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Can Society Promise Health?

John S. Millis, Ph.D.

Dr. Millis first came to our editorial attention via an article published in The New England Medical Journal on the subject of individual rights relevant to health care.

A native Californian, physicist and educator by profession, he has served in such varied capacities as high school football coach, preacher in the Episcopal church, president of both the University of Vermont and Case Western Reserve University and now as president and director of the National Fund for Medical Education.

He will shortly publish a book A Rational Public Policy for Medical Education and its Financing concerning the crisis in medical education.

From his standpoint as educator, Dr. Millis draws on an analogy between universal education and universally available medical care as an indicator of the discrepancy between national expectation and national accomplishment. He relates these insights to the principle of individual responsibility.

The United States is deeply involved in the establishment and implementation of a public policy for the health of its citizens. There are few subjects which concern our citizens more constantly. There are few subjects which occupy the attention of our legislators and public officials to a greater extent. During the presidency of Lyndon B. Johnson, more than fifty major pieces of health legislation were enacted by Congress. Today, there are literally dozens of health bills under consideration. Economists predict that by 1980 health services will be the largest industry within our national economy. All of the public decisions, all of the huge appropriations of public funds are based on the acceptance by nearly all of our citizens of the proposition that health must be viewed as a necessity of life to be listed with food, clothing, shelter, and education. We are agreed further that medical service can no longer be viewed as a privilege—that, in fact, it must be considered a basic human right.

No one can fail to approve these basic concepts. They are moral, just, equitable, humane, and probably capable of realization. Very properly we, as a nation, are determined to see that there are enough medical services to go around, that they are equally available throughout the country, and that no citizen is denied access to them because of financial, cultural, or ethnic circumstances. We undoubtedly will provide more physicians, nurses, health workers of all kinds, more hospitals, clinics, and nursing homes; we will provide them in all parts of our country; and we will provide, by both public and private means, the money to make them available to all. This seems clear, and we have already made progress in these directions.

Most of our citizens believe that the initiation of new programs, the provision of additional health workers, the removal of economic barriers will result in substantial improvement in the health of Americans. Surely, there will be some improvements. Maternal and infant mortality figures should improve markedly. Premature death from undiagnosed and untreated disease should decrease. We may well expect some increase in life expectancy, particularly for those members of our society who currently are underserved medically. Still, one cannot avoid the feeling that public expectation for improved health is much greater than that which we shall realize from our large plans and increased expenditures. As a nation we continue to think of health



negatively—that is, in terms of sickness. We speak of “national health insurance” when we mean “national sickness insurance.” We seem to believe that if we can provide enough “doctoring,” we will all be healthy and well.

We seem to expect that by providing manpower and facilities to cope with episodes of illness we will have less illness and disability. Surely there will be more hospital admissions, more visits to the doctor's office, more surgery, more physical therapy, more days of long-term care. But, these increases in medical attention and service will not of themselves produce any dramatic decrease in the incidence of morbidity or any spectacular improvement in the health and well-being of the people of the United States.

Parallel Concepts: Universal Education & Medical Care

As one who has spent his life as an educator, I am constantly struck by the parallel between the concept of universal education and the policy which we are now developing for universally-available medical service. Early in our history we came to the conclusion that education was a necessity of life—that without it the dream of "life, liberty, and the pursuit of happiness," could not be achieved. Therefore, from the beginnings of the republic, we have moved to make educational opportunity available to every citizen without regard to race, sex, economic circumstance, or geographic location. Today we are spending a larger proportion of our national resources upon education than has any nation at any time in history. Graduation from high school is the expectation of every American. More than half of our nineteen- and twenty-year-olds are enrolled in

some kind of higher education. Never have so many people had so much educational opportunity.

Yet, our progress toward the goal of a populace of wise and self-disciplined men and women seems painfully slow. It is hard to demonstrate that there is more rationality, more civility, more generosity, more humaneness, more self-imposed discipline than in previous generations when there was markedly less schooling available and utilized. It is these qualities of human behavior and conduct, these values of humanity that we hope to achieve by the process of education. One must ask why our national accomplishment should be so far below our national expectation.

I would venture the observation that we have confused "schooling" and "learning." Society can furnish schooling to all of its citizens. Society can even go so far as to require by law that all citizens attend school to the age of sixteen, or even eighteen. But, society cannot compel its citizens to learn. It cannot compel them to be wise or to behave rationally, generously, and humanely. We must realize that we can guarantee educational opportunity but we cannot guarantee wisdom. Wisdom can be obtained by the individual only through his own efforts, by the repeated exercise of his own will, and upon his own responsibility.

Great Health Problems in U.S.

I believe the analogy between these observations concerning uni-

versal education and universally-available medical service is striking—and probably disturbing. The great health problems of the United States are not so much those of episodic illness as they are problems of personal behavior. The greatest cause of both mortality and morbidity of Americans between the ages of one and thirty-seven is automobile accidents. It is reported that the elimination of obesity would increase our life expectancy by six years. We know that lung cancer and emphysema are related to cigarette smoking. Alcoholism affects millions of people. Drug abuse is endemic. Millions of our citizens live emotionally undisciplined lives with disastrous consequences to their health and life expectancy. Few of these health problems are particularly affected by the availability of physicians, hospitals, clinics, or nursing homes. No program of national health insurance will protect people from the consequences of their behavior. It will only be useful after the fact—to deal with illness much of which should never occur.

To complete the analogy between our experience with universal education and what may well be our experience with universally-available medical service, one can make the observation that society can guarantee access to medical ser-

vice, but it cannot guarantee health. Health, like wisdom, is a personal responsibility that cannot be lifted from the individual by any society or its government. It can be won only by the continuing acts of will of the individual and by the changes in his behavior which result.

I do not wish to leave a too pessimistic impression. That which we are doing as a society in the area of medical services is good and right. It is necessary and we should not begrudge the costs. However, I do hope that we as a nation do realize that we have only begun to think about the problems of health; that there is much more to be done than we are now undertaking; that the problems are much more difficult than simply providing more dollars, more workers, and more institutions.

Editorial Comment:

Dr. Millis' essay raises the rather bizarre but realistic spectre of a modern society going on a Ponce de Leon-like binge in pursuit of a non-existent fountain of life. He is, of course, eminently right in indicating that no amount of money can purchase either health or life and further in pointing out once again that health care maintenance is first of all the responsibility of the individual patient. (VHP)