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President's Page

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For Physicians Only

“Honor the physician for the need you have of him, for the Most High has created him. For healing is from God and he shall receive gifts of the king. The skill of your physicians shall lift up his head, and in the sight of great men he shall be praised.”¹ It is with fierce pride and intense obligation that we are physicians and are created as such by God.

But the ethical implications of social inadequacy are a fertile field for demagoguery. Medicine is not alone, and existing institutions and systems are on the defensive all over the world — demanding a socialized model. These are but a prelude to more fundamental changes in our ethical, social, economic, and political bases. Where socialized medicine now exists, the system is cloaked in bureaucratic totalitarianism and the profession is debased into a proletarian technocracy with a diminished spontaneity. But why is this? The idealism of this ultra-liberalism gives way to tyranny when the idealistic plan is imposed by decree, and reason by persuasion is abandoned as too efficient. Nowhere does this plan protect the individual against the impersonal tyranny of the planners. Nor can planning wholly be applied to human needs and deeds. It is an oligarchy of one group's concepts and wishes. Freedom depends on choice and choice denies the inevitability that is mandatory for a state plan.

Medicine cannot remove social inequity and, in fact, it is often foredoomed to failure just because of those inequities. One cannot use a dose of medicine to cure our ethical and social problems. Medicine may influence, but can never be classified a social service since then

health care can be dictated upon the basis of social need — a point the Netherlands medical community quickly recognized under Nazi occupation. Hopefully we will leave the World Health Organization's definition for a realization that health is the continued successful adaptation to a changing environment which obviously is a very personal, not collective, program. Medicine only "temporarily frustrates a degenerative ineluctability." Furthermore, medicine cannot relieve society of its needs for further medical services, since medicine is here to serve the needs of man as they arise and should only very cautiously tamper with man's direction and freedom. Society cannot guarantee health as a right since it does not have health to give. Health is self-motivated.

The pervasive and vocal Hegelian rational utilitarianism has produced subtle changes in medical attitudes in the fact that now prevention is more important than cure — certainly less costly. Thus, medicine becomes a tool of social policy and the doctor becomes a civic moderator in conflict to his role as patient confidant and advisor. Pressure groups then establish health priorities while we replace individual freedom and conscience with collective selfishness. The physician continues to be harassed by rules of commercialism and coerced by legal mandates into unprofessional behavior over the dictates of his art. In the last analysis it is these — the loss of professionalism (assembly line medicine, compulsion, social planning, collectivism) and the loss of spontaneity — that pose the greatest threat to the patient. ²

"... the observance of man's obligation to safeguard his health, though the obligation is a compelling one, is still subject to the prudence, the good judgment, the free choice of the individual who conforms to the basic law. . . . National health insurance goes far beyond the compulsion of giving care to man's health; it seeks to compel him concerning the method by which he is to implement his observance of the natural law. It imposes upon man the obligation of seeking to fit himself into a newly to-be-created scheme of things. . . . It imposes upon the wage earner the obligation to fit into an elaborate program and controls of medical and dental and nursing and hospital care.

"To make sure, moreover, that controls of these elaborate systems are effective, national health insurance proposes coercive and compulsory features, with references to the professions, no matter how we may try to palliate these compulsions. In brief, if we begin with the imposition of a specific obligation, we necessarily are forced to adopt a long sequence of coercive measures . . . the controls and the counter-controls by government officials and the whole coercive set-up of a compulsory national health program. . . .

"We cannot create an intelligent, enlightened and responsible citizenry unless we entrust duties and obligations to that citizenry. To remove responsibility from man is not to elevate him, but to degrade him. . . . If we can achieve our purpose through the encouragement of

voluntary initiative, we shall strengthen the sense of responsibility of the individual; we shall safeguard the dignity of the individual as that of a person who is intellectually and emotionally competent to make his own choice concerning the manner in which he obeys the natural law to which he is subject. . . .

"It would seem to me that in ever so many sets in the contact between patient and physician, there would be injected into the patient-physician relationship extraneous considerations of the most diverse kinds. . . . As I see it, centralized control would be inevitable and that means control through regulation, and control through regulation means curtailment of freedom of action; such a curtailment in turn means a loss of interest in one's professional activities." ³

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— John P. Coughlin, M.D.

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