

February 1968

## The Travail of Transition

J. G.. Callanan

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Callanan, J. G.. (1968) "The Travail of Transition," *The Linacre Quarterly*: Vol. 35 : No. 1 , Article 8.  
Available at: <http://epublications.marquette.edu/lnq/vol35/iss1/8>

# The Travail of Transition

J. G. CALLANAN, M.D., F.R.C.S.

Physician baiting is today so much an integral part of contemporary American life that most people, including doctors themselves, seem to have accepted the fact unquestioningly. It is true that from ancient times the physician was either god or devil, according to the timing of the encounter with him. The present situation, however, differs in several aspects from that traditional attitude codified so often in jingles, epigrams and epitaphs. The ferocity, extent and expansion of the attack is unparalleled and would seem to spring from other causes. This essay is an attempt to consider some of those causes.

The allegations commonly made against the medical profession may be summarized as follows: physicians are greedy, corrupt, callous, monopolistic, and reactionary. Much of recent journalistic vituperation—the authors admit they are partisan in their presentations—accuses physicians of being wasteful. They are supposed to either overcharge for a service provided, or at times charge for one never provided at all. Those in private practice are alleged to cost the patient more for a similar service provided by those physicians in group practice.

The A.M.A. is corrupt and reactionary because it has the second largest lobby in Washington, exceeded only by the AFL-CIO. The

profession is monopolistic because there is a shortage of physicians.

There is certainly some truth in some of these allegations, yet it did not require these gentlemen to so inform the profession. In fact, at or about the time of publication of Milton Gross's *The Doctors* quite a few of his recommendations were already in the making.

Hilaire Belloc's famous remark about statistics applies to all this writing. That, however, is not the most serious criticism that can be made against these publications (*The Plot Against the Patient*, *The Intern*, *The Hospital*, as well as Brian Inglis' works and broadcasts). Behind them all is the assumption that the patient and the party that supplies and pays for the doctor's services—Federal government, State government, insurance companies, labor unions—are all agreed about what their interpretation of health really is. This is a fundamental flaw, and what's more it has implications far beyond any philosophical connotation. To illustrate, over the past few years several hospitals in San Francisco—Mount Zion, University of California Medical Center, Kaiser Foundation—have investigated in a continuing experimental program what the patient in hospital and all those who come into contact with him understand by restoring him to health: which might be considered a definition of

health in reverse. No agreement was found to be possible. Even among physicians and nurses deep divisions of opinion exist within each group.

There is therefore no one system of health care. On the contrary, there are many. This is the second criticism one can level against these writers. When the success of a book like *Arthritis and Folk Medicine* is as great as it is, one can only assume it reflects a good body of popular opinion, however unscientific. When the daily papers carry regular columns and whole journals are devoted to astrology, which even penetrate the bookstands of Catholic hospitals, this opinion is reinforced. Add to this the cult of Christian Science, the licensing by the State of California of drugless practitioners, naturopaths and chiropractors, then the full extent of competing systems of medicine becomes plain. To complement this state of affairs, the present Communist government of China had a similar situation, regarding shortage of Western trained physicians about 12 years ago. That government decided that the vast majority of clinical situations could be just as well handled by traditional Chinese practitioners, and has made no attempt to provide sufficient Western-type trained physicians, an impossible task in any case.

Another aspect, related to what has been said, concerns the changing concept of what the practice of medicine entails. Both physicians

and public are fully aware that change in some respects is inevitable, but there is disagreement about the details of that change. For instance, consider the violent propaganda conducted on both sides of the Atlantic to allow widespread use of dangerous drugs without medical supervision (Peter Laurie, *Drugs, Medical, Psychological and Social Aspects*). This change in attitude is a new phenomenon. Up to now the commonly used drugs in daily life—tea, coffee, nicotine, alcohol—have no major medical therapeutic uses. With the exception of marijuana, this does not hold true of any of the other groups of drugs so avidly used by the younger generation today. With some, the full clinical and pharmacological actions are not yet fully known. Even in older, much older cultures where hallucinatory drugs were used, it is to be noted that there was no casual, haphazard use permitted. The occasions were of high import, religious events when such agents were taken. Only after the collapse of those cultures in Mexico and South America did the smoking of those drugs become widespread and, let me add, no contribution to the advancement of civilization has ever come from such degenerate tribes. From recent experience it would seem that far from mind-expanding, the so-called psychedelic group of drugs are mind-destroying. The recent series of articles by an attorney, in San Francisco Medical Society Bulletin, on the whole would seem to confirm these opinions, and the survey was a wide one, including

attorneys, law enforcement officers, pharmacologists, and psychiatrists.

The shortage of physicians is claimed by some to be a national emergency. Others — including physicians, some medical economists, and an occasional voice from HEW—opine that better use of the doctor's time and talents could be achieved now. This does not mean the installation of computers, although this is not far away. Rather does it mean delegation of certain duties and tasks perfectly performed by ancillary medical staff. In some parts of the South several general practitioners are doing this today. They have trained medical assistants who are a combination of corpsmen and visiting district nurses. These experiments are said to be acceptable to the population served. In the USSR feldschers have performed this function for many years.

Unfortunately it is not going to be simple to introduce such changes.

For one thing legislative codes dealing with the practice of medicine at present cannot countenance such change. For some obscure reason the CMA is opposing a bill pending in Sacramento that would open up such opportunities.

The principal stumbling block, however, is the public itself. No one appears to have given any time in the press, on television interviews or in the literature referred to already to this area. At present the patient is all demanding, fully protected by law, and all power-

ful. The present widespread abuse of emergency room facilities is a case in point. Unless people develop a fuller sense of responsibility toward themselves in the matter of minor medical matters, their fiscal underwriters and the medical and allied professions, very little or no progress is likely.

This brings up the ultimate reason why the medical profession is in difficulty today. Living in an expanding affluent society, people have been led to expect all things at all times under all circumstances. Here the power of the pocket book (or its substitutes in the form of State and Federal personal subsidies) is paramount. Money really talks. But perhaps the public should be reminded about its relative scale of values. At the present time people care more about and spend more money on all their luxuries than they do on their medical needs. At the same time the United States spends more of its gross national income for care in illness than any of the idealized European countries where socialized medicine exists.

It is perhaps no accident that when HR 749 becomes active the bulk of the members of the State Council will be consumers. Can the profession rely on them introducing some common-sense and sense of proportion into their activities and recommendations to the Governor? I do not know but can only hope.

To sum up, the physician today finds himself pilloried before the

public, at a time of cultural revolution. This role is not unique but most obvious. It is only a matter of time before other professionals will receive the same treatment. (The increasing number of malpractice suits against attorneys, architects and engineers hints in this direction.) He must not abandon his

traditional roles of applied scientist, healer, pastor. He must accept, nay welcome, change. But he must play his part in educating all those concerned in any way he can.

---

[Dr. Callanan is in private practice, general surgery, and is an editorial writer for the Bulletin of the San Francisco Medical Society.]

AT THE INVITATION of St. Louis University School of Divinity (St. Louis) the eminent theologian, Father Karl Rahner, visited the United States this past autumn to give a stimulating lecture series explaining his theological insights. The seven talks he gave are being published by *Theology Digest*, a magazine containing condensations of selected articles from some 400 of the world's theological journals. The topics are: *Theology and the Magisterium after the Council*; *Experiment: Man*; *Atheism and Implicit Christianity*; *The Historical Dimension in Theology*; *Philosophy and Philosophizing in Theology*; *Toward a Theology of the "New Earth"*; *The Theology of Hope*. Price for the series is \$2.00; please include remittance with order. Write to:

THEOLOGY DIGEST

3701 Lindell

St. Louis, Missouri 63108