

Public Health vs. Private Practice

By SHIRLEY W. WYNNE, M.D.

WHAT is just what it should *not* be—public health *versus* private practice in any tug-of-war fashion. This conception of each side pulling hard against the other is meeting with the condemnation that it deserves. We must learn to speak of public health *and* private practice. For every physician is, and should be, in the last analysis, a public health officer.

What we understand as public health work has undergone a tremendous evolution during the past fifty years, and many of the misunderstandings between the medical profession and the health authorities are due to the readjustments which have been part of this evolution. The work of the New York City Health Department, sixty years ago, embraced little more than the supervision of certain sanitary matters such as drains, privies, plumbing, damp cellars, and the like, the control of smallpox by vaccination and the control of other contagious diseases by quarantine measures. The relation of bacteria to disease had not yet been demonstrated. We realize, accordingly, that much of the work of those days was not and could not be effective. A revolution in health work was effected with the demonstration of the role played by bacteria in disease.

The last two decades have witnessed an astonishing amount of curative work done by health departments. And the relationship of the private practitioner to the public health program has subsequently become an angle of great contention.

Economically speaking, the medical profession stands on uncertain ground. With medical science pausing at the threshold of a new era—the era of preventive medicine—the economic aspect presents no small problem. Medical science will only cross into that new era successfully if it is accompanied by an economic harmony of cooperation.

It is really but within comparatively recent years that physicians have awakened to the realization of an economic crisis in their midst. There has developed the pertinent problem of assuring the patient of moderate means competent private medical services. There has arisen the perplexing problem of how to limit free facilities only to those who cannot afford to

pay. There has developed the collateral question of fees in private practice.

On the one hand there is the physician, seeking his legitimate livelihood, no longer content to rest upon the popular and non-remunerative theory that it is the doctor's business to care for the sick but that he has no business to consider it a business! On the other hand, there is the patient of moderate means—willing to pay for the services of a private physician, provided the fee is within the possibilities of a moderate income—yet totally at a loss how to obtain such service without economic disaster to his limited resources. And midway between physician and patient stands the health department—desirous of assisting and cooperating with the private physician, equally desirous of lending a helping hand to those seeking medical assistance, and thoroughly determined to do all in its power to maintain good health in the community. An economic triangle within the realms of the medical profession—with the private physician, the patient and the health department each clamoring for fair play!

MANY doctors have displayed hostility from time to time to certain health department activities, on the economic ground that they were trespassing on the private domain of the medical profession. In New York City—and I believe it is true of most communities in our country—activities of this sort have rarely been established where the

private physician could and would supply the necessary service. How are we to silence the cries of "too many free clinics for health grabbers," "too many patients who want their services free" and "too much health department activity trespassing on the legitimate economic domain of the private practitioner"? Only by the willingness of the health department and the private physician to join hands.

The duty of protecting the public health is the particular concern of governmental or official health agencies. While the character of the health protection rendered a community rests to a certain degree with the citizens of that community, it rests to a larger extent with the officials who are charged with these duties. It is the duty of official agencies not only to exercise police authority for



"Your Fight, Too, Fathers and Mothers"

Cartoon by Clive Weed for *The New York Evening World*, used by the Diphtheria Prevention Commission on posters pasted up in the hallways of thousands of New York tenements and on a flying squadron of healthmobile trucks

the protection of the public welfare in general but to establish and conduct medical and educational services which the poor require where they are not otherwise provided. In that sense, it is the duty of health departments to maintain clinics for important health needs of individuals economically unable to go to the private doctor.

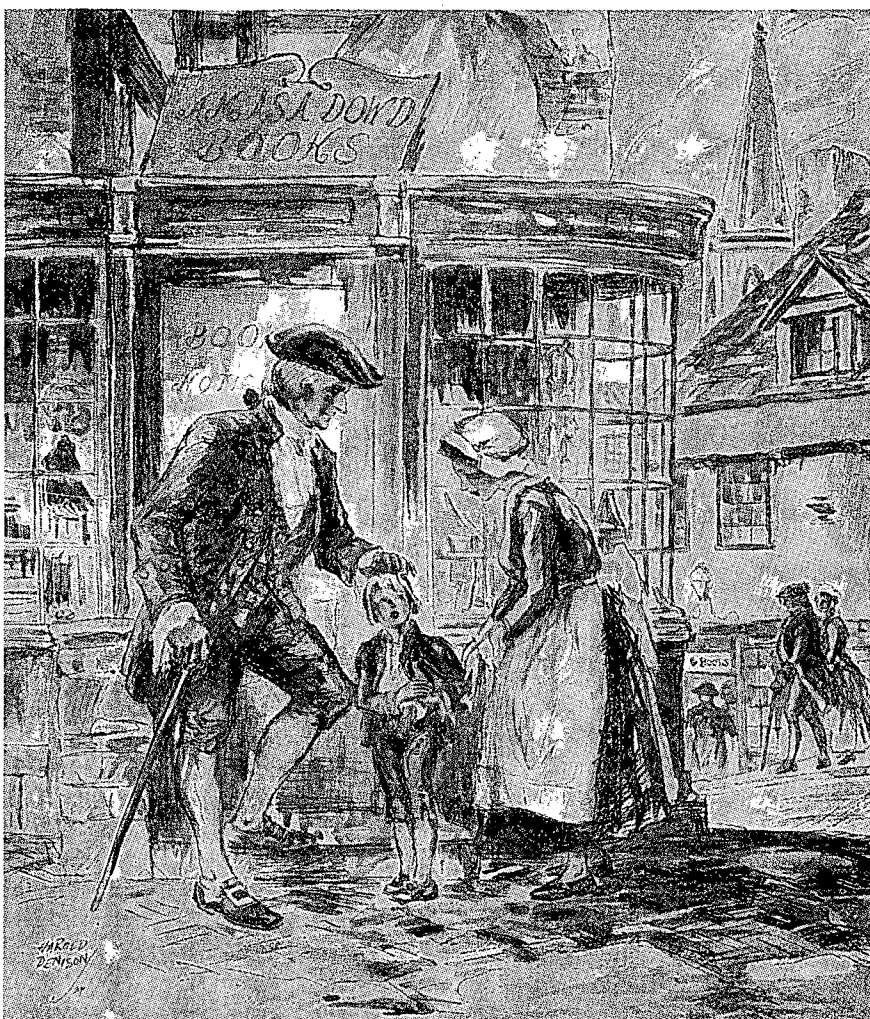
It has been estimated that 50 per cent—and this is probably a low estimate at that—of the people in the City of New York can afford to purchase their own preventive health service. The doctor should supply the preventive service to those who can pay, the health department or some other official or semi-public agency to those who cannot afford to pay. Admittedly, the free clinics are sometimes patronized by people who are able to afford the services of a private doctor. This problem is difficult to meet. But it is possible to take the majority of these persons away from the free facilities which have been established solely for those who are too poor to pay for medical treatment. The person of moderate means can be brought back to the private practitioner.

The health department is the logical agency to lead the way in educating the medical profession to the type of service demanded. Our experience in New York indicates that if, side by side with the establishment of important health activities, an honest effort is made to have as much of this work done by private physicians as possible, in a relatively short time the medical profession will realize that, far from making inroads on the practice of the private physician, this type of activity results in a considerable increase in their private practice.

After all, most people who can afford to pay a modest office fee will prefer to have their children examined and treated by their family physician rather than seek examination and treatment at a public clinic. This back-to-the-private-practitioner movement permits, of course, of no methods of compulsion. We must depend for its success upon an effective combination of cooperation and action. We must depend upon the private physician, the health department and well-conducted public health education.

As a concrete example of possible cooperation between a health department and private physicians, I offer you the Diphtheria Prevention Commission of the New York City Department of Health. It has been the guiding policy of our diphtheria campaign that insofar as is consistent with the public health, the work of immunizing children should be done by private physicians. We believe it is the responsibility of the doctors of the city to do the actual work of immunizing the children brought to them. We have kept to this policy. As a result of cooperation with private doctors nearly 40 per cent of the 165,265 children immunized since the campaign began have been treated by private physicians.

It has been a guiding policy of our diphtheria campaign to carry on an educational campaign directing people to private doctors to overcome the ethical prohibition against a doctor's



"Children Were Not Protected from Diphtheria in George Washington's Day"

Illustration loaned by the Irving Trust Company of New York City for a full-page newspaper advertisement used in the New York State campaign to wipe out diphtheria by 1930, in which departments of health and education, medical societies, social and welfare groups have joined hands

beckoning to practice. In every piece of literature, in every spoken address, we have advised that wherever possible the public should go to the family physician for treatment. Circulars signed jointly by the Department of Health and the co-operating county medical societies were distributed to the 12,000 private physicians to be mailed by them to families in their practices with children under ten. Many physicians requested extra copies and in all more than 200,000 were sent out in this intensive cooperative effort.

Our more recent experiment is to suggest a flat fee of six dollars for the three toxin-antitoxin treatments. In cooperation with the Medical Society of the County of New York and the Bronx County Medical Society, 7,225 physicians in the boroughs of Manhattan and the Bronx were asked to set aside a special day each week for the diphtheria treatments, and further to sign a voluntary agreement in which they pledged themselves to charge no more than six dollars for the three simple toxin-antitoxin treatments. We are compiling a list of these physicians and the special conditions under which they will administer toxin-antitoxin in their offices. This list is confidential, of course, to be used by our department, the medical societies, school principals, clinics and wherever else it can be ethically employed. There are already approximately 3,000 physicians, or 41 per cent of

the total number solicited, who have volunteered agreement.

It is my belief that we are now on the verge of an era of preventive medicine. Twenty-five years from now we should find doctors practicing 90 per cent preventive medicine, while remedial work should constitute only 10 per cent of their services. Unless the prevention of disease becomes the dominant practical idea of physicians and health workers, we shall lose the most magnificent opportunity ever afforded medicine to work for the improvement of humanity. In the City of New York, it is estimated that we spend \$150,000,000 annually for the treatment of disease and \$8,000,000 for the prevention of disease. Medical science has already made sufficient progress for a decided reversal of that proportion of 18 to 1. Humanity will be better served when the greater part of our effort is directed toward preventing sickness.

IN this connection health advertising will come into its own. The slogan, "It Pays to Advertise," has been misunderstood. Public health officers and public health organizations and the medical profession in general have felt that advertising for health implied that they were beckoning for business and that the public might misinterpret it as "paying" the medical profession only. Such an interpretation is obviously far from correct. It costs far less to get the proper treatment from a reputable doctor than it does to jump from one quack to another, from one "sure cure" to another. Health education is the foundation upon which preventive medicine is built—and effective health education will find its best outlet in advertising. Commercial advertisements urge that we chew this for health, eat that for health, wear these for health, try those for health! Yet the very persons whose business it should be to advertise health, the only ones who are qualified to tell the public what to do for health, have failed to appreciate the importance of doing so.

There is nothing in the nature of public health work which should not be made to respond to the tested methods of promotion so successfully employed in commercial fields. I dare say that health departments of the future will be advertising departments of great scale health promotion to be followed up by the private physicians. The day will come when, as health administrators, we will employ copywriters, artists and popular journalists; when we shall produce advertising copy, pictures, talkies—not in a stilted form, but in the attractive and telling form used to promote a commercial product, the only difference being that we shall be scrupulous about the accuracy of our facts. But accuracy can be attractive. There is romance in the history of disease germs, and more excitement in a fight between germs for the prize of a child's health than any ringside can offer.

MORE than fifteen years ago, when many of the larger newspapers published columns of advertisements of venereal quacks, the Department of Health ran a paid advertisement at the head of these columns, warning readers against quacks and calling attention to the services of its special clinics for venereal disease. Recently the Brooklyn and Queens Tuberculosis and Health Association prepared and displayed in the streetcars a placard calling attention to the provision in the Sanitary Code that requires a medical certificate for all children entering school for the first time. This placard urged parents to have their children examined at once by their family physician. A few weeks ago there appeared in the magazine section of the New York Times a full-page

advertisement calling attention to the importance of the periodic health examination. This advertisement was paid for by the Metropolitan Life Insurance Company, the New York Tuberculosis and Health Association, the Life Extension Institute and the Milbank Memorial Fund. It was entitled, A Message to the Public—from the five county medical societies of Greater New York, the Medical Society of the State of New York, and the New York City Department of Health.

We believe that every doctor should be a public health officer and that it is incumbent upon him to carry into the home of every one of his patients the message of disease prevention. But the public stimulus should come largely from the health department. An elaboration of the plan may involve a modification of the interpretation given the code of ethics which very properly prohibits a doctor beckoning for patients. We ought not to be afraid of such a modification so long as it carries with it greater protection to the public health. It is not difficult to devise ways in which to reconcile a form of controlled advertising by doctors, and yet have it consistent with sound ethics and public health. It is clear that the health department can do much for the doctor.

AS an instance, I might mention an experiment that is being conducted in the Bellevue-Yorkville Health Demonstration area by the New York City Department of Health. A staff of nurses has been placed at the disposal of that area's doctors and dentists, to visit patients, instruct them in disease prevention and furnish the supplemental service which the physician may be unable to give in his office. Regrettably, however, we find that the physicians and dentists are slow in utilizing this service placed at their disposal.

The time is not far off when every large city will have district health centers in strategic points, just as today we have our district police and fire headquarters. The people of a community would soon protest vehemently if their particular district was not supplied with adequate police and fire protection. There is just as much need in a district for health protection, and it is to the district health center of the future that we look for that protection. The health center will serve those who are too poor to pay the private doctor—and it will also provide the physicians of the neighborhood with a central service where x-ray facilities and every means of biological analysis will be at their disposal. The doctor is the most important factor in the whole public health movement and I cannot say too emphatically that the development of these neighborhood health centers should, and would, in no wise interfere with the relationship of the patient to his private physician.

The health department can help the doctor increase his legitimate private practice through a health program, such as I have described in connection with the diphtheria campaign. But the doctor must remember that once a health department embarks upon a program to encourage people to go to a private practitioner, he must do his part to keep that patient by his professional competence, moderate charges and effective follow-up work. If the private practitioner fails to enter actively into such a health program, he has only himself to blame if the state steps in to enforce that program.

"Arts and sciences," commented Montaigne, "are not cast in a mould, but are formed and perfected by degrees, by often handling and polishing, as bears leisurely lick their cubs into form." May not the same be said for the cooperative aims of public health and private practice?



Photo by Hiram Myers

IT DOESN'T HURT, IT TICKLES!

This exuberant young person smiles out of a booklet in which St. Mark's Hospital presents its plans for a new service for New Yorkers of moderate means