

**NATIONAL SYSTEMS OF HEALTHCARE EVENTUALLY BECOME
BUREAUCRATIC, UNRESPONSIVE TO PATIENTS, AND FINALLY THEY
BRING RATIONING AND WAITING IN LINES.**

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,
ESPECIALLY FOR MEDICAL CARE.**

I DO NOT FAVOR TOTALLY SCRAPPING THE SYSTEM WE HAVE

NOW;

BECAUSE OF ITS DIVERSITY, IT IS POTENTIALLY THE BEST IN THE

WORLD. AND BECAUSE OF THIS DIVERSITY THERE IS NO

PANACEA, NO SINGLE MAGIC BULLET.

IT WOULD TAKE AT LEAST SIX BULLETS, FIRED SEPARATELY, TO

CONQUER THE DISEASES AFFECTING THE UNITED STATES'

HEALTH CARE NONSYSTEM.

**IT REMAINS TO BE SEEN WHETHER OR NOT THE PRIVATE SECTOR
SEIZES THIS ONE AND ONLY OPPORTUNITY ---WHILE THE
GOVERNMENT IS TOO POOR-- TO EFFECT SOME CHANGE.**

BUT WE ALL NEED TO BE A PART OF THE EFFORT.

THERE IS NO QUICK FIX.

**FROM HERE TO WHERE WE WANT TO GO COULD TAKE A DECADE,
BUT WE'D IMPROVE YEAR BY YEAR ALONG THE WAY.**

**LET ME SAY IT AGAIN, THAT THE RESTORATION OF THE DOCTOR-
PATIENT RELATIONSHIP IS MOST ESSENTIAL.**

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

**THERE ARE THINGS WE CAN DO, AS DOCTORS,
EACH DAY WE PRACTICE.**

**I AM AWARE, OF COURSE, ABOUT THE DIFFERENCES WITHIN OUR
PROFESSION. "THE MEDICAL PROFESSION" IS NOT MONOLITHIC.
AMONG THE DIFFERENCES I NOTE IS ONE ALONG THE LINES OF
GENERATIONS.**

**I BELIEVE THE PHYSICIANS OF MY GENERATION HAVE A
STRONGER SENSE OF THE "ART" OF MEDICINE, AND TEND TO
GIVE LESS VENERATION TO THE "SCIENCE" OF MEDICINE.
MAYBE WE CONDUCT OURSELVES THAT WAY BECAUSE WHEN WE
WERE FIRST STARTING IN PRACTICE, THE SCIENTIFIC
UNDERPINNING FOR OUR PRACTICE WAS, TO BE HONEST, RATHER
MARGINAL.**

NOW, OF COURSE, PEOPLE WANT THE BEST OF BOTH WORLDS, A DOCTOR WHO IS UP TO THE MINUTE ON THE LATEST HIGH-TECH, BUT HAS THE COMPASSION, CARE ...AND TIME.. OF THE OLD-FASHIONED COUNTRY DOC. AND IT'S TOUGH TO BE BOTH.

BUT WHAT'S THE REAL SIGNIFICANCE OF THE STATEMENT THAT "PREVIOUS GENERATIONS OF DOCTORS PRACTICED THE ART, RATHER THAN THE SCIENCE, OF MEDICINE?"

**PRIMARILY, I BELIEVE IT MEANS THAT WE SAW MEDICINE AS A
RELATIONAL ENTERPRISE. WE ASKED THE KINDS OF QUESTIONS**

THAT REFLECTED CONCERNS ABOUT RELATIONSHIPS:

HOW DID WE REACT TO PATIENTS?

HOW DID WE TREAT THEM?

HOW DID THEY RESPOND TO US?

DID WE CARE ABOUT THEM?

DID WE CARE ABOUT THEIR FAMILIES?

**WE HAD TO BE PEOPLE-ORIENTED BECAUSE, WITHOUT THE
BENEFIT OF C.A.T. SCANS OR N.M.R.S, JUST ABOUT EVERYTHING
WE LEARNED ABOUT OUR PATIENT CAME FROM THE TAKING OF
GOOD HISTORIES . . . THROUGH SENSITIVE DEALINGS WITH
FAMILY MEMBERS.**

**FOR ME THAT WAS THE FUN OF MEDICINE. EVERY PATIENT WAS
A CHALLENGE.**

**TODAY, YOU HAVE ALL THAT TECHNOLOGY TO HELP YOU OUT. IF
A PATIENT IS UNCOMMUNICATIVE FOR ANY REASON --INCLUDING
THE PATIENT'S AGE --YOU'RE NOT TERRIBLY UPSET BECAUSE
YOU'LL GET MOST OF THE INFORMATION YOU WANT FROM A
VARIETY OF MACHINES, LABORATORIES, AND TECHNICIANS.
NO DOUBT THESE DIAGNOSES ARE SPEEDY AND ACCURATE.
THE SCIENTIFIC ADVANCES IN MEDICINE IN THE LAST
GENERATION ARE MAGNIFICENT.**

**THEY HAVE PROLONGED MANY LIVES. WE HAVE ALL MADE FULL
USE OF THE ADVANCES IN MEDICAL SCIENCE FOR OUR PATIENTS**

...

AND OURSELVES.

**BUT THE SCIENCE OF MEDICINE SHOULD NOT ECLIPSE THE ART
OF MEDICINE.**

**IN OUR SCIENTIFIC PROGRESS SOMETHING MAY HAVE BEEN
LOST ... SOMETHING VERY IMPORTANT TO THE CONTINUED
STRENGTH OF THE MEDICAL PROFESSION: THE RELATIONAL
BOND BETWEEN PHYSICIAN AND PATIENT.**

A FRIEND OF MINE WENT TO HER PHYSICIAN'S OFFICE

RECENTLY, AND AFTER A BRIEF HISTORY WAS TAKEN, WAS TOLD,

"I'LL SEE YOU NEXT WEEK."

THE PATIENT ASKED,

"AREN'T YOU GOING TO EXAMINE ME NOW."

THE DOCTOR RESPONDED,

**"NOT UNTIL THE TESTS COME BACK. MY NURSE WILL TELL
YOU ABOUT THEM."**

**I UNDERSTAND THAT SOME OF TODAY'S BUZZ-WORDS AMONG
MEDICAL STUDENTS ARE "CARING", "COMPASSION", "DIGNITY",
"HUMANE"**

**AND THOSE ARE CERTAINLY SOME OF THE MOST BEAUTIFUL
WORDS IN OUR VOCABULARY.**

**BUT I'M AFRAID THEY CO-EXIST WITH SOME OTHER MODERN
BUZZ-WORDS LIKE "DAMAGE CONTROL", "DEFENSIVE MEDICINE",
"MALPRACTICE" ... TERMS THAT ARE AMONG THE UGLIEST IN THE
LANGUAGE.**

**THEY CONVEY THE IDEA THAT THE PATIENT AND DOCTOR ARE
ADVERSARIES.**

**INSTEAD, WE MUST VIEW OUR PATIENTS AS HUMAN BEINGS, AS
ALLIES,**

WORKING WITH US IN THE STRUGGLE AGAINST DISEASE.

**THIS INCLUDES PREVENTION AS WELL AS TREATMENT AND
REHABILITATION.**

**THE DENTISTS HAVE DONE A MUCH BETTER JOB IN THIS THAN
WE HAVE, JOINING WITH THEIR PATIENTS IN PREVENTIVE
DENTAL HABITS,**

**EVEN THOUGH THIS HAS THE EFFECT IN SOME WAYS OF
WORKING THEMSELVES OUT OF A JOB.**

**MOST AMERICANS REALLY FEEL THEIR DENTIST WANTS THEM TO
HAVE FEWER CAVITIES.**

**THEY DON'T VIEW THEIR RELATIONSHIP WITH THEIR DOCTOR IN
THE SAME WAY.**

FOR EXAMPLE, IF OVER THE LAST DECADE, DOCTORS HAD QUIZZED THEIR PATIENTS ABOUT SMOKING, AND THEN HAD GIVEN SOUND ADVICE, WE MIGHT ENJOY THAT SAME ALLIANCE IN PREVENTION.

AFTER ALL, IT HAS BEEN KNOWN FOR MANY YEARS THAT THE MOST LIKELY CAUSE OF SMOKING CESSATION IS FOR A DOCTOR TO LOOK HIS OR HER PATIENT IN THE EYE AND TELL HIM, "SMOKING IS GOING TO KILL YOU." AND I HAVE NOT EVEN MENTIONED THE LIVES SAVED.

**TREATING OUR PATIENTS LIKE ALLIES IN THE FIGHT AGAINST
THEIR DISEASE MEANS BEING CLEARER AND MORE COMPLETE
ABOUT INFORMED CONSENT.**

**THAT MAY MEAN TELLING MORE ABOUT WHAT WE KNOW IN
SOME CASES, SHARING OUR UNCERTAINTIES IN OTHERS.**

**EARLY IN MY OWN PEDIATRIC SURGICAL PRACTICE, I
DETERMINED THAT I WOULD MAKE MY PATIENTS' PARENTS
ALLIES WITH ME AGAINST THEIR CHILD'S SURGICAL PROBLEM.
AT LENGTH
I'VE SAT DOWN AND TALKED WITH THE PARENTS OF MY TINY
PATIENTS.**

**WE'VE SWEATED OUT THE HOURS TOGETHER IN RECOVERY.
WE'VE BEEN ON THE PHONE TOGETHER WITH COMMUNITY
SERVICES AND VOLUNTARY AGENCIES TO SEE WHAT KIND OF
HELP WILL BE OUT THERE WHEN THE FAMILY TAKES ITS BABY
HOME.**

HAS IT BEEN WORTH IT? YES, IT HAS. . . ON MANY LEVELS.

**FOR ONE THING, I'VE GOTTEN TO KNOW DOZENS OF
COURAGEOUS, GENEROUS, COMPASSIONATE FAMILIES.**

**I MAY HAVE HELPED THEIR CHILDREN OVERCOME SOME
DISABILITY . . . BUT THEY ALL HELPED ME OVERCOME
PESSIMISM, DEFEATISM, FRUSTRATION, AND DISCOURAGEMENT .
. . FEELINGS THAT ARE COMMON ENOUGH AMONG HARD-
WORKING PHYSICIANS.**

I DID THIS SIMPLY BECAUSE I THOUGHT IT WAS GOOD MEDICAL PRACTICE, BUT IT ALSO HAD THE UNFORSEEN DIVIDEND OF HAVING NO ONE SUE ME FOR 39 YEARS WHEN I WAS IN PRACTICE.

OF COURSE WE'LL BE DISAPPOINTED NOW AND THEN.

AND, DEPENDING ON YOUR PARTICULAR PRACTICE, YOU JUST MIGHT DRAW MORE THAN YOUR SHARE OF DEADBEATS AND MALCONTENTS.

**BUT IT'S STILL NO EXCUSE FOR DISCARDING FROM YOUR
ARMAMENTARIUM THE KEY ELEMENTS OF THE ART OF
MEDICINE:**

THE ELEMENT OF PERSONAL ATTENTION AND INTEREST

THE ELEMENT OF TRUE CARING

THE ELEMENT OF SINCERE HUMAN FEELING

AND THE ELEMENT OF GENEROSITY OF SPIRIT.

**AS PHYSICIANS, AS WELL AS CITIZENS, WE NEED TO DO
SOMETHING FOR THOSE AMERICANS WHO, UNDER OUR PRESENT
SYSTEM, ARE DENIED ACCESS TO REASONABLE CARE.**

**WHILE WE WAIT -AND TAKE PART IN FINDING REGIONAL AND
NATIONAL SOLUTIONS, WE CAN DO OUR PART BY REVITALIZING
THE PRACTICE OF OFFERING FREE CARE TO APPROPRIATE
PATIENTS.**

IN MY EARLY DAYS I FOUND MYSELF EXTRAORDINARILY

FORTUNATE IF I GOT PAID FOR 40% OF WHAT I DID.

**BUT I WAS HAPPY IN MY PRACTICE, MY PATIENTS APPRECIATED
WHAT I DID, AND I CERTAINLY ENJOYED WHAT I DID FOR THEM.**

**BUT ONCE ENTITLEMENTS CAME ALONG, DOCTORS WHO HAD
BEEN VERY HAPPY TO PERFORM A CERTAIN AMOUNT OF FREE
SERVICE BEGAN TO FEEL THAT THEY HAD TO BE PAID FOR
EVERYTHING.**

**I SEE NO REASON WHY CERTAIN FREE CLINICS COULD NOT
OPERATE UNDER LAWS THAT FORBID LITIGATION.**

GIVING, CHARITY, HAS ALWAYS BEEN PART OF OUR CALLING.

WE OUGHT TO FIND WAYS TO DO IT WITHOUT PENALTY.

**NOT LONG AGO, I WAS SPEAKING WITH TWO YOUNG WOMEN,
BOTH BRIGHT, KNOWLEDGEABLE, ARTICULATE HEALTH
REPORTERS.**

I ASKED THEM EACH THE SAME QUESTION:

"ARE YOU SATISFIED WITH YOUR HEALTH CARE?"

ONE SAID SHE WAS;

ONE SAID SHE WASN'T.