An Address

ON

THE FUTURE OF THE MEDICAL
PROFESSION.BEING THE CAVENDISH LECTURE DELIVERED BEFORE
THE WEST LONDON MEDICO-CHIRURGICAL
SOCIETY ON JULY 4TH,

BY

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PART I.

[AFTER thanking the Society for the honour it had done him in appointing him Cavendish lecturer, Sir Bertrand Dawson said that the subject had been selected with a view to encouraging deliberation and discussion, and from these the united action so urgently needed. The range and complexity of the subject was so great that it had not been possible to confine all he had to say within the compass of an hour, and consequently it had been arranged that he should deliver the second part of the lecture at the house of the Royal Society of Medicine on July 11th.]

The changes which have long been germinating and which are soon to see the light, are, as I conceive, the result of the following causes:

I. A growing appreciation of the fact by the profession and the public that much disease is preventable; a growing sense that health is of supreme interest alike to the state and the individual; that the best means for preserving health and curing disease should be available for (I do not say given to) every citizen, irrespective of his position, and by right and not by favour; I venture to think that this last will be an article of faith of every political party.

II. Now put, side by side with the foregoing, the fact that the growth of knowledge makes measures for preventing and curing disease more complex; that these measures are no longer within the power of individual effort; that they need combination of effort—in short, team work; that for such work equipment and apparatus are needed, and these in turn need organization and involve increased cost. If you admit that these organized measures are to be within the reach of all members of the community, two things follow—namely, that efficient medical service cannot be self-supporting; that its provision implies not only men but equipment, and that both must be distributed according to the needs of the community.

There is an interesting parallel between provision for education and health, both as regards historical development and present needs. Education was at one time patchy, unorganized, and dependent on voluntary effort. In 1870 Parliament stepped in, with the result that state and voluntary education proceeded side by side. Since then the state service has gradually overgrown the voluntary one, because it has been recognized that education should be available for all, that the state is responsible for the education of its citizens, and that the cost is too great to be supported by fees or by voluntary effort alone. This cost is in part defrayed by an education rate chargeable on householders, and Dr. Gordon Dill's suggestion* that a similar rate should be charged for health has a great deal to recommend it; it would be a local contribution to the cost and would not be altogether an additional burden, for its application would soon be followed by a diminution in the poor rate.

Health organization is following a similar development, though tardily and at a distance. Yet in reality health is a more fundamental need than education, and without doubt the two together form the foundation stone of the state. Notwithstanding, there exists no Ministry of Health, and even now, when it is proposed to form one, such a ministry is to be tied politically to the Local Government Board.

* To Dr. Gordon Dill's work and memorandum on this subject I owe a debt.

THE NEEDS.

One is thus forced to the conclusion that medical services must have some kind of state aid and central control; that for their efficiency they need co-ordinated effort installed in specially equipped institutions. We thus reach, as I would suggest, by the irresistible logic of facts, the following conclusions:

1. State aid: central control.
2. Co-ordinated effort—team work.
3. Development of institutions specially designed for diagnosis and treatment, styled for brevity institutional treatment.

To the foregoing I will add a fourth—that curative and preventive medicine are no longer separated in accordance with any sound principle, and should be brought together in thought, teaching, and organization.

There is nothing revolutionary or new in these propositions, and the directions of progress in recent days have conformed to them. What is needed is their wider recognition and systematic application.

Team Work.

Let me view the above propositions in the light of concrete examples. Take the history of the diagnosis and treatment of phthisis. At one time the treatment was home, shut windows, and cod-liver oil. Next, following the discovery of the tubercle bacillus, it was an occasional open window and cod-liver oil, but still at home. Then came the sanatorium, and with it the dawn of hope and progress. Who would dream now of treating phthisis outside such a special institution or colony? And what all admit is true of phthisis is equally true of other diseases. Let us look at phthisis from the point of view of diagnosis. At one time the only investigation available was clinical, and in skilled hands it was, and is, most valuable. Now the evidence of physical signs is marshalled side by side with that of bacteriology and radiography. In other words, whereas one individual formerly sufficed, three are now required. And viewing the matter from the point of view of cost, formerly it was one fee, now it is three. Diagnosis, in short, needs the work of a team, and a team works best in the harness of the same institution. One more look at phthisis from the point of view of prevention. An organization has grown up whereby contacts are examined and families instructed—namely, the tuberculosis dispensary, in which preventive and curative medicine are working side by side.

Consider venereal diseases: with the growth of knowledge they require a team for their proper diagnosis, and a special equipment for their treatment, and in their case, too, prevention would be more closely allied with cure but for the fact that our pastors and masters are not endowed with grace, wisdom, and understanding.

Or, again, heart affections. These may require, in addition to clinical investigation, the use of radiography and the electrocardiograph; and for the cure of those which have not grave structural lesions we need, not bed and drugs, but an ordered régime in the open air with graduated exercises and amusements, which serve to tone up the body, of which the heart is a part, to remove the heart from the realm of the patient's consciousness, and restore confidence to his mental outlook. In the treatment of such patients drugs play no part of primary importance.

Take many gastro-intestinal maladies: such may need the clinical physician, the radiographer, the bacteriologist, the chemist, and the surgeon—some or all of them working in co-ordination in specially equipped clinics, where the investigations and treatment can be carried out.

Lastly, take a recent and striking example of the advantage of organized team work—the orthopaedic centres set up by the Army Medical Service under the inspiring leadership of Colonel Sir Robert Jones. Here there is the complete equipment for dealing with injured limbs, including surgeon, neurologist, and special surgeon for dealing with nerve injuries, departments for massage and remedial exercises, electrical treatment, curative workshops; and the results achieved far out-distance those obtained by unorganized individual effort, however brilliant.

Such advantages are seldom available, for the reason that the need has far outstepped the provision. For the masses the few voluntary hospitals are wholly inadequate.

Recall the list of patients waiting weeks, and even months, before they can be admitted for medical treatment or some necessary operation. The middle classes of moderate means who do not think it right to go to hospital fare worse. And even the rich man who can afford whatever cost is needed suffers from the investigations not being carried out in a clinic where results can be placed side by side and a collective judgement given.

The Place of the General Practitioner.

Looking to the future, it is certain that investigations will become increasingly technical and collective. Likewise, efficient treatment will more and more require regimen, special environment, and special equipment. What must be the result? The home will become less and less suitable for the sick; the custom will grow of the patient going to the doctor instead of the doctor to the patient.

After all, if you wish to be educated you go to school or college; if you wish to see the drama you go to the theatre. Why, then, if you want to be restored to health should you not go to a hospital? Why is a room in a dwelling made to suffice? Why not the best?

And this insufficiency in our organization has another serious aspect—namely, that adequate opportunities are not afforded to the general practitioner to do the best work. As a result he is apt to get disheartened and to deteriorate as a workman would without the best tools or an adequate workshop. Team work and organized equipment should be available, though in varying degree, in the same way as schools are provided. Though it is quite right that consultants and specialists should be available to help the general practitioner, these are not nearly so important as providing the means for the general practitioner to help himself. The general practitioner is a central pillar of any scheme of reconstruction, and nothing is more important to the public and profession alike than to attract the best type of brain and character to the profession of medicine. To do this there must be provided opportunities for doing good work; opportunities for observation, self-improvement and research, adequate repose and adequate remuneration. It is interesting to note amongst the doctors serving with the army abroad a realization of the deficiencies of existing civilian practice and a growing desire for a better system, which, though preserving liberty of thought and action, will provide the organization necessary for worthy achievement.

The general practitioner's outlook needs to be more comprehensive. In him should be realized the correlation of preventive and curative medicine. He should concern himself with measures for the maintenance of health as well as the curing of disease; he must be brought into the position of a rightful leader and skilled adviser in all that appertains to the social service and welfare of his district; in matters of health he should be the father of his people. This means that his education needs modification; it must take more account of preventive medicine and social service. In the organized effort for the rearing and preserving of a healthy race the general practitioner will take a leading part. The losses in the war will make this a dominant interest. The maternity centre, the school clinic where early defects and deviations from health are dealt with before disease develops, the institute of physical culture which will guide the physical training and games of the local community, will all need his skilled leadership. It is clear, then, that if an adequate medical service is to be available for the population, and if the doctors are to be enabled to staff that service efficiently, there must be in each local community adequate buildings and equipment where patients will go for diagnosis and treatment, and where health services will be housed. This medical service will need state aid and central guidance.

THE ORGANIZATION REQUIRED.

Such medical service will comprise organization, (a) at the centre, and (b) at the periphery—that is, in local communities.

Although it would be premature, if not harmful, to draw up any detailed scheme of organization, it will be useful to discuss the lines along which development should proceed. Indeed, any scheme should be established gradually, will improve with experience, and no doubt vary in its details according to local needs.

Hospitals and Clinics.

The hospitals required will consist of local hospitals, central hospitals, and teaching hospitals.

Let me mention first a fact finally established by this war—that hospitals are best built on the hut system, with ample provision for open-air treatment; that such hospitals are inexpensive and can easily be replaced or extended should the progress of knowledge or the changing needs of a community so demand.

No doubt existing cottage hospitals, the larger voluntary hospitals and certain hospitals previously used by the Poor Law authorities might be available for the service, but a large number of hatted hospitals with adjacent clinics would need to be erected. In this connexion let me call attention to a valuable pamphlet, "Hospitals, Yesterday, To-day and Forever," by Colonel Joseph Griffiths of Cambridge.

Organization at the Periphery—in Local Communities.

The first essential is the concentration of what may be called the machinery of health in one or more localities. This would secure efficiency and economy of administration, co-ordination of effort, and good fellowship amongst the doctors and other workers.

In a small town the buildings for the health service would be all located at one spot, whereas in larger towns there would need to be two or more clinics, each serving a group of doctors. The doctors would further co-operate in running hospital accommodation for their private patients.

I will briefly sketch the accommodation in a small town served, say, by six doctors. It would comprise consulting rooms, examining rooms, minor operating room, x-ray equipment, a laboratory, provision for nurses, a room for notes and records, and adjacent to it a common room for the medical officers. In the proximity would be the hospital, baths and other remedial equipments, and the centres for maternity care, infant welfare, and school hygiene, etc. Rather more remote would be the covered and open grounds for physical culture, and adjacent to these the playing grounds. In short, the health organization of that community and the intellectual life of the doctors would find a home and mutual inspiration in the settlement. Incidentally this arrangement would lead to close co-operation in work amongst the doctors and allow them more freedom for recreation and repose. There will still be home visiting and treatment, but these will tend to diminish as the benefits of such a scheme become apparent.

Though such settlements could be founded in all towns they would differ in form. In larger towns the clinics and their equipment would often have to be separated from the hospital and open-air services on account of the difficulty of obtaining adequate space near the heart of the town. That is as it should be, for I venture to think that most hospitals in the future will be built on the outskirts of towns where air and space will be available, and will be linked up by rapid transport with clinics and out-patient departments distributed amongst the population.

These local hospitals will be related in groups to central hospitals situated in larger towns. The staff of a central hospital will provide the consultants and specialists for the local hospitals of its district. These specialists will serve on a whole or part time service according to the nature of their work.

Round the central hospital should be gathered health services, both preventive and curative, and these would be more amply provided, both as regards equipment and personnel, than those of the local hospitals.

Although specialists will thus be available for each local hospital, there will be nothing to prevent a doctor sending cases to other consultants should he or the patient so wish. These central hospitals might in turn be subordinate to still larger provincial hospitals.

THE ADMINISTRATION OF THE MEDICAL SERVICES.

This is admittedly a most thorny question, beyond possibility of detailed discussion at the present juncture. But there are certain conditions essential to any plan.

All the buildings and equipments, such as hospitals, clinics, laboratories, necessary for the medical services will be constructed and maintained by the new health

authority. They would be available for all citizens, though in practice they would be only partially used by the well-to-do. It might be wise to charge the doctors small rents for their clinics, in consideration of the fact that they would use them for their private patients, and no doubt paying wards would grow up in proximity to the public-provided hospitals. Be it noted, however, that the provision by the health authority of good buildings and equipment would be an investment yielding a profitable return in the shape of better work by the doctors, and therefore improved health of the community.

All professional and technical questions must be determined alone by the doctors, and administrative questions by a health board composed of both lay and professional members. Neither the professional nor lay members should be chosen from any area smaller than a county or large borough. They would be in part elected and in part *ex officio*. Amongst the doctors determining matters of administration great care must be taken to avoid undue predominance of either the preventive or curative sides of medicine as such. Though granted adequate powers, the health boards should be controlled, as regards larger questions of policy, by the Ministry of Health.

By this plan of choosing big areas for the Health Board electorate, one would hope to avoid the evils of local politics and to secure a better type of representative. By retaining the determination of policy and the confirmation of the more important administrative acts at the Health Ministry one would secure control without over-centralization. The only alternative I see is to put more of the administration at the centre.

Technical Matters must be Decided by Medical Men.

But, whatever the actual plan, the principle that technical matters should be decided by medical men must be adhered to, and thus one of the errors of the Insurance Act put right.

The practice of putting the skilled under the control of the unskilled must cease. The thing is so clear.

What would engineers say if their shop was run by an assortment of painters, tailors, and doctors? Would they like to use the bridge or locomotive constructed under amateur advice? Or the shipwrights, if they were told their business would be conducted by grocers, clergymen, and chemists? Would they enjoy a trip in a ship designed by the parson?

Well, this "settlement" will be our shop where we put the human machine into repair, and we are the only people who know enough about the subject to say how it is to be done and what equipment we require, and it is to the advantage of our patients to be treated by people who know their job.

Imagine the law courts superintended by doctors! But no one is allowed to control the lawyers—in fact, the cleverest thing about them is that they manage to mind their own business and every one else's as well.

Although we claim that our workshops—namely, the clinics and other institutions—should be controlled by doctors, we quite see that those doctors should be subject to a court of appeal; but here again it must appeal to people who know, not to amateurs. There should be a system of medical administration and appeal right up to the Central Medical Board, which will advise and have direct access to the Minister. Either the permanent under secretary should be a medical man or the professional Chairman of the Central Medical Board should have executive powers. On the administrative side there should be a mixture of doctors and trained laymen, but on strictly health matters the men who know must be in control throughout, and the supply of good men will be ample, if only we go wide enough and are not afraid of youth.

How would this Scheme Work Side by Side with the Insurance Act Administration?

This problem would no doubt be difficult, but should be capable of adjustment. Insured persons would have the right of all citizens to the advantages of the buildings and equipment of the medical services. They would be on the panel of the doctor of their choice as heretofore, and if they required institutional treatment, perhaps some contribution from the insurance authorities should be made to the attending doctors and the Health Board.

The insurance authority should be represented on the county or borough Health Board, but it should on no account directly control the local clinics and hospitals. Its interests are too material and commercial to make it suitable for direct control, and it is too devoid of medical knowledge.

The doctors would be under control as regards efficient and regular attendance at the hospitals and clinics. Their service would be part or whole time according to their work; they would treat their own cases in the local hospital. This is essential if a high standard of professional work is to be maintained, for good men are only engendered by good work. Moreover, specialists would be available when needed.

Staffing of Local Clinics.

Turning now to the local clinics serving preventive medicine—clinics for maternity care, infant welfare, school hygiene, physical culture, tuberculosis, etc.—all these, except in the larger communities, should be staffed where possible by the medical men of the district on the basis of a part-time service paid by salary. It should be a *sine qua non* that candidates for any of these posts should hold a certificate of efficiency in the special subject concerned, and education in these subjects would be one of the functions of the teaching hospitals. Appointments to these posts should be subject to confirmation by the Health Ministry, acting through its medical advisers.

These posts would afford scope and encouragement to good work and therefore attract the best class of doctors. Moreover, it is essential that the local doctors should be associated with the health interests of their people.

From the foregoing it will be seen that a larger proportion of a doctor's earnings will be by salary and a smaller proportion by fees than heretofore—in other words, there will be a part-time salaried service. In the case of specialists in preventive medicine—radiographers, chemists, bacteriologists, and pathologists—their services will be mainly whole-time and paid correspondingly by salary. Speaking generally, the number of whole-time men will be greater within larger towns than in the smaller communities.

There are some who think that the ends we seek would best be attained by a full-time salaried service for all doctors, private practice being abolished. Although for many varieties and conditions of medical work such a whole-time service is advantageous, on the clinical side it would be gravely detrimental to the best interests of both patients and doctors. In few callings is there such a wide gap between the minimum and the maximum efforts—efforts which make demands upon heart as well as head. The distinction between the performance of a routine duty and the fixing of the mind on each individual problem is vital. Liberty of action, the stimulating force of rivalry, and the personal touch are essential. The patient needs not only advice but confidence—the human being of his own choice, not the official of some one else's choice. Medicine stereotyped under such a salaried service would become a machine without a soul or hope of salvation.

The term "State Service" is constantly misunderstood. For years past Government departments have been forming medical services. At first these services were confined to preventive medicine, but for some time past they have also drawn, and in increasing degree, curative medicine within their orbit: witness tubercle, venereal disease, and the state aid given to insured persons. This "State Service" still grows, and with each accretion becomes more cumbersome, and increasingly in need of recognition and organization. State service, strictly speaking, is service under the central government as distinct from local or municipal service, and either may be part or whole time.

Imagine, too, how invaluable these hospitals and clinics would be from the point of view of the progress of knowledge. They would encourage a spirit of inquiry. Their unified system of records would enable information to be continuous and interchangeable; lines of investigation would suggest themselves and be fruitful in results. Take as an example the question of "after-results," about which accurate information is so important and yet so deficient. Supposing information were needed on the worth of this or that treatment or operative procedure, an answer would be forthcoming based on full and

accurate data—an answer which might on the one hand be an encouragement or on the other hand a wholesome check on ill-judged procedures and unbridled enthusiasms. The Medical Research Committee has founded and staffed for the benefit of the Army Medical Service a statistical department worthy of imitation. It is easy to see what fruitful fields of collective investigation would open out under the guidance of a skilled staff, and, again, what favourable opportunities would be afforded to clever men to make manifest their worth.

Advantages to the Public and the Profession.

What advantages would accrue to members of the public and doctors by such a change in medical organization? As regards the public, their health would be guarded and the beginnings of disease would be detected and dealt with at a stage when treatment is likely to be effective; there would be at their disposal the means of collective investigation and buildings equipped for the purpose, and institutional treatment where necessary.

But not the least of the advantages would be that the trusted medical men of their choice would be more efficient because they would have the opportunities of doing good work which are so often now denied them. Can anything be more heartbreaking and ultimately more dulling to the intelligence than constantly to feel you are prevented probing to the bottom of a problem?

The suggested plan would bring more interest and stimulus into the life of the doctor—he would continue to develop; he would have the inspiration and opportunities of good work, could follow up his cases and exchange ideas with his colleagues in the "settlement," which would become a centre of intellectual life.

Financial Rewards.

And how would he stand as regards material prosperity? He would do his work in less time with less fatigue and at less expense because more of it would be ordered and localized. He would have the advantage of the clinic and equipment for his private patients, and without doubt private hospital wards should be established by co-operation or otherwise. Salaried posts in the health service would be open to him, and salary has the advantage of greater security. If a doctor under the Insurance Act, he would have the proceeds of his panel or any modification of the panel system that might come about. He would certainly get more repose, for the association of doctors would be much closer, and therefore mutual help easier.

As regards remuneration justice demands reform. When you consider the exacting nature of a doctor's life—the long hours, disturbed nights, high tension of his work—it is only just he should be so paid as to live a reasonable life without anxiety. That is not so now. Take the salary of the Poor Law medical officer. Compare the salary and responsibilities of many a medical officer of health with those of a County Court judge—deplorable. Take a doctor who may get £30 a year net for a panel of 350 patients, or innumerable instances of doctors being paid salaries which workmen would reject with contumely.

These things must be changed. If only the truth is presented they cannot continue. It is unthinkable that friendly societies, insurance authorities, trades unions—so many of whose members have fought strongly and justly for better pay and shorter hours for their class—should be unwilling that doctors, to whom they owe so much, should have adequate remuneration and reasonable conditions.

On the other hand, there should be a more strict limitation of the number of the patients which a doctor may place on his panel. While huge panels are permissible, pecuniary reward goes too much to the man with physical endurance and plausible tongue and too little to the man possessed of brain and conscience.

Ministry of Health.

It is obvious that such a body politic would need a brain at the centre to inspire, guide, and control its activities. This would be the purpose of the Ministry of Health, the foundation of which is the most pressing of all reconstructive problems. With so much of the flower of our manhood sacrificed for the great cause, the rearing of a healthy race has become a supreme necessity.

How is that ministry to be established?

Doubtless an independent department unencumbered by vested interests and prejudices would be best; but with a Parliament which has long lost the faith and enthusiasm of youth, the difficulties of passing such a scheme might be great. On grounds of expediency the administrative association of the new Ministry with the Local Government Board and the Insurance Commission has something to recommend it as offering a line of lesser resistance. But if the adoption of this plan is not merely for convenience of organization, but means that the Ministry of Health is not going to have a bigger horizon than that of the Local Government Board and Insurance Commission, then we must emphatically say "No." And alas! there are evidences that such is the prevalent spirit: witness the departmental obstruction to the formation of a Health Ministry and the introduction of pettifogging measures seemingly actuated by the desire rather of vested interests to dig themselves in, than for real progress.

We should all be prepared to give and take and subordinate predilection to the attainment of a great object. But on principles there can be no compromise. The needs of the nation require a comprehensive reorganization of the medical services. That reorganization, involving, as it must, every branch of the profession, can only succeed if it enlists the confidence and support of the doctors. The Ministry will need to draw to its counsels representatives from all departments of medicine, both preventive and curative, and these counsellors must have real power, with direct access to the Minister, in contrast to the baneful tradition at the Local Government Board whereby the medical officer can only advise the Minister through the intermediary of a lay official.

The profession for its part needs to realize the weight of its responsibility, close its ranks, work out a sound policy, improve its organization for expressing its views, and thus secure that proper influence in public affairs which, to the detriment of the state, is now so sadly lacking.

In the United States the medical profession occupies a leading position in the life and counsels of the American nation. In England, although doctors in their individual capacity enjoy the confidence and even the affection of their patients, yet as a profession their influence is small and their advice regarded as of small account. This must change, and let us see to it that we come into our kingdom.

THE CLINICAL ORGANIZATION OF THE PROFESSION FROM A GENERAL PRACTITIONER'S POINT OF VIEW.

BEING THE PRESIDENTIAL ADDRESS TO THE METROPOLITAN
COUNTIES BRANCH OF THE BRITISH MEDICAL
ASSOCIATION.

By M. G. BIGGS, M.D.

ORGANIZATION of the profession in all its details essentially belongs to the British Medical Association; the only reason that the clinical side has not been so carefully looked after is due to pre-occupation during the last few years with two serious crises—the Insurance Act and its developments, and the great war still going on its way; even so, however, this side of the work has been by no means overlooked, and it is my special wish to point out that general practitioners must take the matter in hand themselves and work out their own salvation by elaborating a reasonable scheme.

The question may naturally be asked, What are the reasons for organizing the clinical work of the profession?

The answer in its most general terms is that our knowledge of the extremely complex and elusive organism with which all our work is associated has been so enormously enlarged and so many instrumental means of investigating disease have been introduced that it is beyond any ordinary man's power to use all successfully, and many, if not most of them, require the whole service of one individual, in order that he may become expert and possess the necessary experience which shall enable him to interpret his results accurately.