

ORIGINAL

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ADDRESS

BY

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE HEALTH REPORTING CONFERENCE OF THE

AMERICAN MEDICAL ASSOCIATION

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

THANK YOU FOR THIS OPPORTUNITY TO TALK WITH A LITTLE BIT ABOUT SOME OF THE ISSUES THAT WILL BE -- OR SHOULD BE -- ON YOUR SUBJECT AGENDA IN THE YEARS AHEAD.

AT LEAST, I THINK THEY SHOULD BE HIGH ON YOUR LIST OF TOPICS TO COVER. AND I HOPE, AFTER MY FEW REMARKS ARE OVER, YOU WILL FEEL THE SAME WAY.

BUT FIRST AN OBSERVATION ABOUT THE VALUE OF THE MEDIA ITSELF.

AS MANY OF YOU MAY ALREADY KNOW, THE SURGEON GENERAL IS A PECULIAR KIND OF GOVERNMENT OFFICIAL. HE -- OR SHE -- HAS VIRTUALLY NO STAFF ... NO BUDGET THAT BUYS ANYTHING BEYOND A YEAR'S WORTH OF PAPER CLIPS ... NO PROGRAM FOR WHICH I ALONE AM SPECIFICALLY AND LEGALLY ACCOUNTABLE ... IN FACT, IT'S A POSITION WITH THE NARROWEST AND SHALLOWEST OF FOUNDATIONS.

HOWEVER, IT HAPPENS TO BE A POSITION THAT IS GUARANTEED IMMEDIATE ACCESS TO THE AMERICAN PEOPLE. AND I USE THE WORD "GUARANTEED" ADVISEDLY.

TRADITIONALLY, ALL THE NETWORKS AND ALL THE WIRE SERVICES CLEAR THE DECKS THE MINUTE THE SURGEON GENERAL SAYS HE HAS SOMETHING IMPORTANT TO TELL THE AMERICAN PEOPLE.

I HAVEN'T USED THESE EMERGENCY POWERS. BUT I HAVE GIVEN OUT CERTAIN "HEALTH ALERTS," SO TO SPEAK, INFORMATION ON ALCOHOL AND PREGNANCY ... ON HYPOTHERMIA IN THE WINTER ... ON DEHYDRATION IN THE SUMMER ... AND SO ON.

THE FACT OF THE MATTER IS THAT THE SURGEON GENERAL IS PRIMARILY AND YOU COULD SAY EXCLUSIVELY A BEARER OF MESSAGES TO THE PEOPLE OF THIS COUNTRY AND, INDEED, TO THE PEOPLE OF THE WORLD.

AND THAT'S ESSENTIALLY WHAT I'VE BEEN DOING FOR THE PAST 8 YEARS ... TELLING THE STORY OF MEDICINE AND HEALTH TO THE AMERICAN PEOPLE, VIA AN ACCOMMODATING ASSEMBLY OF MEDIA.

I KNOW THAT MANY PHYSICIAN BROADCASTERS HAVE BEEN MY ALLIES IN THIS WORK AND I WANT TO THANK YOU FOR YOUR HELP. I OFTEN THINK THAT THE BROADCAST MEDIA WOULD BE A LOGICAL PLACE FOR ME TO GO, AFTER I DEPART THE SURGEON GENERAL-SHIP, SINCE I'VE BEEN ON RADIO AND TELEVISION SO FREQUENTLY FOR SO LONG.

IN ANY CASE, I WOULD MAKE THE POINT THAT THE KIND OF WORK YOU DO IS EXTREMELY IMPORTANT -- AND I'M NOT SAYING THAT MERELY TO BE POLITE AND INGRATIATE MYSELF WITH YOU. I REALLY MEAN IT, BECAUSE I KNOW FROM EXPERIENCE -- THE EXPERIENCE OF MY EXALTED POSITION IN GOVERNMENT -- THAT IT WOULDN'T BE VERY EXALTED AT ALL, IF THE MEDIA DECIDED ONE DAY TO IGNORE ME.

I'VE BEEN DELIVERING A BUSHEL OF DIFFERENT MESSAGES IN THE COURSE OF MY TWO TERMS AS YOUR SURGEON GENERAL, AND MANY OF THESE MESSAGES WILL NEED TO BE REPEATED AND REINFORCED BY MY SUCCESSOR, WHOEVER THAT IS. FOR EXAMPLE ...

WE CANNOT LET UP ON THE TOBACCO INDUSTRY AND WE CAN'T GIVE UP ON SMOKERS. I THINK WE'VE GOT THE CIGARETTE COMPANIES ON THE RUN IN THIS COUNTRY AND WE HAVE TO MAINTAIN THE PRESSURE SO THAT THE DOWNWARD SPIRAL OF CIGARETTE CONSUMPTION CONTINUES AND EVEN ACCELERATES.

FOR THAT TO HAPPEN, WE NEED TO HELP SMOKERS QUIT AND WE NEED TO HELP NON-SMOKERS STAY THAT WAY. I KNOW THAT MANY PHYSICIANS IN THE MEDIA HAVE BEEN EXTRAORDINARILY HELPFUL IN GETTING THIS MESSAGE ACROSS TO THE PUBLIC.

AND MY MESSAGE TO YOU IS THIS: FOR HEAVEN'S SAKE, DON'T STOP NOW!

ANOTHER MESSAGE THAT MY SUCCESSOR MUST CONTINUE IS, OF COURSE, THE MESSAGE OF AIDS: THAT IS, DO NOT ENGAGE IN ANY HIGH-RISK SEXUAL BEHAVIOR ... DO NOT USE SOMEONE ELSE'S PARAPHERNALIA WHEN SHOOTING DRUGS ... IN FACT, DON'T SHOOT DRUGS AT ALL ... AND IF YOU SUSPECT YOU MIGHT HAVE BECOME INFECTED, GET SOME PROFESSIONAL COUNSELING ALONG WITH YOUR BLOOD TEST.

THE OTHER AIDS MESSAGE IS TO OUR COLLEAGUES IN MEDICINE AND PUBLIC HEALTH: YOU HAVE TAKEN AN OATH OF SERVICE ... AN OATH TO HELP PERSONS WHO ARE SICK OR DISABLED ... AND, DESPITE YOUR PERSONAL FEELINGS ONE WAY OR THE OTHER ABOUT THIS DISEASE, YOU MUST HONOR THAT OATH AND CARE FOR THESE PEOPLE WITH AIDS.

I BELIEVE THIS IS LESS OF A PROBLEM THAN IT MAY HAVE BEEN TWO OR THREE YEARS AGO. WE HAVE BETTER, CLEAR-CUT GUIDELINES ON PERSONAL SAFETY, CONFIDENTIALITY, AND SO ON.

BUT OURS IS A DYNAMIC PROFESSION. HENCE, IT NEEDS TO HEAR CERTAIN BASIC INFORMATION ON A CYCLICAL OR ITERATIVE BASIS. AND I WOULD HOPE THAT EACH OF YOU WOULD BECOME PART OF THAT EFFORT TO KEEP THE AIDS MESSAGE UP-TO-DATE AND VITAL TO OUR PROFESSION, AS IT IS TO ALL THE PEOPLE OF THIS COUNTRY.

BUT BEFORE I GO ANY FURTHER REMINISCING ABOUT WHAT WE'VE DONE SO FAR, LET ME RE-FOCUS MY REMARKS AND TRY TO LOOK AHEAD ... TO LOOK AT THE KINDS OF MESSAGES I THINK WE'LL BE DELIVERING TO OUR COLLEAGUES AND TO THE AMERICAN PEOPLE OVER THE NEXT 10, 20, AND 30 YEARS.

FOR ECONOMY'S SAKE, I'LL LIMIT MY CRYSTAL-BALL GAZING TO JUST THREE AREAS. BUT THEY'RE BIG ONES.

THE FIRST AREA CONCERNS TECHNOLOGY. FROM MY EXPERIENCE IN THE WHOLE ISSUE OF ORGAN TRANSPLANTATION, FOR EXAMPLE, I BELIEVE THAT A PROFOUND CHANGE IS OCCURRING IN THE RELATIONSHIP BETWEEN TECHNOLOGY AND THE HEALTH OF THE AMERICAN PEOPLE.

FOR OUR PURPOSES THIS MORNING, LET'S DEFINE TECHNOLOGY AS "THE APPLICATION OF NEW KNOWLEDGE TO REAL EVENTS." IF WE CAN ACCEPT THAT SIMPLE DEFINITION, THEN IT'S OBVIOUS THE WAY TECHNOLOGY HAS THUS FAR INFLUENCED HEALTH CARE IN OUR SOCIETY.

WE'VE GONE THROUGH A "GOLDEN AGE OF SURGERY" ... AND A "GOLDEN AGE OF DRUG THERAPY" ... WE'RE IN THE MIDST OF A "GOLDEN AGE OF ORGAN TRANSPLANTATION" ... AND SO ON.

I DON'T THINK IT'S ALL HYPERBOLE, EITHER. I THINK IT'S TRUE THAT WE'VE MADE SOME EXTRAORDINARY PROGRESS IN HEALTH CARE, THANKS TO NEW TECHNOLOGIES OF EVERY KIND.

BUT ALL THAT WELL-ADVERTISED PROGRESS MAY ALSO HAVE BEEN A MIXED BLESSING. THE ARRIVAL OF EACH NEW TECHNOLOGY SEEMED TO RAISE TO A CONSIDERABLE DEGREE THE PUBLIC'S EXPECTATIONS OF THE MIRACLES MEDICINE COULD ACCOMPLISH.

AND SO, I'M SORRY TO SAY, THE AMERICAN PEOPLE OFTEN EQUATE MEDICAL TECHNOLOGY WITH THE MIRACULOUS AND THE NEAR-MIRACULOUS.

AND LET'S ADMIT THAT SOME OF OUR COLLEAGUES IN MEDICINE HAVE UNWISELY PROMOTED THIS REVERENCE FOR TECHNOLOGY ... AND MAYBE A REVERENCE FOR THEMSELVES IN THE BARGAIN.

BUT WILL TECHNOLOGY ALWAYS BE CONSIDERED A BENEFICENT
MIRACLE? I DON'T THINK SO.

WHY THE CHANGE?

FIRST OF ALL, I BELIEVE THE PUBLIC NOW SEES TECHNOLOGY AS A
MIXED BLESSING, IN REGARDS TO PROLONGING LIFE, FOR EXAMPLE.

BOTH THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE EVEN NOW
DEBATING THE WISDOM OF USING SO-CALLED "EXTRAORDINARY" MEASURES
TO SAVE OR PROLONG THE LIVES OF PERSONS PROFOUNDLY TRAUMATIZED OR
TERMINALLY ILL.

FOR MANY PEOPLE WHO MUST DECIDE THE FATE OF LOVED ONES,
HIGH-TECH MEDICINE SOMETIMES ACTS LIKE A FRIEND ... AND
SOMETIMES IT ACTS LIKE AN ENEMY.

HENCE, SOME PEOPLE ARE TURNING TO LEGAL INSTRUMENTS LIKE THE
SO-CALLED "LIVING WILL" AND THE "DURABLE POWER OF ATTORNEY" TO
PROTECT THEMSELVES FROM RUNAWAY MEDICAL TECHNOLOGY, IN THE EVENT
THEY ONE DAY HAVE A TERMINAL ILLNESS OR CONDITION.

HENCE, IN MANY REAL-LIFE SITUATIONS, TECHNOLOGY IS A MIXED
BLESSING ... AT BEST ... AND CAN BE A CURSE, AT THE WORST.

THAT'S ONE REASON I THINK WE NEED TO RE-ASSESS THE ROLE OF TECHNOLOGY IN MEDICINE. A SECOND REASON GOES BACK TO THE FACT THAT MEDICINE AND PUBLIC HEALTH HAVE BEEN PREACHING -- CORRECTLY, I MIGHT ADD -- THAT PEOPLE THEMSELVES CAN AND MUST TAKE CHARGE OF THEIR OWN HEALTH STATUS.

AND I'M SURE THAT EVERY PHYSICIAN-COMMUNICATOR HERE THIS MORNING HAS BROADCAST ONE OR ANOTHER MESSAGE ADVISING LISTENERS AND VIEWERS TO STAY AWAY FROM FATTY MEATS AND FOODS HIGH IN SUGAR AND SODIUM, AND TO "SAY NO" TO SUCH HARMFUL DRUGS AS ALCOHOL AND NICOTINE.

AT LEAST, I HOPE YOU HAVE.

NOW, WHEN YOU TELL PEOPLE THAT THE BEST WAY TO BEAT HEART DISEASE IS THROUGH ROUTINE EXERCISE AND A HEALTHFUL DIET, THAT'S JUST ANOTHER WAY OF TELLING PEOPLE, "DON'T RELY COMPLETELY ON HIGH-TECH MEDICINE TO SAVE YOUR LIFE."

THAT'S REALLY WHAT WE'RE SAYING ... AND I BELIEVE WE'LL CONTINUE TO SAY IT WELL INTO THE NEXT CENTURY.

AND THIS ADVICE WILL COVER MORE THAN JUST HEART DISEASE. THE VALUED AND APPRECIATED PHYSICIANS ARE THE ONES WHO WILL ADVISE PEOPLE ON THINGS THAT THEY THEMSELVES CAN DO TO PREVENT STROKE, CANCER, FETAL ALCOHOL SYNDROME, HIGHWAY TRAUMA, OCCUPATIONAL DISABILITY, HOME ACCIDENTS, AND SO ON.

OF COURSE, THE QUESTION MAY WELL BE ASKED IF PHYSICIANS ARE ACTUALLY TAKING THE LEADERSHIP IN THIS EMPHASIS ON PERSONAL RESPONSIBILITY. AND I'D HAVE TO SAY, "PROBABLY NOT." INSTEAD THE LEADERSHIP IS BEING ASSUMED BY A VERY VIGOROUS AND VERY EXPANSIONIST "SELF-HELP" MOVEMENT ... A MOVEMENT, BY THE WAY, THAT -- BY DEFINITION -- DOES NOT REALLY HAVE ANY LEADERSHIP, BUT IS GROWING BY LEAPS AND BOUNDS NEVERTHELESS.

THE SELF-HELP MOVEMENT INCLUDES ALCOHOLICS ANONYMOUS AND THE MANY, MANY GROUPS DEDICATED TO HELPING SMOKERS QUIT THEIR HABIT.

IT ALSO INCLUDES SUCH GROUPS AS PARENTS WITHOUT PARTNERS AND THE GRAY PANTHERS ... LA LECHE LEAGUE AND OVEREATERS ANONYMOUS ... BROTHER TO BROTHER AND MY SISTER'S PLACE ... THE AMERICAN SCHIZOPHRENIA ASSOCIATION ... THE EPILEPSY FOUNDATION ...AND SO ON.

I WAS TOLD THAT AN ESTIMATED 15 MILLION AMERICANS ARE NOW INVOLVED IN SOME FORM OF SELF-HELP HEALTH CARE. BUT IN MY OPINION 15 MILLION IS A GROSS UNDERCOUNT. I'M INCLINED TO TRIPLE THAT ESTIMATE MYSELF.

AND BY THE WAY, THIS IS NOT "MARGINAL MEDICINE" BY ANY MEANS. THESE SELF-HELP GROUPS DEAL WITH CONTEMPORARY SOCIETY'S MOST SERIOUS AND MOST PERVASIVE DISEASES AND DISORDERS:

SUBSTANCE ABUSE ... THE EPIDEMICS OF SEXUALLY TRANSMITTED DISEASES, SUCH AS SYPHILIS, HERPES, GONORRHEA, AND AIDS ... AND THOSE THREE MAJOR KILLERS IN OUR SOCIETY: HEART DISEASE, CANCER, AND STROKE.

AND I SHOULD ADD THAT THESE "DO-IT-YOURSELF" HEALTH PROGRAMS ARE NOT FALSE PALLIATIVES. THEY REALLY WORK.

MY ONLY CONCERN -- AND IT'S A MAJOR CONCERN -- IS THAT THESE PROGRAMS MAY NOT BE UNIFORMLY HELPFUL FOR EVERYONE. SOME PEOPLE STILL NEED THE HELP OF TRADITIONAL, MEDICALLY TRAINED EXPERTS. BUT THEY HAVE TO MAKE THAT CHOICE. WHICH WAY SHOULD THEY TURN?

I THINK INDIVIDUALS SUCH AS YOURSELVES -- ARGUING NOT ON BEHALF OF TRADITIONAL MEDICINE BUT ON BEHALF OF MEDICINE AND HEALTH CARE THAT WORKS -- YOU COULD REALLY HELP THE AMERICAN PEOPLE MAKE WISER CHOICES.

OF COURSE, FOR YOU TO BE ABLE TO DO THAT, BOTH MEDICINE AND SELF-HELP WILL NEED TO SHED THEIR MUTUAL ATTITUDES OF DISPARAGEMENT AND DISTRUST AND TRY, INSTEAD, TO FORGE A NEW PARTNERSHIP OF HEALTH, HELP, AND CARING.

AND THAT WOULD BE A VERY EXCITING DEVELOPMENT FOR MEDICINE IN THE 21ST CENTURY.

BUT FRANKLY, WHETHER TRADITIONAL MEDICINE AND PUBLIC HEALTH DO OR DO NOT GET INVOLVED, I BELIEVE THE SELF-HELP MOVEMENT WILL CONTINUE TO GROW IN THE YEARS AHEAD AND WILL BECOME NOT MERELY AN "ALTERNATIVE" SYSTEM OF HEALTH CARE BUT, IN FACT, OUR OTHER NATIONAL SYSTEM OF HEALTH MAINTENANCE, HEALTH PROMOTION, AND DISEASE AND DISABILITY PREVENTION.

SO THAT IS A LONG AND SOMEWHAT COMPLICATED LIST OF REASONS WHY I BELIEVE WE WILL CONTINUE TO REDUCE OUR FAITH IN AND OUR RELIANCE UPON HIGH TECHNOLOGY AND WILL WANT TO PLACE A GREATER RELIANCE UPON EACH INDIVIDUAL'S OWN "LOW-TECH" HEALTH DECISIONS.

WHAT'S THE SECOND BIG CHANGE ON THE HORIZON?

THIS ALSO IS A CHANGE IN RELATIONSHIPS. I BELIEVE THAT WE'RE SEEING A CHANGE IN THE RELATIONSHIP BETWEEN THE PUBLIC AND THE HEALTH CARE SYSTEM ITSELF.

THIS IS AN ESPECIALLY IMPORTANT CHANGE. ITS IMPLICATIONS ARE VERY FAR-REACHING AND WILL AFFECT NOT ONLY MEDICINE BUT MANY OTHER PROFESSIONS AND VOCATIONS AS WELL.

ONE REASON FOR THE CHANGE IN RELATIONSHIPS IS THE INCREASED MOBILITY OF THE AMERICAN PEOPLE.

AMERICANS MOVE AROUND SO MUCH THAT IT'S BECOMING HIGHLY UNLIKELY THAT THE AVERAGE PATIENT WILL BE KNOWN AND SERVED BY THE SAME PHYSICIAN AND SAME HOSPITAL STAFF THROUGHOUT HIS OR HER LIFETIME. BUT THAT SITUATION IS NO LONGER THE NORM. IT'S GONE ... IT'S HISTORY.

THE DOCTOR-PATIENT RELATIONSHIP -- NOW AND IN THE FUTURE -- IS A RELATIONSHIP BETWEEN STRANGERS. AND I THINK IT'S REALISTIC TO ENLARGE UPON THAT AND SAY THAT THE RELATIONSHIP BETWEEN THE INDIVIDUAL AND THE HEALTH SYSTEM IN GENERAL IS A RELATIONSHIP BETWEEN STRANGERS.

POPULATION MOBILITY IS CERTAINLY ONE FACTOR. ANOTHER FACTOR IS THE RISE IN PRE-PAID PRACTICES.

THESE PLANS SEEM TO BE MORE COST-EFFICIENT, BUT THEY ALSO ATOMIZE AND SUB-DIVIDE PATIENT CARE, MOVING PATIENTS AMONG AN ARRAY OF TECHNICIANS AND PROFESSIONALS.

THE IRONY OF ALL THIS IS THE FACT THAT OUR PATIENTS APPEAR AND DISAPPEAR FROM ONE'S PRACTICE AT THE VERY TIME THAT THE WATCHWORD OF PATIENT CARE IS "CONTINUITY."

MOBILITY ... SHIFTING DEMOGRAPHICS ... PRE-PAID GROUP PRACTICES ... THESE ARE THE KEY INFLUENCES CHANGING THE RELATIONSHIP BETWEEN THE HEALTH CARE SYSTEM AND THE PUBLIC IT SERVES.

AND THAT LEADS ME TO THE THIRD AND FINAL AREA I WANT TO TOUCH ON THIS MORNING. IT'S THE QUESTION OF COMMUNITY VALUES AND PUBLIC SUPPORT, RELATIVE TO MEDICINE AND PUBLIC HEALTH.

IN THE COURSE OF MY INVOLVEMENT WITH THE AIDS EPIDEMIC, I'VE SEEN THIS ISSUE BEGIN TO TAKE SHAPE. ALSO, IT'S A COROLLARY TO THE OTHER ISSUES I'VE DISCUSSED SO FAR ... THE TECHNOLOGY ISSUE AND THE ISSUE OF PATIENT-SYSTEM RELATIONSHIPS.

THIS ISSUE REVOLVES AROUND WHAT THE AMERICAN PEOPLE BELIEVE ABOUT THEIR HEALTH SYSTEM, OR SYSTEMS. I THINK THEY BELIEVE THAT IT IS A GOOD AND POSITIVE THING FOR EVERYONE IN OUR SOCIETY TO ACHIEVE GOOD HEALTH AND THE GOOD LIFE THAT COMES WITH GOOD HEALTH.

AND THEY'RE WILLING TO PAY FOR THAT, THROUGH CHARITABLE DONATIONS AND THROUGH TAXES.

THEY'RE VERY PATIENT ABOUT THIS AND WILL INVEST IN ALL KINDS OF TREATMENT AND COUNSELING PROGRAMS BECAUSE THE AMERICAN PEOPLE BELIEVE IN THE REDEMPITIVE POWERS OF GOOD HEALTH AND SIMPLY HATE TO GIVE UP ON ANYONE WHO CAN BE "BROUGHT BACK" TO GOOD HEALTH, SO TO SPEAK.

BUT THE AMERICAN PEOPLE DO NOT HAVE AN INFINITE CAPACITY FOR PATIENCE, BELIEVE ME.

FOR EXAMPLE, MOST AMERICANS DO NOT SMOKE. AND THIS NON-SMOKING MAJORITY GENERALLY DISAPPROVES OF SMOKING AND WOULD LIKE TO SEE ALL SMOKERS STOP.

HENCE, THE NON-SMOKING PUBLIC IS DEMANDING -- AND GETTING -- NEWER AND STRONGER LAWS AT ALL LEVELS OF GOVERNMENT TO CURB CIGARETTE SMOKING IN THE WORKPLACE, IN ALL MODES OF TRANSPORTATION, AND IN ALL PUBLIC SPACES, REGARDLESS OF WHO OWNS THEM.

BUT PUBLIC DISPLEASURE DOES NOT STOP WITH SMOKERS. IT IS BEING EXERCISED AGAINST OTHERS AS WELL ... PEOPLE WHO WILFULLY BEHAVE IN A HIGH-RISK MANNER: DRUNK DRIVERS, CHILD MOLESTERS, WIFE BEATERS, DRUG ADDICTS, PROMISCUOUS AND PREGNANT TEEN-AGERS, AND ANYBODY ELSE WHO DEVIATES -- OR WHO IS PERCEIVED AS DEVIATING -- FROM THE COMMUNITY'S STANDARD OF NORMATIVE BEHAVIOR.

AS I INDICATED EARLIER, THE AMERICAN PEOPLE ARE GENEROUS AND FORGIVING. THEY DO BELIEVE IN -- AND WILL CONTINUE TO SUPPORT -- PUBLIC HEALTH PROGRAMS THAT PROMISE REDEMPTION.

BUT AMERICANS ARE NOT PUSH-OVERS. AND IT'S POSSIBLE THAT THE AMERICAN PEOPLE -- ALREADY TAKING A CONTENTIOUS APPROACH TOWARD SOME BACKSLIDERS -- MAY DEMONSTRATE THEIR IMPATIENCE AND DISPLEASURE ON A GRANDER SCALE, ADDING A STRONG FOOTNOTE OF HIGH DUDGEON TO THE EXISTING BODY OF AMERICAN PUBLIC HEALTH LAW.

AND I BELIEVE WE'RE SEEING SOME OF THAT CONTENTION DEVELOP IN REGARD TO PERSONS WITH AIDS. NINE OF EVERY 10 PERSONS WITH THE DISEASE BECAME INFECTED BY DOING WHAT THE MAJORITY OF THE COMMUNITY REGARDS AS AN UNSAVORY ACT; THAT IS, THEY ENGAGED IN SODOMY OR INTRAVENOUS DRUG ABUSE.

TRAGICALLY, ONCE YOU BECOME INFECTED THIS WAY, YOU CAN'T BECOME UNINFECTED. HENCE, THERE'S NO REDEMPTION IN THE USUAL SENSE ... THERE'S NO REWARD FOR YOU IF YOU CHANGE YOUR BEHAVIOR.

NEVERTHELESS, WE MUST CONVINCING PERSONS WITH AIDS TO CHANGE THEIR BEHAVIOR ANYWAY, IN ORDER TO STOP THE SPREAD OF THE VIRUS. AND THAT IS A REWARD OF SORTS FOR SOCIETY, AT THE VERY LEAST.

AND WE NEED TO MAINTAIN STRONG PUBLIC SUPPORT FOR PROGRAMS THAT PROVIDE INFORMATION TO PEOPLE AT RISK OF GETTING AIDS ... OR PROGRAMS THAT PROVIDE MEDICAL SERVICES FOR THOSE WHO NEVER DID GET THE MESSAGE -- AND ARE DYING.

AND THIS WOULD CERTAINLY BE AN AREA WHERE A GROUP OF PHYSICIAN COMMUNICATORS SUCH AS YOURSELVES CAN HELP STRENGTHEN THE PUBLIC'S RESOLVE TO MAINTAIN OUR TRADITIONAL COMMITMENT TO HELP EVERYONE IN NEED.

FOR MANY YEARS TO COME, WE WILL OFFER CANCER DETECTION AND TREATMENT TO MEN AND WOMEN WHO HAVE SMOKED CIGARETTES -- AND KNEW BETTER THAN TO DO THAT. WE WILL ATTACK THEIR CANCERS, TRY TO PROLONG THEIR LIVES, AND -- WHEN THE TIME COMES -- WE WILL DO WHAT WE CAN TO EASE THEIR DYING.

WE MUST DO THESE THINGS, IF WE WANT TO CONTINUE TO CALL OURSELVES A CIVILIZED AND COMPASSIONATE SOCIETY. YET, I WOULD SUGGEST THAT THE MORE THE MAJORITY BELIEVES IN -- AND PRACTICES -- THE PRINCIPLES OF PREVENTION AND SELF-HELP, THE LESS WILL BE ITS PATIENCE WITH THE MINORITY WHO DOES NOT PRACTICE THESE VIRTUES.

AND THAT, I BELIEVE, IS AN ISSUE FOR ALL AMERICANS IN THE COMING YEARS. BUT FOR PHYSICIANS IN THE MEDIA, IT IS AN ISSUE OF SPECIAL RELEVANCE.

AS I INDICATED AT THE BEGINNING OF MY REMARKS, I SUSPECT THAT SOME OF THESE CHANGES WILL BE EASIER TO EXPERIENCE THAN OTHERS. SOME WILL AFFECT US PERSONALLY ... OTHERS WILL AFFECT THE HEALTH SYSTEM IN GENERAL.

BUT, ON BALANCE, I BELIEVE THAT FROM THESE CHANGES WILL EVOLVE A STRONGER, MORE CONTEMPORARY, MORE COMPASSIONATE, AND MORE RESPONSIVE SYSTEM OF HEALTH CARE TO SERVE THE NEXT AND SUCCEEDING GENERATIONS OF AMERICANS ... THAT IS TO SAY, YOUR CHILDREN AND GRANDCHILDREN.

AND THAT'S THE BEST PREDICTION OF ALL.

THANK YOU.

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