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The Real Issue—Political Versus Private Control of Medicine

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THE AUTHOR of the following article is one of the country's most distinguished authorities in the field of social service. He is a former Director of the National Catholic School of Social Service, Washington, D. C.; was an original advocate of fact-finding boards for the settlement of labor disputes; has served as a committeeman or officer with the National Conference of Catholic Charities, the Ohio State Department of Welfare, the Social Service Federation, the Toledo Chapter of the American Red Cross, the Toledo Council of Social Agencies, the Toledo Community Chest, among other organizations. He is a former Episcopal Chairman of the Department of Social Action, National Catholic Welfare Conference and past chairman of the Administrative Board of the Catholic Hospital Association. He inspired and guided the joint statement of the Conference of Catholic Charities, the Bureau of Health and Hospitals of N. C. W. C. and the Catholic Hospital Association on compulsory health insurance. The article was written for the N. C. W. C. News Service.

Socialized Medicine

The recent press notices which implied in their headlines that the Holy See had put its stamp of approval on "socialized medicine" do not seem to be justified by a correct reading of the text itself. Monsignor Montini, the Undersecretary of State for the Vatican, on the occasion of the recent annual meeting of the *Semaine Sociale* in France wrote a letter to Charles Flory, the president of the organization, in which he discussed the need and urgency of making health services available to the public. He spoke of the concern for placing within everybody's reach medical care of high standards; but nowhere did he mention that the State would supply this service directly under a nationalized, exclusive, and compulsory tax program. In fact he warned against certain abuses of a moral nature which might creep into a State medical

program. The newspaper headlines were misleading and the conclusion that the Church favored socialized medicine, as understood here, was quite unwarranted.

It will help to clarify the import of Monsignor Montini's discussion of this subject if the two following paragraphs taken from his letter are studied. They emphasize a definite but limited responsibility of the State to make provision for the public health. They also emphasize that the State's responsibility is to support and coordinate as needed the efforts of private enterprise. They recognize in addition that with the assistance of the State there will be more efficacious and more rapid action.

"Certainly there could be no question of contesting the rights and the duties of the state in the matter of public health and especially in favor of those who are less fortunate, of those whom poverty renders less provident and more exposed. A just legislation on hygiene, preventive medicine, and adequate and sanitary housing, the attempt to provide everyone with the best medical care, the elimination of social plagues such as tuberculosis or cancer, a legitimate preoccupation for the health of young generations and many other measures that encourage the health of the body and spirit in the framework of wholesome social relations—all this cooperates toward the prosperity of a nation and its interior peace.

"However, in the framework of modern civilization only the state, supporting, coordinating, when needed, with private enterprises, has its own means for 'a more universal, more concerted and consequently more efficacious and more rapid' action. (Address, June 27, 1949). But these achievements in the field of security, of medicine, or of assistance ought to conform themselves to the moral principle of respect for men and for the family. Unfortunately, fear in this matter is not unwarranted."

The point at issue is not whether moral abuses can and do exist in the private practice of medicine or in the voluntary group-organization of health services, but whether these dangers are not greater (especially in view of our overwhelmingly secularist society) if the State imposes a compulsory tax for a uniform health program on all the citizens. There is always the remedy in

private or voluntary programs of refusing financial and moral support as well as of voicing effective criticism. When the State undertakes to tax every citizen to support its own uniform program of public health, what redress do the citizens have against possible social policies such as sterilization, birth control, euthanasia? They may protest; but they will be taxed in spite of their protests. In some states we already have some features of these objectionable programs enacted into law. It is quite possible that these policies might be incorporated into a nationalized program and the damage would be so much the greater.

The Fundamental Issue

It can be readily admitted that this is not the immediate intent of the advocates of socialized medicine and that it is not the most disturbing feature of a nationalized health program. The fundamental issue is whether such a program could actually produce the net results which are so euphemistically described by its advocates. The debate furthermore should not be joined on the question of whether there are health needs not now satisfied, nor on the catastrophic impact of prolonged and serious sickness on the family budget; nor even on the advantage and necessity of prepayment of medical and hospital costs. All these aspects of the problem are accepted without debate by social students. The real issue is whether we can achieve a better result with a limited state program in conjunction with voluntary insurance and private initiative, or whether we must have a universal, compulsory tax-supported program under direct governmental control. The experience with the health services now being rendered by government on the local, state, and national levels does not offer much encouragement to a further extension of government services in this field. It is altogether exceptional to find the quality of medical and health service as high in the government-controlled institution as in the equivalent institutions conducted under private or voluntary auspices. A survey of county hospitals and the services made available for the medically indigent by city governments will convince any skeptic in the premises. It has not been found possible to eliminate certain elements of partisan politics from the policies and management of these institutions and services. There is frequent bickering over budgets, appointments, and division of

responsibility, with consequent deterioration of service, as anyone can testify who has had practical experience in the field of social work.

If we look abroad we find greatly divided judgments on the success of nationalized health programs. The length of time during which Great Britain's program has been in effect does not permit as yet a decisive judgment. The medical men of England are not satisfied with the present setup, and are currently threatening to strike unless their fees are increased. This means of course increased taxes, in spite of the fact that the budget is already far in excess of anything originally contemplated. Hospital facilities are declared to be utterly unequal to the demands, with the result that there are long delays in the admission of even urgent cases. More hospitals mean more expense, and of course more taxes. The argument is not that there should be no further development of facilities with more taxes, but that the rosy forecast of costs has proven to be extremely fallacious. Other forecasts may in the end be equally fallacious as to the future health standards of the entire nation under a nationalized system of health.

Facilities and Personnel

The first question which must be discussed in any sound public health program is whether the necessary facilities and personnel actually exist to warrant the promises made by the advocates of nationalized medicine in providing universal health services. If adequate facilities and adequate personnel do not now exist, then no program under any auspices can be a success. The fact is that, on the government's own admission, these essential requirements are not now available and cannot be made available for quite some years. It will take many years to train the necessary number of medical doctors and an equal number of years to train sufficient hospital administrators, nurses and technicians, not to speak of the huge sum of money required to finance a building program of adequate dimensions. It seems utterly unfair, even if otherwise desirable, to start a universal tax collection before there can be a universal service program to meet the needs. This is only one objection among many others.

The advocates of a compromise program do not deny governmental responsibility for the health of the public; but they do

object to the folly of getting the cart before the horse. Such is the case when the government promises health services for everybody, in spite of the acknowledged fact that they are not yet universally available. If the government would provide more grants in aid for the building of hospitals and medical schools, and establish a form of subsidy for doctors and nurses in the sparsely settled areas with access to health clinics to be developed in these rural areas, then it would be rendering a most constructive service to the nation. Such a program is the real test of the sincerity of purpose on the part of government. If however the objective of the government program is to get control rather than help to extend health services, then of course a compulsory health tax and nationalized administration are necessary.

Need Aid, Not Control

It will require all the resources which the federal budget can muster for many years to come, in order to meet the minimum requirements of a universal health program. There is a great shortage of doctors, nurses, hospitals, clinics and other facilities, in spite of the fact that there is a higher ratio of these services in the U. S. A. than in any other country of the world. We need government aid to provide the additional services. We do not need control. The provision of hospital and medical care can well be left to voluntary efforts such as Blue Cross, Blue Shield, Farm Bureaus, and other forms of voluntary insurance programs. Anyone who sincerely wants health and hospital insurance can get it now at reasonable cost and at a figure which no government system could match. We say this because now we have available tens of millions of dollars of donated service which no government could ever command. The medically indigent are now and always will remain a direct charge on government.

There is a place for government in the health program of the nation; but it is not that of a dictator in an omniscient state. The principle of 'subsidiarity of function' is absolutely valid in the premises. The supposition that hospitals and the medical profession would or could remain free and autonomous under any of the proposed nationalization schemes is a chimera and a mirage. The government contract would always be the controlling instrument; and the government contract would not be subject to collective

bargaining, as anyone knows who has dealt with government agencies. One simply signs on the dotted line — or else.

There has been plenty of debate and argument on this question of 'socialized medicine.' The discussion most frequently starts from false premises. The thing is a misnomer. There must always be a social aspect to health and a social responsibility. The real issue is political control and nationalization versus private and voluntary control. Government cannot be permitted to evade its share of responsibility; but government should not be permitted to assume the dominant responsibility. Let government help financially to support a program of universal health service, but let voluntary institutions and agencies provide the service. The area of chronic illness, the field of contagious disease, and the situation which requires the exercise of police powers belong to government. No one competent to judge will gainsay this proposition. The government cannot fulfill its own particular responsibility without taxes, but let them be included in the regular budget without the pretense of a phony insurance system.