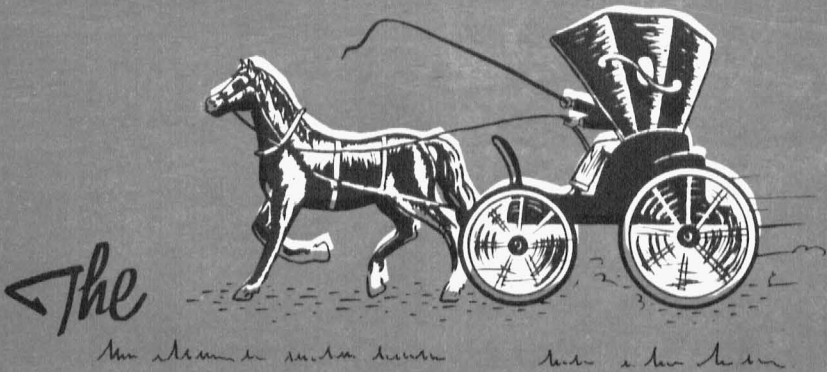


What Has Happened to the Country Doctor?

John H. Lane, Jr.



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University of Missouri

College of Agriculture

Agricultural Experiment Station

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What Has Happened To the Country Doctor?

JOHN H. LANE, JR.*

How It Is In Farmville

When ten-year old Johnny Carter fell off the barn roof, his worried father couldn't drive from the farm into the nearby village of Farmville for a doctor to set Johnny's broken arm. When the postman in Farmville complained of chills and fever, his family couldn't telephone the doctor for help. There is no doctor in Farmville, nor within miles of Farmville.

It was not always like that. Forty years ago, Dr. Blank's office nestled close to the village drug store. It was a small office without running water or electricity. It boasted no electro-cardiograph, no X-ray equipment, no present day medical facilities of any kind other than those which Dr. Blank could pack up in his little black bag. But Dr. Blank set the broken bones and treated the sick in the Farmville of 1910, and he was a reassuring figure to the villagers and farmers within the few square miles of his medical domain.

No one has taken Dr. Blank's place since he died 20 years ago. The way it looks now, no one will.

Farmville Is Typical

But Farmville is no exception. Rural people everywhere are faced with the same problem. Like Farmville, many small towns have had no doctor for a long time, while others are just now losing theirs. In other words, the country doctor has not disappeared over night. Instead he has been slowly, but steadily, leaving the American rural scene for the past forty years. Thirty years ago it was already plain to see that the automobile was going to have a lot to do with where doctors located in the future. As farm people began to own cars, they found the physicians in larger towns were within easy reach. The re-

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Note.—The terms doctor and physician as used in this report refer to the holder of an M.D. degree. During the period of time covered, the number of osteopathic physicians has increased.

sult was that the doctor back home began losing practice. He just couldn't compete with the specialists located in the larger towns and trade centers.

The doctor, too, has been influenced by such things as automobiles, telephones, and better roads. Now he can be called more quickly and get there faster. He can cover a much larger territory and visit far more bed-ridden patients than the "horse and buggy" doctor ever could. Or by means of a short, comfortable ride in a motor car, many more patients than formerly can now be treated in the doctor's office.

Consequently, many of our village doctors have moved to larger communities. But they have not been alone. A lot of other villagers have also been moving to the cities, and for about the same reasons. Good roads and motor cars have brought the farmer closer to the advantages of the trade center. More and more he passes up the limited services of the village. We can see that the smaller towns have not only been losing doctors, but they have been losing other services as well. Villages that forty years ago had five or six business houses may now have only one or two.

For these reasons, many thoughtful people do not consider the loss of country doctors a serious problem. They point out that rural people are coming to depend more and more upon towns and cities for more and more services of all kinds, including health services. There is probably much truth in this argument. There is little doubt that the concentration of doctors and hospitals in the cities is only a part of the general movement of both people and services toward the economic and social advantages of large towns.

Nevertheless, the problem of readily available medical service is not solved for the country dweller. Many poor roads are still in use, and telephones are no more plentiful in the country now than they were 20 years ago. Doctors are far apart, and many persons seriously ill or injured cannot safely make a long trip. Elderly people who choose to retire in the open country must face these facts.

Many small town and farm people still look upon the shortage of country doctors as a serious problem. The people of Farmville felt that it was a problem when there was no doctor around to set Johnny Carter's broken arm, or to treat the village mail carrier when he became ill. Country people still have their day-to-day health and medical problems just like everyone else. If their need for medical service is not being met, they do, indeed, face a serious health problem.

Population Is Outrunning the Supply of Doctors

Before centering our attention on the disappearing country doctor, let us look at the supply of doctors for the whole nation. One important fact stands out. The supply of doctors in the United States, especially those in private practice, has failed to keep up with the nation's population increase and the growing demand for health services. No more doctors are being graduated from medical schools today than there were forty to fifty years ago.

Why is this? For one thing, the question of quality as well as quantity has been of great importance. At the turn of the century, a great many second and third-rate medical schools were operating all over the country turning out hundreds of doctors every year. A degree in medicine was cheap and easy to get. Of course, by the standards of that day, there were good doctors then as well as now. But the "medical diploma mills" were keeping our standards of medicine low by turning out thousands of second-rate physicians.

To remedy this situation, some much-needed reforms were applied to our medical schools between 1910 and 1920. These measures resulted in fewer schools of medicine and fewer medical school graduates. Now, though we are getting fewer doctors, we are getting better ones.

But there is another side to the question. The reforms improving our medical schools have now been in effect many years. We can't go on blaming these changes of several decades ago for the continuing doctor shortage. In Missouri, for example, the decline in the number of physicians has continued for the last 40 years. During this period the State has suffered a net loss of about 1000 doctors — from more than 6000 in 1912 to about 5000 today. But the loss is far greater than these figures show. For during this same 40-year period Missouri had a population increase of more than 600,000 persons.

The rural areas of the State have been particularly hard hit by the decline in number of doctors. A recent study of physician supply in 20 Missouri counties, most of which are rural, reveals a drastic change in number of physicians. In 1912, a total of 539 physicians resided in the 20-county area; in 1950, there were only 158. This represents a loss of about 70 per cent during the last 40 years. Furthermore, the greatest percentage loss has taken place during the last ten years. Since 1940, the 20-county area has lost more than one-third of its doctors.

Missouri Medical Services Are Moving Cityward

While the overall supply of Missouri physicians has been decreasing, the number located in our larger cities has been steadily increasing. In this respect, what the rural folks have lost, the city dwellers

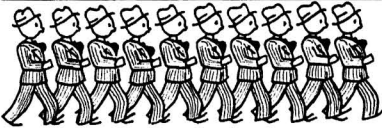
have gained. Today, nearly three-fourths of all the Missouri physicians listed in the American Medical Directory are located in the four city counties of Jackson, Buchanan, St. Louis, and Greene. This is almost the reverse of 40 years ago when less than half the doctors in the State lived in these same four areas. Clearly the trend has been toward greater concentration of physicians in our larger cities.

Many Doctors Are Not In Private Practice

If you are sick, not all of the 200,000 physicians in the United States stand ready to be called to your bedside. Some are on full-time duty in hospitals, sanatoria, and other institutions. Some are in federal



12,000 IN GOVERNMENT SERVICE



10,000 RETIRED



4,000 NOT IN PRIVATE PRACTICE



25,000 IN HOSPITALS

You can't call these M.D.s to your bedside

service or in public health departments. Some are full-time or part-time teachers in medical schools. Some are retired. Without these, about 150,000 M.D.'s are left to serve John Q. Public. That means there is about one practicing physician for every 1000 Americans.

In Missouri, the picture is much the same. Of the 5000 M.D.'s in the state, only about 3800 are available to the public either as general practitioners or specialists engaged in private practice. The result is a ratio of one practicing physician for every 1037 persons who live

in Missouri. But even this is a misleading figure. The two largest medical centers — St. Louis and Kansas City — are so located that many out-of-State patients from Illinois and Kansas compete with Missourians for the use of hospital beds and doctor services. And because these cities are well-known medical centers, many patients come to them from other states for the treatment of difficult cases. When these people are considered, it is clear that Missourians can count on far less than 3800 physicians to keep them well.

When we consider that one doctor per thousand people is the figure generally quoted as a good, practical ratio, and one per 1500 as the limit, Missouri, as well as the nation, appears to have a fine average. But like most averages, it does not apply everywhere. It is small comfort to the many Americans in the same plight as those in Farmville. A good national or state average doesn't give them a doctor to set a farm boy's broken arm or to treat a village pneumonia patient.

Within the nation's borders, states vary in their physician population from one practicing physician for every 626 citizens to one for every 1761. And within state borders, available medical services range from completely staffed city centers to rural and small town areas with no medical help at all. As many as 37 Missouri counties have more than 2000 persons per physician, and almost half of these counties have more than 3000 for each physician.

The sample study of 20 Missouri counties reveals a marked change in the number of physicians as related to population. Back in 1912 there was one physician for every 627 persons, and in 1950 there were over 1500 persons for every physician. Even now, Missouri is a very rural state. Almost half its counties are rural; that is, they have no towns with as many as 2500 people. These rural counties are located, for the most part, in clusters. The half million people who live in them are, therefore, considerably removed from urban centers. In 1950, there were, on the average, at least 2000 persons for every doctor in these rural counties.

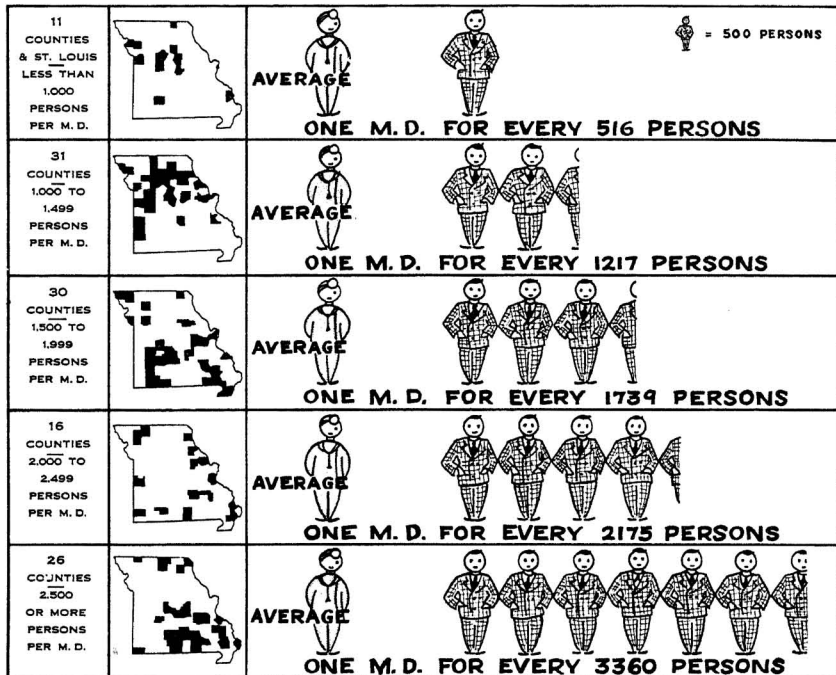
Yes, the Dr. Blanks are disappearing from our rural places. And from the looks of things, they will continue to do so.

What Has Happened to the Dr. Blanks of 1910?

Dr. Blank remained in Farmville until death ended his career of over forty years of personal service to the community. In 1910 he had been in his prime, 45 years old and in robust health. Farmville had been his home since his graduation from medical school in 1890. He knew everyone in and around the village. His advice was much sought after by the villagers in all sorts of matters, medical and otherwise. By

1910, he could boast of having delivered most of the village's children into the world. His practice was good — and it was all his.

Twenty-two years later, Dr. Blank died at the age of 67. In his later years he was still making a fairly good living, but his practice was on the decline. Many of the villagers now owned automobiles and some were driving 50 miles to the county seat for their medical services.



Dr. Blank managed to keep most of the older folks around Farmville coming to him, but the young people were getting a lot of new ideas about what they wanted in a doctor.

Nevertheless, the people of Farmville felt a deep personal loss when the old doctor finally passed away, a loss that was felt even more deeply when no one took his place. Even though they could now get into the county seat more easily for many of their medical needs, accidents still happened, and people still got suddenly ill. Death had robbed Farmville of the man they could turn to in such times of crisis.

Dr. Blank's case shows what has happened to many of our country doctors. They moved into small rural villages back in the days when the United States was still pretty largely rural in its make-up. More

people lived on farms, and levels of living were not so high. Less equipment for the practice of medicine was required. Farm villages provided a thriving practice for a doctor. Like Dr. Blank, many doctors remained with the villages of their choice until death or retirement ended their careers.

A community can lose its doctor in any one of three possible ways: death, retirement, or his moving away. The first two, death and retirement, are perhaps the most common in rural places because the country doctor is rapidly becoming an old man. By this we mean that the average age of the rural physician in all states is steadily increasing. The reason is that too few young doctors are moving into the rural areas to bring the average down.

Take a look at rural Missouri. Today, one out of every two rural physicians in the state is over 65 years of age. In the study of 20 Missouri counties, it was found that in 1912 only one doctor in fourteen was over 65; now more than one in three are past that age. In fact, the proportion of doctors over age 65 in this sample area has nearly trebled in the past twenty years.

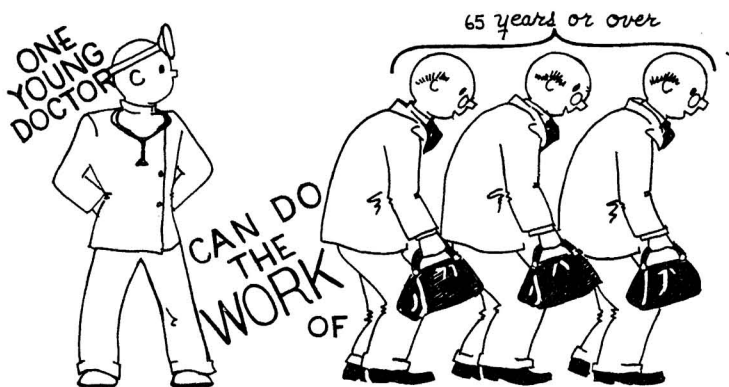
The doctor at the age of 65 is approaching retirement. Most of them are unable to serve as many patients as they did at an earlier age. For effective service, 100 doctors past age 65 are equivalent to about 35 doctors aged 40. Furthermore, the doctors' death rate, like that of other people, increases rapidly after 65. Within ten years only about one-third of today's elderly physicians will still be living.

A fresh supply of younger doctors is the only way the rural physician can be prevented from disappearing. Furthermore, the replacements needed are greater than one might expect. In the 20 sample counties studied it would not be enough to replace the older doctors as they die or retire. These counties would need to start by meeting a minimum standard of one doctor for every 1500 persons. To do this, 20 new physicians would be needed at once, and 70 additional physicians would be needed by 1960. In all, 90 new doctors would be needed in the present decade. This is three times as many as have moved into these counties during the last ten years.

Even though the rural population may decrease still further, it will require effort that is little short of heroic to meet the minimum standard. Furthermore there are other similar areas in Missouri. Without careful study and planning, there seems little likelihood that the situation will improve. Local communities should study their problem and initiate practical measures for its solution.

And so, as the established rural physicians die or move away, and young doctors fail to take their places, the practice of medicine in the

country keeps balancing a heavier load on the shoulders of fewer and older doctors. With even a moderate load, the country doctor needs more time to make trips among his widely separated patients.



The heavy demands of the rural doctor's widespread practice make it a losing battle for him to try to keep up with the fast pace of modern medicine. He lacks time during his busy days and nights to get at the reading of his current medical journals. He finds few chances to get away from his patients to visit medical centers where new techniques and refresher courses might keep him up-to-date. He seldom has hospital or laboratory equipment nearby. Frequently he must act as his own nurse or laboratory technician, and he seldom has enough professional contacts to keep abreast of cases which demand a specialist's skill.

The New Doctor Sets Up Practice

The young doctor who has spent at least seven long, expensive years preparing to write "M.D." after his name has definite ideas about the kind of place where he would like to live and work. Of course, he wants to make a good living and establish a pleasant home. But he wants more than that. Hospital facilities and nurses, laboratories, and technicians must be within easy reach if he is to make use of his up-to-date training. He doesn't want to do his surgery on the kitchen table. And for the benefit of his patients, he shouldn't have to do so.

He needs stimulating professional contacts with other doctors. He wants to be able to refer to the proper specialists the rare or difficult cases that seem to call for skills more highly developed than his own. Also, he is not likely to be equally interested in all types of illness. Often, he too, would like to have a specialty.

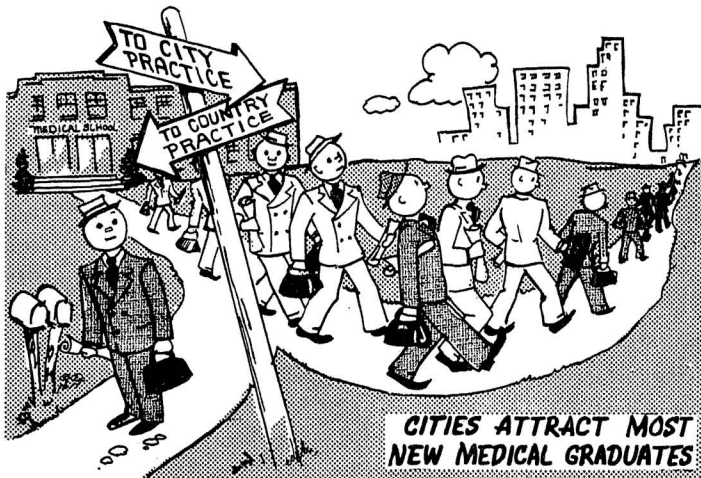
Specialists Belong in the Larger Centers

More and more doctors are leaving Dr. Blank's realm of general practice to become specialists in various medical fields. But specialization takes them to the city. For example, a heart specialist in a small town of a few hundred, or even a few thousand, cannot expect to be kept busy in his chosen field. He needs to practice where greater numbers of heart cases will demand his skill.

As they think these things over, both newly-trained specialists and general practitioners are turning to the cities to practice their healing arts. Even some doctors already established in country areas and small villages have packed up and left for centers where they can serve a large number of cases daily because more patients are close by. Only twelve out of every hundred doctors leaving the armed services after World War II looked forward to rural practice as civilians.

Many Country People Now Do Without

The migration of rural physicians to city practice, the small number of young doctors taking their places, and the increasing age of rural physicians have cut deeply into the medical care available to rural people. Also, the low money income of many farm families sets a



hurdle in the path of proper treatment for their ills. Travel expenses to the larger centers and the higher fees usually charged by city doctors amount to more than many families can afford.

As a result, rural folk get in the habit of doing without doctors. With no medical prescription for their ills, they treat themselves with home remedies or with patent medicines suggested by a neighbor, the local drug store clerk, or perhaps by some published advertisement. When there are no nearby hospitals in which they may have their babies, they have them at home — often with only a midwife attending. Many a rural American has never been a patient in a hospital, and he thinks of one as a place to die rather than as a place to get well.

Army Rejections Tell the Story

Wartime rejections of farm youth brought into the open the results of this scarcity of good medical service. Farm folk could not help but notice that the old notions about the healthful life in "God's country" did not keep the rejection rates for their young people from climbing fully ten per cent above those for the nation as a whole.

Digging a little deeper, into the well-being or ill-being, of the nation's rural population, we find that the number of farm and small town Americans who die too young from diseases which advanced medicine can cure also tops the national figure.

Typhoid, for instance, in spite of its sharp downward trend as a killer, claims more than three times as many victims in the country as in the city. The diphtheria death rate is twice as high among farm and small town citizens. Rural mothers die from childbirth and its complications 50 per cent more often than do city women. Anemia, malnutrition, bad teeth and impaired vision are more common among farm and small town residents. Farm boys and girls get only about half the medical attention of city children.

What Can Be Done?

Bring medical services to your community if you can support them. One of the greatest needs of rural America is more available hospitals — a vital factor in the successful treatment of many illnesses in any community. Furthermore, good hospitals attract physicians and help them become established in rural practice. But it is expensive to build and equip a hospital. With these things in mind, Congress passed the Federal Hospital Survey and Construction Act of 1946 making it possible to use federal funds to assist in the building of hospitals where they are needed and can be supported. A number of Missouri hospitals have been built under this Act. Thus, a start has been made, and it is hoped that more will be forthcoming.

Another important suggestion is that needy areas may be made more attractive as a location for physicians. Doctors, like most people, want the essentials of family and community living. They want com-

fortable homes, well-equipped offices, and good schools for their children. Some rural communities have successfully tackled this problem, each in its own way.

For example, a group of citizens of an Iowa rural community sat down together to figure out why four sorely needed doctors had left their town after only a few months of practice. They found that housing and office space were so hard to find that these men had been discouraged. So they made a plan to keep that from happening again. A committee bought a house to rent or sell to a doctor who would settle there, and also a mainstreet lot on which to construct an office building. They were so successful that the new office building now houses not only the doctor, but also a dentist whom, up to then, the community had sought in vain.

Through local effort, the people of a Colorado community attracted a doctor. They raised \$35,000 by various means, including box suppers, and they turned their retiring physician's home into a small, but fairly well-equipped hospital. Then they hired two nurses. With these added attractions to offer, they obtained a doctor, too.

Some isolated communities have even guaranteed a minimum yearly income to a physician who would locate among them.

But not all rural communities can support these services. Many rural communities are too small to support a hospital; many others cannot afford one. Some rural communities are too small, incomes are too low, and living conditions too poor to attract a doctor. Such communities may be denied good medical service except as they are able to obtain these services from adjacent communities. Many country people are faced with this situation today. Here are some suggestions for the people of these communities.

1. Lend your active support to all efforts to improve the public health of your county. People live longer where there is good public health work.

2. Support the work of your county citizens' health council, if you have one. If you have none, help organize one.

3. Try hard to keep in good health. Learn all you can about good health habits (such as diet, sanitation, and rest) and put into practice what you learn. When something seems to be wrong, have a medical examination. Visit a physician before you become an emergency case, even though the nearest one is many miles away. Many country people lose their lives unnecessarily because they put off going to a doctor until it is too late.

A Prescription for Medical Needs

Some localities doubtless need heaping portions of all these suggestions to compound a prescription to meet their medical needs. Some may need only a pinch of these ingredients. As in all medical practice, diagnosis must come before treatment. Careful plans should be laid before action is taken.

Ideally, medical service should be within easy reach of any family needing it, whether on a farm outside Farmville or in a metropolitan hospital. Only when that time comes will we know that the prescription has been properly compounded and that the treatment has been a success.