

Problems in the Delivery of Health Care*

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Mr. President, Members of the Faculties and Administration, Members of the Largest Classes ever to Graduate from the Medical College of Virginia, the Health Sciences Division, Ladies and Gentlemen:

I feel very much honored by the opportunity to present this Commencement address. Like a friend of mine who loves to talk, I prefer a large audience; thus it is a particular pleasure to be here, since you make up the largest group to whom I have ever spoken face to face.

The news these days is generally bad. Much of it is concerned with the inadequacies in the provision of medical care; its great cost; the shortage of health care personnel; and the maldistribution of the personnel available. All are blamed on the present system, or "non-system."

Yet we of the health professions may take heart from the many notable advances made in this century. A few examples are the development of the chemotherapeutic agents and antibiotics; the isolation and identification of hormones, such as insulin and cortisone; and the preparation of vaccines against polio, measles, and whooping cough.

Between 1958 and 1968, the death rate from polio dropped virtually to zero and that from tuberculosis decreased by 90 percent. The infant mortality rate dropped 45 percent per 1,000 births and that for maternal mortality 88 percent.

Between 1900 and 1970, the life expectancy at birth for females has increased from 50 to 74.2 years and for males from 48 to 67 years. A child born today may expect to live twenty years longer than if he had been born in 1900.

Obviously many serious problems remain. High on the list is the question of how to provide health care of the first class for everyone. Such health care is coming to be regarded as much a right as "life, liberty, and the pursuit of happiness," repre-

sentation by counsel in criminal cases, and access to an education.

When we talk about health care, we are really talking about services; these are what are demanded, supplied, and purchased. More services may be made available by:

- I. Increasing the number of providers.
 - a. Enlarging all our professions as is now being done. Thus there were 7,081 physicians graduated in the United States in 1960 and 8,367 in 1970. Your class of 478 doctors, nurses, dentists, pharmacists, graduate students, and allied health personnel is the largest ever turned out here. Specifically, the class of 120 in medicine is the largest since 1952 (102 graduates) when we were associated with the then two-year school in West Virginia; furthermore, this class contains eight members who are receiving the M. D. degree at the end of three years. This experiment is being carried out in a number of medical schools with the belief that, under the proper circumstances, the long process of medical education may be significantly shortened.
 - b. Relying more on other health personnel for services now provided by physicians. This especially applies to nurses, as nurse midwives, nurse anesthetists, and nurses especially trained for first-line care in office and home practice. Unfortunately, these activities remove the nurse from nursing.

Cooperative efforts are developing between physicians and pharmacists, especially in hospital practice; in fact, a fresh breeze of concern for total health care is blowing throughout the health professions.

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- c. Training new types, such as physicians' assistants. Outstanding examples are the programs at Duke University, Alderson-Broadus College in Phillipi, West Virginia, and the Medex program at the University of Washington in Seattle. Many other experimental approaches are under study.
- II. Increasing the efficiency of the present personnel: in the organization of neighborhood health centers, group practice, and health maintenance organizations where personal and continuing care with emphasis on preventive medicine can be provided; in hospital emergency rooms where that new specialist created by public demand, the emergency room physician, supplies all comers on a 24-hour basis with first-class care at a reasonable cost; and in multiphasic screening programs where in several hours at a modest cost walking patients receive a battery of tests, the results of which are quickly available to the physician, thus allowing him to provide better care for more people at less cost.
- III. Limiting the demand.

Many studies attest to the remarkable increase in the demand for and use of medical services. Thus, in 1968, expenditure for such services made up 6.6 percent of the gross national product, almost double that of 1929.

No way of limiting these is apparent; in fact, a further increase is expected, especially when economic barriers are removed as illustrated by Medicare and Medicaid. For example, in this latter program in our state, a model for the nation, the projected number of beneficiaries at its beginning in July, 1969, was 100,000. At the end of the first year, 197,000 had registered

A clearcut way to limit demand would be to limit the number of demanders, that is the number of people. Everyone is concerned with this problem from their own particular angle. For a while there seemed to be some hope, since the birth rate per thousand declined from 22.4 in 1962 to 17.4 in 1968; however, the best available evidence indicates a new increase to 18.2 in 1970.

In this connection, progress should result from the widespread efforts at education about birth control, the relaxed abortion laws, and the development of improved methods of contraception, such as periodic

vaccination against pregnancy, harmless and reversible sterilization, and new types of "The Pill," regarded by many as the greatest invention since gunpowder.

- IV. Correcting maldistribution which exists in at least two forms: one, geographic, in which there are "too many" health professionals in some areas, such as the suburbs, and not enough in others, such as rural communities and parts of cities; and the other, by type of work, in which there are too many personnel of one kind and too few of others; in medicine the deficit seems especially severe in those who provide primary, continuing, and comprehensive care to the family.

In both of these there is a large economic element.

Attempts to resolve the geographic aspect have included special scholarships for those who would agree to practice in an area of need for a designated length of time. These have been about 25 percent effective. Efforts also have been made to interest natives of the deprived area in the profession needed and get them into that profession with the idea that they would return to practice in their native community. The experience is that only 20 percent of country boys return to country practice.

It has been suggested that all graduates be required to serve a period of time in an area of need, that is, a draft for community rather than military service.

There is no ready answer to the question of maldistribution by specialty. I believe that the concern you young men and women have shown for the needs we are discussing, plus the development everywhere of programs to broaden the scope of your activities, such as those to teach and train family doctors, will bring about a very desirable change in the mix of our professions.

Throughout the discussions of maldistribution, solution by regimentation always arises. I find this particularly distasteful and hope it does not become necessary.

It is important to realize that there is no conceivable way that the demanded services can be supplied in the immediate future. The situation is hopeless. If this is understood, there will be less disappointment and frustration as we attack the problem with new or changing methods.

If it were possible to make such services available, how should they be paid for and delivered?

I believe that the interests of all concerned are best served by the fee-for-service system where the patient selects his own physician for whatever reason, sees him whenever necessary, and lets this doctor work out the problem as best he can. The patient expects to pay, the doctor expects him to pay, and there is no third-party interference of any kind. For this arrangement the United States is the last frontier. This system has never been available to, or apparently is not wanted by, large numbers of our citizens.

In the past fifty years, efforts to meet the need for funding have resulted in the development of the vast health insurance industry; the tremendous increase in the amount of health care provided by salaried physicians in industry, private clinics and groups, medical centers, and governmental agencies; and, for those who cannot pay, direct support from tax funds as illustrated by Medicare and Medicaid.

Yet there is general dissatisfaction. The trend toward a federal system of medical insurance continues and is gathering momentum. Plans include those of the National Health Insurance Committee, the American Medical Association's Mediredit, the American Hospital Association's Ameriplan, the ideas of the private insurance industry, and those expressed by the President and various members of Congress.

All these groups are responsive to large num-

bers of people with different backgrounds and interests. One cannot escape the idea that there is a basic, popular, or grass roots demand for some national system of providing medical care. The question is when and how this will be done.

Ladies and gentlemen of the graduating classes, I believe that hope for a sound plan lies in a joint effort between informed citizens—the consumers—and members of the health professions, namely you—the providers.

Over the next few years you will decide what special area of your profession you will enter, and where you will live and work. Let me urge you, on the one hand, to **participate** in the attempts to solve these problems, and, on the other hand, to **cooperate** among yourselves and with the other citizens in such efforts.

The watchwords are **participation** and **cooperation**.

Let me quote from "The Devotions of John Donne" written in 1623.

"No man is an island entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee."

Good-bye and good luck!