intervention comes with a price tag, and therefore no one has an absolute "right" to its potential benefits. As a commodity much like automobiles, shoes, deodorant or toilet paper, its price and availability are subject to the law of supply and demand. Only by subsidizing the cost of biomedical intervention through third party payment schemes has the medical care consumer been shielded from the direct economic impact of escalating prices secondary to increased utilization.

Third, we must reemphasize how important the role of individual judgment is in deciding on appropriate treatment. Because payment schemes emphasize procedures unduly, experience and judgment have not been accorded their proper place in the medical decision-making process. When to do a procedure, what procedure to do, and how well a procedure is done are of more importance in determining quality care than whether or not a procedure is done.

Fourth, we must reeducate ourselves as to the true nature of the healing transaction. Are we merely biotechnicians, manipulating serum concentrations of chemicals or removing diseased tissue and organ systems? Or can we again become physicians in the sense Jacob Needleman speaks of in his book, *The Way of the Physician*—"a man who has both magnetism and conceptual knowledge . . . inner being and outer knowledge in stable harmony," offering our patients what only we can give, the healing power of "concentrated attention"?

The physician perspective can be exceedingly valuable to society, for we speak not only as medical experts, but also as sometime patients and knowledgeable citizen taxpayers. Our collective voice will only be heard and heeded, however, when we speak honestly, truthfully and clearly. Self-promotion and media blitzes may seem attractive in the short run, but ultimately they only serve to obfuscate. Instead, the aim of American medicine within the constraints of today's society should be to educate, educate, educate.

Aggressive Concern for Society as a Whole

MURRAY KLUTCH

AS ONE WHO DEVOTED a greater part of his working life working for, and on behalf of, physicians but can now view their problems and concerns somewhat more objectively after several years of retirement, I find your series of articles illuminating and yet short of the mark. Illuminating in that some of the contributors have correctly focused on the need to identify with the humanistic values and concerns of the patients American medicine has once again begun to emphasize, rather than on the technological and scientific aspects with which medicine has been identified in the past. The fears of competition, government domination and control, the threat of other disciplines, the loss of individual esteem and initiative, and criticism over physicians' charges and incomes reflect some of the concerns of those who engage in the day-to-day practice of medicine.

But if medicine is to become the "pilot" that Dr White proposes in his Forum article in the October issue, it must assume more than an identification with the psychosocial interests of patients. *It must publicly demonstrate its abiding and aggressive concern with the health, safety and welfare of society as whole—state, United States and world.*

The greatest threat to humanity is the threat of war; a nuclear war whose dark shadows hover over the lives of all people, including those of physicians who deal with their daily problems and those of their patients.

American medicine can assume the greatest undertaking of its history by becoming a vital and active force for peace, for disarmament, for cessation of nuclear weapons, for joining forces with physicians throughout the world in voicing their opposition to war. By so doing it will have earned the respect and gratitude of the American public as a leading exponent of a nuclear-free world. This is the kind of leadership American medicine must take despite other constraints of today's society if it is to achieve the heights of respect and acclaim it once reached—and can still attain.

There is evidence of such a growing movement in many countries throughout the world. *The Western Journal of Medicine*, which has previously devoted special issues of wide interest to its readers, would be performing a greatly needed service by informing physicians of the greatest threat to their survival, their profession and that of mankind by dedicating such an issue to the importance of peace in our lifetime and that of the future.

Such unique and bold leadership would, indeed, not go unrecognized.

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