CONTINUE PRESENT SYSTEM OF PRIVATE PRACTICE

Slowmose in Advance of Medical Science. "The history of medical and current experience alike serve to illustrate the slowness with which advances in medicine are applied. The story of Scurvy is an illustration. It was known as early as the 16th century that fresh fruit and vegetables would prevent and cure the scurvy common on long sea voyages. In 1754 Dr. James Lind urged that the necessary action be taken to suppress this disease in the British Navy, but 41 years elapsed before any preventive action was taken.

For years it has been known that small doses of cod liver oil were curative for Rickets. And yet, rickets is still the indirect cause of heavy child mortality. Much could be done to prevent this if every general practitioner intellized the opportunities he enjoys in his unrivalled access to the homes of the people.

Much could also be done to decrease the death toll due to tuberculosis if members of the profession would use all available facilities for proper diagnosis and treatment.

Section 11, Supplement to Debate Handbook on Socialized Medicine, National University Extension Division; September, 1935, p.58.

The Lack of Organization in the Present Medical Set-up. "Organized medicine has no definite constructive plan. Its policy is Laissez-faire. It hopes that when and if times improve, the people will be able to purchase medical care; it intends to resort to palliatives to patch up a system which, it admits, has not given adequate care to all the people, nor ample remuneration to all the doctors, and thus to correct the evils and abuses that are all but annihilating the profession.

It is not made clear just how they can stop advertising and self medication involving the million dollar drug companies, the increased clinic attendance with public opinion to contend with; corporate and lodge practice that has existed for years; cultists of all kinds who thrive in spite of all efforts to eradicate them; fee-splitting and other commercial and degrading practices that are condemned, yet exist now more than ever.


Medical Service Personal. Medical service is lacking in all the essentials that would fit it into a system like that used in education and the influences that have been most harmful in education would be more destrucive if applied to medical service. There is nothing more individual than medical service. There is no uniformity of methods. The same diseases must be treated differently according to individuals. Every attempt to treat illness in groups and classes has destroyed the value of the service. Standardized methods, whether of appliances and drugs, or text books and lectures such as are used in education do not conform to the accepted practice in most fields of medical care.
An important ingredient in the provision of medical service is the
enthusiastic devotion of the physician as expressed in his "will to heal."
It is this quality of the physician which has always been the highest char-
acteristic of the profession. It is this quality which entitles the pro-
fession to write into its Principles of Ethics the statement that, "When an
epidemic prevails, a physician must continue his labors for the alleviation
of suffering people, without regard to the risk of his own health or life or
to financial returns." The history of the profession, in every nation, is
filled with examples of individuals who have suffered disease and death
themselves with never a thought of deserting their post of duty.

Idealism is an essential ingredient of medical service. Destroy it
and you remove just that vital urge to thought and action that so often
divides life and death in fighting disease. This devotion is not a part of
the duty of the bureaucrat assigned to a political job. It is destroyed when-
ever the relations between the physician and the patient cease to be based
on personal responsibility and confidence.

Debate Handbook on Socialized Medicine
National University Extension Association
M.D., Director of the Bureau of Medical
Economics of the American Medical Assoc.

Sick Got Proper Care Under Present System. "No one will deny that
there are sick persons who are unable to pay for needed medical service.
Facts support the conclusion however, that with all the defects of the pre-
sent condition, the low income classes in this country are receiving a better
medical service than similar classes anywhere else in the world. The fault
of our present system is not with the method of supplying or paying for medi-
cal service, but with the method of distributing income."

Debate Handbook on Socialized Medicine
National University Extension Association
September, 1935, pp 126-128, by R. G. Leland
M.D., Director of the Bureau of Medical
Economics of the American Medical Assoc.

Progress in Medical Education Greater in United States than in Foreign
Countries. Nowhere else has there been such great progress in raising standards
of medical education as in the United States. The opportunity for graduate in-
struction in the United States is the envy of most all of the other nations.
At the time when European nations were introducing systems of sickness insur-
ance, many American physicians found it desirable to visit those countries
in order to obtain the highest grade of medical education. The reverse seems
to be true now and the opportunities for medical education on this side of
the Atlantic are superior to those to be found in Europe. It is quite possi-
bile that we are here dealing with cause and effect and that the encroach-
ments of state medicine and compulsory health insurance have so hampered the
spirit of progress in medicine as to be, in some degree, responsible for the
fact that those nations have advanced less rapidly than the countries with-
out such a hindrance.

Debate Handbook on Socialized Medicine
N. U. E. A. September, 1935, p.126 by
R. G. Leland, M.D., Director of the Bureau
of Medical Economics of the A. M. A.
Present System Places Greatest Burden on Small Income Groups. Studies of 12,098 families in 92 cities conducted by the United States Bureau of Labor Statistics showed the following expenditures on sickness during the year 1918-1919 by different income groups:

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Average Amount Spent in Each Group</th>
<th>Approximate percent of Income Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $900</td>
<td>$34.10</td>
<td>4.3%</td>
</tr>
<tr>
<td>$900 to 1,199</td>
<td>43.34</td>
<td>3.9%</td>
</tr>
<tr>
<td>$1,200 to 1,499</td>
<td>55.56</td>
<td>4.1%</td>
</tr>
<tr>
<td>$1,500 to 1,799</td>
<td>67.85</td>
<td>4.2%</td>
</tr>
<tr>
<td>$1,800 to 2,099</td>
<td>73.75</td>
<td>3.9%</td>
</tr>
<tr>
<td>$2,100 to 2,499</td>
<td>81.77</td>
<td>3.7%</td>
</tr>
<tr>
<td>$2,500 and over</td>
<td>95.56</td>
<td>3.7%</td>
</tr>
<tr>
<td>All Incomes</td>
<td>$60.39</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Strangely enough, despite the enormous medical charity and the inadequate care wage-earners receive, the costs of medical services, such as they do receive, bear more heavily upon the lower groups than the upper income groups. While the poorest income classes pay the lowest amounts in dollars and cents, their expenditures are the highest in proportion to their incomes.


Reprinted in Debate Handbook on Socialized Medicine, N. U. E. A., September, 1935, p. 160, by Abraham Epstein, Executive Secretary of the American Association for Social Security. While the figures quoted above are not of a recent date, later surveys indicate that similar conditions exist at present. (See article quoted above).

Must Have Private Practice to Retain Initiative. "Already our people have been spoon-fed by the hand of the government until they have left much of their independence. A long step toward the complete loss of self-respect and man- hood would be taken if they were still further pauperized by having free medical service forced upon them. It is almost impossible to overestimate the effect state medicine would have on the doctor, who is an individualist by nature and by training. He learns to rely on himself and is cramped if forced to take orders from higher authority. However, under the competition in private practice the members of the medical profession have brought forth their greatest efforts. Under state medicine, inevitably the old relation between doctor and patient would be destroyed. There could not be the same interest taken in his patients by a doctor working for the state as by one in private practice. In no other profession does the personal equation count for more than in medicine; and nothing would destroy this more quickly than state medicine; particularly if practiced by groups."

Minority Report of Committee on Costs of Medical Care Favor Private Practice. "The minority report recommends that united attempts be made to restore the general practitioner to the central place in medical practice. It opposes all forms of medical practice which make it difficult to maintain the personal relationship of physician and patient. It disagrees with the majority report that savings in the cost of medical care are to be made by eliminating the general practitioner or submerging him in a group. The great majority of illnesses and injuries (about 85%) are of such nature that they can be treated efficiently by any able practitioner with very simple equipment."


System of Private Practice Too Costly. Reflect on the extravagance of the present incoherent, multifarious health agencies in our commonwealth. Second, the federal health services, public health, child welfare and maternity, and also various private national societies and institutes of hygiene and medicine with state branches. Third, the local boards of health with their hospitals for contagious diseases, and the school health department, police and private ambulance services, diverse hospitals, municipal as well as private, charitable and industrial, general and special, different health centers, district nursing societies, Red Cross workers, private physicians, and nurses, pharmacists, masseurs, cultists of nearly the fifty-seven proverbial varieties, mediums, quacks, abortionists, herbalists, fakers, and dispensers of "patent" medicines.

"In Defense of State Medicine" New England Journal of Medicine, p.1678, May 29, 1930 by G. W. Haigh. Reprinted in the Handbook of Sickness Insurance, State Medicine, and Costs of Medical Care published by the American Medical Association, p. 126, 1934.

**PROMOTE VOLUNTARY GROUP MEDICINE OR INSURANCE**

Types of Group Medical Service. There are various methods of providing medical care other than through a continuation of the present system of private practice.

1. Group Medicine proposes that groups of medical men co-operate to give medical services to people of moderate means on an easy payment contractual basis. (This plan has been recommended by the Committee on Costs of Medical Care. Some 350 of these plans are in existence at the present time.)

2. Health Insurance is an extension of the insurance principle to medicine. It has various forms, some of which are the workman's compensation service, industrial insurance, and health and accident insurance. The greatest objection to health insurance is that it is generally organized on a profit basis. Health insurance may be either voluntary or compulsory.