1974

ORATOR: Leonard J. Morse, M.D.

ORATION: ISLANDS OF EXCELLENCE AND THE STREET PHYSICIAN

I am very honored to have been selected to deliver the annual oration to the Worcester District Medical Society. The honor is appreciated for two reasons; one, the fact that the Worcester District Medical Society is the third oldest medical society in the United States, founded in 1794, with the first oration delivered in 1795, adds homage of becoming identified with this lineage of physicians who for the past 178 years (with few exceptions as delightfully reviewed by last year's orator John Massarelli) have prepared and delivered thesis on a variety of subjects. The second reason is that in my own eleven years as a member of this society I identify with ten preceding colleagues all of whom have impressed me as having taken their assignments seriously. One is prompted to consider the merit of publishing all of these discourses, if available, as an example of professional tradition and generations of pedantic erudition.

For the past many months I have pondered over the topic of my oration, having thought of a variety of interesting subjects ranging from the historical, literary, to the scientific, all with a scholarly flavor consistent with what I believe it should be. However, long before completing my post graduate university training program and during the past eleven years here in Worcester serving both as a practicing physician and as a full time hospital-based professional. I have been terribly bothered and, at times, preoccupied, as I am certain all of you have, with the withering prestige and premature attrition of practicing physicians and the unfortunate exhausting abuse this infantry of doctors absorbs. This will be the theme of my oration and I believe it is particularly timely as within our community a new medical school blossoms with its first class graduating this year. The University Hospitals and medical centers are the islands of excellence and the practicing physicians are referred to as street physicians in the title of this oration.

The Flexner Report

In preparation, I have reviewed fundamentally four sources, three by Abraham Flexner, The Carnegie Foundation for the Advancement of Teaching, Medical Education in the United States and Canada, Bulletin Number 4, 1910 and two of his books entitled Medical Education (1925) and the other an autobiography entitled I Remember (1940). A fourth source of information is the September 1973 issue of Scientific American which is devoted entirely to matters of health care. To give you an idea of the importance of the Scientific American issue, a full page advertisement appeared in the New York Times attracting people to read it. Both of these sources of opinion bear heavily on the medical profession, and yet, I venture to say that very few of you have had time to read them.

As you perhaps know, Abraham Flexner (Fig. 1) was not a physician but an educator. He arose from an immigrant family "which was poor and ambitious" being the sixth of nine children. He attended the newly established Johns Hopkins University (1876) graduating in two years (1886) at the age of 19. One of his siblings, Dr. Simon Flexner was a physician-microbiologist and the first director of the Rockefeller Institute for Medical Research, a position he held for 30 years. Abraham Flexner first operated a private school in Louisville, Kentucky. After writing a book entitled "The American College" he was commissioned by the Carnegie Foundation for the Advancement of Teaching to conduct a survey on medical education in the United States. The point of view sought was not that of a practitioner but of the educator and that

is why this layman was selected to direct the study which revolutionized medical education in this country. From 1800-1907, 457 medical schools were born. Of these, 155 were inspected by Abraham Flexner in 1908. The number promptly fell to 120 at the time of the F1exner Report but continued to fall to a nadir of 80 as the existing schools struggled to pattern themselves after the Johns Hopkins University Medical School heralded by, Flexner as *the* outstanding institution.

The entire thrust of the Flexner Report was in reference to the quality of education for the medical student. The report still serves as an important reference for medical educators as the suggestions and inferences are valuable. As a result of the Flexner Report and growth in scientific information there developed full time faculty initially at universities and now in large hospitals. This factor has resulted in institutional insulation with great intrinsic capabilities but with minimal outreach into the communities they serve. There has been progressive polarization as the faculties have grown and new specialties created. The unappealing life style of the practicing physician has deflected students into specialties which again are insular and self serving and in some removed from the demands of patient care. In an advertisement appearing in the New York Times by a professional employment agency which specialty would you be attracted to without even considering the differences in job responsibilities, life style or academic prestige (Fig. 2). These gross inequities within our profession are a major source of chronic turbulence and disharmony. There soon will be an abundance of pathologist, radiologists, anesthesiologists, full time teachers, administrators, etc. as the shortage of primary care physicians continues to escalate despite the fact that our universities are producing more and better trained products thanks in large measure to Abraham Flexner.

Negative Images Developed

Unfortunately, another subtle but definite effect occurring in contemporary medical education is the negative image students develop during their course of training toward the practicing physician. The student enters medical school with a variety of complementary idealistic attitudes which for many gradually fade as their training progresses. The student, as their most precious product has the major concern of the faculty. The capabilities of each student become thoroughly imprinted as his portfolio of quantitative and qualitative performance thickens. The post graduate training period is another interval of great selectivity during which the young physician engages in concentrated specialty study fulfilling contemporary requirements in education which are subject to all sorts of critical review to the point that the specialty board requirements are like the tail wagging the dog completely out of sight of major voids in very basic fundamental health issues. It is not unusual to learn of individuals taking a year or longer off in preparation for specialty board examinations in internal medicine while great voids in physician manpower exist. The product of this training course now falls securely within the protective interests of his specialty. At this point in the metamorphosis the young professional, if he seeks to become a street physician, enjoys approximately 5-8 years of academic expertise, unless of course, he engages in a program of self-disciplined education, the latter of which is almost unrealistic because of the horrendous demands made upon him. Thus the premature withering process begins.

What We Are

As all of you know, the demands made upon the street physician are unbelievable. It is interesting reading William Osler’s essays -- in one entitled On the Educational Value of the Medical Society he states that "the practice of medicine is not a business and can never be one." This essay was read before the-New Haven Medical Association on January 6, 1903 just 71 years ago and we shall refer to it again. We, as street physicians, have become adversary number one

in the eyes of those removed from the exigencies of practice who wish to change and revolutionize medical care. We are the ultimate word on mundane matters as to when a child or adult may return to school or work after an illness. We are the source of grass root medical data. We provide insurance carrier and intermediaries with consumer health profiles. We are the fertile field for our legal brethren. We are the ones guilty of overhospitalutilization, performing unnecessary surgery and to quote Senator Kennedy, we are guilty of "ignorance not malice" in reference to inappropriate drug prescribing. We are the body who are required by State law to use generic terminology in prescribing 332 drugs listed in the Massachusetts Drug Formulary of 1971. Are we responsible for the variation of drug prices which precipitated the creation of the Formulary? We are the body that is expected to adopt a Relative Value Schedule with conversion factor in order to calculate charges for services rendered while every other branch of commerce charges 18% annual interest rates on unpaid accounts. We are the body that has been assailed by Medicare as guilty by association not trustworthy of validating claim forms for services rendered beneficiaries of that program. The aggravation list is lengthy.

Well then what really are we? We, the members of the Worcester District Medical Society are the, foundation of this community's medical needs. Healthy people are the community's fundamental resource and keeping people healthy and restoring them to improved health is our responsibility. No other profession has a more important commitment. The structure for accomplishing all of the contemporary health requirements and satisfying our critics exists within this body established 179 years ago. We need not look to super agencies such as the Massachusetts Medical Society or the American Medical Association. Indeed, in my opinion, organizing separate foundations etc. is unnecessary since this can all be structured within the committee framework of the medical society. I would like to spend the remaining time offering suggestions as to how this can be accomplished. My credentials for criticism and opinion regarding the function of the Worcester District Medical Society are based on the fact that I have attended over 90°of our meetings during the past 11 years, perhaps the most tumultuous years in modern medicine. We are not addressing the issues. Presently our society meets only six times a year, hence, this evening represents one sixth of your input into formal society function. The society's president serves one year during which constructive innovative suggestions are implemented but after which his interest with few exceptions may wane.

Membership Imperative

First and foremost in revitalization of our society should be the requirement that every physician within the geographic region become a member of the Worcester District Medical Society and, like the hospital staff by-laws in order to maintain active membership, minimum meeting attendance be required. Membership should include everyone from industrial physicians to university professors. The talent in such a group would be enviable. The self protecting specialty cliques and the exclusive hospital groups would share a common meeting ground in the society's activities by continual acquaintance with each other. Presently, there is an influx of physicians into our area and society membership would reflect peer acceptance and provide the substrate for early familiarity.

Next, the Society should meet monthly throughout the year, and its president and officers should serve a minimum of two years during which time the president receives a salary to compensate in part for his involvement.

The Role in Medical Education

I believe the University must play a continuing role for the organization and conduct of medical education. Osler, in his address to the New Haven Medical Association said no class of

men needs to call to mind more often the wise comment of Plato that education is a lifelong business: Teaching the practicing physician should become an ambition of the University. With due respect to the traditional medical student, he is a transient who after four years leaves the area while the communities' physicians are permanent students numbering in our city well in excess of the total undergraduate student body of the average medical school. Education can be either formal or informal. Formal education can be structured by the University faculty who as members of the Society should become very familiar with its educational needs. Informal education will result from the interrelationship between specialists, each playing their role in the professional mosaic that serves the populace: a similar interrelationship to that of a well balanced and well rehearsed symphony orchestra. A well conducted Society may be of the greatest help in stimulating the practitioner to keep up the habits of scientific study was Osler's expression in the aforementioned address.

The educational requirements of all specialty groups could be sufficiently coordinated by the medical society if we reorganized ourselves into respective departments similar to a university or hospital. Envision for a moment, the Department of Family Practice, Internal Medicine, Surgery, etc. with their respective Divisions cooperating with the university as well as the specialty boards formulating administrative, educational, research and, indeed, social events for its members. We have in reality the beginnings of such a structure what with the Worcester Obstetrical Society and the Worcester Surgical Society as well as the Urologists and Orthopedic Surgeons meeting regularly. To reiterate, the professional structure of the Worcester District Medical Society should be departmentally organized similar to a university or hospital and the educational worth of each institution would be to the benefit of everyone. Specialists in the different branches can cooperate most effectively if both in spirit and in space they are working closely together.

Clinical departments buttressing the local medical society could then reach out into the community offering professional capabilities and opinions within its domain. Have we the servants of the medical profession offered an opinion regarding critical health care issues in our community? I am confident that a statement of position from the Worcester Obstetrical Society or, if you will, the Department of Obstetrics and Gynecology of the Worcester District Medical Society would have substantial weight in the ultimate plans for consolidation of obstetrical services in this region. Who are the experts? I believe, in medical professional issues such as this, that we are. However, we have abdicated our position not because of disinterest but primarily because of inertia and conflict among ourselves.

The Community Role

A very important deficiency in the society, in my opinion, is our minimal but admittedly greater involvement than other groups in community health affairs. The structure already exists in various committees for leadership association in matters relating to public health safety and preventive medicine education. Past immunization clinics, the diabetes testing program and the anti-tobacco campaign were noble endeavors but hardly enough. We should discard our provincial attitudes regarding broadcasting and through our public relations committee and committee on health promulgate health messages to our citizens via radio, television, newspaper and indeed, "broadsides." There is a billboard immediately across the street from the University of Massachusetts Medical School (Fig. 3) and for as long as I can remember it has advertised an alcoholic beverage. It is the first billboard one views entering Worcester on this byway. Envision this billboard with a significant health message and the seal of the Society. It would have greater impact on the viewers if sponsored by the medical society than the distiller who now rents it anticipates for his advertisement, and it would be especially appropriate because of its

juxtapositional location to the medical school.

The Medical Foundation

Within the present committee structure of this Society there exists the framework for the operation of a Foundation. The Foundation the magic panacea which has precipitated hurried organization by regional medical societies in preparation for Professional Services Review Organization and other anticipated government health innovations. Utilization review and other hospital committee functions could easily and more expeditiously be accomplished at a society level rather than in individual hospitals. Is it necessary, for example, for each hospital's medical staff committee on hospital infections to culture the environment or for each hospital's pharmacy committee to prepare and circulate an informational bulletin? The information from one hospital could satisfy the needs of another in the immediate region with great savings of time and expenditure and with broader educational impact. Committee input per physician hours in each hospital is phenomenally great. Our professional capabilities as individuals, committees and as a Society should be equally available to all area health oriented facilities.

Open Staff Privileges

I believe that hospital staff privileges should be open to all who are competent and competency should be determined by the existing mechanisms of credential review by both the Society and the respective hospitals. From personal experience, I can attest to the frustrations of caring for the sick in more than one hospital; after a while the qualified new physician who has open privileges will, like water finding its own level, identify primarily with one or two hospitals.

An energetic Society cooperating with all of the hospitals could unify record keeping so that office records on acceptable forms and within acceptable statute limits could be used interchangeably eliminating the staggering effort of record reduplication.

I can appreciate that this oration has developed the tone of a declaration or platform address. However, before ending, I would like to discuss another matter which excites our critics. The Society must structure and enforce censure of its members who have been in violation. It is unfair for all members to be guilty by association as physicians for the wrong doings of a few. If peer review or any legislation is to be effective, then appropriate formal reprimand must be enforced.

Unfortunately, it may be too late for the Society to regain leadership position in health delivery systems as presently there are too many organizations interested in health care resulting in overlap and at times conflicting opinions. Despite our critics, ladies and gentlemen, and to quote Dr. Russell Roth, the current president of the American Medical Association "Excellence of medical care is determined by the competence, the motivation and the integrity of the physician who provides it". Collectively, greater effort must be expended on the part of the Society, the University, the hospitals and specialty "guilds" to simplify not complicate the dissemination of new knowledge, to accept not decline clinical responsibility, to facilitate not impede health care delivery, to promote not discourage medical practice, and to make fewer not greater unnecessary demands upon the overworked physician as he will always remain the last link between the patient and complete despair.

Our islands of excellence should not become isolated, the street physician should not be left marooned, the bridge between the two should be the Worcester District Medical Society.