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MEDICINE IN THE MODERN STATE*

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I must express my appreciation of the very welcome invitation extended to me by the Irish Medical Students Association to take part in this meeting and to speak on a subject of general interest to all who have elected to follow the vocation of medicine. The title submitted to me—"Medicine in the Modern State"—which I fear I accepted somewhat impulsively, suggests a subject of widely ranging content. To do justice to its many facets would indeed demand the combined qualifications of scientific historian, medical prophet, and political philosopher. I cannot pretend to belong to any one of these three categories. But in common with others of my generation, long experience as a practising clinician and university teacher has perhaps fostered an attitude of mind which enables one to survey both the past and the contemporary scene with some degree of objectivity.

I propose, in the first place, to try to answer the broad question, "What general or special features of the modern State would appear likely in the very near future to exert an unwelcome influence on the traditional practice of the art and science of medicine?" I have previously examined the claims of the profession of medicine to continued recognition as an independent self-governing guild within the framework of any contemporary society (Platt, 1947). Our claim to such recognition is based on our age-long tradition as a profession which is at once liberal, scientific, and learned. Liberal, because we have inherited a corporate sense of values, a historical ethical code, and an attachment—not necessarily uncritical—to the empirical tradition with its tolerance of new ideas and its ultimate rejection of all dogmatic systems. Scientific, because medicine shares a common ancestry with the natural sciences and because the art of medicine turns continually to the scientific method for its subsistence. Learned, because for many generations men in our profession distinguished for their scholarship—admittedly few in number at any one period—have set the standards of the intellectual aims of the many.

As I have said elsewhere, medicine can now be regarded as a cultural discipline in its own right within the larger pattern of university education. In an age of precocious specialization we should be ever conscious of the danger that medical education may cease to be informed by its old humanistic tradition.

The Modern State

And now we come nearer to the heart of our problem. How far are the freedom and the independence accorded to us by society in the past, as one of the learned professions,

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compatible with the conscious or unconscious aims of that abstraction the modern State? What social or economic trends can be detected which might be regarded as inimical to our cherished traditions—traditions which have for nearly two thousand years inspired our efforts to serve our fellow men in our own chosen way, whether in the practice of our art or in the pursuit of knowledge? I must assume that for the purposes of this discussion when we speak of the modern State we are concerned only with that collection of nation States which belongs to the world of Western civilization—a civilization launched as a result of the blending of three great and fundamental influences—Greek thought, Roman law, and Christianity. From such foundations the political scientist can trace for us the evolution of the structure and functions of modern democratic societies through the successive epochs of mediaeval Christendom; the scientific revolution of the sixteenth and seventeenth centuries; the age of reason of the eighteenth century; the industrial revolution of the nineteenth century—and so on down to the age of social ferment and disillusionment in which we are now living. Throughout the whole of this long period the art and science of medicine, though responsive to the influence of the intellectual climate of each age in turn, can be seen to have pursued a comparatively independent course of development.

The political scientist can also retire to his ivory tower, and in contemplation of the whole concourse of sovereign States of the modern world can see the reflection of the oldest controversy in political philosophy, the conflict of the two great theories of the State—the State as an organism and the State as a machine—as a mere device of government. These analogies, so useful for the purpose of metaphysical speculation, at first sight would seem to have little to do with our amateur attempts to assess the meaning of the ideas and trends we perceive around us. As a learned profession, however, we cannot afford to ignore the wide generalizations of the political philosophers; for they give us a better understanding of the vagaries of the political climate in which we move and have our being, and, more specifically, they help us to recognize the significance of those ideas or so-called ideologies which even in a modern democratic State may on occasion persuade social or political groups to challenge the long-established independence of the free professions. I believe that there are good reasons for holding to the view that at the present time the two fundamental requirements of our own profession—intellectual freedom and a large measure of self-government—are not in serious jeopardy from any overt or purposive political challenge.

Contemporary Social and Economic Trends

We can now leave the political philosophers to continue their meditations, and approach the modern State from the standpoint of the economists, who are responsible for the introduction of terms now widely quoted in popular literature, such as the "Welfare State" and the "Managerial Revolution"—terms used to describe new social patterns now taking shape in highly industrialized nations. It is in such emergent patterns that we can perceive trends which are not always the result of conscious political action but which might conceivably deflect the strategy of medicine in the future into channels not of our choosing. These trends constitute a challenge not to our privileged position but to our powers of adaptation, and they call forth the capacity for leadership which is one of the contributions of a learned profession to any society of which it is a part.

The Welfare State in essence is not a recent innovation. It may be regarded as the child of the increasing modicum of governmental paternalism with which we have been familiar for several generations. Every modern State in which the central government has assumed responsibility for any of the larger social services is in some sense a Welfare State. Once launched on its course the Welfare State acquires a natural impetus from within; it becomes the pride of the administrators, and it illustrates what Bertrand Russell (1949) has called the "administrative fallacy," in which the tidiness of a planned organism is regarded as a model of order—an end in itself.

Its later development is inevitably reinforced from without by the action of legislators of all shades of political opinion. This is true even of the United States of America, where the concept of the Welfare State is held in contempt by large masses of the population. It has been said that when the inhabitants of the United States of America wake up to find how far that nation of rugged individualists has gone in the direction of the Welfare State they will give it another name and claim to have invented it. The Welfare State in its modern conception is in large measure also the ultimate expression of a demand for complete social security by industrial populations who have experienced the miseries of prolonged large-scale unemployment. It also bears the mark of the great school of economic thought founded by Maynard Keynes.

In any complete pattern of social security based on a system of national insurance, medicine tends to fall into line as merely one of a number of social services. Its comparative value to the nation in relation to other competing instruments of security—competing, that is to say, for treasury budgets—is now assessed by politicians. From this it is but a step for the politician to assess the relative value of the individual doctor in terms of his remuneration. The relation of the profession to its so-called employers then becomes one of contract rather than status. Medicine thus tends to lose some of its traditional isolation. Furthermore, with the widespread popular use of the jargon of economics, curative medicine, whether practised by general practitioner or specialist, tends to be spoken of as a commodity—a form of consumer goods. Thus we read that certain members of executive councils, management committees, or governing bodies of hospitals are chosen to represent what is called the "consumer" interest. All this may be simply a matter of changing atmosphere; it may be distasteful to our sense of *amour propre*—but perhaps little more.

I do not think we can yet detect in the Welfare State any overt or positive challenge to the corporate independence of our profession; and in the long run it does not follow that, within such a framework of social security, medicine need

lose any of its ancient prestige as a learned profession. But if we envisage a Welfare State which has attained to its complete logical pattern of development, and in which a comprehensive system of insurance has led to a complete and final abolition of private practice as we have known it, there is a real fear that something of the old individual professional freedom must inevitably be surrendered. If this were to happen it would be our task to re-create a new system of human relations with the "consumer" public by which the doctor continues to be respected, as of old, as a guide, philosopher, and friend in his community. We must in any case take notice of the pressure of economic events.

In every nation to-day the cost of modern medical care has outstripped the capacity of the great majority of citizens to meet it from current earnings or savings no matter how high the average standard of living may be. For this large majority some form of prepaid medical service is essential. In many parts of the United States of America, where the group practice of medicine had already been established for some time, large voluntary insurance schemes have been launched to cover both general practitioner and specialist services. The American medical profession as a whole regards this system as likely to preserve the freedom of the individual doctor and has welcomed such developments in the hope of postponing *sine die* the introduction of any form of Federal health service. It remains to be seen whether under conditions of rising costs, particularly in hospital maintenance, such schemes can remain solvent without imposing on the middle classes, already "squeezed" by taxation and the high cost of living, a financial burden beyond their capacity to bear (Lewis and Maude, 1949).

In less wealthy nations it seems inevitable that the techniques of the modern Welfare State will be invoked to provide a health service, both preventive and curative, and that present economic trends will ultimately compel the vast majority of citizens to make use of it for their basic needs. But men and women have more than basic needs, and as a profession we should continue to urge that no obstacles should be deliberately or unintentionally erected which would prevent any citizen seeking satisfaction outside the framework of an administrative Utopia. The urge to preserve not merely the material rewards but the intangible values of the background of private practice side by side with a national service designed and developed under the guidance of the best brains of our profession is not an ignoble aim.

The New Industrial Revolution

We may now turn to a consideration of the possible impact on the future of medicine of another of the social and economic trends of the present day—the changing social pattern to which the label "Managerial Revolution" has become attached. It is claimed that in the most highly industrialized nation of the world, the United States of America, a new society is emerging in response to the extension of the mass-production principle. Peter Drucker, an American writer on economic subjects, whose book, *The End of Economic Man*, excited considerable interest on both sides of the Atlantic some years ago, has recently gone so far as to say that the mass-production principle is the basic world disturbance of our time to which communism and fascism and the new nationalisms are merely reactions (Drucker, 1949).

We thus appear to be passing into the era of a new industrial revolution. Drucker argues that mass production is not a new technology, but a principle of social order—a concept for organizing men for joint work; and, furthermore, that it is based on two factors: (1) specialization, the

unit of work being one operation or one motion and not the finished product of the old-time craftsman; and (2) integration, in which the pattern of the whole is seen in a preliminary theoretical study before masses of men are organized to carry out the essential processes. In the new industrial society Drucker sees the decline in numbers of the old working classes and the rise of two dominating classes—the executives (managers and union leaders) and a new middle class of technicians and technologists, many of whom will presumably be engaged in carrying out the single-motion repetitive processes and for whom full employment must be guaranteed by the industry and not by the State.

The effect of this new revolution on the worker is to tie him irrevocably to the plant, and thus to disrupt his family as a biological and social unit. Drucker hints at the application of the mass-production principle in medicine to large-scale research into such problems as cancer. We must assume that such a new industrial society must have at its back an agricultural society to feed it and a distributive society to keep its goods in circulation. We are not told how the principle of mass-production is to function if applied to these supporting groups. And how do the liberal professions, the artists and musicians, fit into this technological scene?

I must confess that the picture—admittedly oversimplified—of a mass-production-conditioned society is to me forbidding. It does not suggest “the good life” of a Western Europe with its historical background and diversity of cultures. It would seem destined to provide all the necessary aetiological factors for an increase in the incidence of the stress diseases, old and new, psychological and physical, at all levels of employment. The wisdom and philosophy of the older medicine will be sorely needed in such a society if the ills of a new industrial revolution are not to surpass those of the old. We should also view with concern the invasion of the field of medical research by the uncontrolled mass-production principle. We need the instruments and appliances of modern technology; we need generous endowments (this may no longer be possible if the wealthy philanthropists are liquidated by the rise of the new managerial salariat); and perhaps we can learn to use a limited man-power to better advantage. But the fundamental clinical and scientific inquiries of medicine are not likely to flourish in an environment of high pressure and stress. It might be supposed that this new pattern of society will emerge only in the United States. But a study of the industrial effects of the mass-production system has revealed the striking and disturbing fact that the per capita output of the average American worker is nearly twice that of his European counterpart. The impact of the new industrial revolution on European values must obviously be reckoned with, and new problems will be posed for our profession.

As one surveys the modern democratic State it would seem reasonable to conclude that, although the strategy of the practice of medicine must undoubtedly continue to reflect the new social, economic, and political conditions of our age, that sense of independence and freedom which both the doctor as an individual and the profession in its corporate form have come to regard as a natural right will long endure.

Medicine of the Future

We may now contemplate in retrospect a fifty-year period of notable progress. We are, however, reminded that thirty of those fifty years were occupied by two wars and the uneasy breathing-space between them—not two separate wars, perhaps, but, as General Smuts has told us, one World War, the Thirty Years War of our modern age. We note

the quickened pace of discovery and the intensive and single-minded application of new and improved methods of therapy which are characteristic of all states of war. And we may chronicle with pride such achievements in peace as the control of diabetes and the grave anaemias; and, in war, the control of wound infection by penicillin, the control of malaria by new synthetic drugs, the effective treatment of shock and haemorrhage, and the prevention and treatment of the acute physical and mental stresses peculiar to training and battle.

All this new knowledge has already been incorporated in the techniques of contemporary practice. But we shall, I trust, continue to see these achievements in their true perspective. They provide no occasion for complacency. For we have to remember that the spectacular triumphs of the medicine and surgery of war have been mainly concerned with emergency situations—with acute disease and catastrophes—in which means of prevention or control could be envisaged and intensive and specific researches could be quickly launched. But in the tragic field of malignant disease, and in the wide range of the degenerative diseases of man—non-lethal affections for the most part except in the long-term view—and still more in the special problem of an ageing population, our knowledge is still scanty and unprecise, and our therapeutic triumphs in the past are far from reassuring. These long-term problems, which indeed are not lacking in urgency, constitute the outstanding and specific challenge to the medicine of the second half of the twentieth century. Our past experience should warn us not to look for rapid results in their solution. As in many of the comparable problems of science, our knowledge and understanding are likely to be illuminated by a patient study of fundamental processes and ideas.

Conclusion

With such a vista before us the liberal profession of medicine must surely continue to offer an attractive way of life. Much remains to be done, however, to make the working conditions worthy of highly educated men and women. General practice must be restored to its old importance, and the doctor must be relieved of many non-essential tasks which he is still called upon to perform. Some of us believe that this will come about from the establishment of group practice based on health centres where a wide range of ancillary services—secretarial, nursing, and so on—is available, and the control of beds in general practitioner hospitals both in the country and in the towns. In the fields of specialist practice based on a hospital service our main requirements are generous budgets for research and travel, for the proper distribution of specialists, for the adaptation of old hospitals and the building of new ones, and, above all, to meet the high maintenance costs which modern advances in the art of medicine and surgery have imposed upon us. If our profession fails to meet the social and scientific challenge of the modern age the “fault, dear Brutus,” will lie “not in our stars, but in ourselves.”

It might be suggested that the social and economic trends to which I have referred are remote from this green and sheltered isle. But I would remind you who represent the coming generation that for many years some of the best products of the Irish medical schools have been labelled “for export only.”

REFERENCES

- Drucker, Peter (1949). *Harper's Mag.*, September and October. New York.
- Lewis, R., and Maude, A. (1949). *The English Middle Classes*. Phoenix House, Ltd., London.
- Platt, Sir Harry (1947). *Lancet*, 2, 603.
- Russell, Bertrand (1949). *Authority and the Individual*. The Reith Lectures for 1948-9. London.