

Lecture Vol. 19 # 16 April 14, 1989

Address
By
C. Everett Koop, MD, ScD.
Surgeon General
Of the
U.S. Public Health Service
U.S. Department of Health and Human Services

Presented to the Health Reporting conference of the
American Medical Association
Boston, Massachusetts
April 14, 1989

This lecture is included in this archive, because it represents an effort on the part of the American Medical Association to keep the media's eye on the ball in reference to the important health things that go on in this country. The AMA had served that purpose on other occasions. Once, Timothy Johnson, medical reporter for ABC, and I did an all-morning seminar to health reporters from the print press and television, pointing out failures in health reporting and congratulating them on others all to the end that there might be come careful judgments made before rushing to headlines about the miracles of modern medicine.

This occasion was a comfortable one for me, because I'd had a very solid relationship with the press since the early months of 1982, and they were to demonstrate their affection for me in several ways when I left my office at the end of October in that same year.

I was to give almost the same address sixteen days later to the Aspen/Wye Communications Conference at Queenstown, Maryland on April 30th. It would be a long time however, until the fall of 2003 before I had another opportunity to address the press on the subject of "How To Be A Good Health Reporter" in the Boston suburbs under the aegis of Blue Cross/Blue Shield of Massachusetts and the Boston Globe.

I began this lecture not so much with the thought in mind of telling them how well or how poorly they had done certain things, but rather to talk about the issues that will be – or should be – on their subject agenda for the years ahead. Before doing that however, I talked a little about the value of the media, the unique role of the Surgeon General, the emergency powers he had for health messages, but making it clear that I hadn't used any of those powers, but had given certain health alerts on subjects, such as alcohol and pregnancy, hypothermia in the winter, or dehydration in the summer, and so on. I referred to the messages I had been delivering over the course of my two terms as Surgeon General, many of which needed to be repeated and reinforced by my successor. That included smoking, AIDS, and gave good reasons why they were pre-eminent subjects on the agenda.

I then launched into three areas that I thought were the big ones for their attention in the future. The first was relationship between technology and the health of the American people, which got me into the prolongation of human life, the living will, durable power of attorney, people taking charge of their own health status, and the self-help movement.

The second big one, I thought, was the change in the relationship between the public and the health care system itself. This included the mobility of the American people, the doctor /patient relationship, the rise in prepaid practices, and the shifting demographics.

Finally I talked about community values and public support relative to medicine and public health. I pointed out what the AIDS epidemic had done to the thinking of people, and how the futility of treatment was a factor in the decisions people made in their own minds about whether or not certain issues should be supported by taxpayer's funds.

I reminded the audience that the American people were generous and forgiving and that they did believe in and would continue to support public health programs that promise redemption. On the other hand, they were not pushovers.

In closing, I reminded these folks from the media that the more the majority believes in and practices – the principle of prevention and self-help -- fewer will be its patients in the minority that does not practice these virtues. On balance, I believed, that from these changes would evolve a stronger, more contemporary, more compassionate, and responsive system of health care.