Catholic Viewpoints: With Reference to a National Health Program and the Wagner-Murray Bill

Alphonse S. Schwitalla
CATHOLIC VIEWPOINTS

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Br ALPHONSE S. SCHWITALLA, S.J., President, Catholic Hospital Association

(Conclusion)

In this paper an effort is to be made to present the health provisions of the entire Bill under a number of general headings.

THE SURGEON GENERAL

The Surgeon General of the Public Health Service is projected by the Wagner Bill as the central person in a unified, national, and obligatory health program. In this capacity he is given ample and most far-reaching powers in practically every area of health care. He is given administrative powers to enable him to carry out his supervision and control over the professional services of those engaged in the health services provided by the Bill, and, finally, he is given the required powers to recommend expenditures from the "medical care and hospitalization account." With reference to federal medical and hospitalization benefits, he is given all of the powers which have been vested in the Social Security Board for the administration of other titles of the Social Security Act.

With reference to medical and hospital care, the Surgeon General of the Public Health Service is authorized and directed "to take all necessary and practical steps to arrange for the availability of the benefits" provided under the title "Federal Medical, Hospitalization, and Related Benefits." He will, therefore, negotiate and periodically re-negotiate agreements with federal agencies or state agencies or other public agencies or private agencies or private persons or groups of persons "to utilize their services and facilities." He will also negotiate and periodically re-negotiate agreements for the purchase of supplies and commodities necessary to provide the benefits under the Act for the beneficiaries. With reference to some of these activities he requires the approval of the Social Security Board.

To enable him to utilize the services of "any physician legally qualified by a State" the Surgeon General shall publish a list of the general practitioners who have agreed to furnish services" under the Act. He must also make this list of physicians available to individuals who are beneficiaries so that these individuals may make their selection of a general practitioner from this list. The Surgeon General shall also determine who is to be deemed a specialist and shall define the qualifications for the designation of a specialist. He shall administer the payments to practitioners as well as to specialists, and he shall be responsible for defining the magnitude of the fees which are to be paid to practitioners and to specialists.

With reference to those who enjoy the benefit of the Act, it is provided that the Surgeon General shall be responsible for seeing to it that every individual "who is currently insured" and every dependent "who has been found by the Board to be eligible for benefits" receive the general medical, special medical, laboratory, and hospitalization benefits provided for in the Bill. While the Bill fixes the maximum number of days in any year for which an individual is entitled to hospitalization, the Surgeon General with the Social Security Board may increase the maximum under certain conditions specified in the Bill. The Surgeon General shall make provision for the determination of disability and re-determination at regular intervals not only with reference to the health provisions of the Bill, but also with reference to the Old-Age and Unemployment benefits as defined in amended form in this Bill or in the previous amendments, or in the original Act. If a disabled individual refuses to submit himself for examination or re-examination, the Board may refuse to make certification or re-certification for any individual claiming benefits in respect to his own disability or the disability of another individual but the Board will make provision for furnishing medical, surgical, institutional, rehabilitation, or other services to disabled individuals through the Surgeon General of the Public Health Service. It will be the responsibility of the Surgeon General to see to it that every insured person chooses a general practitioner, but failing such designation by the insured, the Surgeon General is given the power to allocate such an individual to the practitioner who may be willing to accept responsibility.

To safeguard the rights of the individuals, the Surgeon General is to establish sufficient "hearing and appeal bodies" to hear and determine complaints from individuals whether they be patients or physicians. These boards will also hear and determine disputes among practitioners and/or participating hospitals.

With reference to hospitals, the Surgeon General will publish a list of institutions participating in the program. He will revise these lists from time to time; he shall withdraw institutions from the list and reinstate withdrawn institutions to the list as a particular institution is found to meet the requirements of the participating hospital. The Surgeon General will make findings and decisions as to the status of institutions and he will draw up the conditions under which an institution will participate.

Should it eventuate that abuses must be prevented or reduced, the Surgeon General together with the Social Security Board shall determine where an individual who is entitled to receive benefits is to
pay a fee for “the first service or with respect to each service in a spell of sickness or course of treatment.” The Surgeon General will also determine whether the payment of such fees and its maximum size is to be applied to any or all of the opportunities in which a person ordinarily seeks the services of a physician, as for example, whether the fee is to be limited to home calls or to office visits or to both. Included in the determination of such special fees is to be the consideration by the Surgeon General of a possible differential fee for urban and rural areas or for a differential fee among states or communities. In this same connection the Surgeon General and the Social Security Board may determine whether the cost of laboratory benefits shall be borne entirely by the Fund or through participation on the part of the beneficiary, and the maximum payments of this kind are also to be left to the Surgeon General.

The Surgeon General is enjoined to study and make recommendations “as to the most effective method of providing dental, nursing, and other needed benefits not already provided” under the Bill, and to report upon the expected costs as well as upon the possible division of costs between the funds available to the Social Insurance System and participating payments by the beneficiaries. He is also enjoined to make recommendations as to legislation on all such benefits “not later than two years after the effective date” of the health section of the Bill.

Finally the Surgeon General, after consultation with the Social Security Board and with the approval of the Federal Security Administrator, “shall make and publish such rules and regulations, not inconsistent with other provisions of this Act as may be necessary to the efficient administration of . . . (the health care) title.”

The National Advisory Medical and Hospital Council in the Wagner Bill

A National Advisory Medical and Hospital Council is to be formed, the Surgeon General being its Chairman. It is to be composed of sixteen members appointed by the Surgeon General. It is to be selected from panels of names “submitted by the professional and other agencies and organizations concerned with medical services and education and with the operation of hospitals and from among other persons, agencies, or organizations informed on the need for or provision of medical, hospital, or related services and benefits.” “The Council is authorized to advise the Surgeon General with reference to carrying out the provisions of this Act, including (1) professional standards of quality to apply to general and special medical benefits; (2) designation of specialists; (3) methods and arrangements to stimulate and encourage the attainment of high standards through co-ordination of the services of general practitioners, specialists, laboratories, and other auxiliary services, and through the co-ordination of the services of practitioners with those of educational and research institutions, hospitals, and health centers, and through other useful means; (4) standards to apply to participating hospitals and the establishment and maintenance of the list of participating hospitals; (5) adequate and suitable methods and arrangements of paying for medical and hospital services; (6) studies and surveys of the services furnished by practitioners and hospitals, and of the quality and adequacy of such services; (7) grants-in-aid for professional education and research projects; (8) establishment of special advisory, technical, local, or regional boards, committees, or commissions.”

The Physician Under the Wagner Bill

The physician who gives his services to the beneficiaries under the Wagner Bill will do so under agreements or co-operative working arrangements between himself and the Surgeon General. In this agreement the pay for these services will be agreed upon. His services will be co-ordinated with other services to be rendered to the insured under the various provisions of the Social Security Act, and will also be co-ordinated with the services of educational and research institutions, hospitals, and health centers, by virtue of the same authority with which he entered into agreement.

The names of qualifying physicians will be published in a list which is to be maintained by the Surgeon General and these lists are to be made available to the insured persons.

A distinction is to be made among physicians between the general practitioner and the specialist. It will be left to the Surgeon General to determine who shall be qualified as a specialist, of what the services of the specialist shall consist, and who shall be entitled to the compensation provided for specialists. These various determinations by the Surgeon General are to be made in accordance with “general standards” previously prescribed by the Surgeon General himself after consultation with the Council “and utilizing standards and certifications developed by competent professional agencies.”

“The services of specialists shall ordinarily be available only upon the advice of the general practitioner.”

In the administration of the services, the prompt and efficient care of individuals entitled to the benefits shall be ensured; the personal relationship between physician and patient shall be promoted; the professional and financial incentives for professional advancement of practitioners shall be provided for, and encouragement shall be given to high standards in the quality of services.
which are furnished as benefits.

The latter effect shall be secured through the adequacy of the payment to practitioners; assisting them in their use of opportunities for post-graduate study and through a co-ordination among the services furnished by general practitioners, specialists, laboratory, and other auxiliary services; through co-ordination among the services furnished by the practitioners, hospitals, health centers, educational, research, and other institutions, and between preventive and curative services.

Administration shall also provide "aid in the prevention of disease, disability, and premature death" and in general shall ensure "the provision of adequate service with the greatest economy consistent with high standards of quality."

With reference to the payments of physicians' fees, payment may be made either on the basis of a fee schedule approved by the Surgeon General; or on a per-capita basis depending on the number of individuals entitled to receive benefits who are on the practitioner's list; or on a whole-time or part-time salary basis; or on a combination or modification of one of these bases, due consideration being given to regional differences and to the determination by a majority of the general medical practitioners, but subject to necessary rules and regulations.

Payment to specialists may also be made in accordance with any project which are furnished as benefits.

The term 'special medical benefit' means necessary services requiring special skill or experience, at the office, home, hospital, or elsewhere, including preventive, diagnostic, and therapeutic treatment and care, and periodical physical examination.

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vise the Surgeon General with reference to adequate and suitable methods and arrangements of paying for hospital service and with reference to necessary studies and surveys which are to be made for determining the quality and adequacy of the service rendered by hospitals. If the hospital is at the same time engaged in some form of professional education, or if research is conducted in it, the Council may advise the Surgeon General with reference to grants-in-aid to such institutions. In other connections, it has been pointed out that the Bill provides for a maximum benefit of thirty days a year of hospitalization for each insured unless it should be found that available funds provide for longer periods of hospitalization. The limitation in the latter case is ninety days of hospitalization within the calendar year.

Each hospital which participates in the program is to be listed in the Surgeon General's list of participating institutions. This list is subject to revision from time to time. The name of a particular hospital may be withdrawn or re-inserted as the Surgeon General may require. Disputes between hospitals or between hospitals and practitioners of medicine are to be referred to hearing and appeal bodies.

Of special interest to hospitals are also the provisions of the Bill with reference to laboratory benefits. "The term 'laboratory benefit' means special necessary laboratory or related services, supplies, or commodities, not provided to a hospitalized patient" and not included in "general medical benefit" or "special medical benefit." Laboratory benefits shall include "chemical, bacteriological, pathological, diagnostic and therapeutic X-ray, and related laboratory services, physiotherapy, special appliances prescribed by a physician, and eye glasses prescribed by a physician or other legally qualified practitioner."

A "participating hospital" means "an institution providing all necessary and customary hospital services and found by the Surgeon General to afford professional service, personnel, and equipment adequate to promote the health and safety of individuals customarily hospitalized in such institutions." Among the qualifications of a participating hospital is the institution's ability to make reports and certifications so that hospitalization may be provided to individuals entitled to it. The Surgeon General may accredit a hospital for limited varieties of cases and may also accredit an institution for the care of the chronic sick. Accreditation of these institutions may vary from locality to locality depending upon the type and size of the community, the availability of other hospital facilities, and other matters which may be deemed relevant.

The hospitalization benefit subject to the determination by the Surgeon General after consultation with the Council and approval by the Social Security Board shall be not less than $3 nor more than $6 for each day of hospitalization not in excess of thirty days; and not less than $1.50 and not more than $4 for each day of hospitalization in excess of the thirty days in the same period of hospitalization; and not less than $1.50 nor more than $3 a day for the hospital care of the chronic sick. The Surgeon General, however, may enter into contracts with participating hospitals for the payment which is to be full reimbursement for the cost of essential hospital services including ward service or other least expensive facilities compatible with the care of the patient, provided that the payments shall fall within the limits fixed by the amounts quoted in the previous sentence.

Conclusion

The summaries given above concerning the status of hospitals, physicians, the National Council, and the Surgeon General under the provisions of the Wagner Bill are here presented since it is believed that these have a certain interest to hospital executives. It is not intended that this summary should comprehend all of the provisions of the Wagner Bill. The summaries given above might well be supplemented by a discussion of the status of the general Social Security Fund and of the medical care and hospitalization account. Neither has a summary here been attempted of the status of the payments to be made for Social Security inclusive of the health benefits. Other factors of the Bill which might well have been similarly treated pertain to the medical and hospital care of old-age and unemployment beneficiaries as well as those who fall under the unified public assistance program of the Bill.

It is believed that the summaries here presented will speak for themselves. There is no need of pointing out to the readers of Hospital Progress in how many ways the projected program differs from current practice nor to emphasize the completely revolutionary character of this anticipated legislation. If the Bill, as it now stands or as it may be modified, unless it is completely recast both in its provisions and in its principles, becomes law, a new era will have dawned for medicine and for our hospitals. What is even more significant, a new era will have dawned for our people. It must be remembered, however, that new eras are not necessarily better eras. If the Bill becomes law we shall enter upon a period of untried policies involving governmental domination in every area of the care of the sick. This governmental domination will infiltrate itself into every detail of
the life of a patient and will involve the personal as well as the professional services of every person giving care to the sick anywhere throughout the land, even be it said in the private homes visited by the physician who gives his professional services. It will affect medical education and research, all the auxiliary professions to medicine such as dentistry, nursing, and laboratory technology; it will affect medical practice in a multitude of ways; it will modify the relation between medical practice and public health practice; it will profoundly modify the attitudes toward preventive medicine and the value which the public sets upon the services of the health provisions; and, in general, will demand a revolution of our thinking even concerning ourselves.

Why is all this necessary? Has the present system proved so inefficient, so hopelessly useless, so economically unsound, so professionally barren, as to make it necessary, if we must remedy the alleged shortcomings of our present system, to appeal to an incredibly different pattern of medical care? Every hospital in the land, every hospital, and every hospital worker and physician, will unite in an emphatic “no” in answer to this question. The present system of medical and hospital care has produced in the United States incredibly great and beneficial results. Let us keep what we have; let us better what we have; let us labor to make it as perfect as human dedication to one of the greatest humane causes can possibly make it; but let us not discard the medical and hospital heritage of the centuries.

During Food Shortages

It is well to bear in mind that dried brewers yeast, weight for weight, is the richest food source of the Vitamin B Complex. For example, as little as 1 level teaspoonful (2.5 Gm.) Mead’s Brewers Yeast Powder supplies: 45% of the average adult daily thiamine allowance, 8% of the average adult daily riboflavin allowance, 10% of the average adult daily niacin allowance.

This is in addition to the other factors that occur naturally in yeast such as pyrodoxin, pantothenic acid, etc.

Send for tested wartime recipes, the flavors of which are not affected by the inclusion of Mead’s Brewers Yeast Powder. Mead Johnson & Company, Evansville, Ind., U. S. A.

Ten years ago, in Paris of 1934 and in a Europe not as yet fully aware of the disease that undermined her body, a little celebration took place. It was the 50th anniversary of the French Société de St. Luc, St. Cosme et St. Damien, and the French had invited representatives of similar societies or guilds of other countries, most of whom had come, so that in fact this was the first international meeting of Catholic physicians.

The French Society was not the oldest. The Spanish Hermandad (Confraternity) de SS. Cosma y Damiano retraces its origin to the threshold of the Middle Ages. But the French Society had a larger view of modern problems and, moreover, had developed a peculiar kind of missionary zeal. It furthered and stimulated the establishment of similar societies in other European countries and as early as 1924 had established in Paris an International Secretariat for the exchange of news and views with the other societies. This particular development was due especially to its last General President, Doctor Octave Pasteau (Secretary of the International Society of Urology) who retired only two years before the war and whose activity was encouraged and blessed by three Popes. Pasteau was the first and foremost bearer of the idea of international collaboration of Catholic doctors, who everywhere had to wrestle with the same medico-religious and medico-moral problems. During these years Pasteau was everywhere; all over Europe the medical congresses and the great Catholic gatherings saw this white-haired man, dynamic and spiritual, yet so modest and prudent, with a keen eye for every need in the social, moral and religious fields of his medical profession. Dear old friend! God knows if he is still alive in his retreat at Parcy sur Sarthe in the occupied zone of France, near the famous Abbeye of Solesme, which sixty years ago had been the godmother of the new-born Société de St. Luc. God has not spared the old age of one of His most faithful servants; in 1940 his eldest son, Abbé Pasteau, pastor of a large church in Paris, was reported “killed in action”; he had died a few hours after his Mass on Whit Sunday.

At the time of the first Paris gathering there existed guilds or societies of Catholic physicians in most of the European countries and in some of the countries overseas. Since then no new society has been formed in Europe. I am concerned here only with the European societies; the Guilds of St. Luke in the United States must speak up for themselves, and I lack information about the socie-