

## AN OLD REFRAIN WORTH REPEATING

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The long absence of this writer from the editorial page of the Detroit Medical News is due to personal reasons. But, it also resulted from a lingering sense of frustration and disillusionment at the relative powerlessness of reason in effecting changes, even those that are generally recognized as important. A recurring theme in past editorials was the desirability of preserving the main features of private practice, not so much in the economic interest of physicians who do well also otherwise, but mostly for the maintenance of direct, personal, I-thou contacts between each patient and his doctor. This is jeopardized not only when third-party payers get involved but also when Medicine is dispensed in large clinics and hospitals, where physicians are managed by bureaucrats and patients become statistics and cost entries. The futility of further spotlighting the undesirability of institutionalization is becoming increasingly evident, as the opposite forces seem unstoppable.

But, action and reaction typify human affairs, and while current policy is determined by powerful interests not inclined to re-examine their assumptions, we must not ourselves join the unreasonable rush, but hold firm in anticipation of the return of reason. Long-term battering of physicians as a group, accompanied by repeated monetary seductions in the form of high paying positions and bountiful grants, have partially succeeded in coloring our judgment, if not in corrupting some of our actions.

Severe illnesses and critical conditions are best treated in medical centers having the latest technical expertise as well as modern, sophisticated equipment. Life is most dramatically preserved and prolonged in

such settings, although suffering is probably not lessened in chrome surroundings. But most patients visit doctors for less severe conditions. What they really want is reassurance that their relatively minor complaints are not the beginning of major disasters. Even the smallest symptom often triggers bigger and nameless fears. The reassuring presence of a thoughtful and sensible human being in the form of a physician has historically lessened such anxiety and helped re-awaken the patient's own recuperative forces.

Patients who do not find what they are really looking for in computerized, streamlined but depersonalized institutions go from doctor to doctor and from clinic to clinic, in a vain search for something more than negative findings. Costs naturally escalate in this process. While the physical health of the population is better than ever, physicians as a group are harshly criticized and often distrusted.

It is perhaps useful to resume editorial writing under such conditions if for no other purpose than to strengthen the resolve of physicians to hold on to historically proven ways of helping the sick. Bigger is not necessarily better, for instance, when it comes to hospitals and clinics. It often is worse. The science of medicine is becoming so technically complex that in its rarefied atmosphere both patients and the art of medicine do not fare too well. Physicians should be the last ones to forget that live human beings cannot and should not be regarded merely as subjects for competent technical interventions. Let others rush to plan how to better "deliver" medical services, while we simply continue to practice conscientiously.