

Grappling with a new image

The American Medical Association is trying self-treatment

by Jeanne Bockel

The American Medical Association bitterly opposed Blue Cross and Blue Shield when they came on the medical care scene in the middle thirties. Later, the often hidebound association, boasting 75 percent of the nation's physicians as members, found that these insurance schemes, and others like them, were one factor that contributed to the affluent position physicians now enjoy.

Traditionally conservative, the AMA historically has opposed most reforms designed to institute better medical care for the population. For three decades it has bucked group practice in which the patient sees a variety of specialists and pays the group as a whole for services rendered. Now it is taking on the more radical prepaid, closed-panel practice that accepts the patient for all the care he needs on a prepaid, capitation basis rather than billing for services rendered. Both types, besides being more economical to the patient, emphasize preventive care.

It has also been a major foe of expansion of medical education, even though the medical schools have long been unable to turn out the numbers of doctors needed by a mushrooming population.

But it was AMA's surging battle against Medicare, beginning in 1963, that caused the image of the once-esteemed organization to crumble badly. And with the advent of Medicaid and increasing demands for improved medical care, the profession found itself unprepared and unable to fulfill the new demands being made on it.

As criticism of the profession mounted, the then president of the AMA, Dr. Milford O. Rouse of Dallas, in a counterattack, made the ill-famed statement that health care was a privilege



AMA

AMA's House of Delegates: Called "a fortress of conservatism" in medicine.



AMA

Dorman: Cherished traditions must go.

and not a right of the American people. The AMA has been choking on these words ever since. The public censured the association for being self-serving and ignoring the needs of the poor.

Consequently, much of the AMA's attention these days is taken up with changing, if not its substance, at least its image.

To President Gerald D. Dorman, even if the association must alter certain cherished traditions, it must support new ideas and attract physicians of diverse beliefs. Otherwise it will die of "hardening of the arteries," he says. To change its reputation, the AMA must make people believe that patients and public welfare are of paramount concern. The recent scandals over physicians' fees under the Federal programs, leading Washington to set fee ceilings (SN: 5/24, p. 497), only intensified



Fabian Bachrach

Knowles: Qualified optimism.

the problem for the AMA leaders.

The doctors' organization is coming to recognize the widely held view that medicine has lost sight of the patient. It was in this context, and a sign of the recognition, that Dr. Dorman says that these issues must be brought into balance. "The AMA must act visibly to prove it has become more patient-oriented," he says.

At this stage of the game, however, the AMA knows that stated intentions and announced policies are not enough to alter the way it is seen. And an effort to match actions to words was also made at the recent clinical meeting in Denver (SN: 12/13, p. 556) when the Committee on Health Care of the Poor announced a joint AMA-Government program to recruit volunteer doctors to serve in urban slum areas. Under this program, a physician would

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receive a stipend for serving in slum areas, during which time he would be deferred from the draft. Termed "Project USA," the program is being touted as one of the most progressive actions ever taken by the AMA.

But a few small programs are not enough. The AMA will have to change its thinking as well.

In a report submitted to the AMA's House of Delegates, the Committee on Planning and Development, chaired by Dr. George P. Himler of New York City, urges the AMA to do just that—change its thinking and take an active role in leadership for health planning. The report, called by some physicians the most exciting yet submitted to the board, makes 57 recommendations. It runs the entire gamut of problems now facing organized medicine, including physician shortage, medical-care needs of urban areas, monitoring of fees, inadequacies of Blue Shield coverage and delivery of care.

Much of the report's strength can be attributed to Dr. John H. Knowles, crusading director of Massachusetts General Hospital in Boston, who is a member of the committee. Dr. Knowles, whose appointment to the post of Assistant Secretary of Health and Scientific Affairs of Health, Education and Welfare was blocked by the AMA because of his liberal views (SN: 7/12, p. 27), paved the way for the report's submission.

One of the report's recommendations hits at the AMA's obsession with such issues as the patient's right to choose his own physician and payment for each service rendered, thereby extolling such terms as private practice and fee-for-service. On this point, the report suggests the AMA literally avoid using these terms. The committee further recommends the AMA recognize all forms of practice, including the pre-paid, closed-panel type it is now opposing.

Action on the report, probably because of its scope and size, as well as its radicalism, was postponed until the AMA's annual meeting next July. But Dr. Himler feels that even though the recommendations may be extreme to some, they will eventually be adopted, though some more immediately than others. "The AMA is moving in this direction," he says.

Other physicians are not so sure. Dr. Knowles fears the AMA will not act on the report but will wait until others have acted and then go along.

Nevertheless, according to Dr. George Silver, formerly deputy assistant secretary for Health and Scientific Affairs at HEW, "Regardless of resolutions, the morale and temper of the

membership is changing, and any aspect of change needs to be observed and cherished."

To further the cause of a new image, liberalizing shifts in the organization's staff have also been made. Dr. Ernest B. Howard, newly appointed AMA executive vice president, believes the best way to change the organization's image is to prove its worth. And Dr. Howard, director of a thousand-person staff in Chicago, announced at the meeting that a black physician will be appointed soon as special adviser on child and maternal health matters and health care of the poor.

In regard to manpower shortage, the AMA has held the lid on physician recruitment: 50 percent of qualified applicants to medical schools are not accepted. The AMA, though favoring funds for aid to medical schools, has never actually encouraged them to admit more students. Dr. Howard claims enrollment was originally controlled to prevent a surplus of physicians during the depression, and that the present scarcity was not realized until 1967.

Belatedly, the AMA in a statement before the Subcommittee on Labor and Health, Education and Welfare of the Senate Committee on Appropriations, has asked Congress for support in expanding and developing medical schools. In conjunction with the Student AMA, the organization has asked Congress for aid in recruiting students from lower socio-economic backgrounds, operating funds for medical schools and loans and scholarships for students.

Many physicians, however, feel that although the association is changing, it is not changing enough. "From a monolithic reactionary organization, the AMA has changed," says Dr. Silver. "But from the standpoint of enough realistic appreciation of the change in the world, the AMA is still a fortress of conservatism." Supposedly this is because its structural organization prevents new people from reaching the top. Members must go through a long indoctrination by way of a series of positions before they can reach an influential spot.

It might be that the image will first be improved by the local and county societies, where most changes are occurring at present. Local medical societies in California—Santa Clara and San Francisco—for example, are actively doing something about the manpower shortage. "It is the changes in membership and physicians themselves that are the most encouraging signs," says Dr. Silver, "and these are not reflected in the (national) society." □