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# Improving Health Care

Walter C. Bornemeier, M.D.

Our nation's health care delivery system is under severe scrutiny. We Americans are traditionally a people with a social conscience, and it is difficult for those of us whose job is to keep people alive and well to resolve ourselves to the fact that although ours is the wealthiest nation in the world, our citizens do not have equal access to medical and health care.

In addition to illness and disease, there are many socio-environmental conditions which contribute to poor health. Among these are malnutrition, lack of sanitation, unemployment,

underemployment, lack of education and poor housing. These poor health conditions concern the physician. Just as the practicing physician does his best to supply researchers with clinical information for the fight against disease and illness, he works with health care professionals and private and government groups to rid our nation of socio-environmental ills.

But the most immediate concern of the physician must be that aspect of health care most closely related to his mission, to treat the sick. The barriers to access to this medical

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*Dr. Walter C. Bornemeier, the immediate and 125th past President of the AMA, received his MD from Northwestern University Medical School in 1929 and holds a diplomate from the American Board of Surgery.*

*This essay confirms Dr. Bornemeier's personal concern as well as organized medicine's concern for the medically deprived. At the same time it realistically appraises the progress which the profession has made to meet the medical-social challenges of our times.*



care have not been broken. One hurdle is the cost of medical care. Another is the physician shortage. And still another is physician maldistribution. Perhaps most important is the disappearance of the primary physician, and possibly, overproduction of specialists.

Practically speaking, each physician working by himself cannot right the inequities in delivery of medical care. Quite frankly, he is too busy caring for his patients to have the time. He cannot alone solve the financial problems of the hard-core poor who cannot afford medical care; he cannot alone persuade medical schools to produce more physicians; he cannot alone induce large numbers of physicians to move to the rural and ghetto areas, which are so badly in need of doctors.

But these problems are definitely medical concerns, which should be handled by medical experts. It is the duty therefore of organized medicine to solve them.

A former president of the American Medical Association, Elmer Hess, M.D., put it well when he said, "Doctors take care of sick folks—period." But organized medicine has a different function. Organized medicine must be concerned with the method of health care delivery and the financing of the health care industry, along with providing care to those who are unable to pay. It must be concerned with the production of an adequate

supply of physicians to serve the needs of the country. It is certainly in the interest of physicians and patients alike that each and every American have access to medical care.

The American Medical Association, our nation's largest physician organization, with approximately 220,000 members, is concerned about the 15-20 million hard-core poor and the 10 million near-poor in this country who cannot afford medical care. The Association believes that each person should have equal access to medical and health care, and it is disturbed that 15 percent of our population, plus another marginal five percent, does not have access to these basic services.

The AMA believes that every American should be able to go to the doctor when he is sick. Every American should be able to procure the routine care that will ensure his health. No American should shrink from hospital care simply because of the inability to pay for it.

Payment for health care is a major problem which has been softened considerably since health care insurance has become available. Today the cost of care can be distributed among a large population group. It can be prepaid. In many instances the employer pays a large part of the cost. For the employed person, cost has become less important than availability. For the poor,

welfare funds and medicaid programs have lessened the anxiety about cost. Programs under study by the Congress will concern themselves with cost as well as availability.

### **Improvement of Health Care Delivery**

The delivery of health care must be improved. Today there is a major move toward delivery of care in a group setting where x-ray, laboratory and auxiliary personnel are available to give better service and also to relieve the physician of duties that can be delegated to others.

The American Medical Association concerns itself actively with all aspects of medical service.

Without minimizing the so-called doctor shortage, I must say that the combined efforts of organized medicine, medical schools and university and hospital based physician's assistant training programs have made the doctor supply more plentiful than is often supposed. We have today 75,000 more doctors than we had ten years ago. We must continue to work together to ensure an adequate doctor supply, for we could use 50,000 more physicians today.

A major study of the nation's physician manpower needs was made by the Surgeon General's Consultant Group on Medical Education in 1959. It was suggested that an annual graduation of 11,000 med-

ical and osteopathic students would be needed by 1975. This goal will be reached before the deadline, according to current projections, but we are already far behind the nation's needs.

While the U.S. population is rising at a rate of about one percent per year, the physician population is increasing at three percent per year. The physician population has increased 25 percent faster than the population growth for the past two decades. In September, 1971, medical schools opened their doors to the largest freshman class in history — over 12,000 students. Medical schools are increasing their enrollment rapidly. Many states will double their medical school enrollment by 1975. By 1980 we should be graduating 20,000 physicians a year, and some predictions are that 25,000 new physicians will be needed yearly by 1985.

### **Physician's Assistants**

By January, 1972, 184 physician's assistants will have graduated from 12 training programs in our nation's hospitals and universities. Eight more programs are now operational, and 31 additional programs are on the drawing board. With more physicians free to do those tasks for which only they have been trained, we have, in effect, increased our physician supply.

The AMA has proposed solutions to the manpower distribution problem, although I believe it will

be some time before we have this one licked. Studies have shown that physicians traditionally do not choose to practice in the rural and ghetto areas which so desperately need doctors, for the following reasons: they fear for their personal safety; they choose to live elsewhere and would like to practice near home; and they would like to practice close to up-to-date facilities and continuing education courses.

Various solutions to the manpower distribution problem have been proposed. One suggestion is that specialty residents break their residencies after two years for a two-year tour of duty in underserved areas instead of serving in the armed forces. Some private groups are financing rural and ghetto youngsters in medical school with the hope that these people will practice medicine in their native areas. The AMA suggested several years ago that rural areas build health centers in the hopes of attracting physicians to existing facilities. This program was not as productive as expected.

Community health centers are being supplemented by mobile health units in ghetto areas.

Organized medicine is striving to improve our people's health by expanding their medical care delivery system. We must continue to reach for the goal of equal access to medical and health care for all. But we must look at the problems in perspective. Let us not distort reality.

Let us not forget that the present delivery system is providing superb care for 80 percent of the population. Let us not forget that the American physician sees about 2 million patients daily and serves the most highly utilized health care system in the world. If we do not balance our concern with the shortcomings of our system with our pride in what we have achieved after almost 200 years of hard work, we will not come up with a workable plan. It is only by building on what we already have that we can give the American people the fine medical and health care they deserve.