

## TOO LATE FOR LEADERSHIP?

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There is a special article in the April 2nd issue of the *New England Journal of Medicine* by Dr. John G. Freymann of Worcester, Massachusetts, entitled "Leadership In American Medicine." It is concerned primarily with the matter of physician responsibility and the disunity that exists among the various factions of this country's modern medical force. Although wordy and repetitious, the article contains many thought-provoking facts, which are deserving of emphasis.

Dr. Freymann traces the history of the American Medical Association from its organization in 1847 "for the purpose of improving medical education," to its status as the politically oriented and controversial body of today. The A.M.A. was generally ineffective in accomplishing any significant improvement of medical education during its first forty or fifty years. It was not until after the A.M.A. had been reorganized in 1901 and its aims and interests clearly redefined that it was able, through its Council on Medical Education and the Carnegie Foundation's study by Dr. Flexner, to succeed in bringing about reform and standardization in the nation's medical schools. In the years that followed and just prior to World War I, the A.M.A. achieved its greatest stature and commanded universal respect. These were years of great accomplishment, progressiveness and optimism, and the organization was led through this era by some of the outstanding scientific and academic medical men of the times.

From 1920 on, the A.M.A., with most of its goals accomplished, shared in the general disillusionment and cynicism that characterized the attitude of the nation at large. Its outlook changed from one of progressive optimism and action to one of irresolution and reaction. Its temper, which has persisted to the present day, became usually one of stubborn opposition to new ideas until forced by popular approval into acceptance. Dr. Freymann feels that this change was partially brought about by the increasing revolution in scientific developments and educational methods with its emphasis on full-time faculty teaching and specialization. Beginning in the early 1920s most of the nation's best scientific and academic leaders voluntarily abdicated their key positions in the A.M.A. organization due to their preoccupation with undergraduate and graduate education, and thus lost their identification with organized medicine.

Of the schism existing today between the academicians and researchers on one side and the practicing physicians on the other, Dr. Freymann says, ". . . there are few teachers or researchers who know of the original mission of the A.M.A. or, for that matter, know anything about its activities other than its public statements on economic policy. It is *de rigueur* to scoff or sneer at the A.M.A. or to join or lead attacks on it. With few

outstanding exceptions, most scientific and academic leaders of American medicine do not participate in the national organization, to say nothing of local and state societies." The point is made that the two factions—now at cross purposes and both exhibiting emotional and negative approaches—are depriving modern American medicine of an effective voice. The one group, whose primary occupation is private practice, occupies a stubbornly conservative position and dominates the political voice of medicine; the other, whose interests are in research and teaching, is stubbornly liberal and thoughtlessly rejects the A.M.A., preferring to stay outside of the organization instead of serving as a modulating and influential voice within.

Dr. Freymann feels that unless this rift in American medicine is soon healed, the medical profession may find that the direction of its destiny will fall into the hands of outside forces. It is time that the members of both factions realize that there is an obligation to provide responsible leadership for the profession as a whole, and that the needs of the profession transcend their own interests.

The article postulates the development of a new, "Third Force" in modern medicine, which, if it can realize its potential and develop its own leadership and influence, may bridge the gap between the academic and practicing physicians. These are the young, board-qualified specialists who, with long years of academic training and association behind them, have left the university and research centers and settled in the smaller cities and towns throughout the nation. During the last two decades, these physicians have spread out and blanketed the country. They are capable, knowledgeable and well-grounded in modern, scientific medicine; many are thoroughly familiar with the problems of academic medicine and research.

They aren't the "LMDs" of bygone years who were looked down upon in condescending fashion by the ivory tower men. Most of this Third Force is still largely uninterested in organized medicine, being busy with the development of their own practices. Because of its common educational background and because of the university and training center connections it strives to maintain with former associates and teachers, there is a great opportunity for this group to help restore unity to American medicine.

Dr. Freymann's hope for the future of this country's medicine, is that the academic leaders must abandon their negativistic attitude toward the A.M.A., that the Third Force must realize its power and become interested in the A.M.A., and that both groups must fulfill their obligations as leaders within the already existing framework of the A.M.A. "They will have to begin at the base by going to work in their local and state societies."

There is still a fourth segment of American medicine, unmentioned in the article,

which, although silent and disinterested, continues to grow steadily in numbers. These are the physicians already in the employment of state and federal government services and installations. If the concern voiced by Dr. Freymann is that failure of the factions in medicine to unite will lead to socialization and government control, this segment will not be unduly disturbed. It has already made its choice. If it is ever to identify itself with organized medicine, or if organized medicine ever needs its support, the other factions must first unite to present a solid and overwhelming front that will offer some attraction to this fourth segment.

There is no doubt that only action such as Dr. Freymann outlines will start the medical profession on the road back to unity. As he writes, even action now may be too late; the turning point may have been in the early 20s when the A.M.A. lost its progressive attitude and much of its able leadership, or in the mid-1930s when it reluctantly accepted the principle of voluntary health insurance. As one of his potentially influential Third Force, we have become discouraged and frustrated by the materialistic and unprincipled attitudes of modern society and medicine. The academicians and scientists have sold their souls for research grants, and not many still speak the language of clinical medicine. The idealistic few in the practice of private medicine, who respond to their obligations and try to lead, are muffled by the voices of expediency and balked by the entrenched bureaucracy of organized medicine. It may be too late for leadership.