

EDITORIAL

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FINAL REPORTS OF THE COMMITTEE ON THE COSTS OF MEDICAL CARE.

THE report which cost more than a million dollars and five years of intensive work by a notable research staff and of close study by the directing committee of eminent men and women has been released. It embraces a majority and two minority reports. The attention, favorable and unfavorable, that the report is receiving indicates its value and the tremendous interest the public has in adequate medical care at a reasonable cost. The five recommendations are quoted on a succeeding page and are discussed in the pages following.

Granting that great progress has been made, medical care is shown as still inadequate and too costly, and the avoidable losses in time, in health and in life, as inexcusable in a civilization such as ours. "Human life in the United States is being wasted, as recklessly, as surely, in times of peace as in times of war. Thousands of people are sick and dying in this country, because the knowledge and facilities we have are inadequately supplied. We must promptly put this knowledge and these facilities to work."

The reports differ, mainly, as to procedures and the differences deal largely with the practice of medicine and dentistry and with the methods of payment for medical care. The danger is that the main purpose may be obscured by these differences of opinion. The reported conditions and the proposals to correct them, constitute a challenge to the American public. No people can be happy and contented and effective if and as long as they are unwell. The socialization of all medical care or the means of making it more effective and economical in private practice, are the alternatives.

The alternatives are as important to the groups which render medical care—physicians, dentists, pharmacists, nurses and other personnel—as to the public. The challenge to these groups is even more direct. They must either justify the present system or see it changed, probably radically, the latter with grave consequences to them. They are now open to the charges of a failure to sense the development of public opinion with respect to public health and of looking upon their licensed professions as opportunities for profit rather than for service with profit. They should bestir themselves before the public takes charge.

The report recognizes pharmacy as one of the public health professions and the important part it plays in medical care is set forth. Of the 1,084,500 people who render medical care, 132,000 are pharmacists, 142,000 physicians and 62,400 dentists. Of the \$3,500,000,000 spent for all medical care of people, \$715,000,000, or 18.2%, is spent for drugs and medicines, not including medical supplies. Approximately 90% of the drugs and medicines are supplied by the 60,000 pharmacies of the country, the remainder through physicians, hospitals and general merchants. The committee states "the development of the drug store into a department store for many commodities has made the services of pharmacists readily available to the people without unduly high costs for prescribed medicines." The sales of drugs and medicines compare in magnitude with the earnings of physicians, 29.8%,

or of hospitals, 23.4%, and yet have not aroused the same complaints as have the costs of physicians' services and of hospitalization.

Drugs and medicines are classified as prescriptions, 27%; home remedies, 23%, and patent medicines, 50%. The latter cost \$360,000,000, "most of which is money wasted" in the language of the report. Evidently, the American people do not agree with the latter statement, and the Committee apparently failed to grasp the importance of these products. They cannot be so easily dismissed in any worth-while consideration of medical care, for they constitute an important factor.

Of all drugs and medicines consumed annually, less than one-third are used on the express order of physicians. This means that practically all of the patent medicines and most of the home remedies are used without any advice or guidance by physicians, and that the pharmacist is the only profession to whom the public can look for advice and protection in their preparation and use. Of necessity, the preparation and distribution of these products is an important function of professional pharmacy in medical care and it is unfortunate that the Committee did not give this phase of the question the consideration it deserves. The large consumption of home remedies and patent medicines apparently has a relation to the cost of medical care and places a correspondingly great responsibility on pharmacy. In fulfilling it, pharmacy should have the necessary control and public support.

It is stated that "Drugs and medicines and medical supplies are essential to adequate medical service, both therapeutic and preventive. Most of them are dangerous if unwisely employed. . . . Physicians and pharmacists should unite to provide the public, as economically as possible, with efficient remedies and to protect consumers from exploitation."

RECOMMENDATIONS.

The following are the five major recommendations of the committee:

1. The committee recommends that medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists and other associated personnel. Such groups should be organized, preferably around a hospital, for rendering complete home, office and hospital care. The form or organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician.
2. The committee recommends the extension of all basic public health services—whether provided by governmental or non-governmental agencies—so that they will be available to the entire population according to its needs. This extension requires primarily increased financial support for official health departments and full-time trained health officers and members of their staffs whose tenure is dependent only upon professional and administrative competence.
3. The committee recommends that the costs of medical care be placed on a group payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods. This is not meant to preclude the continuation of medical service provided on an individual fee basis for those who prefer the present method. Cash benefits, *i. e.*, compensation for wage loss due to illness, if and when provided, should be separate and distinct from medical services.
4. The committee recommends that the study, evaluation and coördination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions and that the coördination of rural with urban services receive special attention.

5. The committee makes the following recommendations in the field of professional education: (a) That the training of physicians give increasing emphasis to the teaching of health and the prevention of disease; that more effective efforts be made to provide trained health officers; that the social aspects of medical practice be given greater attention; that specialties be restricted to those specially qualified, and that post-graduate educational opportunities be increased; (b) that dental students be given a broader educational background; (c) that pharmaceutical education place more stress on the pharmacist's responsibilities and opportunities for public service; (d) that nursing education be thoroughly remolded to provide well-educated and well-qualified registered nurses; (e) that less thoroughly trained but competent nursing aides and attendants be provided; (f) that adequate training for nurse-midwives be provided, and (g) that opportunities be offered for the systematic training of hospital and clinic administrators.

Pharmacy is affected by these recommendations probably less than any other group. In the first, the proposed medical center would include a "general hospital, an out-patient department and a pharmacy." This group arrangement might appear to greatly reduce the number of pharmacies except for the statement that "A few physicians and dentists and perhaps a considerable number of pharmacists would undoubtedly prefer to continue indefinitely in private practice." It is shown that most physicians and dentists now have hospital or clinic connections. The recognition of a pharmacy as an integral part of the medical center, should place pharmaceutical service in hospitals on a sound basis and bring it under safe professional control. Pharmacy is now coöperating with public health agencies; in the extension of public health service, as proposed in the second recommendation, it should have a greater opportunity for development.

The group payment basis, proposed in the third, could not seriously affect those pharmacists in the group arrangement and in hospitals, and the proposal "is not meant to preclude the continuation of medical service provided on the individual fee basis for those who prefer the present method."

The "study, evaluation and coördination of medical service," recommendation four, can only be helpful to pharmacy since (1) "the appropriate medical, dental, nursing and pharmaceutical societies should appoint committees to ascertain the facts regarding the provision of medical service, to study the various possibilities of extending the service, and to prepare local or state plans accordingly," and (2) the local or state coördinating agency "should include representatives from the public, from the medical, dental, nursing and pharmaceutical professions, from the public health services, the hospitals and the voluntary social agencies." This coördinating committee or council "should make a continuing study of the problems of organization and payment and should prepare a plan for progressive development. In addition, it should formulate such legislation as it considers necessary to further progress, to maintain professional standards, or to prevent the exploitation of either the professions or the public." This is just the type of contact and coöperation that pharmacy needs and has looked forward to. The state pharmaceutical associations should keep in touch and see that pharmacists of experience and vision are placed on these committees or councils.

Recommendation five is in line with pharmaceutical progress, particularly in view of the accompanying statement. . . . "The preparation, standardization and distribution of drugs, medicines and medical supplies should be limited, as far as possible, to pharmacists who are prepared by education and training to render this responsible service and to protect the public against abuse. . . .

There are enough if not more than enough colleges of pharmacy teaching undergraduate courses but there are very few giving graduate work. Pharmaceutical education should emphasize the pharmacist's responsibility for public health and safety. It should have a sound background, cultural and scientific. It should be more closely correlated with education in other public health professions in order to prepare pharmacists to cooperate fully with physicians, dentists, nurses and public health agencies." It is indicated here that pharmacy should have greater recognition and more responsibility in medical care and that pharmaceutical education should adequately equip pharmacists for this wider field of activity.

Under the heading "Control of Drugs and Medicines," a supplemental recommendation is made that "State and Federal Legislation should be enacted to prevent the sale of drugs and medicines with secret formulas. . . . and that all manufacturers of drugs and medicines should be permitted to operate only under licenses granted annually by the Federal government upon the fulfillment of prescribed conditions with respect to personnel, equipment, sanitary surroundings and standardization of finished products." This ASSOCIATION has long been on record in favor of formula disclosure and of legislation requiring that the manufacture and packaging of drugs and medicines should be under the supervision and control of registered pharmacists. It is believed that bringing the manufacture and packaging of drugs and medicines under the same legal restrictions as now control the retail preparation and distribution of them will be more effective than Federal licensing, especially as many of these operations are carried on intra-state. Provision should be made for more careful supervision of the manufacture and distribution of those drugs and medicines furnished through physicians and hospitals in order that the entire field may be covered.

With respect to this supplementary recommendation, eight of the committee members, including representatives of each group, signed the following additional statement "We support the recommendation of the Committee and would add to it the recommendation that only qualified pharmacists should be allowed to sell drugs and medicines." *This is a most significant statement* and coupled with the statements previously quoted, constitutes an approval of practically all that pharmacy has claimed as being essential for the protection of the public with respect to drugs and medicines. They constitute a definite expression of the position which pharmacy should take in medical care, made by a representative group of laymen and professionals after a very thorough and comprehensive study of present conditions.

Pharmacy and pharmacists should awake to the greater opportunity this study and report opens to them. They should insist that the preparation, distribution and sale of all drugs and medicines be limited to registered pharmacists. They should, in turn, make this service their major function and accept the full responsibility of seeing that drugs and medicines are honestly made, truthfully labeled, generally available, safely distributed and reasonably priced.

Pharmacy and pharmacists have everything to gain by such a policy. Business and economics have their place in such a program. In fact, they are indispensable to its success. Professional service and professional responsibility, however, must control, or we may surely expect the socialization of pharmacy as a necessary division of medical care.

Drugs and medicines and medical supplies are shown to be indispensable to adequate medical care. Pharmacy is, therefore, a necessary public health service. The people will have this service as a part of their medical care. If it is not satisfactorily furnished by the pharmacists, the people will get it through other agencies or groups.

Some drugs and medicines and medical supplies now used may be found to be unnecessary. If so, others will be required in their place—if history is a guide. Their preparation, improvement and distribution constitute a worth-while and profitable activity, amounting in cost to close to a billion dollars and affecting, to a considerable extent, the physical well-being and safety of the people.

The report observes "This survey leads the Committee to one general conclusion. The one million persons who furnish medical care and the one hundred and twenty-three millions who may receive it should make concerted and carefully planned efforts to meet needs and to devise remedies for present deficiencies and wastes.

"The present situation is a result of growth in the science of medicine, in the arts and organization of practice, and in the changing structure and attitudes of our urbanized and mobile civilization. Medical care is essential. While it requires substantial expenditures, its absence or inadequacy involves still greater costs. The organized professions of medicine, dentistry, pharmacy and nursing; the organization of employees and of employers, the civic, social welfare and governmental agencies all have a stake in this great problem and ample reasons for bending energies toward its solution. None of the major problems of medical care can be solved by any one group alone. Those who furnish the services on the one side and those who receive and pay for them on the other, must cooperate if either is to meet the needs which they perceive or to attain the benefits which they desire."—E. F. KELLY.

HEALTH AND MATERNITY INSURANCE IN CANADA.

THE Royal Commission, appointed by the Government of British Columbia, reported, in 1930, that there was a general demand for the introduction of a health insurance scheme. Recently, the Commission issued its final report in which it was stated "that the public is strongly in favor of a system of compulsory health and maternity insurance." The report detailed a plan and recommended that the benefits of the insurance should provide for medical and surgical treatment, the supply of necessary medicines and appliances, and hospital benefits.

The Commission's report does not include a plan for organization, but choice of doctor is proposed. Based on British experience, the Commission does not favor mutual benefit societies in their plan, but recommends an administrative provincial board, composed of representatives of insured persons, of employers, and of the medical profession and of various governmental divisions.

The seeming growth of the idea of health insurance makes it necessary for pharmacists to keep in touch with the development, for, of necessity, such system affects pharmacy; therefore, pharmacists should watch the progress of thought and legislation and be represented in the discussions on the subject. This comment does not speak for a system of health insurance, but is expressive of the interests of pharmacy.