

MUCH TO LEARN  
(Originally published April 1978)

The best and brightest medical editorialist today is Michael Halberstam, an internist engaged in teaching and private practice in Washington, D.C. Dr. Halberstam is in his mid-forties, and for the past year his editorials have been appearing in that excellent "throw away" journal, *Modern Medicine*. If his name and the adjectives just used to describe him sound familiar, it's because a bestselling, nonfiction account of politics, personalities and Vietnam published a few years ago was titled "The Best and the Brightest." It was written by his brother David.

There are no sacred cows to Michael Halberstam who comments in direct, extremely readable (and always enjoyable) prose on everything from the idiots and charlatans of medicine to those of press and politics. One of his most entertaining editorials appeared recently in *Modern Medicine* (January 30, 1978) and dealt with the Carter advisors, Dr. Peter Bourne and his wife, Mary King, along with other bright young medical talent now manning our state and national health agencies. His advice to them was to get out and do a bit of small-town general practice and gain some practical experience in the day-to-day problems of clinical medicine.

In the course of announcing a planned exchange program with Fidel Castro, Dr. Bourne had remarked that we have "something to learn from Cuba," a nation that he feels has a "highly effective health delivery system to guarantee basic health care." Dr. Bourne's wife, Mary, talking to another group of physicians, observed that we "could learn a great deal" from such African countries as the Sudan. Halberstam took exception and pointed out the naiveté of such pronouncements; he classified them as examples of the fashionable "prefabricated" nonsense that roll so easily off the tongues of the inexperienced who have never engaged in other than government or bureaucratic medicine. He recalled that only a few years ago we were reading similar encomia about the "feldshers" of Soviet Russia and the wonderful "barefoot doctors" of mainland China who were delivering such marvelous health care to the peasant masses of those countries. We were told at the time that we had "much to learn" from them too.

Halberstam believes that one of the things this country's health planners have yet to learn is that the problems of health care differ markedly in different cultures, and that, necessarily, the solutions to those problems must also differ just as markedly. To discover what is good and what is bad about health care delivery, we have much more to learn from the systems in the industrialized western nations than we do from those in the backward and undeveloped ones.

It is probable that these glowing reports of medicine in Cuba and elsewhere, which emanate from the mouths of politically appointed medical advisors are nothing more than

polite but calculated humbug intended mainly to nudge us ever closer toward the acceptance of a nationalized health service.

As the eager young idealists in government medicine constantly dream of medical utopias, one other thing that they seem incapable of learning is that to bring about such a uniform and regulated system of health care as exists in China, Russia, and Cuba will necessitate the development of a powerful totalitarian form of central government capable of dictating and enforcing control over all aspects of citizen activity. When that day comes about in this country, there will be no room for editorial opinions; government directives will tell us what to do. We had better hope that Dr. Halberstam instead of Drs. Bourne/King would be writing them.

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