

ULTIMATE FRONTIER (Originally published February 1963)

In the New Frontier of medicine, two concepts currently in vogue are those of automation and disposability: both have crept steadily and silently—with little fanfare—into everyday practice and routine.

Conveyor belts, automatic dishwashers, disposal units and other gadgets are standard equipment in most hospital kitchens now. Oxygen is delivered instantaneously to surgical suites, nurseries and other rooms by piping. X-ray departments are crowded with constantly-grinding-and-clanking monster machines that process and develop film with inhuman persistency. Push-button beds raise, lower, tilt and contort themselves in many hospital rooms. Two-way communication systems with buzzers and flashing lights connect patients to empty nursing stations. The laboratories are full of electronic and photo-electric equipment, and the human element there is losing out to devices like the Autotechnicon that prepares and stains slides automatically, and the Autoanalyzer that, with the flick of a switch, can run a multitude of different biochemical determinations simultaneously on one tiny drop of blood and concurrently start a new set on another drop.

In operating rooms, automatic equipment now records heartbeats and respirations, and anesthesiologists hook up their patients to mechanical breathing machines while they slip out for coffee and cigarettes. Record rooms have their machines that take down phoned-in histories and thermoelectrical copiers that can reproduce whole charts in no time at all. In a large Eastern city, corner mental health centers have been opened in downtown slum areas where the juvenile delinquents and constitutional inferiors can drop in and talk out their conflicts and aggressions to batteries of impersonal tape recorders.

A casual look around any hospital reveals that much of the standard, smaller equipment—one or two decades ago the subject of repeated inventory and depreciation—has been replaced by articles used once and discarded forever. Syringes, needles, catheters, umbilical clamps, intravenous tubing, transfusion sets, masks, gloves, applicators, specula, suture sets, prep sets, spinal anesthesia trays, douche sets and enema sets now have their one moment of glory and vanish from the scene into disposable waste containers never to return. An interesting late addition to this growing list is the disposable Seitz bath.

All of this automation and disposability has sneaked in under the guise of improving efficiency, lessening the workload and freeing hospital personnel for more important tasks in patient care. The cost, always obscured under a smoke screen of modern verbiage in terms such as “efficiency work pattern ratio,” or “personnel productivity man hours,” is made to seem inconsequential. The looked-for, happy goal in

long-term saving, dangled by the hucksters as a glittering bonus with each new device, is never reached. The cost of hospitalization increases relentlessly each year, as more and more are freed to do less and less at higher wages and shorter hours.

Moving forward in this brave and exciting New Frontier, there can be no hope until the ultimate—the automatic physician handling the disposable patient—appears to release us all.