Some issues in health education and delivery of health care

The 1974 AANS presidential address

LYLE A. FRENCH, M.D.
Department of Neurosurgery, University of Minnesota Medical School, Minneapolis, Minnesota

The president of the American Association of Neurological Surgeons (AANS) discusses the delivery of health care, its availability, accessibility, and affordability. He stresses the physician's responsibility for leadership in the various sociological aspects of health maintenance.

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One year ago on this occasion, my able presidential predecessor brought you a glimpse into the history of American neurological surgeons since the early days of the Cushing Society. With accolades for the many considerable accomplishments of the profession, Dr. Meacham surveyed the growth of American neurosurgery, through its organizational struggles to maturity, the rigorous standards as a specialty for education and training and the uncompromised record of quality health care delivery. Each of us takes pride in these significant achievements. Dr. Meacham also defined some of the remaining loose ends of our specialty business that need attention and are currently on the agendas of the several working committees of this Association. Against this background of accomplishments realized and achievements in process, I am going to present to you a different work program. This is one I want you to consider not only as members of this eminent Association and as highly motivated and dedicated neurosurgeons, but also as leaders of the communities in which you live and serve.

You all realize the last 12 months have been full of cataclysmic events. We have had shortages of beef, wheat, oil and toilet paper, escalating costs, alarming revelations of shady campaign contributions by corporate leaders, income tax evasion by a Vice President, and the sad business of the Watergate affair itself. Public regard for the role of institutions of American society has unquestionably changed. This is a time of challenge. This is a time for reexamination of some basic assumptions about the responsibilities of institutions and their leaders.

It seems long ago that Charles Wilson, Secretary of Defense under the Eisenhower Administration, said something to the effect that "what is good for General Motors is good for the country." In terms of my life, Secretary Wilson's statement to the Arms Services Committee in 1953 was only a few years ago. But it was another age and a different period of our nation's history in
terms of the spirit of the times. To me, Secretary Wilson’s comment represents the opposite pole from where we are today. Today we find ourselves in the “Age of Accountability,” a phrase used by Lewis Engman, Chairman of the Federal Trade Commission. In an editorial on November 7, 1973, the Christian Science Monitor caught the timeliness of Chairman Engman’s remark and went on to suggest that the “Age of Accountability” is required to restore confidence in all institutions. The Monitor pointed its finger at the Atomic Energy Commission, at users of natural resources, disposers of waste products, manufacturers, the press, and government.

What does this mean for you and me and this Association? I believe, along with Dr. Meacham, that as neurosurgeons we have done and are doing a respectable job with our specialty. But let me go on to say that as leaders in the delivery of health care, it is time to go beyond the perimeters of our specialty. It is time to address problems that the public has with health care delivery as a whole. It is time to bring our resources, experience, and computers to the health care debate in the public arena.

In a sense this is the message that Dr. Charles Edwards, HEW Secretary for Health, brought to the general assembly of the Association of American Medical Colleges this last fall. Dr. Edwards said the Administration will not continue to fund production of health manpower if the producers of health manpower do not address the problems of the nation’s health. Specifically, he raised some serious questions about whether medical schools and other teaching institutions “have made an enlightened response to the kind of problems that affect the whole system of health care” or whether academic health centers “regard these problems as somebody else’s.”

Academic health centers have long concerned themselves with the pursuit of quality health sciences education just as neurosurgeons have with the quality of neurosurgical care. To accept responsibility for the problems of distribution of health manpower and organization of health services is no small matter. It will certainly require a very significant change in our perspective.

On reflection, who could more appropriately respond to the unsolved problems of the nation’s health care than the leaders in the health field? This brings us back to a work program for you and me and for this Association. I realize that we all have more than full-time jobs working for excellence within the specific area of our professional competence, as practitioners, educators and researchers. However, as physicians, we are custodians of this nation’s health. The pressing issues before policy makers today do not relate to problems entirely within our specialty or other specialties. The problems lie with how health services mesh, interrelate, function as a whole. Are services available, accessible, affordable? Are appropriate health manpower and health services appropriately distributed? Are we making our voices heard on the important health issues before the public today?

The absence of the physician from the public discussion of health delivery issues was the theme of the Martin Memorial Lecture by Harry Schwartz, given to the American College of Surgeons. In speaking on American Medicine after Watergate, Mr. Schwartz warns “I think it is terribly important that in the area of public discussion there be more of a debate and less of a monologue.” He concludes:

“Somehow, if a pluralistic American medical system with a large and important private sector is to survive, you and your organizations have to recognize that communication, especially in this climate of suspicion, is extremely important.”

We all know that Harry Schwartz is a proven friend of American medicine. We ought to give special attention to his insight. He has challenged each of us to enter the very important discourse on the future of health care delivery which is going on, in spurts, in Washington, incessantly in the press, and in communities with increasing regularity.

Let us turn, then, to look briefly at some of the problems and then to examine ways in which we can, indeed must, participate in building better solutions.

Some Problems

The level of health care in this country is a concern of all of us. In regard to this, I am not particularly speaking of the technological advances nor of individual expertise but rather of the delivery of health care which results from the working of a continuously
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evolving, highly complex, sociotechnological system. On balance, the results of this system have served us well. However, there is a definite gap between “what is and what could be” that requires our attention and our effort. I am going to ask your consideration of three important problems that face us today: the distribution of health resources, the cost of care, and public confidence in the physician.

One of the most pressing problems today is the uneven distribution of and access to health care services. There are two very important quantitative problems here that are difficult to dispute. First, there are too few health resources in rural and urban poverty areas. Second, there are comparatively too many physicians in specialty practice and, conversely, too few delivering primary care.

The distribution or maldistribution of health resources relates to the physician’s perogative to practice where he chooses. Where a physician chooses to practice is high on our profession’s list of the sacrosanct privileges of self-determination. There is no denying that the exercise of our right and privilege in this respect continues to contribute to a very significant problem for the public. How are we going to respond to a crisis that results from our actions in the exercise of our privileges? Since we are part of the problem, we must take the initiative and become an active party to the solution.

The ratio of specialists to general practitioners has been of growing concern over the last several years. There are simply not enough physicians and their associates who are willing and able to handle front line care, run-of-the-mill complaints, preventive measures, or emergency services. This is coupled with increased availability, a comparative excess, of physicians offering highly specialized services. In the Alan Gregg Memorial Lecture for the 89th annual meeting of the Association of American Medical Colleges, John Evans, President of the University of Toronto Faculty of Medicine, presented another alarming observation about the growing number of specialists. Dr. Evans cited studies showing that the cost of specialist services and the concentration of specialists are directly correlated: the charge per procedure goes up as the number of specialists increases. The position of the Administration in Washington was made perfectly clear with the reduction of training grants. Even our friend Harry Schwartz has a few choice words for us in this regard:

“As a layman, even as a sympathetic layman, I find it difficult to understand why the medical profession cannot arrange its affairs in such a manner that the numbers and types of doctors being trained correspond more closely with the needs and demands of the American people . . .

“I want to be very direct and impolitely blunt about this. This ceaseless proliferation of surgeons, just because its nice to have some bodies in the hospital around the clock so that Mr. Chief Surgeon doesn’t have to get out of bed at two o’clock in the morning when his patient has an emergency, has got to end one of these days. I think either you people cut your numbers by practicing specialty birth control on a realistic basis or it will be done for you.”

This particular problem strikes close to home for members of this Association. It is incumbent upon us to take a strong and critical look at the number of neurosurgeons we are producing. Is the number in balance with the need for primary care physicians? How can we affect the relationship between production of specialists and primary care physicians? Let us join forces with other specialty groups to get a handle on tying production to need. The American College of Surgeons, the College of Physicians, and the Ad Hoc Commission appointed by the American Board of Neurological Surgeons and funded by the AANS are important allies in finding a solution. I think we, not the government, should monitor this.

The second problem I want to touch upon is the escalating cost of care. The fact that health service remained subject to control under the Cost of Living Council while controls were gradually dropped from other sectors of the economy indicated the extent of national concern. The growth of costs that relate to the increased and better care available today are certainly justifiable. Examples of this include modern coronary care, renal dialysis and the like. There are cost increases, however, that are not defensible. These include rising costs related to unnecessary duplication of services and facilities, inefficient management practices and reimbursement without incentive-for-efficiency.
Concern with cost has involved our nation in prolonged debate on how to eliminate the economic barriers to obtaining necessary medical services. Although the political scene has become highly unpredictable, we surely will have some form of national financing for basic health services for all citizens within the next several years. I firmly believe the health of the people of the United States is a national problem, potentially a national resource. In my judgment, some type of financial support is entirely appropriate.

However, we must avoid that mammoth fallacy that simply more dollars will solve the complex problems of available, accessible, affordable health services. Public financing of health care in itself will not eliminate inequities in distribution nor remedy problems of allocation and utilization of health resources. Any form of national financing without changes in our present delivery capability will create expectations for the public which cannot be fulfilled. In all probability, costs would escalate and quality might well be compromised. The immediacy of national financing makes fundamental work on the organization of health services an urgent piece of business. Particularly critical is expansion of our capability to deliver primary care at reasonable cost.

And, finally, I want to share with you a problem that doesn't make the headlines but troubles me deeply. Confidence in the physician has long been an important gratification of our profession. Yet today we find our image tarnished. For example, we are witnessing an escalation of malpractice suits although the overall quality of care is better today than ever before. Certainly many factors are involved, some of our own making, some not. To be sure, the crisis in confidence is not limited to medicine but is part of the temper of the times. However, I find two aspects of this problem which we, as physicians, can address. One relates to the physicians' role in the delivery of care and one to the physicians' role in public affairs.

What the physician brings to the delivery of care relates in good part to what we teach in medical schools. It is clear that we have developed a system that can deliver high levels of complex care in life-threatening illnesses. Are we also prepared to understand and help with problems of anxiety, despair, and isolation in situations where these elements are all important to patient comfort and healing? Many changes have coalesced to demand the attention of the physician to the psycho-social component of health. We now live in a society where the traditional sources for personal support, family structure, community loyalty, and church allegiance, are diminished. The health professional is left to deal with problems for which help was formerly available from other institutions. Also the predominance of health problems has shifted in the course of this century from infectious diseases to diseases of aging. This shift has implications for the set of skills required of the health professional. Skills in counseling and attention to the psycho-social aspects of disease must be strengthened in the medical school curricula if we are going to prepare health professionals to deal effectively with the health problems of today.

I think another measure is necessary to increase confidence in the physician. I believe that physicians have been remiss in exercising their fair share of responsibility for assuring the quality of our product. As I said at the outset, the product to which I refer is not limited to the usual physician component of health services, but encompasses the entire health care experience. We must listen to the problems people have with the delivery of care, bring to them the experience and capability that as physicians we alone possess, and work together toward solutions. In my judgment, an active role for the physician in the public policy arena is essential to rebuilding public trust in the physician.

Building Solutions

Let us now turn from a statement of problems to some thoughts on how we might go about responding, for in responding, we begin to exercise our responsibilities for contributing to the making of public policy.

I am not going to set forward ready-made solutions to the problems of distribution, cost and confidence. I can't, because these are tough problems that do not have easy answers. There are those who would have us believe that the health maintenance organization is a handy cure for practically everything that ails medicine today including at least two of the three problems I have presented. I am not a member of this camp. HMO's have been around long enough for us to conclude that there are some things they do well, such
as reduce hospitalization, and other things they don't begin to do, such as maintain health or serve people with the greatest need. However, those of us with reservations about the potential of the HMO movement to remedy the problems before us, have the responsibility to address ourselves to the task of coming up with something better.

So rather than provide you with the substance of solutions, which I do not possess, I want to share with you some convictions I hold about the process necessary to obtain solutions.

First, the problems we are dealing with are of such magnitude that they are not going to go away on their own. Natural evolution and haphazard change will not see us safely through to a better way to organize, distribute, and finance health care. Further, if our hopes and aspirations are going to be part of the solutions that come to pass, we are going to have to work hard to make that happen.

An early step in building better solutions is the obtaining of better data. Without an objective data base, the process of policy making cannot shed the arbitrary posture that shrouds it today. We must develop the capacity to make objective comparisons so that we have a solid basis on which to choose between policy options. "The national statistical systems for health in the United States are methodologically sound as far as they go," commented Kerr L. White in discussing the present status of health in the United States today. "The trouble is that they do not go very far. They are largely descriptive and tend to be unrelated to either policy issues or managerial problems." He went on to say:

"Information needs to be tabulated, analyzed and arranged so that it will illuminate problems, pose questions and assist in decision-making. In the arena of social systems, particularly those as sensitive as health, contemporary values and political considerations are as important as quantitative inputs. Nevertheless, it is not too much to expect that information and intelligence will elevate the level of empiricism and improve the climate for decision-making."

As physicians, it is our particular responsibility to determine more objective means to measure the quality of health services. A system linking outcomes to process is an all important step in speeding up the identification of better, more effective treatment modes.

Next, continued support for expansion of basic research of disease processes is essential. Greater understanding of the cause, nature, and process of disease can produce dramatic progress in the health status of the country. The fruits of the successful battle against infectious disease can be seen in the steadily declining death rate in the first half of the century. Yet the two decades of medical miracles that followed brought only a little more than 1 year of increased life expectancy. Dr. William Stewart, former Surgeon General, is quoted in the New York Times as saying, "This failure to experience a decline in mortality rates in the United States since about 1950 is little known, unexpected and extremely important." By way of explanation, Dr. Stewart suggested that we have not been able to realize the same progress through basic research with chronic disease that we achieved with the conquest of infectious disease. Certainly prevention is preferable to treatment of the ravages of cancer, stroke, kidney, and heart disease. I believe basic research is one key to prevention.

Yet research into disease process is only part of the picture. Many of our most lethal ills stem from our inability to conquer the problems associated with poverty. In The Case for American Medicine, Harry Schwartz argues that because the unhappy status of the country's health indicators relates in large part to the problem of poverty, criticism of providers of health care is unfounded and unfair. I have to take issue with Mr. Schwartz's generous gesture of absolution. If we as physicians, are the custodians of the nation's health, then we have responsibilities whether the pathology is biological or sociological. If the factors that make a difference in health status are housing, nutrition, education, and employment, then we, you and I, have a job to do in working for better housing, nutrition, education, and employment policy. It is time for the physicians of this country to stand up for a social policy that is essential to better health whether the issue is income maintenance, school lunch programs, or direct health care. Accidents are a big killer, too, and auto safety
standards and occupational safety are other important areas that demand our attention. We cannot do this alone. The nonmedical public cannot do it alone. The realization of such a social policy necessitates a combined effort.

Finally, I believe that progress on the problems I have posed requires pluralistic effort. Change in this country results from the collaboration of many forces. Policy choices about how we design delivery of health care for the future are more and more complex. No single sector of our society, neither the government, professional associations, nor the public, is equipped to accomplish the task alone. Each group holds a piece of the mosaic which must be assembled to produce an integrated system. The roster for participation in policy making for health care includes local, state and federal agencies, institutions for medical and health science education, physicians, dentists, pharmacists, nurses, other allied health professionals and their organizations, hospitals, insurance companies, and the recipients of health services.

There is nothing quick and easy about building health policy through pluralism. Participation in the policy making process carries with it privileges and responsibilities that must be fully acknowledged and appreciated to be appropriately carried out. Executed properly, this is the process of public accountability at its best. It has important obligations for consumer and provider alike.

The consumer today has a very significant role in the conduct of policy making for health care. As members of hospital governing boards and the boards of study committees of local planning bodies, consumers have the difficult job of identifying unmet needs and of working together with provider groups to bring prompt and effective action. Consumers involved in this process have important responsibilities to the constituencies they represent and to the system they are helping to shape. They have an obligation to reach informed decisions with rigorous rational and adequate documentation. Consumers have the opportunity to hasten important changes in the delivery of care if they are willing to exercise, actively and judiciously, the authority they hold.

Our responsibility as professional providers in this process is what my talk really is all about. Public accountability demands that we go beyond the business of our specialty to bring our experience, resources and competence to the public debate on the problems of health care today. But how many in this Association are members of a county or state health board or of a metropolitan health council? How long has it been since you have personally spoken to your legislator?

I have tried to lay out for you some problems that urgently need your attention: problems of the distribution of health resources, the cost of care and the public's confidence in the physician. I have identified certain considerations that I consider important to the process of finding solutions. The next step lies with you. As physicians, as neurosurgeons, you are leaders in the field of health. The problems of public policy today are your problems. It is your energy, insight and statesmanship that are required to realize the hopes and aspirations of this nation for a better tomorrow. We must get involved. If we do not, someone else, with less experience, less judgment, and perhaps less altruism, will seize the opportunity. A recent editorial in Science supports my appeal to you:

"If the people are to be well served, physicians must not be shackled, and dispassionate discussion must prevail in the promulgation of public policy for medicine. I hope for the day when a great profession, cognisant that the responsibility belongs to it, makes itself heard."5

References

Address reprint requests to: Lyle A. French, M.D., Department of Neurosurgery, University of Minnesota, Medical School, B-590 Mayo Memorial Building, Minneapolis, Minn. 55455.

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