ADOPT A SYSTEM OF STATE MEDICINE

Socialized Medicine implies a system of free medical care and practice sponsored and financed by the state, responsible to the state, and organized, operated and regulated democratically by the medical and allied professions.

State Medicine implies the very same thing as above, except that the system of medical care and practice would be organized, controlled and regulated by the state FOR the medical and allied professions.

The essential difference between socialized and state medicine is that under the former the control is vested in the medical profession and under state medicine the control is vested in the state. We have many other forms of socialized service similar to state medicine. A few of them are our police system, libraries, educational system, parks, etc.

Sickness Insurance and State Medicine in Other Countries. State provisions for sickness insurance are found in 56 countries. In 21 countries, including most of the leading industrial nations, the plan is compulsory for certain groups in the population. In 12 countries sickness insurance is voluntary, and in 3 both types exist, with different classes of people covered by each. In some of the countries with voluntary insurance, medical care and indemnification for loss of earnings due to sickness are provided by government-subsidized mutual benefit associations.

The cost of sickness insurance is customarily met by periodic contributions from employers and employees, with the state in some instances contributing directly or assuming some of the administrative expense. The chief emphasis has usually been upon the payment of cash benefits to compensate for the loss of earnings during illness. This contrasts with most American proposals, which provide only for hospitalization and medical care. In most countries the cash benefit paid ranges from half to two-thirds of the wages usually earned. Benefits are usually limited to 26 weeks. Benefits for dependents are absent from some of the plans, permissive in others, and compulsory in five or six of the newer systems.

The Danish voluntary system covers a larger proportion of the population than any other plan, compulsory or voluntary, with 45 per cent of the people belonging to recognized funds in 1930. Belgium had the next most extensive coverage among voluntary plans, with about 15 per cent. Among compulsory plans, Great Britain and Germany have the highest coverage, with 35 and 32 per cent, respectively. If dependents were included, however, the German percentage would be about 58. In some countries, including Finland, Italy, and Spain, the proportion of the population insured is as low as 2 per cent.

The English plan dates from 1911, with health insurance now compulsory for all persons of moderate incomes. Fixed cash payments are made without regard to former earnings, the rate being reduced after 20 weeks of continued sickness. Medical attention from a general practitioner, together with necessary drugs, is provided in the plan, but hospitalization is not regularly available. Approved voluntary sickness organizations, now numbering about 1,000, are included in the plan, and entrusted with the administration of benefits. Persons of low income in many instances obtain hospitalization through semi-charitable "contributory schemes," in which
the contributors pay low annual amounts intended to provide only part of
the necessary costs. The British Medical Association which strongly opposed
the health insurance law when it was passed, now endorses it.

Germany has the oldest existing governmental plan, established by
Bismarck in 1883. Originally limited to industrial workers, it has been ex-
tended to include commercial workers, domestic servants, and agricultural
laborers. In addition to cash payments and medical care, maternity and
funeral benefits are paid.

Russia has a system of stato medicina, with all health institutions
controlled by the state. Medical service is furnished by the local branches
of the Commissariat of Public Health, the full cost of all insurance for
wage-earners being paid by the state as employer. Frequent examinations are
made, and a patient is treated as a member of the community whose efficiency
must be increased if possible.

Under the Soviet regime there has been an enormous increase in the
number of physicians. The physician has been removed from the field of
monetary competition, and private practice at the present time probably
constitutes less than ten per cent of medical treatment.

Joel I. Seidman, Editorial Research Reports
Volume 11, 1934, pp. 36-37.

Partial Stato Medicine Now Exists. In our so-called capitalististic state
we do have a partial system of state medicine. "In 1931, sixty-six percent
(66%) of all the hospital beds in the United States are under government con-
trol. More than one-half of the general hospital care is provided by cities
and counties through local hospitals." (Wilbur Report). More than 50% of
all ward cases in our voluntary hospitals in Greater New York are now sub-
sidized by the government. Approximately 40% of all ambulatory cases are
handled through the city hospitals.

Section III, Supplement to Dobato Handbook
on Socialized Medicine, N. U. E. A.,
September, 1935, p. 75 by the Medical
League for Socialized Medicine.

It may also be noted that state medicine would merely be an extension
of the principle now operating so effectively in our Army and Navy Medical
Corps. The excellent manner in which these medical corps stood the strain
to which they were subjected during the World War would indicate that a
similar system might operate effectively now.

Program of the Medical League for Socialized Medicine. The Medical
League for Socialized Medicine submits the following platform or program
of measures and means to be developed into law, and to serve as a basis upon
which to establish an adequate system of Socialized Medicine, with adequate
care of the people by the doctors and adequate care of the doctors by the people:

1. Adequate medical care of the sick and injured as a socialfunction,
right and duty, and not as a private or public charity. Curative
as well as preventive means, measures, and agencies to be included.
2. A socialized system of medical care in health, illness and injury
free of fees.
   (a) Under the auspices and with the subsidy of the state.
   (b) Financed by taxation, similar to the public educational
       system or other governmental functions.
(c) Operated and regulated by the organized medical and allied professions, the medical and dental colleges and the officials of existing public health agencies.

(d) This system to include all dental, pharmaceutical, nursing and allied services and personnel.

3. All hospitals, clinics, laboratories, pharmacies, etc., to be publicly owned and operated institutions, accessible to the sick free of charge. The hospitals and clinics to be the medical centers for ward and ambulatory cases, and to be properly organized, coordinated and geographically distributed. House sick calls to be received at these centers and to be assigned to local or neighborhood physicians designated to cover specific local territories.

4. All equipment, supplies, laboratory and other facilities of a medical, surgical, dental, pharmaceutical, nursing or other nature, to be furnished free by the state.

5. All medical dental, pharmaceutical, nursing and allied education to be furnished free by the state.

6. All duly licensed or registered physicians, dentists, druggists, nurses, etc., to be legally entitled to practice under the system as full time practitioners or workers.

(a) Subject to established rules and regulations of admission and practice.

(b) Proper safeguards of their rights and privileges under the system and the law.

(c) With representation and a voice in the operation of the system.

7. Compensation to be adequate and on a salaried basis.

(a) Graded according to time of graduation, length of service in the system, rank held, and type of work.

(b) Salary increases and promotion to higher ranks to be based on similar considerations and to be automatically enforced.

(c) Pensions, sickness, old age and other disability and social insurance to be included and applied.

8. Hours of work to be assigned and regulated and scheduled as to provide:

(a) Adequate medical care for the sick and injured at all times.

(b) Adequate time and opportunity for the physicians and allied workers for rest, recreation, vacations, and further professional study—with pay.

9. Organized cooperative groups and group methods to be employed under the system wherever possible. Special provisions to be made for rural and other territories inaccessible to regularly organized medical centers.

10. Individual private medical practice permissible under the same conditions and regulations as in private education, plus existing licenses and requirements by the state.
How State Medicine Would Benefit the Nation
Under Present Methods

1. There are in the United States about 150,000 real physicians, besides many other so-called "doctors" who greatly hinder medicine from doing its best and its honorable exponents from receiving for their service a proper pecuniary reward.

2. In many towns there are many more doctors than are needed, while in many rural communities there is no resident medical service whatever.

3. Medicine makes progress, but only in spite of great obstacles.

4. Research work is now done largely by business enterprises and in endowed institutions. Commercial profit has caused many questionable innovations to be foisted upon the profession.

5. All kinds of false theories are promulgated for money gain. The profession and the public are constantly exploited in this way.

6. Doctors in general are poorly paid. Their incomes are from fees irregularly collected, and the financial side of their work is constantly interfering with the professional side. Most of them are greatly worried as to the future of themselves and families in case of ill-health as would necessitate giving up their profession.

7. Few people live properly.

8. "People are not anxious to consult their family physician, except in the presence of a tangible condition, such as pain or incapacity of some kind."

9. Consultations with specialists are so expensive, and so frequently result in the referring practitioner

1. There will be only as many physicians, nurses, druggists, massagers, etc., as needed to do the work well. There will be no "schools" of medicine, cults or "isms." As honest medical service will be free, quacks will find their occupation gone.

2. Like the postal service, the health service will reach every family in the nation. Every community will be a part of some health district, served by all that medical science has to offer.

3. Medicine will make greater and more rapid progress when collectively organized; organization will eliminate obstacles.

4. Research work will be a part of the National Health Service. Its only motive will be to discover new truths and to enhance the success of the department; there will be no money profit. The Bureau of Standards at Washington is an illustration.

5. All new ideas will be tested and if found of value will be added to medical science. The inventor will be rewarded, of course; but there will be no swollen fortunes wreaked by either true or false innovations.

6. Doctors will be paid liberal salaries—they will do their very best to hold their places and to secure advancement in the service. The economic side of their work will have no bearing whatever. In ill-health they will be sure of a pension, and will thus be relieved of that source of anxiety.

7. People will be taught to care for their bodies, thru a real health service.

8. Periodic health surveys will enable physicians to practice preventive medicine, and as consultations will be free and with the full confidence of the patient in the integrity of the examiner, advice will be sought early and usually long before there is any marked incapacity.

9. Consultations being free, there will be no loss of prestige of the physician, and suspected cases of
losing the patient, that consultations are usually too long deferred.

10. The medical profession thinks the rich and well-to-do should pay for services rendered the poor; but people of means resent being penalized in this way, and no other vocation does it.

11. Millions are spent yearly for self- and counter-prescribed medicines. The physician is called as a last resort.

12. Doctors are competitors of each other. While they are supposed to be guided by a code of ethics, economic pressure often makes this code impossible and many resort to all the chicanery of petty "business."

13. A doctor, who has once been licensed, cannot in Ohio at least, be deprived of the right to practice medicine by being convicted of a pontentiary offense. No matter how negligent he may be, how reckless he may become, how utterly behind the times in matters of medical progress, he may continue to practice medicine with impunity.

14. Hospitals are largely centers for group or staff activities, and the publicity connected with them is a great professional asset. Their rules of conduct serve largely to eliminate competition.

15. Very few physicians keep any histories of their patients aside from the entry of charges for professional services.

16. The public is kept grossly ignorant of the utter insignificance of the vast majority of the little disturbances which leads patients to consult physicians. Physicians usually give a prescription or hand out a little medicine, without explanation, and the recovery of the patient within a few hours or days is naturally attributed by him to the cancer, appendicitis, ectopic pregnancy, etc., will be promptly referred to specialists and innumerable lives will be saved by prompt intervention. Unto every man according to his need, will be the motto of medicine. The best we know to all alike, rich and poor.

11. There will be no drug traffic, no patent medicines, no nostrums. Preventive medicine will eliminate very largely the use of drugs.

12. There will be complete professional cooperation and health activities will predominate. The only competition will be as to who can render the best service or bring about most progress. Such a service would bring out the best qualities of each individual.

13. His work being under supervision, the Board of Examiners will unquestionably be empowered, in case his gross incompetency becomes evident, to retire him from the practice of medicine in order to conserve, in the only possible way, the paramount interests of the public. In other words, he will not only know enough to pass examinations when he enters the profession, but he must, thereafter, maintain his standing or drop out.

14. Hospitals will be a part of the health service; they will not be used selfishly, because medicine will not be a business and there will be no competition in the ordinary sense of the word.

15. Physicians will be required to keep notes of condition of patients and their progress, and will have time for such notes as they will not need to make charges or look after collection.

16. The public will be informed of the evanescent character of these troubles and drugs will be given only as needed or as desired for alleviation of symptoms. Every effort will be made to instruct the public as to the fact that less than one-tenth of their ailments are really of serious import, but that one-tenth needs the very best that medical art and science can afford. (The in-
medicine which he took; and thus again and again he returns under similar circumstances and gets similar treatment. (The interests of patient and physician are antagonistic.)


Arguments Against State Medicine.
1. It would create a dello in medicine.
2. The doctor would lose his independence.
3. The ambition and initiative of the doctor would be lessened.
4. The patient would lose his right of free choice of doctor.
5. Political evils would result.
6. The cost would be excessive.
7. Patients would be handled in mass.
8. An obnoxious government bureaucracy would result.
9. The medical profession is at present adequately handling the medical problem.
10. Other methods offer a better solution to the problem.

Arguments For State Medicine.
1. State medicine would eliminate much of the overlapping of medical service now existing.
2. The cost of medical education would be decreased.
3. Adequate salaries would be provided for all doctors.
4. There would be a better distribution of medical facilities and services.
5. State medicine has succeeded in foreign countries.
6. State medicine is already in existence in this country.
7. Work in preventive medicine would be extended.
8. The money now wasted on patent medicines would be saved.
9. Make the latest scientific equipment available to all doctors.
10. Provide a more equitable distribution of the costs of medical care.