

October 1940

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### Recommended Citation

O'Leary, W. D. (1940) "How Near is Socialized Medicine?," *The Linacre Quarterly*: Vol. 8: No. 4, Article 1.  
Available at: <http://epublications.marquette.edu/lnq/vol8/iss4/1>

# THE LINACRE QUARTERLY

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VOL. VIII

OCTOBER, 1940

NO. 4

## THE "NEW" LINACRE

It was the desire of our late editor, Doctor Joseph A. Dillon, constantly to improve, not only the contents of LINACRE, but also its physical appearance. After mature deliberation, we feel that we can change the latter desire into accomplishment by present-

ing to our readers THE LINACRE QUARTERLY in its new blue dress. May Our Lady, whose color the cover bears, pray for the success of the work of the Catholic Physicians' Guilds!

—A. P. D.

## HOW NEAR IS SOCIALIZED MEDICINE?

By REVEREND W. D. O'LEARY, S.J., M.D.

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Not so very long ago the whole country, and the medical profession in particular, were greatly upset over charges brought against the American Medical Association by Assistant District Attorney Thurman W. Arnold. The charges indicated that the medical profession was violating the anti-trust law.

When considered in the light of that delightful book "The Horse and Buggy Doctor" by Dr. Arthur E. Hertzler the charge

sounds absolutely ridiculous. On the other hand, when one looks at the matter from the technical standpoint of a monopoly we can easily see some grounds for the upheaval. But, after all, the medical profession does have a monopoly on medical affairs just as much as railroad engineers are a rather crucial factor in the question of running or not running the locomotives of the country.

The sentiment aroused throughout the country by this incident

has been intense and also very varied. Some editors condemn the doctors for being too conservative, for trying to protect their own interests, and for impeding progress. But such attitudes are rare. The more general opinion seems to be that the New Deal is making a distinct effort to force socialized medicine, or even state medicine, on the refractory profession. It was even suggested that the government might drop the suit if the association would change its attitude toward health groups.

The medical profession has been violently criticized for opposing state medicine or socializing the whole profession. The question may be asked, however, is this the best way to solve the problem of bringing patients who pay to doctors who need pay and of bringing competent doctors to those who need first-class care? The doctors realize the difficulty. The majority of them suffer by the unequal distribution of paying patients, non-paying patients and no patients at all. But they prefer to suffer while maintaining an ideal which they consider essential to the moral integrity of the profession.

The Church has also been criticized for its stand on education. She has high ideals to safeguard and she watches most carefully for the intruding wedge of government domination. An apparently innocent law may be packed with educational dynamite and it be-

hooves the Church to be on her guard constantly. Is she reactionary? Is she ultra-conservative? Is she throwing obstacles in the way of educational advancement? We do not think so.

The Catholic schools would not object to help from the government—in fact they have often sought such help, as in Ohio—but a participation in the tax returns is only legitimate expectation. The medical profession is not opposed to government aid, either for the indigent patient, or for themselves more directly, but they do resent regimentation of a debasing nature. They see inevitable consequences of socialized state medicine and they are quite within their rights in laying down rules which are designed to protect them against these results.

Perhaps the profession has become unduly aroused at times and thought they saw the big bad wolf of socialization approaching when it happened to be merely the harmless hare of medical care carried on by an organized, trustworthy group.

Whatever we think of the high cost of medical care—and the average citizen has plenty to think—we can readily appreciate the desire of the medical profession to keep its standards high. We can also appreciate the difficulty of keeping to these standards if politics are allowed to dominate the field.