A Revolutionary Answer to Medical Costs

by Charles Peters

Practically everyone now realizes that we need some form of national health insurance. The problem is how to control its cost. Our experience with those precursors of national health insurance, Medicare and Medicaid, suggests that extending their benefits to the entire population could produce national bankruptcy overnight.

Under the present system of health care, prices are set by the providers of health services—the doctors and hospitals—who also decide what services will be furnished and where they will be available.

This is not the way we have dealt with others in the business of protecting our lives: soldiers, sailors, policemen, firemen. We tell them where to serve. The policemen can't all patrol Park Avenue. The sailors can't all be based in San Francisco. Just because an army officer wants to be a cavalryman is not an adequate reason for letting him be one. We do not permit even the greatest general to charge us whatever he wants.

Is there any logical reason why medical salaries, specialties, and places of work should not be equally subject to public control? Isn't the assurance of good medical care as important to you as the assurance of adequate protection by the police or the military? Shouldn't doctors be trained in the areas of medicine where they are needed and stationed accordingly? Shouldn't their income be geared not to what they want, but to what the public can afford? If people don't like public control, they can choose not to become doctors, just as they can choose not to become midshipmen or cadets. If they are already doctors, they can choose not to participate in either the benefits or the restraints of a national health service. In fact, we may want a small group of physicians to remain in private practice to provide a competitive measuring rod for the public service.

A national health service should of course pay for all the costs of the training of its members, just as we pay for the training of our soldiers and sailors. Doctors who have already completed their training and elect to participate in the national service should be reimbursed for that part of the cost of their training that they actually paid.

This suggests an immediate reform that might be made. The public should take over the entire cost of physician training—we already pay a high percentage—and we should give every intern and resident a generous salary plus a free Jaguar. This would

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deprive them of the last shred of justification for the self-pity that seems to possess all but the most decent doctors in later life, the self-pity that says because I was strapped to pay those tuition bills and because I was exploited as an intern and resident, I am now justified in robbing my patients blind. The doctor who thinks $75,000 a year is his divine right—indeed, a bare minimum from which he should advance to ever higher fiscal heights—is the spiritual father of the gross extravagance of our present health delivery system. And pending the day when we turn that system into one that the public controls, anything we can do to reduce his greed will at least delay our date with bankruptcy.

The British spend only four-and-a-half per cent of their gross national product for a system of free health care for everyone. We spend twice that for a system that ignores millions of people. A system with so much sheer waste—ridiculously expensive heart-lung machines and brain scanners in five or ten hospitals in a city where only one of each is needed. A system that squanders huge sums of money on sophisticated medical technology that only prolongs illness by delaying death for a few months.

Public control is the only way we can master these problems. Of course, it will have its disadvantages. The military that was brilliant at Midway was a parody of bureaucratic malfunction at Pearl Harbor. But our civilian health system is Pearl Harbor every day, with a fragmentation of responsibility so complete that one of the major problems in malpractice litigation is figuring out whether internist A, specialist B, or hospital C was responsible for the particular disaster at issue.

During World War II, I spent ten months in army hospitals with a broken back. I received consistently superb care. I was a buck private in the infantry. People of similar standing simply do not receive similar care from our civilian health system.

For some people, particularly those on the left, military analogies are not likely to be persuasive. For them, I offer the Foreign Service as a model. The doctor won't have to salute. He won't have to wear a uniform. We won't let him be stuck in Boisie for too long. But he will still be a servant of the public with a choice, just like the foreign service officer, of accepting assignment in the public interest or resigning.

Those who control whether we live or die must be under our control. We now control every group with a life-protecting function except doctors. It is time to end that exception. ■

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The Real Cause of Cancer

by Ronald J. Glasser

Today we know that above all else cancer is a cellular disease. What causes it to develop happens down inside individual cells, at the levels of molecules and membranes. Cancer is caused by injuries to minute subcellular structures, so small that they can barely be seen by our most powerful electron microscopes. We are just beginning to understand how these injuries occur and what the damaged structures are, and how, once injured, they can cause these cells to become malignant.

At a recent lecture at the University of Minnesota, a world expert on the experimental production of cancer struggled to define for his scholarly audience exactly what cancer is. He had great difficulty and began first with what it isn't: "It is not simply the rapid growth of cells; the bone-marrow cells that make all our blood cells grow very rapidly. We completely replace all of our red blood cells every 120 days, all our circulating white cells every six hours, and yet no one would say that this massive cellular turnover is cancerous."

He thought for a moment. "Indeed, cancers, even among themselves, show a wide range of growth rates, from the very slow-growing tumors which do not produce symptoms for years after their known onset, to those that reach lethal size within a few weeks. . . . Some of the most malignant and difficult-to-treat cancers are those that grow the slowest.

"Nor, for that matter," he went on, "are cancers restricted to just certain organs. They can and do arise from literally any kind of tissue cell. The opposite is also true—different kinds of malignancies can at times arise from the same exact tissue, each cancer, even though beginning from the same cell type, showing different biological properties. Some malignant cells can even appear totally identical to their still normal tissues of origin.

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