

Editor's Page

Speaking Without A Voice

When cancer necessitates the removal of the larynx, the lucky patient who survives remains voiceless. His need to communicate with other human beings has always loomed as a major challenge to medicine and physics, whose new technology has now found partial solutions to it. It is impossible even to imagine a person willingly giving up the capacity to speak to others.

Yet, this is what organized medicine seems to have done. Many official journals of state and national medical societies are, in fact if not in name, conceived and directed by non-medical personnel with various degrees of competence, but usually without the capacity to fully comprehend the basic concerns of the profession. The background and loyalties of such non-physician writers limit their ability to truly identify with Medicine and with its trials and tribulations.



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The utter failure of some journals and magazines to give voice to the real issues of physicians raises questions about the very intentions and motives of those responsible. Official organs focus attention upon problems that are not only irrelevant to the practice of medicine but sometimes altogether unrelated to it. The tone and the general emphasis of several such journals suggests that their editorial staff may personally be unsympathetic both to Medicine and to its practitioners. The welfare and life of every individual patient, the dignity and significance of the doctor-patient relationship, and the ethical standards and traditions all seem to have assumed a secondary position. Much attention is paid instead to all nuances of the latest governmental proposals and plans, as if Medicine were corrupt, inhumane and materialistically selfish until the "quality assurance" reformers arose to save it from its degradation. Meaningless double talk about better "delivery" of medical "care," spoken by fuzzy-minded bureaucrats to save their jobs, is quoted in all seriousness as thoughtful and profound wisdom. Consider the following pompous gobbledygook:

"at no time in the behavioral cyclicity of our nation has the concept of interfaces of interphases stood in such bold relief as today . . .

"there is the area where energy output is overlapping and maximum efficiency is diminished in direct proportion to the degree that duplication of effort is operative."

Methods of payments, availability of training grants, "manpower" distribution, peer review, re-licensure and improved techniques for identifying persons who are allegedly so poor that they cannot even seek medical care for themselves are discussed, reviewed and re-assessed, ad nauseam.

Psychiatric News is a good example of a bad publication. Psychiatrists, more so than other specialists, are usually thought of as concerned with the whole individual and his or her basic human concerns and needs. This is hardly the impression one gets when looking at a randomly picked, recent issue of this publication. "The new right-to-treatment," "Greater social, ethical consciousness," "Consumerism," and a "Report on the effects of methods of mental health payments" are some of the headlines. It has become a propaganda sheet, critical of fiscal restraint and advocating the unproven premise that

poverty and other social ills are at the root of mental illness. Objectively, deliberateness, as well as careful and calm discussion of patient care, are all sorely lacking. The Medical model is belittled. More glamorous and more grandiose solutions are loudly touted, instead, such as "Community psychiatry" with "interdisciplinary, interagency, transcultural alliances," who must "participate in planning program priorities and budgets." (Vol. X, No. 22, Pg. 1.)

Michigan Medicine has recently also changed its format and is now exclusively devoted to socio-economic issues. Much space is given in the January issue to indirectly extolling PSRO and other controversial governmental programs, unacceptable to the majority of physicians. Material that is selected for prominent display often influences readers much more than the contents of articles. Several pages of photographs show hundreds of physicians hob-nobbing with self-important representatives of the bureaucracy, all without comment about the thousands of precious man-hours wasted. The P.R. (Public Relations) cult is contagiously catching on. When the tremendous cost to society of such meetings is not made explicitly obvious, readers are subliminally influenced to accept such expenditures of time as proper and legitimate. The profession is slowly, gradually and imperceptibly made-over and shaped into a new, slicker and less individualistic self-image. The prominence given such features is not merely reporting. It is legitimization through the back door of the very programs, principles and attitudes which most physicians object to and find unacceptable.

The editorial "Life Without Father" which was recently published in this magazine was also evaluated by the editors of *JAMA* and found to be a good "piece, which they liked." They "reluctantly turned [it] down," allegedly because they were "pressed for space."

This writer may be suspect of having a personal pique in a matter such as this, yet, a more fundamental issue is at stake. Here too, non-physicians often decide what to publish and what not to, and the relative importance assigned to various topics. Honest and fair individuals, like all others, reflect their own personalities, value systems and unconscious prejudices in the decisions they make. When such individuals are not physicians, their decisions are not likely to display the same sensitivity and concern possessed by individuals whose interests coincide more fully with those of the medical profession as a whole.

Major medical journals are more likely to reflect the true concerns of their readers when their actual, day-to-day direction is retained by clinicians. Physicians devoting themselves to research or teaching, administration or the political affairs of their profession or specialty, add a needed dimension. But, being away from the scene where the real action of medicine is, they serve only their narrow personal interest when they insist on setting basic guidelines themselves. The reluctance of practicing physicians to devote time to such non-clinical activities is short-sighted, and assists those who persistently aim at the jugular of Medicine. The lost voice of Medicine must be regained and used to speak its message loudly, sanely and clearly.

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