Modern medicine reflects deep cultural traditions and needs

EDITOR'S NOTE: This is the fourth in a series of fifteen articles exploring "The Nation's Health." In this article, Rosemary Stevens, professor of the history and sociology of science at the University of Pennsylvania, shows how our medical care system was shaped by American social forces and values. This series, written for COURSES BY NEWSPAPER, a program of University Extension, University of California, San Diego, was funded by a grant from the National Endowment for the Humanities.

THE NATION'S HEALTH IV: THE SHAPING OF OUR MEDICAL SYSTEM
by Rosemary Stevens

Medicine is more than a collection of scientific techniques, experts, and equipment. It is a cultural enterprise with roots bedded deep in tradition.

The peculiar forms and nature of American medicine, its values and assumptions, rest in large part on two major movements: the successful transformation of American medical education from the hodgepodge profession of 1900 into a homogenous, science-based profession; and the continuing commitment of the profession to competitive, fee-for-service, private practice. Science and free enterprise have jostled together.

In 1900, the average physician could often do little to cure a patient with tuberculosis, influenza, pneumonia, diarrhea, or other ailments that we now regard as minor risks. Medical science has transformed our perceptions of birth (hazardous for mother and child in 1900), of disease, of death.

The streamlining of the American medical profession around one high, scientific standard of medical education began between 1900 and 1920 under the leadership of the American Medical Association. A detailed report by Abraham Flexner, published in 1910, described the appalling conditions of American medical schools and dramatized the profession's efforts to improve.

Following the report, many schools closed or merged. American medical education became university-based, drawing on college-educated applicants for admission.

Standardization of specialist education followed swiftly. The American College of Surgeons was founded in 1913 to provide a training program and a mark of identification for competent surgeons. A specialty certifying board for ophthalmologists followed in 1915, and most of the 22 present specialty boards, from pediatrics and radiology to psychiatry and pathology, were established in the 1920s and 1930s.

The specialty board both reflected and shaped an increasing tendency of physicians to specialize. In 1931, 17 percent of physicians were fulltime specialists; in 1949, 36 percent. Today, almost 90 percent are specialists. The general practitioner has virtually vanished. A specialty of "family practice" was established in 1969, recognizing a paradoxical and final "specialty."

FREE ENTERPRISE SYSTEM

Specialization was grafted onto a medical organization characterized by independent, solo, fee-for-service practice. Specialists compete with each other for patients, and patients shop around for specialists. Physicians today are still typically in private practice; only about 20 percent work in formal groups of three or more.

This private enterprise tradition extends to other medical institutions as well. The majority of America's 7,000 hospitals, most built in this century, are private institutions, reflecting their history as independent enterprises. In the last 10 years some hospitals have started to share services, ranging from laundry through pediatric and obstetric services. But hospitals in the main continue to compete with each other for patients and for the services of physicians, who act as attending staff, admitting their patients to one hospital rather than another.

Again, science and free enterprise interconnect. Hospitals compete by stressing technological excellence. Hence, 60 percent have intensive care units; 30 percent, specialized units for cardiac care; 30 percent, X-ray therapy.

Nursing homes, established in large numbers following the Social Security Act of 1935 and again with the Medicare and Medicaid legislation of 1965, are predominantly profit-making. Dentists, like physicians, are mainly in private office practice. Other private medical institutions include home health agencies, clinical laboratories, kidney dialysis centers, physical therapy practices, and blood banks. And there are a host of voluntary health agencies.

THE HEALTH CARE INDUSTRY

The evolution of American medical care as a combination of high technology, private practitioners, and independent organizations has created a mosaic of health services. In terms of costs and personnel, medicine has become a major,

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Part Four

The Nation's Health

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