

HOW CAN THE CONSUMER PROTECT HIMSELF IN THE FIELD OF MEDICAL CARE?

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The subject of my talk can be rephrased as "How can the consumer provide for himself and his family optimum health at reasonable cost." It would appear unnecessary to emphasize the health protection virtues in a high standard of living, in adequate wages, good housing, proper nutrition, recreation and education, and sound personal hygiene. Nor would anyone dispute that sickness costs are unpredictable, unbudgetable and often unbearable and that prepayment insurance against hospital, physician and dental services is necessary for the economic health of every family with an income of less than \$15,000 a year. The choice of an insurance program that will provide high quality preventive, diagnostic, treatment and rehabilitation services by a personal physician at home, office and hospital is one of the most urgent problems that an American family has to face--one unfortunately, for which there is no easy solution. A realistic appraisal of the voluntary health insurance programs in the United States today leaves no doubt that there are serious gaps in health protection in these programs, particularly for the aged, and the unemployed. Communities, voluntary health organizations and commercial insurance companies will have to devise some way of closing serious gaps in medical care coverage if every individual, irrespective of race, income or age is to have the opportunity to enjoy the good health, that is the right of every American.

Optimum health is defined by the World Health Organization as the "state of the highest obtainable physical, mental and social well being, not merely the absence of disease or infirmity." Since such a state of health requires more than the services of a personal physician, some comment is desirable on the environmental, social and psychological factors influencing health before discussing problems of hospital and medical care.

Preventable Major Health Hazards

The complexity of modern industrial society, and the growing dependence of individuals upon each other have made it increasingly necessary for government to assume more responsibility in providing individual families with protection against common health hazards. We take for granted the responsibility of government in assuring proper sewerage disposal and a sanitary water supply to prevent acute infectious diseases such as typhoid fever, but neither government nor consumers yet sufficiently appreciate the need for more vigorous control of other environmental and social hazards that now cause much suffering, disability, and heavy expenditures in medical and hospital bills.

Among these are: (1) air pollution by industrial and auto wastes causing acute and chronic disease of the respiratory tract, including cancer of the lungs; (2) Occupational hazards and tensions in industry, office and professional pursuits contributing to accidents, infections, intoxications and neoplastic disease; (3) Accidents in office, highway and home responsible for tens of thousands of deaths and millions of injuries a year. Auto accidents alone cause more than 40,000 deaths a year and result mainly from exercise of uncontrolled impulses by drivers; (4) Use of untested and dangerous chemicals in our food supply and cosmetics, leading to poisoning, allergic reactions and contributing substantial increments of carcinogens to those already in

the environment; (5) Radiation hazards contributed by the indiscriminate or faulty use of X-ray equipment in doctors', dentists', chiropractors' and chiropodists' offices and in shoe stores, and by nuclear weapon fallout.

More attention to these environmental and social hazards by the community, by industry, by unions and by other organized consumer groups would pay tremendous dividends in preventing common and serious acute and chronic disorders that are costly to diagnose and treat, that interfere with occupation or profession and that eventually become a social problem for the entire community.

Equally rewarding would be more extensive application by communities of fluoridated water supply the means of preventing the commonest of all common ailments--dental caries or decay. The safety and effectiveness of controlled fluoridation of the community water supply as a method of substantially reducing the incidence of dental decay in children has been adequately established both in the United States and abroad and has the support of every responsible public health agency in the United States, Great Britain and Germany. The introduction of this great public health measure would save children and families the pain, disability and high costs of the care of dental caries and its complications by fillings, extractions, root-canal therapy, periodical care, orthodontia and bridge work. The relatively slight cost of water fluoridation--less than 10 cents per person per year--should be contrasted with the \$10 per person (\$1,800,000,000) now spent on preventable dental disease.

These are some of the health problems that communities and consumer organizations can overcome now in order to prevent illness and disability, to mitigate the effects of much chronic illness and thus to reduce the cost of hospital, medical and dental services. What can the individual consumer do to improve his health, to detect disturbed function or disease at an early reversible stage, and to meet the cost of illness when it does strike. There are four valuable health measures which if consistently applied by the individual consumer would go far to prevent many acute and chronic disorders. These are (1) good nutrition, (2) moderation in eating, smoking and alcohol consumption, (3) regular exercise, and (4) avoidance of self-treatment with patent medicine.

Good Nutrition

The importance of a well-balanced diet is self-evident. Such a diet must include green and yellow vegetables; protein foods, such as meat, fowl, fish, cheese and other milk products; fresh, canned or frozen fruits; fortified or whole-grain cereal products and bread. Liberal supplies of these foods will supply plenty of protein, energy, minerals and vitamins. A normal adult requires no supplements of vitamins or minerals to insure good health. Supplements of Vitamin D are essential during childhood and adolescence to prevent rickets and can be obtained from a single halibut or percomorph liver oil capsule or from the consumption of vitamin D fortified milk. For adults, cautious exposure to summer sunshine is considered sufficient for vitamin D requirements. The regular use of iodized salt will help prevent goiter.

The relation between hardening of the arteries, its major complications (coronary artery and cerebral artery occlusion) and the fat content of diet is still controversial. The prevailing point of view is that total fat content--irrespective of whether the fat yield saturated or unsaturated fatty

acids--should be reduced to about 25 per cent of the total calory intake. For the average semi-sedentary adult consuming about 3000 calories daily, this means that a total of about three ounces of animal and vegetable fats should be consumed daily. Chief animal and saturated fats in typical American diets are butter, cream, margerine, and the fatty meats.

Value of Moderation

That moderation in eating, smoking and consumption of alcohol is essential to good health is also self-evident but apparently requires repeated emphasis. Excesses in eating leads to obesity which in turn aggravates vascular and other diseases. Excessive smoking (more than 1 pack of cigarettes daily) is definitely one of the factors causing cancer of the lung and aggravating coronary artery heart disease and peptic ulcer.

The importance of moderate exercise, all year around, as a health-promoting measure has not been sufficiently appreciated. The exercise need not be violent or competitive. Long walks, cycling, skating can be practiced all year round. Regular exercise, in moderation and adjusted to individual requirements, may turn out to be a most important health measure reducing the tendency to vascular disease--particularly coronary artery arteriosclerosis.

Abuse of Proprietary Drugs

Avoiding self-treatment with patent medicines is also self-evident to the intelligent consumer. The rights of drug manufacturers and advertising agencies to diagnose and to prescribe for common symptoms and disorders is protected by our state and federal laws. An ignorant and untrained lay person who sets up an office to practice medicine is properly punished by the community's policy power. But if the same person has sufficient funds to produce an alcoholic iron "tonic," a vitamin capsule or some other pharmaceutical, and to hire an advertising agency, he can sell his product with the most varied and startling therapeutic claims, be applauded for his enterprise and make considerably more than the combined earnings of a half-dozen Park Avenue gynecologists.

The failure to control exaggerated, misleading and false advertising of dietary aids, drugs, cosmetics, and therapeutic devices is one of the disgraces of American society. The absence of effective controls results not only in a waste of money but far worse in the masking of symptoms of serious disease and tragic delay in obtaining appropriate medical care, or in toxic or other side-effects that impair physical, mental and social efficiency. It will require a more sustained and intense effort by consumers to obtain either voluntary compliance by drug makers with reasonable standards of advertising, or stronger police powers by government agencies to curb abuses in the promotion of food, drugs, cosmetics and therapeutic devices. Until then consumers should turn a deaf ear and stony glance to all such advertising.

Choice of a Family Doctor

Even with the most energetic application of health protection measures in the community, in industry, and office, and home, and even with appropriate sophistication about drug and cosmetic advertising in newspapers, radio and television, every consumer, from birth through death, requires

medical services from a personal physician. Advances in public health, sanitation, nutrition, the rise in the standard of living and the availability of antibiotics have resulted in the control of acute bacterial infections, the saving of many lives and an appreciable increase in the lifespan. Today the disorders that cripple and bankrupt consumers are the chronic diseases-- arteriosclerosis of the heart and brain, hypertension, cancer, arthritis and rheumatism, diabetes, obesity, the allergic disorders, and the many so-called psychosomatic disorders such as colitis, ulcer and asthma. The causes of all these disorders are unknown so that specific preventive measures cannot be defined. There are straws in the wind, but these cannot be collected to make a sufficiently strong defensive edifice yet. But if chronic diseases cannot be prevented, they can be detected early so that the process can be halted or at least slowed down sufficiently to permit rehabilitation and restoration of the sick individual to his family and his occupation, to permit him to enjoy a fuller lifespan. To detect these diseases early, to treat the disorder or symptoms effectively requires the services of a competent family physician. The choice of such a physician is of crucial importance to every family. Physicians make decisions of life and death importance; it is necessary that they be well trained in the science and art of medicine. Since physicians have access to the most intimate aspects of a patient's life, they must also have the highest moral integrity. Since a physician charges a fee for his services and since services can be prolonged and costly, he must be a businessman with a conscience. Since he also deals with emotional problems and attitudes, the physician should be a psychologist. A good psychologist has a low boiling-point. A good physician (and psychologist) will not be offended if his patients ask "foolish" questions about their health or the costs of services.

What guide-post can the consumer employ in insuring that his personal physician has all these ideal qualities? The possession of an M.D. degree does not automatically assure that a physician is competent or has the other desired virtues. Membership in a medical society of the American Medical Association is only proof of compliance with minimum professional and legal standards. Association of a physician with a hospital approved by the Joint Commission on Accreditation of Hospitals of the A.M.A. and American Hospital Association is the first firm guide in the selection of a family physician. Unfortunately, about half of the nation's hospitals function without accreditation by the commission. If the hospital is not accredited, it at least should be a voluntary or community hospital. In the "proprietary" or profit-making hospital about any doctor irrespective of competence can obtain admission privileges and undertake surgical or other services for which he has not had adequate training. The voluntary hospital is a non-profit hospital and if it is also a hospital engaged in the training of internes and residents in various specialties, in post-graduate education and research, it is the best place to go when hospital care is needed. If the family doctor is associated with such a hospital, the consumer can have confidence that he is competent and is concerned with the continuity of his medical education. When hospital care is needed, a higher quality of care can, as a rule, be obtained in a voluntary hospital than in a proprietary hospital.

Assuming that the doctor has an association with an accepted voluntary hospital, should he be a general practitioner, or a specialist? In the early part of this century the young doctor always started in general practice, and the great majority continued in that role. This is no longer true. Specialization has been enforced by the accumulating mass of medical knowledge and techniques. The fragmentation of the medical profession into

more than twenty-four different specialties and sub-specialties has been bewildering and frustrating to many consumers and has often evoked a nostalgic yearning for the old-time GP who knew everything of the little that was known and who tempered his ignorance with kindness, patience and sympathy. This yearning is understandable in the light of the tendency of so many highly competent physician specialists to dispense science without art, who consider the patient as a fascinating diagnostic enigma, as an interesting subject for experimental pharmacology or as a diverting case of biological disorganization. The mark of a good physician is and always will be the blending of scientific detachment and knowledge with affectionate interest and concern for the patient as an individual, an individual who has emotional as well as physical problems. The introduction of tranquilizing drugs has not eliminated or prevented a single emotional or mental disorder. Nor can it be anticipated that in the immediate future a chemical will solve complex and disturbing interpersonal relationships that are so often the basis for sickness and disability.

What type of physician comes closest to this ideal blend of science, art and humanity? For children, the pediatrician is a first choice. He is a physician limiting his practice to disorders of children. Most pediatricians are either "certified" by the American Board of Pediatrics, a member of the American Academy of Pediatrics, or an attending physician on the pediatric staff of a community hospital. For adults, the internist can function as the ideal family doctor. He has had three to five years of specialized hospital training, is certified by the American Board of Internal Medicine or is on the medical staff of a voluntary hospital. In rural and semi-rural areas, however, most specialist services including pediatrics, internal medicine and surgery are provided by general practitioners. Membership by a general practitioner in the American Academy of General Practice offers only the assurance that the GP makes an effort to maintain post-graduate studies.

The well-trained, conscientious doctor whether internist, pediatrician, or general practitioner can be identified not only by professional and hospital associations, by his bedside manner, but also by his office manners. Such a physician at the first examination of a patient, takes a detailed history of family, past and present illnesses. He then inquires into occupational and family problems and personal habits. After twenty or thirty minutes with the history he performs a thorough physical examination which includes a pelvic examination for women and a rectal examination for men and women. He examines the urine, determines the hemoglobin concentration of the blood, and performs other laboratory tests as indicated. The physician then discusses his findings and recommendations with the patient. The entire proceeding takes at least forty-five minutes and is a method of work more characteristic of the internist than of the general practitioner.

The chances of getting high quality medical care are considerably better in a group practice organization than with a doctor practicing alone, particularly in rural areas where freedom of choice is so limited. There are some 800 medical groups in the country, some privately run, some consumer or trade-union sponsored and some industry sponsored.

Group practice is the rational answer to the vast growth of medical knowledge, the proliferation of medical specialties and techniques beyond the ability of any one physician to master. It is often said in defense of the general practitioner that he can treat 85 per cent of the illnesses of his patients and that only the remaining 15 per cent require specialty care.

I have yet to see statistics adequately supporting this assertion, but even if it were true, it would still not solve the problem a physician faces in determining which disorder is in the 15 per cent group requiring a specialist's care. In group practice he can always turn to a colleague for consultation. He can share responsibility for important decisions. The possibilities for better medical care in group practice are nicely indicated in the comments of Dr. Alan Gregg of the Rockefeller Institute: "The services given a patient by group practice gains in quality by the criticism of the other members of the group, whether the criticism be tacit or fully expressed. Whether we realize it or not, the presence of merely a competent nurse tends to raise the doctor's level of performance. Reluctant as an anxious patient may be to think that his doctor, above all people, might ever need the stimulus of competent critics, the fact remains that doctors sometimes do need it and usually respond well to the realization that their work is observable and observed."

A much smaller list of group clinics offering comprehensive care--preventive, diagnostic and treatment services, financed by pre-payment insurance--can be obtained from the Group Health Federation of America, 343 South Dearborn Street, Chicago 4, Illinois.

After the choice of a family physician, comes the problem of choice of method of payment for his services. High quality medical care means a full and timely application on a continuous basis of all the resources of medicine to prevent, diagnose and treat illness, to rehabilitate and restore the patient back to his job and his family. Such services are costly, much too costly for most families to obtain on a fee-for-service basis. In the purchase of medical and hospital care, prepayment insurance is the only practical solution.

Hospital Insurance

Today more than 70 per cent of the population is now covered in some measure against the cost of hospital bills. There is little doubt that for most families Blue Cross is the BEST BUY in hospital insurance. However, single individuals and even some small families may do better with certain commercial plans. It would pay each consumer to compare the services offered by Blue Cross with those provided by insurance plans. Consumers should press their Blue Cross organization to provide coverage for nursing home care. This would reduce the use of hospitals for chronic illness and the care of the aged and thus reduce hospital costs.

Although a slight rise in the proportion of the aged covered by insurance for hospital care has occurred in recent years, there is an urgent need to expand enrollment in this group. At age 65 and over when the need for services is increasing, income and employer contributions to hospital insurance premiums are decreasing. Here the major problem appears to be that of devising means to prepay the insurance premiums of the aged from money earned during their younger working years. One practical answer to this problem is the Foran Bill, suggested by many consumer organizations; and providing hospital, surgical and medical care service for Social Security beneficiaries.

If voluntary health insurance is to reach its full potentiality, not only should the number of people carrying such insurance be increased, but the scope of benefits available to those carrying it should be broadened.

Although there are many different types of health insurance, the coverage in effect today is applicable primarily to the cost of hospital care and the physician's service in the hospital. In Blue Shield Medical Society plans, for example, there is usually no provision for payment for immunization procedures, periodic health check-ups, diagnostic studies or office consultations. In actual practice, most charges for medical services occur outside of hospitals (physicians' home and office calls, drugs, dental services, etc.). One important defect of health insurance represented by the Blue Shield type of plan is the setting-up of fee schedules for surgery performed in a hospital. Unless the family comes within the so-called "service" classification, with an income under \$4000 to \$6000 a year, the indemnity for surgery is too often the signal for an increase in the surgeon's fee. Because indemnity health insurance plans do not cover preventive, diagnostic and consultative services, and because the method for payment of such services often provides unsatisfactory financial protection even for hospitalized illness, many consumers have turned to the service type of insurance plan, providing comprehensive medical care, preventive, diagnostic and treatment services. Although less than five million people have anything resembling prepaid comprehensive medical care insurance, the inclination toward such plans is strong and should be particularly encouraged in trade unions and cooperatives. The inclusion of psychiatric services, dental care and drug costs in prepayment insurance programs is a necessary and inevitable development.

The role of local and state health department in providing valuable health services without charge to consumers is not sufficiently appreciated, neither by the consumer or by private physicians. In larger cities and states, free laboratory and chest X-ray services are available either directly to the consumer or through the consumer's family doctor. Stool cultures for bacteria and parasites, serology tests for syphilis, blood groups and Rh factors, blood tests for assistance in the diagnosis of infectious mononucleosis and other infectious diseases, cytology or Pap smears of secretions from genitals and other organs to screen for potential cancer cases--these are some of the laboratory services available without charge in many large city health departments or in state health department laboratories. Private laboratory charges for these tests are high, and it is a good idea for a consumer whose doctor has requested laboratory procedures to inquire whether the local or state health department could perform the test.

Because health department laboratory standards are usually higher than in most private laboratories, the doctor and his patient can obtain more reliable laboratory data from the health department than from a private lab. This is particularly true for tests for syphilis, blood agglutination tests, and examinations of the stool for bacteria and parasites. Incidentally an important preventive health measure for all persons who have traveled in tropical or subtropical countries is an examination of the stool for ameba, schistosomia and other parasites. This should be done as soon as returns to the United States even if there are no symptoms of intestinal disorder, since these parasites are silent and insidious in their destructive effect.

More use should also be made by the consumer of the resources of voluntary health agencies. The National Foundation for Infantile Paralysis offers medical, surgical and rehabilitation services both in and out of hospitals for patients who cannot afford the high cost of private care for a chronic disability such as poliomyelitis. Educational, diagnostic and

treatment services, or financial assistance are offered by the Arthritis and Rheumatism Foundation, the American Heart Association, The American Cancer Society, the United Cerebral Palsy Association, the League for the Hard of Hearing, the United Epilepsy Association, the Associated Societies for Mental Health, The National Multiple Sclerosis Society, the Muscular Dystrophy Association, the Committee for the Aged, the National Tuberculosis and Health Association and the American Eugenics Association. Knowledge of community health resources provided by voluntary societies and by local, state and federal government agencies is as important to the consumer as knowledge of location and qualifications of a family physician. Your contributions and taxes support these organizations and resources. Learn about them, and tell your doctor about them. Too many private practitioners are either ignorant about or indifferent to the facilities and activities of these community resources. The hostility of some medical societies to the sickness detection services of community and voluntary agencies is notorious but unjustified. The more vigorous the educational efforts of these organizations, the more health conscious do consumers become, and the more readily do they seek a personal physician's service. Diagnostic services of voluntary and government agencies help the doctor in private practice to do a better job in caring for his private patients. That private practitioners are beginning to see the need for and to welcome these services is evident from a recently completed two-year study by the United Community Fund of San Francisco. About 90 per cent of the more than 800 practicing physicians queried as to their patients' need for services by community agencies stated that their patients required some services other than those the physicians could provide. The major needs indicated were for psychiatric diagnosis and treatment; physical therapy; financial aid; home nursing; long-term institutional care; and psychological testing and counseling. The doctors thought the following diseases and conditions represented the greatest unmet needs for services in order of importance: alcoholism; other mental illness or emotional disturbance; paralytic conditions including those from stroke; arthritis and rheumatism; cancer and mental retardation. They also cited a need for more chronic hospital facilities, nursing and convalescent homes, facilities for psychiatric diagnosis and treatment, expanded social and recreational opportunities for the aged, homemaker service, and home nursing.

Regarding nursing homes, doctors most frequent complaints were that they often cost more than patients could afford, that staffing, supervision and physical facilities were inadequate, poor food, and a lack of rehabilitation, recreation and other services. In regard to mental health problems, doctors emphasize a need for better follow-up services for discharged mental patients to include counseling, financial assistance, vocational rehabilitation and job replacement and suggested additional free and part-paid outpatient psychiatric services and more psychiatric beds in general hospitals. Finally, the physicians felt that voluntary health insurance should be extended to cover the older-age groups and the mentally ill.

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