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Editorials

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Editorials

Dr. Rebeck Steps Down

John W. Rebeck, MD, PhD, retired from the active staff of Henry Ford Hospital at the end of 1981, culminating a distinguished career in hematopathology and an equally distinguished decade as the third editor of the Henry Ford Hospital Medical Journal. During his editorial tenure, the Journal grew in the value of its scientific material and in the numbers of its circulation. These accomplishments resulted in its return to listing by the Index Medicus. While Dr. Rebeck's geniality and expertise will be greatly missed, the volumes published under his direction form a solid groundwork on which the new editors must build *their* Journal. The past challenges the future to excel.

As it takes up its work, the Editorial Board has made its beginning at the very beginning: Why should the Henry Ford Hospital Medical Journal exist? The Journal does not aspire to publish major new scientific observations; many respected and widely read periodicals fill this need superbly. The Journal also is not perceived as a quarterly compilation of interesting but unrelated manuscripts concerning medical matters. Excellent vehicles for this kind of writing already exist, and the Journal could not fulfill a unique role in this way. Finally, our publication is not a Henry Ford Hospital house organ, an easy outlet for off-hand writing, a means to disseminate institutional news.

In its fourth decade, the Journal will seek to bring to its readers information about particular medical problems encountered here in America's heartland, about the research, diagnosis, techniques, and results of management by the staff, the alumni, students and house officers of this medical complex, the Henry Ford Hospital. We expect to publish regular symposia of papers dealing with multiple aspects of medical problems from the points of view of research, laboratory diagnosis, pathologic manifestations, medical, surgical, and sub-specialty management. In this manner our Journal aspires to achieve a position of greater value to its readers and increased significance to the medical com-

munity. The lead articles of this issue, which concern zoonoses, represent our initial such presentation.

The editors also intend to provide a forum for contributors to express their views about any aspect of the medical world in which we are involved. With this issue, expansion of the section of editorials has been initiated with commentaries by Dr. Fred Whitehouse, past president of the American Diabetes Association, and Mr. Stanley Nelson, newly elected President of the American Hospital Association. Similar editorials will be a regular feature of future issues of the Journal.

The importance of dialogue between readers and authors has been recognized by many publications, and the section of letters is a valuable part of our great journals. A letter page should greatly increase the value of the Henry Ford Hospital Medical Journal. Accordingly, communications received about published papers will be referred to their authors and published with commentary or rebuttal if they are judged to contribute to understanding the issues.

Of course, the Journal will continue to publish submitted manuscripts concerning any medical subject from those affiliated with our institution. We particularly encourage preliminary reports which may be published without delay, to inform our readers as well as to establish priority of the observation for the authors.

Above all, the editors invite suggestions for and participation in the life of the Henry Ford Hospital Medical Journal. Written communication is a means of sharing our experiences, a means which requires the discipline of precise thought. And sharing experiences—between students, house officers, researchers, practitioners—is an obligation we must not fail.

Raymond C. Mellinger, MD
Editor, Henry Ford Hospital Medical Journal

An Exciting Period in Our History*

We are entering a pivotal time for health care in America. Perhaps never before have our hospitals faced the variety and intensity of internal and external pressures that we face in 1982; and the problems continue to increase.

When we recognize the contributions of hospitals to society over the past two or three decades, the sustained growth and acceptance of our services, the declining morbidity and mortality rates, the increased life expectancy of our population, as well as the continuous and explosive advances in technology, the logical conclusion is that the hospital industry is huge success.

However, health care costs continue to escalate, health manpower shortages exist while surpluses are predicted, nonproductive competition among providers is increasing, an effective community planning process for health facilities and programs has yet to be identified, reimbursement shortfalls have put some hospitals in crisis, and cost shifting has reached the point where there is no place left to shift costs. Medical education programs are being challenged; support for research is increasingly difficult to obtain; another malpractice crisis is predicted; a capital formation calamity is upon us. The business world, seeking more cost-effective health service, is pressuring providers; and, as the Reagan administration shifts responsibilities to the state level, many states, because of their own economic problems, are in no position to accept them. Our problems are severe, our future threatened.

However, we have faced a similarly bewildering array of problems for many years, and we still enjoy a high level of acceptance by the public. Part of the explanation for this paradox is the simple fact that we provide an essential service and have done it well. I reject the notion that we operate inefficient, ineffective institutions. Some are; most aren't. Efficiency, when applied to hospitals, has to consider institutional mission and response to community needs, not just selected performance indices. It is true that our system might benefit from some realignment and restructuring, and our incentives should probably be revised, but on the whole there is no need to apologize for what we have done and how we have done it.

Another part of the explanation for our acceptance is that we have been successful in adapting to change. We have adapted as institutions, and as organizations and associations, at all levels. Communicating with Congress and

federal officials was not very important at one time, but today it is and we are doing so. The priority activity of the Board of Trustees of the American Hospital Association (AHA) on the future directions of American hospitals is another example of our willingness to examine and respond to the need for change.

One of the most difficult problems faced by the AHA is determining directions and reaching consensus among member institutions. Society has moved toward an increasing number of special interest groups and single issue advocates, and the membership of the AHA is evolving in much the same way. The needs and interests of these groups—the small hospital, the large hospital, the rural hospital, the urban hospital, the voluntary hospital, the governmental hospital, the short-term and long-term hospital, the multi-hospital system, the free-standing institution, the academic medical center—are often in conflict. Reaching consensus is difficult, and the difficulties are increased by the natural, institutional instinct for a "share of the action," for growth, in some cases, for survival.

If American hospitals through their associations are to be successful in this process of priority identification and policy formulation, some principles must be recognized as fundamental, and certain positions must be maintained. These principles are the legacy of previous generations that faced other problems in different times, but they have withstood the challenges of time and have served us well. If we keep them in view, we will succeed.

First, we must maintain an advocacy role for the health needs of those not organized or qualified to represent themselves in the competition for this nation's resources. The purpose statement of the AHA includes providing health care and services for all the people. We should support this, or change the statement. This course is not just humanitarian; it is good public policy. It can be good economics. And it can be cost effective.

Preventive health measures and early treatment programs—so vulnerable during a budget crisis—should be preserved. Their abandonment could result in future costs to society many times current costs. These programs represent the true bargains in health. Their elimination would prove to be false economy. We should be prepared to speak out loudly and clearly if the debate and competition for resources put these programs in jeopardy.

Second, we must continue to recognize the significant role played by the academic medical centers and teaching hospitals which carry most of the responsibilities for medical education and biomedical and clinical research. Frequently, these institutions also bear the burden of

* This editorial is a condensation of Mr. Nelson's address to the American Hospital Association on the occasion of his investiture as president on January 25, 1982.

developing and providing innovative and highly specialized clinical services. To a large extent, the costs of these responsibilities have been distributed to the total system through various reimbursement mechanisms. Failure of new financing schemes or cost containment measures to recognize these costs could result in serious dislocations within these institutions, and an invaluable public resource would suffer serious damage. The full effect of failure might not be apparent for years. These centers have transfused and nourished our entire health care system with the manpower and technology we take for granted. They require our continued support.

Last, and above all, we must continue to foster an attitude of innovation within and among institutions, a spirit of experimentation, a willingness to change, to adapt, to assume risks in new and promising ventures. The environment will always be receptive to this kind of activity, and we must take advantage of every opportunity presented. "Business as usual," preserving the status quo, will not be good enough. It will not serve the needs of our communities, or meet the demands of the public for a more efficient and effective system of health care for America.

Stanley R. Nelson
Executive Vice President,
Henry Ford Hospital

"If We Don't, They Will"*

At the regular monthly meeting we heard the first report about yet another new and controversial committee organized to interact between medicine and government. Most of us understood some reasons why such a committee should exist, although none of us were really expert in the matter. We heard a review of the committee's purposes and activities, all of which seemed highminded. The committee would offer service to medicine and to the public. Around the table, plaudits, encouraging words, and murmurs of concern were expressed. Several times the comment was made, "If we don't do it now ourselves, the government will do it for us." Indeed, part of the written report stated, "If we don't get a handle on the situation, someone else will. We need to do something about it or the government will step in."

Once again we are presented with an example of an unpalatable activity at the interface of medicine and government that is being justified by the cautionary attitude, "If we don't, they will." Medicine does government's work for fear that government will do it if medicine doesn't. This tautologous charade comes to us disguised as medicine's oneupmanship over government, when, in fact, we sneeze because government has taken snuff. I seem to recall that when I was young in medicine, this was a reason for the "Doctor's Plan" of health insurance, a plan now badly estranged from medicine.

What data are there to support this counsel, "If we don't, they will?" Over the years has medicine done government's work by following this credo? I would like to know whether medicine has ever out-manuevered government through "If we don't, they will." I suspect that the sad truth is the reverse. Until I see data to the contrary, I shall assume the latter and oppose organized medicine's activities whenever the "If we don't, they will" doctrine is used as the prime argument for action.

Fred W. Whitehouse, MD
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* Adapted with permission from the Detroit Medical News, January 25, 1982. Dr. Whitehouse is a member of the Council of the Wayne County Medical Society.