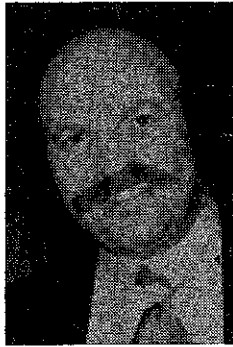


## An Editorial About Editorials

Editorials in this Bulletin and in other medical journals often criticize irrational practices of Medicaid, Medicare and other governmental agencies that deal with our profession. Such articles are frequently critical of politicians and social reformers who advocate unrealistic solutions to the problems of medical care delivery.

This editor believes that such articles make no sense except that they serve the purpose of venting our own frustrations. Those who are likely to read such editorials know full well the truth that is expounded in them. Those who really *should* read them and give the contents of such editorials serious thought, are likely to do neither.



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I believe that medical journals on the County, State and National levels would do more for our profession if they addressed themselves generally to two areas:

1. The need of physicians to be constantly on the alert lest the heavy demands of the practice of medicine make them callous to the suffering of their patients. It behooves us to remind ourselves regularly and repeatedly that our patients are human beings in pain, who entrust their lives to us, and that we are more than technicians of the human body. We must check and recheck our ethics, our competence and our humanity.
2. The need of physicians to learn that in this world power and not good intentions are the determinants of public policy. As we must always be above reproach in our dealings with patients, so must we galvanize our political power to insure that the hallowed traditions of medicine are not interfered with nor replaced by "easy" solutions that are being dreamt up by self-seeking politicians and reformers.

Generally, it makes no sense to appeal to the goodwill or to the reason of such politicians. They pursue power, use it and understand *it* best. Neither does it make any sense to try to convince a public that has been accustomed to expect "more." This is basically what it wants; not our explanations. But it does make much sense for us finally to learn the best way to defend our interests. Contrary to accusations, our pocket-books will not benefit much, for they are not really threatened. But the welfare of all patients will. Most of the loudly touted "improvements" are likely to result in inferior medical treatment at higher cost.

We must sadly but firmly change our timid attitudes and realize that boycott, strike and refusal to work may all be necessary modes of behavior, regardless of our total distaste for them. Medical traditions of the past are simply inadequate for dealing with the new situation. As a profession we must adjust our thinking to the new realities or perish, just like the dinosaurs of old. Doctors as employees of the State, practicing by standards

approved by a bureaucracy, will no longer be physicians, but impatient technicians themselves. Computerized diagnoses will be treated by Cookbook directions.

It will be, at best, a most difficult task to impress upon those who have no wish to be so impressed that both as citizens and as physicians who respect themselves we will not yield. Our profession must even be ready to precipitate a crisis, in which only emergency care would be available. We must prevail in this struggle against those who for whatever reasons mean to force us into situations that we believe to be wrong, uneconomic, and untenable for continued practice of good Medicine.

Physicians who will refuse to join in this struggle with the rest of our profession will probably use medical ethics as the excuse. The real reasons are more likely guilt and timidity. Much self education will be necessary so that eventually most doctors will understand that this is not just a battle for the protection of our vested interests. In a true sense it is a battle for the maintenance of humane, rather than bureaucratic, approaches to the treatment of sick and suffering individuals.

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