

A New Climate*

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One of the more striking changes taking place in American medicine these days is the increasing disposition of laymen to sound off about it in public. Whether this is also one of the more important changes, you will have the opportunity to judge by the conclusion of this morning's program. Certainly no one could say that the AAMC, in planning this year's annual meeting, tried to shield itself from exposure to this kind of change!

I suspect that the laymen, however ignorant he may be of strictly medical matters, does have an important role to play in medicine, just as he does in regard to many other specialized, professional activities in our national life. This role, as I see it, is to assess and comment on such activities, not from the viewpoint of the people engaged in them—not at all—but as the larger society, the general public, if you will, sees them. This is the task I have set myself this morning.

It is, of course, only stating the obvious to say that the viewpoints of the professional man and the public will seldom—perhaps never—be exactly the same. The professional person is engaged in the practice of his profession, be it law, medicine, architecture or any other. He practices it according to the traditions, canons, and ethics of that profession. He does not for a moment doubt that those traditions, canons, and ethics are as much in society's interest as in his. And at bottom he believes that only he and his professional colleagues can have a valid judgment on that question. Society at large he considers not competent to make such a judgment.

Until recent years the larger society stood very much in awe of the professions, and particularly of the medical profession. If society's concern, which was, of course, not with the practice of the professions as professions but with the services provided, was not adequately met, there was a reluctance to

complain—a diffidence to challenge the intellectual and moral heights occupied by professional men.

People might complain bitterly in the bosom of their families about the indifferent service, outrageous charges, or arrogant attitudes of some professional men, but they did not attack them publicly. At bottom they were afraid to, afraid because of the secure position of the professions in the general scheme of authority and because of the immense power, even over life and death in the case of the physician, which his skilled knowledge gave the professional man.

All that has changed in recent years. No longer does the special mystique of the professions render them unassailable. No longer is their authority entirely secure. The day when the voice of the consumer will be heard is here. And it constitutes a kind of revolution in our society.

The reasons for this change are complex and not clear. In part it may simply be the result of a better educated populace. Far more people are completing high school and going to college. The better educated people are, the less dependent they are on the voice of authority and the less impressed by it. It is also possible—some people believe so—that television has played a part in the undermining of professional authority. Many Americans are more familiar now, or think they are, with the respective auras of the professions, and hence less awed by them, than they once were, simply as the result of watching endless hours of T.V. programs on these subjects.

Another, and perhaps more cogent, explanation may be that a huge volume of rising demand for professional services, stimulated by affluence, by better education, and by the media generally, has caught the professions inadequately prepared to deliver the goods either in quantity or quality, and this has caused widespread disenchantment with them. This is particularly true in medicine.

Lastly, to many Americans—the young, the poor, the discriminated against and all those for whom social justice is a burning, central question of our times—it seems apparent that the nation's economic and social system is so organized that the preponderant weight of the professions inevitably becomes en-

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A NEW CLIMATE

gaged on the side of, and in support of, privilege and affluence rather than in behalf of the unprivileged and poor. To these Americans the claims of the professions to moral authority are consequently simply devoid of meaning.

I can think of no issue that is more on the minds of many of our ablest young medical students and law students than this one. This is what they mean by relevance in their studies. This is why they set up activist organizations like the Student Health Organization. This is why they go to work for the Mississippi office of Legal Defense Fund of the NAACP, or spend their summers in Washington as Nader's Raiders. This is why law students are sending a stiff questionnaire about the legal profession's ethics and commitment to social issues to the 600 law firms that will recruit at Harvard, Stanford, Michigan, and other leading law schools this year.

This final aspect of the present challenge to professional authority, with all its enormous implications, is, I believe, just one active front in a more extensive revolution against established interests and the status quo generally by the poor, by minority groups, by some of the clergy, and by a large proportion of our young people, irrespective of race, creed, or economic background.

Like most revolutions, this one is a disorganized, untidy affair, containing its share of intolerance, irrationality, cruelty, strong arm tactics, romantic naïvete and self-aggrandizement. Naturally, it is distasteful and disturbing to all of us who happen to be older and happen to be in positions of authority, whether we are public officials, college presidents, industrialists, trade union leaders, deans of medical schools, or foundation officials.

But I believe that, even if we sometimes find its rhetoric offensive and its tactics reprehensible, we must accord this revolution our recognition and not respond to it with a too hasty negative reaction. Most of all, we must listen to what the revolutionaries are saying, and we must communicate with them. I believe this because I am convinced that giving this upheaval ultimate shape and direction is a deep and genuine humanitarian spirit which one day, properly focused, will make ours a more democratic, a more just, a more peaceful, and a saner society.

This recognition, this capacity to listen and communicate, is extraordinarily difficult and painful for most of us—not because we are reactionaries, warmongers, racists, fascists, or any other assorted form of beast some of the revolutionaries may choose to call us. Indeed, most of us have long prided ourselves on being liberal-minded, democratic, tolerant citizens and are convinced we have spent our lives working for a more just society. No, recognition of the revolution is painful to us precisely for that reason. We feel our motives are pure, and we believe we have been

doing our best. Ergo, the charges against us are unfair, and we resent them.

But isn't this reaction, human and understandable as it is, really irrelevant—just as comparisons of our nation with more benighted nations or of our times with less enlightened times are basically irrelevant? Surely the only relevant question for a rich and powerful nation like this one is whether the great wrongs, which are being so strenuously protested, do or do not actually exist here in the United States at this very moment. Is there hunger and malnutrition? Does the law protect all citizens, rich or poor, equally? Is there racial discrimination? Do all children have equal access to a good education? Do all the people have adequate medical care?

These questions answer themselves. Yes, the wrongs do exist, here and now, and we know—and the revolutionaries know we know—that they could be corrected if only we and the rest of the nation's leadership had the necessary vision and determination.

I have talked about these two major upheavals in our society—first, the breakdown of professional authority with its concomitant new demand by the consumer of professional services that his voice be heard; and, second, the essentially valid quest for social justice by the young, the poor and the discriminated against—because, different as they are, and yet related as they are, these two forces together are of fundamental importance to the future of medical care in this country.

A third major change of which all of you here are equally aware is the enormous shift that has taken place in the past few years in the attitude of the American people toward access to medical care. What until recently was regarded as a commodity to be purchased by those who could afford it and dispensed as an act of charity to those who could not is now widely regarded as a basic right. More and more Americans are thinking about medical care as they think about public education, public highways, police protection, sanitation, or anything else they take for granted as being guaranteed to them by the divine right of American citizenship. The enormously increased expectations for medical care this new attitude has produced, and the frustration and anger which result when the expectations cannot be met, have produced a smouldering volcano in our national life.

This striking change in the public attitude toward medical care is something of a mystery. As with the new challenge to professional authority, improved standards of education, increased affluence, and television may have something to do with it. But there is something else, a factor which can perhaps be identified as a general rise in individual self-respect that has been taking place among many millions of Americans in recent years. Not so long ago these individuals

—the poorer, the less-educated, the humbler people amongst our population—would have accepted poor health as one of the inevitable burdens of this brief stay on earth, about which nothing could be done. But that kind of passivity is rapidly disappearing. “If another person can get good medical care, then why shouldn’t I and my family?” would now be the standard reaction of nearly all Americans. And why not indeed?

A fourth, and, I believe, equally powerful revolution that will have a fundamental bearing on the future of medical care in this country is not yet upon us. This is the totally new public attitude that is likely to emerge from an increasing realization, as the nation tries to face up to the implications of medical care coming to be regarded as a right, that the main issue is not the availability of medical care per se but the national maintenance of individual health. This is a concept, as one thinks about it, that staggers the imagination in its complexity. But I am convinced that the nation cannot avoid coming to grips with it, if only because of the tremendous cost involved in providing good health care to the entire population.

The questions raised by the concept “maintenance of health” are endless. What is health—both physical and mental? Are physical and mental health constants, or do they vary from age to age, decade to decade, or even year to year? Can good health be delineated as a separate, identifiable entity, or is it inevitably simply a shadowy, indefinable function of other aspects of society? If so, what aspects, and how must they be manipulated to affect health? And so on.

Despite all the inherent difficulties caused by its intangible aspects, the concept of health maintenance does have many specific, identifiable facets. We take for granted now such measures as public provision for immunization against certain diseases or compulsory safety standards in places of work. Others, such as annual physical exams at public expense for every man, woman and child, would be extremely expensive and might not provide adequate returns for the cost involved, but this is the type of measure that most people would understand the importance of. Any one of us could, presumably, set down his or her own list of specific steps that might be taken to begin to implement the concept of national health maintenance. And before long, I am sure, it will be a favorite sport in Washington, as the costs of national health care are weighed against the costs of national health maintenance.

These four revolutions—emergence of the consumer voice, the quest for social justice, the new attitude toward medical care as a right, and the concept of health maintenance on a national scale—I am convinced, together, form, or shortly will form, the matrix which will mold a radically new health

care system for this nation. And it is my guess that within the next decade we will have made a major start on bringing this into being.

What, then, are likely to be the principal assumptions underlying such a system when it does come? In broad terms, I would think the following: First, every citizen, whatever his economic status, place of residence, age, color, or other consideration, will have guaranteed access to adequate medical care. Second, assuring such access will be a public responsibility, concurrently, of all levels of government, but ultimately of the federal level. Third, since the system, at least in its initial phases, will cost a great deal of money, substantial appropriations will have to be provided for it annually by the federal government. Fourth, because of the increased portion of GNP and of governmental revenues that will have to be devoted to health care to make the nation-wide provision of it a reality, the system will have to assume, and perhaps, through a strong health education program, foster the idea, that every individual has a responsibility to maintain his own health. And, fifth, to this end, the system itself will be heavily oriented toward the prevention of disease.

Beyond this listing of assumptions, I would not be prepared to make any predictions. One obvious question, of course, is whether a national system of health care for this country will ultimately have to be totally public in character. I will admit my bias at once by saying I hope not, and I think that bias is shared by most of you and by most Americans. There are some kinds of incentives which private endeavor, profit-making or nonprofit, can provide for quality, initiative and inventiveness that can be enormously valuable in almost any sphere of our national life.

In all candor, however, we must admit that the mixed public/private, but predominantly private, nonsystem the nation now has has been a miserable failure in delivering adequate, comprehensive health care to many millions of its people. And as the impact of the several revolutions I have described becomes more pronounced, the failures will become steadily more obvious to all and more intolerable to the nation.

Whether in the face of this failure it will be possible to find a rational place for the private sector within the system, I don’t know. It will certainly require the development of some imaginative new relationships between the public and private sectors, relationships which represent a careful reconciling of the need for independence, intrinsic to the private sector, and need for public accountability, intrinsic to the public sector.

An equally important question for the future will have to do with the role of presently existing public facilities within a national system of health care; for example, the municipally supported hospitals in our great cities or the state mental hospitals. Again, I am

A NEW CLIMATE

prepared to make no predictions on this score. I mention the question only to suggest that the problem of making intelligent, efficient and accountable use of facilities we already have will by no means be confined to the private sector. Indeed, we may well find that the most intransigent problems lie with the public institutions.

In summary, the central question will be whether the United States can build on its present foundations to develop a system of health care capable of serving the entire population. Can the means be found to bring public and private interests as we know them today together into a single focus? And can the federal government effectively serve as a catalytic agent for this purpose? More specifically, can the federal government set standards of performance, encourage experimentation in the delivery of health care, coordinate existing resources, save private facilities from financial collapse, design and fund a system of national insurance, meet the costs of training greatly increased numbers of physicians and other health workers, and take many other essential actions? I see no reason why it cannot do all of these things, if it is spurred on by a national will that they be done and if the nation's top leadership responds to that will.

Convinced as I am that powerful forces in our society which are not to be denied will bring a national system of health care into being within a few years, I nevertheless continue to be troubled by a fundamental question. Can any great social leap forward take place and be sustained in one sector of a society without corresponding advances in others? I have puzzled over this frequently in regard to the problems of urban education. Can we ever have good education in our inner cities without better housing, better job opportunities, better health facilities? And similarly, can we ever have good health without improved education, improved housing, and improved economic opportunity? Can advances take place piecemeal, or must there be a general advance across a broad front?

There are, I suppose, two answers to this question, one specific, one general. Advances in science and medicine usually seem to have taken place in narrow salients followed by a kind of mopping up operation of the territory between, so that eventually progress has been achieved across a broad front. But, if one looks at the principal indices of the human condition for substantial population groups, it generally seems to have been the case that improvement in one sector cannot be maintained for long without corresponding advances in others. It would seem, therefore, that wherever possible we should be making specific improvements in the delivery of health care to those most in need of it, not only because of the intrinsic importance of this but because we need to know more than we do about delivery problems.

However, we cannot expect, at least in the slums, any substantial general improvement in the health standards of large numbers of people until a sufficient effort is made in other sectors, such as education, housing, and economic opportunity, to assure real advances in those areas also. This conclusion suggests, therefore, that health planning cannot be carried out in isolation from other kinds of social planning and that the health planner must be broadly trained to understand and to cooperate with other kinds of planners.

What also troubles me, as I think about the relative power of the forces for change in the delivery of health care, is that they may well be successful in bringing improved facilities and service to the vast middle and lower middle classes of the nation—and that, of course, is a very good thing in itself—but far less successful in helping the disadvantaged. We may get a national system which is fully intended to equalize the delivery of good health care to all, but in fact doesn't work out that way for the rural and inner city poor, just as it does not work out that way in education. One could reach that pessimistic conclusion on the basis of the apparent slackening off at the present time of the national effort in behalf of social justice.

Nevertheless, we are talking about the next decade, and over that period of time I would put my faith in the capacity of the poor and minority groups to generate ever more powerful political leverage, not just in city halls but in state legislatures and the Congress as well and in a swing of the pendulum of middle class opinion back toward the kind of awakened conscience it showed in the first half of the present decade. In the latter respect, I count heavily on the leadership of the young.

One might well wish that the kind of national system I have talked about was already a reality in the United States. As one looks about at the failures of the present nonsystem—the needless misery, suffering, and loss of life it causes amidst the truly fantastic display of opulence and waste in this the richest of all societies—he is smitten by a terrible sense of guilt. How can we as a people be so callous? How can we tolerate it?

One might well wish too that he could detect within the medical profession at large a general sense of outrage over our present medical care arrangements and a determination to seize the leadership in bringing an equitable national system of comprehensive care into being. Is there such a sense of outrage? Is there a determination to seize the initiative and go at it? Here and there among individuals there is, but if we wait for the medical profession at large to take the lead, the volcano I mentioned earlier will have erupted long since. The best we can expect from the profession generally, I am afraid, is simply that it

A. PIFER

will not offer the kind of bitter, rear guard opposition to a national system of health care it did to some of the fragmented efforts of the past, such as, most recently, Medicare.

There is an immense amount that those of you who direct the affairs of the 350 great medical centers of the nation can do, things you can see will obviously be needed whatever shape and nature the national system ultimately takes, things which take advantage of the enormous talent which your centers possess. Among these—and remember I give you only the layman's judgment—I would list the following:

First, you can design and try out experimental new delivery programs that will provide good care to defined population groups, including both advantaged and disadvantaged families—programs such as those which the Duke Medical Center has recently started, Johns Hopkins is about to start, and others are considering. An essential element in these programs, I believe, will be consumer participation in their design and management.

Second, in the academic medical centers you can start new educational programs for physicians, programs, for example, which utilize the wider resources of the university to produce doctors as broadly trained in the social sciences as in biomedical fields. Doctors with this kind of background are now essential—to take the lead in organizing and bringing medical care to the disadvantaged, to study the social context of disease, and to tackle the enormous problems of health maintenance on a national scale. You can also work to reduce the length of the physician's training without reducing quality, and you can experiment with ways of providing rewards to clinicians specially interested in the delivery of care as high as those earned by other clinical specialists. Stanford, Case-Western Reserve, Duke, Hopkins, and McGill have jointly made a commitment in this direction, and other institutions might follow their lead.

Third, you can institute programs to produce on an experimental basis new kinds of professional health workers, such as the new pediatric nurse and pediatric associate being trained at the University of Colorado. You can also play a role in helping high schools, community colleges and other non-medical institutions design programs for the training of new types of technical and semitechnical personnel to support and assist the physician. And in the teaching hospitals you can take the lead in demonstrating the possibilities for providing challenging job opportunities to workers who have not had such mobility to date.

Fourth, you can mount new programs that will help to answer the multiplicity of old and new questions that will arise as the nation girds for a national system of comprehensive health care—study of delivery systems, of costs, of the factors affecting health, of the design and running of health facilities, of con-

sumer needs, of new technologies that can improve efficiency, of the very meaning of health and the relationship of it to other social indices, and so on. The list is endless.

Finally, you can—you must—get together, and continue to work together, not to plead but to demand that the financial resources be made available to you by the federal government to make possible the kinds of research and experimentation I have just described, and to finance the training of greatly increased numbers of physicians and other types of health workers, especially of minority group background.

The last of these five tasks will, of course, come inopportunistically as you are still engaged in a desperate battle to keep the extensive biomedical research programs you have launched in recent years with federal money from going to the wall. Most of these programs are important to the nation, and it is essential that they be continued. Essential also is rapid improvement in the delivery of health care, based on presently available medical knowledge. Indeed, to millions of Americans currently without medical attention altogether or inadequately served, this is their highest priority. For you, obviously the choice cannot be one versus the other, as both are clearly essential. I only plead with you that in your anxiety to maintain the funding of your biomedical research programs you do not fail to devote at least an equal effort to securing the financial support for much needed research and experimentation related to improving the delivery of medical care.

As promised at the outset, I have deliberately tried to see the issues I have been discussing not through your eyes, but as I believe the nation at large sees them. Your problems are, however, sufficiently familiar to me for me to know that every one of you in this room is overworked, hard-pressed, indeed afflicted by a feeling approaching desperation, as you go about the jobs you are now doing. In all honesty I really don't know how you who are responsible for our medical institutions are going to make the enormous additional effort you will have to make to give leadership to the formulation of a national health care and maintenance system. But make it you must, because we dare not repeat the mistakes of the past and let the leadership of a movement whose time has come fall solely into political hands.

For you in the medical centers, therefore, the day is past when you can set your faces against change—if you wanted to, and I doubt that many of you do. On the other hand, it is not enough for you simply to say *Amen* to the chorus of discontent. It is not enough to react to the unrest merely by praising those with the courage to be restless.

The medical centers, the existing institutions of society, with all their great experience and compe-

A NEW CLIMATE

tence, have a far more demanding responsibility—that of a detailed, honest appraisal of what realistically can be achieved, of what in the present system should be thrown out and what saved.

This means that we need clarity in the deliberations that are opening here today about what is a feasible and appropriate role for the medical centers, and specifically the medical schools, at this time of ferment, and about how these institutions can hitch the energy of social discontent to wagons of purposeful change.

The doctor—will not his central mission always be to maintain health and prevent disease, to diagnose illness and treat it where treatable, to reduce morbidity and preventable mortality, and to ease pain? Is not the question now how to do all these things for the entire population as well as for the individual?

It is important, therefore, to be clear that medical students are not being trained to be economists, anthropologists, or sociologists, but to understand the insights the social sciences can bring to bear on the phenomenon of social change. As future practitioners, students must be prepared for the milieu in which they will practice. They must be capable during a time of change of maximizing their impact within the constraint of an imperfect milieu, and they must be trained for a role in transforming that milieu.

How to design the brave new world; what changes should be made, in what way and in what order; how to run the railroad meanwhile; and what the leadership of the medical centers can do specifically to affect change—these questions, it seems to me, should form the agenda of this meeting.

You have a great deal of urgent discussion ahead of you at this meeting—possibly the most important meeting your association has ever held—for on your shoulders rests a grave responsibility no others in this nation can properly discharge.