

PRESIDENTIAL ADDRESS

BY

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I am honored beyond my imagination for the high honor bestowed upon me -- as President of this Society -- I thank you.

I would like to talk today about some of the problems in our health care system which we, as citizens, face and about which we, as physicians, may be in a unique position to help solve. Most of them weigh heavily on my mind and on my heart. I believe this is the proper forum for this discussion because it is the members of this society, The American Academy of Neurological Surgery who are not only the leaders in the field of neurosurgery, but also the community leaders. It is this balance of perspective and action, promoted by members of this Academy, that assures a positive outcome to some of the things about which I am to speak.

Today, we are witnessing striking changes in attitudes, points of view and behavior that could not have been foretold a decade or two ago. There exists in most of us a feeling that all is not well with our country and there are marked differences in opinion about how we might better the current American climate. When the dialectics of these conflicting voices and movements is removed, there remains a strong theme which could become a common rallying point . . . that by the conscious and thoughtful voluntary actions of people, it is possible to improve the situation in which we find ourselves.

Many problems of our society weigh on the minds of Americans today, perhaps none so heavily as the apparent lack of accomplishment of many programs devised to correct some of our most serious social problems. Immediately following World War II, Americans had high hopes, indeed considerable confidence, that we could create a

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society which would offer dignity, quality, and equity to all of our citizens. We were determined to eliminate poverty, abolish racial discrimination, eradicate substandard housing, revitalize our cities and provide equitable educational opportunities and quality health care to all.

That we have not been able to accomplish all these goals is clearly evident. Thus we have, today, the paradox of a country enjoying continuing economic growth and sophisticated scientific achievement, but one in which we, its citizens, might question its ability for self-renewal and its capacity to marshal resources to meet the problems that exist.

The level of achievement in this country results from the workings of a continuously evolving, highly complex socio-technologic system. On balance, the system has served us well. However, the thing that bothers me, and I am sure many of you, is that there is a recognizable distinction between what is and what could be done. Given the size and complexity and variability of the needs in this country, it seems highly unlikely that this chasm between what is and what could be done will be satisfactorily narrowed simply by "natural" or unplanned evolution. If this system is to be significantly improved, all of us must actively plan for change. I believe we have the ability. We simply need to recognize the complexities of the problems, to understand that social issues will not lend themselves to correction by short term economic or political pressures -- but rather that they require new kinds of thinking and changes in values which I believe are truly possible in our pluralistic democratic structure.

The subject that concerns us specifically is that of the level of health care in this country. Our methods for delivering care involve us in a challenge of great size and complexity. There is a great chasm here, too, between what is and what can be done. What are some of the problems? I would like to address three major concerns. First and foremost is the uneven distribution and access to health care. There are two elements in this. First, too few health resources exist in rural and urban poverty areas. We are all basically cognizant of this situation. Secondly, the percentage of physicians in specialty practice is significantly out of balance. There is a remarkable shortage of those who deliver primary care and there is increasing evidence to suggest the presence of a relative over-supply of physicians in certain specialties. Neurosurgery may be the outstanding example. Very simply, there are not enough physicians and their associates who are willing and able to handle front line, preventative, run-of-the-mill complaints or emergency care and also, a significant comparative excess of those who offer highly specialized esoteric services. I believe it behooves all of us in this Academy to take a strong and critical look at the number and types of neurosurgeons we are

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producing. I'm certain we will find it far out of proportion to the needed number of primary care physicians. There must be a change in this relationship -- we cannot single-handedly make this change, but we can in concert with other specialty groups. Perhaps cooperatively, The American College of Surgeons and The College of Physicians should look seriously and actively at this imbalance. Certainly, the commission appointed by The American Board should be helpful in this regard.

A second major problem relates to escalating costs of health care. Even costs of basic office care may seem prohibitive for those with marginal incomes. The reasons for this escalation are many. Some are understandable, justifiable and inevitable; for example, some relate to the excellence of care available today. Comparing the cost of treating a heart attack ten years ago with current expert care in a coronary care unit is like comparing the cost of a Model T Ford with a 747 jetliner because both represent a means of transportation! Some are not justifiable, i.e., duplication of services and facilities, inefficient management practices encouraged by a reimbursement system which often contains no incentive for efficiency. Concern with cost has moved our nation into a prolonged debate on how to eliminate economic barrier to obtain medical services. Current evidence suggests that we will have some form of national financing for basic health services for all of our citizens in the near future. I firmly believe that the health of this nation is a national problem, and potentially a national resource, so national financing of some type, to me, seems entirely appropriate.

Once again, however, we must avoid the risk of believing that an overly simplistic solution will solve a very complex problem. Just as it is evident that basic research results can be slow or even inadequately transferred from the laboratory to the physician's office, it seems equally likely that public financing of health care, in itself, will not eliminate inequitable distribution nor assure wise allocation and appropriate use of medical resources. Any form of national financing of health services without changes in our current delivery system will create expectations for Americans which are not likely to be fulfilled. As presently structured and organized, the nation's health services can do little to meet the increased demand (which is not comparable to need) which will result if national health financing is adopted. In all probability, costs will escalate further. Even more, the oversaturation of the medical care system may erode quality. If federal financing comes in any type of non-restrictive fashion, adjustments in delivery must be made to avoid these catastrophes.

Thirdly, our image has been tarnished, by many factors, some of our own making, some not. Whereas it is clear that we have developed a system which can deliver high levels of complex care

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in life-threatening illnesses, we, as physicians, however, are often depicted as being less interested, or skilled, in understanding and coping with problems of anxiety, despair, and loneliness in situations where understanding and personal support are all important to patient comfort and healing. Many factors have coalesced to create this image. We now live in a society where traditional sources for personal support, family structure, community loyalty and sense of togetherness, and church allegiance seem to be failing. Consequently, many now look to health professionals for help which formerly was available from other institutions. Skills in empathy and counseling must be strengthened if we are to develop an effective system of providing humanistically-oriented care.

We also are often held responsible for some problems over which we have had little influence. Many of our most lethal illnesses stem from society's inability to cope with serious inequities in housing, nutrition, education and employment. For example, in the acquiescence of the public to the use of the Honda! All are significant factors to health, or more appropriately, to the lack of it. More medical care in itself does not inevitably assure better health.

What are some directions we can take? Efforts to improve this country's health must include support for additional expansion of knowledge and techniques which enable illness and disease to be controlled. The scientific base upon which the practice of medicine rests, and the educational quality of professional training in the health sciences, are vital to the success of any health care system. As a nation we must continue to give priority to basic research in the fundamental sciences. Greater knowledge about what causes disease is one way of reducing the extraordinary cost of health care. We now treat the ravages of stroke, kidney disease and arthritis after-the-fact. Obviously, prevention of such tragedies is vastly preferable -- and cheaper! But research into disease processes is only part of the picture.

We also must improve the system by which we translate scientific and humanitarian knowledge into health services, and this is difficult for it involves changes in the values of behavior of people -- those requiring health care and those serving in its delivery. Such changes come slowly and are less readily accepted than changes in technology. Be that as it may, improvements are of vital importance and much needed at this time.

Americans have indicated a deep desire to have what medicine has to offer and they want it more readily available than is currently the case. Improvement of access to services is largely the responsibility of the provider; hence, we cannot remain aloof from the overall decision-making process! More effective provision of

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quality care also requires that the consumers change their ways of functioning. Hence any decisions made should also involve them. To make any changes in one, without a complimentary change in the other, simply won't work. A pluralistic approach is needed to obtain the most rational plan, and one acceptable to all.

Superimposing a master plan for health from "above" appears to hold as little promise for American society as does centrally planned and directed social innovations, as indicated by previous experience. Neither intrinsic merit of an idea nor its advocate's prestige offers assurance that it will be accepted and applied. Change in this country requires the collaboration of many forces including the members of this Academy. We must become involved-- attempts to "hold the line" by ignoring what exists, either real or fanciful -- cannot be our aspiration. We need to set our shoulders squarely to obtain answers. We are the ones with the greatest expertise -- for a system to evolve without our, and our colleagues, total involvement will be catastrophic.

Policy choices about how we design our health future are becoming more and more difficult and no single sector -- government, professional associations, or the public, is really well equipped for the task. Each group holds a (small) piece of the mosaic which must be put together to have an integrated system. A workable system which will deliver care of acceptable quality will require the concurrence of multiple groups, and individuals, who make decisions regarding allocations of health services, medical care, and costs. We must involve local, state and federal agencies, medical education institutions including multi-disciplinary health science centers, private hospitals, physicians, nurses, dentists, pharmacists, insurance firms, and also the recipients of health services. This pluralistic approach is really one of the cornerstones of our country's strength. So why should we fear such involvement? Clearly, ways of strengthening the decision-making process in the health arena are urgently needed, and this pluralistic approach is one way to develop strength. Can you imagine what might happen if we don't get involved!

The government may act as a catalyst, but it should be no more. It should help and assist in this effort but not be the all controlling, all regulating part. Furthermore, financial support for the acquisition of data, required for decision-making, must be independent in order to insure objectivity.

We need to develop a program of purposeful change. Although health care is continually changing and has undergone many modifications over the last fifty years, including the last five years, most of these changes have been unplanned. Most innovations, even those potentially good, have not survived because of limited visibility, too narrow a focus, or too short a time-frame to keep up with the

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needs and expectations of society. There is no doubt that change must operate in a rapidly beneficial way.

One advantage of purposeful change, with positive participation by all groups, is that it may multiply considerably the number of innovations. Obviously, the efficiency of the process will depend on the predictive abilities of those aiding it and, generally, this ability is poor. However, the ability to project appropriate directions for improvement of our world is by no means non-existent and help is needed by those who would refine it. But if we can develop, through a pluralistic approach, some realistic concepts and practices helpful in obtaining proper answers, we will have gone a long way in our travels.

That there are no solidly established techniques by which social change can be purposely produced is perhaps just as well, for if our social structure were easily manipulated, our free society would be jeopardized. But to avoid examining our health care delivery system would be to deny mounting evidence that the greatest, unmet need is for thoughtful and sensible adjustments in the system itself. Consequently, despite its complexities, it is to this point that we must direct our attention.

Thus, we can ask -- what kinds of programs and approaches are needed to achieve a more equitable distribution of medical services of acceptable quality, and how can the system be encouraged to function at a level consistent with the needs of the American public? What changes in the organization of professionals, in the training of the next generation of health practitioners, and in the uses of our technology will be required to improve the quality of care and equity in its distribution? Can we develop standards which assure all Americans that the care they receive is consonant with the levels of technical human capacity currently available? How can decision makers at all levels obtain the information necessary to discharge their responsibilities for improving health and medical services?

How does answering these questions relate to us in The American Academy of Neurological Surgery? We all recognize the scientific interchange that occurs during our meetings. But perhaps more subtle is the social interchange -- the unrecorded discussions of how we care for patients, with what patients we come into contact, and how we relate to our communities. Unquestionably, we differ from each other, and hence the cross fertilization that occurs from our discussions is paramount. This society must maintain that exquisite balance written in by the past leaders and indeed, by all of the members, perhaps unknowingly, although I think not, between the societal and social discussions and the scientific. We possess the sensibility and sensitivity, in part promoted by our meetings, that permits us to acknowledge that problems do

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exist and that they are very real problems which directly affect us as neurosurgeons and as citizens. We must accept responsibility as individuals and as Academy members for their solution.

More to the point, we must all be involved. There is no other way of creating the health care systems that are best for the people of this nation.