THE COST OF MEDICAL CARE

(Originally published November 1968)

The high cost of medical care continues to be featured in the press and popular magazines. Nearly always, in addition, by implication or direct statement, much of the blame is laid squarely in the laps of the doctors. The physicians in private practice, those who see and treat sick people in their offices and admit them to hospitals, are singled out as the offenders responsible for soaring costs. Those vast numbers of doctors who cluster about medical schools, participate in pre-payment, group practice medicine and fill positions in government-supported Public Health, Armed Services, Veterans Administration, NIH and countless research institutions are seldom mentioned and somehow escape criticism. Indeed, many of these side with the critics and, quoted as medical authorities, help to point the finger of blame. Organized medicine and the AMA are always berated as the recalcitrant fuddy-duddies who for more than twenty years now have been unwilling to admit that the nation needs more doctors and who have been strongly opposed to the starting of any new medical schools. (This accusation is made in spite of the knowledge that it requires more than $60,000,000 and 8 years of work to put a new medical school into operation, and in spite of the knowledge that more than 20 new medical schools have been opened within the last two decades. That 14 more new schools are in development and due to open by 1971, and that 30 more are in the planning stage.)

The doctors in private practice today are the first to agree that the cost of illness is prohibitive. But with considerable justification, they also agree that their share of the blame is minimal. The local obstetrician who charged $150 as an all-inclusive fee for delivery, prenatal and postnatal care in 1948, bought his car then for $1800, and paid his office girt $175. In 1968 his fee has risen to an astronomical $200, he buys the same car for $4800 and pays his girl $400. The surgeon who charged $150 for an appendectomy 20 years ago, now charges $200. But the poor patient, whose total doctor and hospital bill for delivery or appendectomy in 1948 was $300, now finds that it costs him $800 or more. And if you ask any harried hospital administrator why the cost of a semi-private hospital room has gone from $8 to $25 in the interval, he will quiver and point several trembling fingers at the demanding public, labor legislation, expensive new equipment and departments, economic inflation, government meddling and Medicare.

In spite of the increased numbers of doctors and ancillary medical workers being turned out, the supply of those who deal with and treat sick people at a personal level continues to diminish. The numbers who remain in academic medicine—stay around medical schools in clinical and laboratory research—continue to increase. The reasons are evident: good pay, easy hours, less responsibility, retirement benefits and security guaranteed by a benevolent federal government through subsidies and grants. If the

young doctor can have all that, participate as one of a team of 65 glamorous medical experts who transplant five hearts into five patients a year, and still not be blamed if all five die, why leave? If he can obtain a three-year grant to investigate the oxygen diffusion pressures across the placenta of 50 sheep, why risk the uncertainty of private practice and dealing with annoying patients who might fall off an examining table and sue for malpractice? So the "doctor shortage" continues. Patients complain that they cannot be seen; that cost is prohibitive; that medicine is impersonal, that they miss the kindly old family doctor who listened to their woes, patted their heads and gave them a pill.

Yet the planners and bleeding hearts—who anguish in public over the sad state of medicine, the shortage of doctors, and the high cost of care—have a solution. Eliminate private practice, encourage pre-payment group medicine, expand Medicare, diffuse the know-how by establishing regional centers, satellite centers, neighborhood clinics and give something called "comprehensive care" to all through a wonderfully nebulous "medical team approach." All of these measures to serve now are thinly disguised steps toward a great Utopia in the form of Socialized Medicine—cradle to grave.

And when it is finally achieved, what then? Medical care will have become completely impersonal. Patients will complain to the neighborhood corpsman and call him "Doc," and the high cost of medical care will double automatically every ten years.