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THE NEW ORDER IN MEDICINE

Reflections of An American Lawyer

THE other week we published an article in which the State Medical Service idea was supported by an admiral. He was the Medical Director-General of the British Navy. Now a reader has drawn our attention to an article in the "British Medical Journal" in which the idea is supported by an eminent lawyer. He is Wendell Berge, Assistant Attorney-General of the United States, whose address on "Justice and the Future of Medicine," delivered recently to the American Urological Association, is reported here.

THERE never was such a thing, strictly speaking, as the private practice of medicine (began Mr. Berge). From the earliest days, although the doctor held no public office, his service was "clothed with public interest." At a time when any man was free to enter the trade of his choice, a licence was required of the doctor, who had to prove his knowledge, integrity, and skill. He was not free to select or reject patients at will; he must hold himself out to serve all in need to the limit of his capacity.

The law not only refused to crowd the relation of doctor and patient within the elementary forms of trade, but went to lengths unknown in other relations to make certain that the common health was preserved. In the wares of trade the law of a single price usually held, but to ensure adequacy of service a special law was decreed for the doctor: he was permitted to charge different fees to patients differently situated, thus elevating medicine above commerce and giving legal recognition to the principle that persons were to be served according to their needs.

Public Character of the Physician

Mr. Berge gave examples of the public character of the physician's office. The Royal College of Physicians held a charter from the English Crown which conferred upon it the right to license and discipline its members and otherwise as a corporate body to secure the common health.

He next surveyed the great trends which converged upon medicine. The art of medicine refused to stand still. The family doctor was once the very epitome of the art of healing; he had been succeeded by the general practitioner, who was the focus of a group of specialists, now more than a score, each with its own jurisdiction. Consultation had grown into an essential of practice. And behind all this was medicine, as a science and art, on the march, continuing to capture provinces hitherto beyond its frontiers. Health became "an aspect of the operation of the national economy."

Finally, not so long ago the old-fashioned doctor could be depended on to administer medicine for the community. To-day the doctor was in no position to discharge that office. His practice comprehended not the whole community but a fraction of it, and if he was a specialist the fraction was highly selective. In the larger cities, and even in smaller places,

there was a tendency towards fashionable, middle-class, or industrial practices, and here the sliding scale, which was a legacy from a smaller society, no longer operated, for different doctors served persons in different income groups.

The Doctor's Bill

Moreover, the doctor's charges were quite out of accord with the ordinary standards of life. As medicine had advanced its arts had become more intricate; yet very little attention had been paid to making up-to-date facilities available at prices which the common people could afford. Not that physicians were paid too much, rather the contrary; but there was waste, failure fully to use facilities, a lag in getting the most out of a trained personnel.

The result was that the rich, who did not have to consider price, were often pampered with a medical care which they did not need, paupers were often indulged with a service which rose far above their ordinary way of life, while the middle class found the charges as a whole beyond its ability to meet, with the result that a great part of the population reduced its demand for medical service to the very minimum, and a great volume of cases reached the doctor in an aggravated condition, although in the early stages they could have been easily handled.

Here was a challenge. A new medical order was inevitable. As men groped after it many doubts and fears were expressed. Doctors were justly fearful that the quality of the service would be compromised. Mr. Berge confessed that he was unable to follow the argument that a casual relation existed between Government auspices and poor medicine. The truth was that a new system brought medical care to hosts of people who previously had had no access to it, but it also brought about a situation in which the provision of doctors and facilities almost always fell short of the new and enlarged demand.

The "Shibboleth" of Free Choice

Much had been said about the maintenance of a personal relation between doctor and patient and the right of the patient freely to choose his doctor. "As a patient," said Mr. Berge, "I am quite willing to have this right qualified for my own good." Under a well-recognized principle of economics, freedom of choice should be limited where the consumer was not a "proper judge of the quality of the ware," and if there was one field where freedom should be qualified it

(continued on next page)

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