Politics and health: an emerging technology

The 1984 Harvey Cushing oration

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A political scientist examines the worlds of advanced medicine and the modern research university. Both elements are affected by the growth in the role of government. Central government had sharply limited powers early in this century, but by the middle third their powers were enlarged, particularly in the spheres of the economy and social welfare. The last third of the century will reveal what the governed want of the government. The scientific and technological aspects of World War II plunged the universities into the limelight as the main producers of vital knowledge and as objects of national policy. This power of knowledge expanded from national security to public health and welfare. Governmental patronage fostered basic medical research and revolution in biology. With advanced research there marched advanced training. America's leading research universities became stronger and flourished for a few decades, to be confronted suddenly by a shift in government priorities. Governmental fiscal support has dwindled while governmental regulation has increased.

The medical profession passed from an early position of opposing the role of government to a position in which it paid inadequate attention to the adverse consequences of the systems that were adopted. Physicians who practice in a variety of settings have a variety of interests which account for the division within the profession. In a political setting it is advantageous and more important to have a clear view of central common interests. The speaker's advice to his colleagues in education is applicable to medicine, to act now in a manner to serve as a model for a vision of a "plausible future." The measure of success in the future depends upon the ability to preserve those values, practices, and habits of mind that account for our value to society. The primacy of scholarly judgments over political judgments is not always easy to achieve in dealings with governments.

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It is a considerable understatement to say that I am honored and flattered to be here today to deliver the Cushing oration. To be the most recent incumbent in a line that includes such eminent people as Edmund Pellegrino, Mortimer Adler, Julius Axelrod, Kingman Brewster, and Paul Rogers, to mention only the last five, is at the same time daunting and motivating.

You are to be congratulated on the variety of persons who have held this platform. It speaks well for the intellectual curiosity of the members of this Association. I am especially impressed by the fact that two of my five most recent predecessors are attorneys by profession. For this group of physicians to extend such an honor to two lawyers suggests either a commendable attempt to build a bridge to a sister intellectual profession or a shrewd strategy aimed at knowing your enemy.

Either of those explanations does you credit, though for somewhat different reasons in each case.

As you know, I am not a lawyer. I mention that merely as a fact of autobiography for which I claim no credit and accept no blame. It strikes me, as an outsider to medicine, as well, that you neurosurgeons are fortunate, as a profession, to have the memory of your founder and patron saint so fresh, and that you are wise to keep it so. My own profession of political science traces its roots back, I suppose, to Aristotle, although some would argue that Machiavelli is a more appropriate patron saint for the study of modern politics. But though there may have been no greater philosopher than Aristotle and no keener observer of political affairs than Machiavelli, it is difficult to draw fresh contemporary inspiration from such remote figures.

Harvey Cushing, in contrast, remains a vital figure...
and, therefore, the memories of him are instructive. He was not, I gather, what most of us would call a "nice" person. One who knew him described him in this way: "He had a quick sense of humor but his outlook on life was definitely Puritan. He disliked off-color stories . . . drank little alcohol, smoked a lot but disapproved of smoking and drinking in the family circle. He was most fastidious in dress and personal appearance. He was a good talker but a bad listener. He did not allow himself to digress and waste his energies on unrewarding matters . . . he could be charming, tiresome, delightful, petty and admirable all by turns." That is not the description of a man who would win many popularity contests or care very much about whether he did or not. Rather, it is the description of a person who achieves great things, often at great personal cost to himself and to others, but one to whom those who follow are likely to owe a great debt of gratitude.

It is, in its essentials, the description of a man determinedly focused on important goals, and it is a familiar description in the literature of greatness. If I may reach, though not too far, for another example, let me quote the description of Florence Nightingale given us by the essayist Lytton Strachey: "Everyone knows the popular conception of Florence Nightingale. The saintly, self-sacrificing woman, the delicate maiden of high degree who threw aside the pleasures of a life of ease to succor the afflicted, the Lady with the Lamp, gliding through the horrors of the hospital at Scutari, and consecrating with the radiance of her goodness the dying soldier's couch — the vision is familiar to all. But the truth was different. The Miss Nightingale of fact was not as facile fancy painted her. She worked in another fashion, and toward another end; she moved under the stress of an impetus which finds no place in the popular imagination. A Demon possessed her."

We are fortunate, as a species, that such Demons do, from time to time, haunt men and women of high talent and drive them to whatever ends call to them. And we are right to celebrate the memory of those who have used their talents to improve the lives of others. For that reason, especially, it pleases me to be a part of today's celebration.

Let me start with a confession about, of all things, the title of this talk. It's not easy to find the right title for a talk, much less an "oration." The problem is that printers' schedules and the problems of organizing a complicated program usually require that the speaker assign a title to a talk which he not only has not yet written, but may not even have begun to worry about yet. This situation produces the need for what might be called "titling strategy." There are basically two such strategies. One — the most common — is to assign a title so broad that the contents of the Encyclopaedia Britannica could be mixed and matched at random and still fit comfortably under the announced title. You know the sort of title that this strategy produces; something like "Past, Present, and Future: Comfort, Anxiety, and Hope." Actually, in this extreme example even the words are interchangeable without changing the meaning. I defy you to think of a subject that cannot be fit under that heading.

The second strategy is more risky, and therefore less common. It consists of picking a title that is specific enough that failure to give a talk that matches the title will make the audience wonder what on earth this fellow is up to.

Of course, I faced this dilemma, as all other speakers do, but I am not going to tell you what strategy I adopted for the occasion. With the analytical framework I have supplied, you should have no trouble matching the title of my talk, "Politics and health: an emerging technology," with one of the standard strategies.

I would like to talk to you today about your professional world and mine. Yours is the world of advanced medicine: sophisticated, costly, controversial, critically important to the society in which it is practiced, heavily dependent upon and, therefore, closely bound up with the government of that society. My professional world is that of the modern research university: sophisticated, costly, controversial, critically important to the society in which it exists, heavily dependent upon and, therefore, closely bound up with the government of that society.

The two worlds are, of course, not identical, but it is startling how similar are their circumstances and, therefore, their problems. Perhaps, though, it is not all that surprising. After all, the connections between modern medicine and the research university are many and close. Most of the basic science on which advances in modern medicine rest takes place in the university; most medical training takes place in the university; and much of the nation's advanced medical practice is located in medical centers that are a part of or associated with major universities. We may predict with considerable confidence that our two worlds will be closely linked for as far into the future as one can see, and that what happens in each world can have profound effects on the other. It is, therefore, considerably more than idle curiosity that leads us to try to understand what is happening to both of us.

The Increasing Role of Government

Let us start by reviewing what has happened to the world of the research university in the last 30 years or so, and what has happened to medicine in roughly that same period. A single important element is common to both developments, namely, the growth in the role of government. I will need to deal first with that growth, because I believe it to be the case that our separate and common prospects will rest heavily on what we understand the role of government to be and how we choose to deal with it. As Dr. David Orth of Vanderbilt University wrote in a recent article in the New England Journal of Medicine, "Proper treatment of Cushing's syndrome depends on a correct definition of its cause." So it is, too, in the world of affairs.
Politics and health: an emerging technology

Americans are surely the least ideological people to occupy so large a space on this earth over the last two centuries. In that period, Europe, Asia, and Africa have been riven with wars, revolutions, factional disputes, and religious schisms based on different views of sacred or profane ideology. The American experience stands in sharp contrast. We have homogenized religion and made our politics into an instrument of governing rather than a forum for the settlement of doctrinal disputes. Those who believe that no political system is worth having unless it gives scope for conflict and excitement tend to dislike the way we do things; those who believe that the purpose of politics is to allow free people to govern themselves as well as they can, find more to like in our ways.

In any case, everything about us has conspired to make us the way we are. The group of men who shaped our political system, who wrote our Constitution and led our early governments, were focused intensely on designing a system that would work in this world, not one that held out the promise of perfection in some other. Moreover, they were not burdened with that most devastating illusion of the modern world, namely, that human beings can be made virtuous if government is allowed to make them so. The absence of that particular illusion was especially important because it enabled them to search for ways to govern men rather than to save souls, and they could approach that job with a clear-eyed view of the nature of human clay. James Madison got it right when he said, "If men were angels, there would be no need of government. In framing a government which is to be administered by men over men, the great difficulty lies in this: You must first enable the government to control the governed, and in the next place, oblige it to control itself."

Then, too, the circumstances of 19th century life militated against ideology. There was a continent to be won, and successive waves of immigrants were absorbed into the productive work of developing the land and the industry that followed. And finally, there was distance. Insulated — indeed isolated — by oceans, we necessarily developed American approaches to American problems.

While almost all of those conditions have long since either disappeared or been overcome by technology, their legacy remains. We are still by far the least ideological of peoples. Neither the theories of the left nor those of the right have found effective expression in American politics, nor is there reason to believe that they will. But that fact, which I believe helps to explain the extraordinary openness and vitality of our politics, has also helped to blind us to another critical fact of life: As different as we are from other nations in our ways of thinking about problems, we do inhabit the same world, and therefore face the same problems. Among the family of nations that share a commitment to democratic values — essentially the nations of Western Europe, augmented by a few others — the range of solutions to those problems is necessarily limited.

We may choose to ignore the facts of life, and on occasion we do. But as physicians know better than most of us, the facts prevail in the end, whether or not we like where they lead us. The central fact of modern life, or so it seems to me, is that the scale and complexity of some of the most important things that need to be done have gotten beyond the capacity of small aggregations of people to do. They require organization, some degree of planning, some means of extracting resources fairly from everyone for the benefit of society, and some restraints on actions that in a simpler time were perhaps harmless, but in the modern world are harmful to the well-being of others.

What I have just described is in fact the formulation that underlies the role of government in every industrialized society. I recognize that there are those who deny both the premise and the conclusion I have just stated. They argue that government is the problem, not the solution, and that free markets and free competition will produce the optimal solution for virtually any problem of modern life. Attractive as that notion is, I think it fails to come to grips with the practical problems involved in trying to govern a modern nation of 220 million or so people. In any event, we are well past the time when pure systems can be made to work in practice. In the real world, we live with mixed systems, both because they generally work better for most people and because the only way of arriving at the translation of theory into practice without compromising the theory is through totalitarian methods, which democratic nations properly reject.

Thus, while ideology will shape the form and the extent of government's role, the facts of modern life dictate the need for that role. America was the last of the industrialized nations to have that fact borne in on it. We were about 50 years behind Western Europe in the development of the characteristic programs of the welfare state — social security, health insurance, educational assistance, and various other forms of social and economic intervention — and we have, of course, done these things in our own ways.

But done them we have, and one good way to understand the political history of the 20th century is to see it as a debate over just how much we should be doing. Seen in that way, the first third of the century belonged to those who believed in a central government of sharply limited powers, although, paradoxically, that period also saw the beginnings of a regulatory apparatus that was later to grow much larger. The second third of the century belonged to those who advocated enlarged governmental powers, particularly those affecting the economy and social welfare. It was the period of the New Deal and the Fair Deal, and it reached its zenith in the presidency of Lyndon Johnson. The last third of the century is still being contested, and the election which is ahead of us will tell us much about what the American people now want of their government. At the moment, it would seem that we are stepping back, at least temporarily, from some forms of regula-
tion and from the size, if not the shape, of the social welfare commitment. That trend may well prevail, although I know of no serious politician, including Ronald Reagan, who argues that we can dismantle the apparatus that is in place, and only a few who believe that it would be a good thing if we could.

**Effect of Government on the Universities**

Universities and medicine have both been profoundly affected by the ebb and flow of this debate, and they will surely continue to be in the future. Let me try to describe what it has meant to universities, for that is the world I know best.

If World War I was, as most historians would now agree, the event that truly opened the 20th century in all of its horrors, then it is also probably true that World War II brought the opening of the modern university with all of its wonders. All of higher education was profoundly affected by the war and its aftermath. The GI Bill changed and broadened the definition of who should go to college in America and, once that change was made, it was impossible ever again to return to the narrower criteria of social and economic status that had prevailed in the past. But no part of higher education was more deeply and profoundly affected than the research universities — that fairly small set of institutions, perhaps 100 in all, that are committed to the conduct of research and advanced training as central parts of their mission.

What happened to those institutions is now clear to all. Although all wars are affected by the state of contemporary technology, it is fair to say that World War II was the first genuinely scientific and technological war in history. The most visible symbol of that fact has come to be the atomic bomb. In fact, the bomb came late in the war and was not critical to its outcome. However, the invention of radar and sonar, the development of rudimentary computing equipment that made possible the complex scheduling of convoys, the development of the gyroscope and its application to military use, and scores of other examples attest to the fact that science and its applications were from that time forward to be essential elements of the nation’s military security. That fact changed the way in which universities were thought of, as fundamentally as the GI Bill changed popular expectations about going to college. When knowledge, or rather the ability to extend knowledge, became an essential element of national power, the universities — the main producers of knowledge in this society — suddenly became important objects of national policy. Not surprisingly, the military were the first to grasp that fact, and such defense agencies as the Office of Naval Research were among the first postwar patrons of basic research. The effort was soon generalized in the creation of the National Science Foundation under the prompting of such scientists as Vannevar Bush and James B. Conant, who had been central figures in the war effort.

In a way, it is odd that it took so long for that to happen. Universities in America have always been more attuned to the world of affairs than have their counterparts elsewhere in the world. The experience of the creation of the land-grant colleges and their close connection to the development of American agriculture and manufacturing presented a quite analogous set of circumstances, from which no more general lesson appears to have been drawn. In the 1920’s, Herbert Hoover, then Secretary of Commerce, tried to persuade businessmen that their future prosperity depended on developing the budding capacities for science and technology in America’s universities. He was convinced that we were falling far behind Europe and would suffer for it. He was right, but his efforts did not evoke a significant response from businessmen. It can be argued that only the excesses of fascism, which produced the greatest migration of human talent the world has known, saved the United States from the consequences of that short-sightedness.

But social learning always comes hard, and we should not be too surprised that old truths need to be rediscovered periodically. In any event, there can be no doubt that the discovery of the power of university-based science and its government-fueled expansion transformed the American university. It soon became clear that the power of knowledge is by no means limited to national security. The next major application to be recognized in public policy was in the field of medicine. Starting in the 1950’s, universities became the locus for a variety of initiatives aimed at preventing and curing disease. The National Institutes of Health, the instrument created for that purpose, has grown over the years to become the largest supporter of basic research in the world. The revolution in biology which is so much in the news (and financial) pages of the newspapers these days derives directly from the determination of a relatively small number of scientists, Congressmen, and high-level bureaucrats, whose mission was no less breathtaking than the conquest of disease through research.

With research came training, for in the American university the two are inseparable. In other nations, either the two are done separately, or an uneven balance between them makes them uneasy partners. The genius of the American system, perhaps the distinctive contribution of American universities to educational practice, is to have both advanced research and advanced training done in the same place by the same people. There is no better way to learn to do research than to do it with those who are already its masters; and there is no better way to do research than with the assistance of young minds not yet habituated to the conventional wisdom. It has been a remarkably fruitful combination.

None of this (and a complete canvass would include examples ranging from particle physics to foreign area studies and from space exploration to economics) would have been possible without the patronage of the government. It is in the nature of basic research that its costs are local but its benefits are widely distributed; it
Politics and health: an emerging technology

is further in the nature of research that the easier, and therefore less costly, problems are solved first, making each successive step both harder to take and more expensive. Small, locally generated resources cannot fully serve the needs of modern science. When research comes closer to the promise of providing an economic return, as it recently has in the areas of computer science and molecular biology, then there is the possibility of industrial support, but the one indispensable patron of modern fundamental science is the national government with its power to tax and to spend.

Costs of Government Support

Are American universities stronger as a consequence of this experience? The answer is unquestionably yes. For all of their shortcomings, America's leading research universities are the world's preeminent intellectual institutions. The depth and breadth of learning that they command is awesome, and their ability to generate knowledge is unmatched.

But this is the real world, not some Eden-like Utopia. And in the real world nothing is achieved without cost. Universities were, on the whole, remarkably late in recognizing the costs. Until the start of the period I have described, the average university president could (and most did) wake up in the morning and go to sleep at night without having given a single thought to the federal government in between. When all of this largesse began to flow, there was a tendency on the part of scientists and administrators alike to believe that it was simply a recognition—somewhat belated—of their importance, that it had little to do with politics as they understood the term, and that it would continue because it was clear that it should.

It was not that simple. Nothing ever is. The price paid by universities for their new relationship with government has been of two kinds. The first is a consequence of the fact that government is an inconstant lover, and representative governments are the least faithful of all. Issues come and go, enthusiasms wax and wane, attentions are easily diverted from yesterday's enthusiasms to today's. Something like that began to happen in the late 1960's. For a mixture of reasons centering on the Vietnam War and its consequences, the support of university research fell from the top of the public priority list to a lower position. It remained important, and does to this day, but the rate of growth in government support went to zero and in real dollars there was an absolute contraction of effort. More importantly, cuts were made disproportionately in the capital portions of the enterprise. Programs in support of research facilities and scientific instrumentation virtually disappeared, and programs designed to attract very bright youngsters into research careers were decimated. The system continued to produce results from capital already in place but, like the automobile and steel industries, the base was being steadily eroded. Rebuilding the base is perhaps the most important item on today's university agenda, and the need to do so is wholly the result of a sharp and sudden shift in government priorities.

The second price paid by universities came in the form of increased regulation. Our story here is hardly unique. It is so familiar that it needs no elaboration. In part, we were regulated because we were receiving money and needed to account for its use. Our complaint here is mainly that the forms of accountability that have been imposed are frequently designed for those who sell hardware to the government and are ill-suited to academic styles. In part, too, we were regulated because we existed and were important. Pension reform, labor-management relations, affirmative action, environmental protection—in these, universities were not unique targets of government, but their new visibility made them important ones.

There is no blinking the importance of the price paid for governmental patronage. Simply because the balance between cost and benefit may be favorable does not permit us to avoid looking at the costs. Universities are more bureaucratic places than they used to be; they are less flexible places than they used to be: they move a little less readily to new patterns; and they are more adversarial places than they used to be: the fastest growing department in many universities in the last decade has been the legal office. Not all of this is attributable to the activities of government, but enough of it is so that sensible people, looking at the climate in which they live, would conclude that it is essential that those with like problems get together to deal with this patron in ways that increase the benefits and decrease the costs. That is just what universities have done, and the lessons that we have learned in doing so will, I think, be of some interest to you.

Effect of Government on Medicine

Before I tell you of them, though, I want to take a brief look at the experience of modern medicine during the second third of the 20th century and the beginning of the last third. It, too, has undergone changes; it, too, is in transition to a destination that no one can foretell with confidence; and it, too, must learn to deal with that same government that has become its largest patron.

At this point, I move into your territory, and I do so with more than a little trepidation. I am keenly conscious of how much less I know about your work than I know about mine and, therefore, how much more cautious I should be in my assertions and contingent in my conclusions. But if expert knowledge and deep first-hand experience were required to make one's voice heard in important social debates, no democracy could long survive. Let me offer, then, the perspective of the informed lay person, the concerned and sympathetic citizen who enters a debate certain that he will be wrong about some things, but absolutely certain that the very processes of a free society that allow him the expression of his views will assure the correction of his errors.
Perhaps the use of the term "patron" seems odd as a description of the relationship between government and medicine. There is about the word a suggestion of enlightened generosity — almost philanthropy — that you may not discern in the behavior of government toward your profession. In that, you are, of course, right, and early on many physicians feared the consequences of government's involvement in health care. Certainly, those in government who were primarily responsible for the legislation of the 1960's that transformed the delivery of medical services in America had something quite different in mind. We can infer what that was by looking at the programs that were created during that period, programs like Medicare and Medicaid, The End Stage Renal Disease Act, The National Health Service Corps, and The Health Manpower Act. Those acts in essence asserted a national policy that said: 1) all people have the right to medical care regardless of their income; 2) the standard of care that is available to the wealthiest should also be available to the poorest; 3) people should not be allowed to die at any age because the means of treatment for their condition are scarce and therefore expensive; 4) more doctors are needed to serve the medical needs of all the people; 5) charity is no longer an acceptable means of paying for medical care to which the elderly and the poor are entitled; and 6) cost is no object; hospitals should be reimbursed for all of their costs of treatment, and doctors should be paid whatever the customary fee for a particular service might be in their locality.

There is nothing at all mean about the social impulses that lay behind those propositions. "Patronage," in its older nonpolitical sense, is, it turns out, not a wholly inappropriate word to describe them. I think it is fair to say that, as in the case of government support of universities, the programs dealing with medical care achieved their stated purposes. The availability and quality of medical care for the poor and elderly improved substantially, the number of doctors trained doubled, charity was replaced by entitlement, and the medical profession prospered, not simply in financial terms, but in its ability to deliver high-quality medical care. None prospered more than the most sophisticated, highest technology sectors of the profession.

I think that all of this good fortune, together with the absence of the most feared of the adverse consequences, also produced a political myopia in the medical profession that was quite analogous to that which overcame the academic world during its palmy days. It takes a special cast of mind — a kind of tough-minded, ironic detachment — to question whether we are really entitled to the good fortune that has come our way. Most of us do not have that quality, at least not in sufficient measure. As the new system grew, neither beneficiaries nor providers of care had reason to do other than find ways to perfect even further this wonderful instrument of their well-being.

That attitude was, if anything, even more pronounced in medicine than in academic life, because in the government's relationship to universities there was nothing at all analogous to the notion of entitlement that drove the programs of medical care. An entitlement does not need to be justified each year; its fulfillment is automatic, because it is by definition an expectation transformed into a right. Everyone was at least somewhat anesthetized by that fact, and no one is ever much inclined to listen to the Cassandras of this world. As a result, it has taken nothing less than the impending bankruptcy of the system to produce change. And, also as a result, when change has finally begun to come, it has come swiftly, radically, and with possibly Draconian consequences.

Neurosurgeons and university administrators understand that better than almost anyone else. The new systems of prospective payments based on diagnostic related groups will strike hardest at tertiary care — hospital-based, high-technology medicine. I believe that describes most of neurosurgery as well as a good share of the other work that takes place in university medical centers.

Living with Government

It seems, then, that medicine, like universities, has been thrown onto the back of the tiger of government. After enjoying the ride for quite some time, we now find that the tiger is a dangerous and unpredictable beast. We also find that, hard though it may be to ride the beast, dismounting is impossible. I suggest that we had all better take tiger riding lessons. I suggest, further, that you need them even more badly than we do. I will try to make that point by a comparison that will sound boastful, but is meant only to be descriptive. We in universities do a much better job of making our case persuasively to policy makers in government than do you in medicine, although on the face of it, you would seem to have all of the advantages.

By conventional reckoning, what counts in politics is money and votes. Come to politics with one or the other and you should do well; supply both, and you should be on easy street, for what they add up to is that most cherished of all political assets: access. Contrary to some popular belief, nobody buys politicians these days. All of the political activity in which interest groups engage, all of the fund raisers, all of the political action committees are aimed at electing to office people who are likely to be supportive of their group's views, but who, even if not supportive, will answer phone calls, make appointments, and listen to arguments.

By all rights, universities should not even be in the running in such a competition. They cannot contribute money, they cannot engage in partisan activity, they do not deliver votes, and at any given moment much of their faculties and most of their students will be vocally, embarrassingly opposed to the policies of the party in power — whatever party that is. It is a recipe for anti-power. Yet, I would guess that there is no group of people that is more regularly and respectfully listened to on matters within the scope of their interests than
Politics and health: an emerging technology

the presidents of America’s colleges and universities. With none of the weapons that others use, they have the prize for which others compete: access.

I think I understand the reason. I believe it is because most people, including most office-holders, still believe that higher education is good and important, and that the people who are responsible for it speak for a genuine community interest, not a selfish interest. Those beliefs do not overcome differences of philosophy, nor can they transcend other issues on the public agenda that may be of surpassing urgency. But they do guarantee steady and more or less thoughtful attention to university needs. Of course, it is necessary to organize so as to articulate those needs in a timely and informed way, and on the whole we have done that.

I ask you to look now at the condition of organized medicine. There is surely no lack of money for either organizational or political activity; doctors are spread throughout the land, in every congressional district; in their local communities, doctors are respected and influential, and they have the opportunity to see and speak with large numbers of people; and finally, medicine is still a widely admired profession. In polls of such things, doctors, educators, and the clergy (the serving professions) consistently rank high in public esteem, while politics, business, and the law (the professions of perceived power and wealth) are ranked low.

It seems a recipe for political success, and in small matters it has been. But in the larger ones that will count in the end, your assets have been wasted. I would suggest that organized medicine, or at least those who represent it in the making of policy, has been successful in protecting professional benefits which it initially failed to see as benefits and therefore opposed, but it has failed at the essential task of organizing the intelligence and humanity that resides in the profession and putting those qualities to the service of sound public policy.

Here, as elsewhere, the proper diagnosis is essential to finding the right course of treatment. It would be easy to conclude from a reading of the record that medicine has what is called these days an “image” problem. If that is the way it is defined, then the solution would be to hire a public relations firm to shine up the old image. It would be easy, but it would be wrong. The truth is that, if medicine has an image problem it is only because it has a reality problem. If doctors are too often seen as the problem rather than the solution, it is largely because, with some notable and brilliant exceptions, the profession has too often been an obstacle to change rather than the leader in defining and articulating needed and acceptable forms of change. I do not for an instant question the good intentions or social conscience of those who have represented organized medicine. My point is quite a different one. It is that the medical profession, in its approach to government policy on the delivery of medical services, passed from an early posture of opposing the legitimacy of any role for government to a position in which it gave insufficient attention to the adverse consequences of the reimbursement systems that were adopted. As a result, the voice of the medical profession has been much less effective in our national debates than one might expect it to be, and than it deserves to be.

Let me repeat that I do not ascribe this circumstance, if I am right in my description of it, to selfishness or narrow self-interest. The truth is much more complicated — and much more interesting — than such epithets would suggest. I suspect, for example, that the tendency to speak and think of medicine as a single, undifferentiated profession is not only inaccurate, but is an actual disservice to the ability of doctors to articulate their professional interests. To some measurable degree, physicians who practice in an academic setting have different interests than those in private practice, as I learned not long ago from personal experience in hundreds of hours of difficult negotiations aimed at finding a reasonably tolerable blending of the interests of physicians in the local community and the faculty of the Stanford University Medical School. Doctors in group practice are different from those in individual settings. Primary care physicians have concerns that are in important ways different from the concerns of physicians who do highly specialized work. And those are only some of the kinds of divisions within the profession that are obvious to a layman. Others will be equally apparent to you with your more intimate knowledge of such matters.

I should perhaps add here what you already know: The divisions I am speaking of are economic in part, but only in part. In quite fundamental ways they bespeak differences in the way individuals define their professional roles, in the kinds of relationships that obtain with patients, in attitudes toward the proper ratio between risk and reward, and in a host of other ways that define professional identity.

In a political setting, indeed in any adversarial setting, there are substantial advantages to maintaining at least the appearance of a united front. However, it is even more important to have a clear view of one’s central common interests. Because the nature of medical practice — of the medical profession — has changed so much and so rapidly, it has been especially hard to find and articulate those common interests. As an observer of the debate, my sense is that they are not coming through clearly; you are in a far better position than I to judge whether the study and debate required to reach an understanding of them are taking place.

This is an essential task you face, because the old models clearly will not do. We will never return to the society in which the medical equation consisted of patients who could afford to pay their doctor directly, while those who could not afford to pay either received charity or went without care. Virtually all medical care is now financed collectively, either through private insurance heavily subsidized through the tax code or by the government directly. This raises a profoundly diffi-
cult ethical and political question which one recent observer asked in this way: "Is it possible for physicians to protect the interests of their individual patients and still protect society's interests as well? When the interests of the two are in conflict, are there ethical guidelines to help in making the necessary choices? . . . Physicians and the public need to discuss this highly charged and difficult topic much more. . . . Neither has yet been willing to come to grips with this central issue, which is one that divides us and has the potential to leave the allopathic medical profession disenfranchised in the future."

What seems to me important to recognize is that different groups of physicians will approach that central question from quite different perspectives. That fact will surely become clear and, if it is to be seen, as it should be, as a manifestation of important and legitimate differences, then the public and its elected representatives need to be helped to understand the textured, nuanced, and variegated nature of the medical profession, with all of the implications that view holds for the existence of different and even competing interests within the profession.

I hope that, in speaking so candidly, I am not guilty of abusing your hospitality, but I am confident that you know quite well that all is not as it should be or as you wish it to be. If it were, then I doubt that the recent American Medical Association (AMA) call for a freeze on medical fees would have been issued. I have no way of knowing whether that is a good idea, either on its merits as a cost-saving device or as a political ploy, but I can say for certain that the proposal would not have been made had not the AMA leadership concluded that doctors' fees are thought to be a major component of the skyrocketing medical costs which so concern the public and the government. Nor, I think, are your problems or ours in education solely, or even largely, a result of inadequate organization or ineptitude at the technical devices of operating in Washington. Organization is important, to be sure, and skill at any task is useful, but neither is sufficient and both can be achieved in relatively short order if they are lacking.

What, then, is lacking? At this point, I will stop presuming to tell you what you need and instead tell you what I would tell my own colleagues. If I am right that they and you have much in common, then what I have to say to them may also have some value for you. I will take as my text the words of that great modern poet of civic conscience, the late W. H. Auden. In his poem, "The Garrison," he gives us a striking statement of our civic duty: "... to serve as a paradigm now of what a plausible future might be is what we're here for."

It is a marvelous vision. It lifts us out of the present and links us to the future with a command that calls forth the best of what we have to offer. It insists not merely that we have a vision of a "plausible future," but that our actions now serve as a model for our vision, and thereby help to make it a reality.

To conform to that injunction, I would tell my colleagues that the measure of our success in the future will be the extent to which we are able to preserve those values, practices, and habits of mind that account for our value to society. In our dealings with government that will not always be easy, for our central values are openness, tolerance of dissenting views, willingness to challenge the conventional wisdom of the time, intolerance of shoddy work, and insistence on the primacy of scholarly judgments over political judgments in decisions about what work should be done and who should do it. Any of those can bring us into conflict with the City, to use Auden's word, at any time, but our failure to assert their importance, even when to do so is painful and expensive, is to give away all that we have that is of real value.

I would offer this to my colleagues as a prescription for political success, by which I mean as a way of having the best chance to achieve public policies that will be sound for our institutions, our faculties, and our students — and therefore, to our society. It will seem to those who profess to be harder-headed and more realistic to be hopelessly naive and unrealistic. It is, to me, the course that realism dictates, because it is the course that is most in keeping with our best traditions.

I wish you well as you ride your tiger. Your success will mean much to those of us who depend on you, which is to say, all of us.

References


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