

**MEDICAL CARE FOR THE
AMERICAN PEOPLE**

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MEDICAL CARE FOR THE AMERICAN PEOPLE

THE FINAL REPORT
OF
THE COMMITTEE ON THE COSTS OF
MEDICAL CARE

ADOPTED, OCTOBER 31, 1932



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INTRODUCTION

Pain, sickness, and bereavement have shadowed mankind throughout the ages; today there is a vast amount of unnecessary sickness and many thousands of unnecessary deaths. Each year, over a hundred thousand babies die during the first year of life, many of them needlessly. Of the many thousand victims of tuberculosis, over 88,000 died in 1930 alone. Pellagra and hookworm disease reduce the economic efficiency of a large proportion of the people of the South. Syphilis and gonorrhea destroy fertility, deform babies and wreck homes. Over one-third of a million persons are mentally diseased. The death rates for cancer, diseases of the heart, and diabetes are rising. A large proportion of the people, young and old, are handicapped by one or more defects—particularly decayed teeth, enlarged or diseased tonsils, defective vision, partial deafness, and weak feet. For the hundreds suffering from specific diseases, thousands are rendered inefficient for their various occupations because of common colds, constipation, headaches, rheumatism, and other minor ailments.

Yet medical science has made marvelous advances during the last fifty years. Following the work of Pasteur, Lister, and Koch remarkable progress has been made in controlling the communicable diseases, and the average length of life during this period has been greatly extended. Yellow fever and bubonic plague have been virtually eliminated in the United States. Typhoid fever and smallpox have been greatly curtailed. We have the knowledge, the techniques, the equipment, the institutions, and the trained personnel to make even greater advances during the next fifty years. We know how to do many things which we fail to do or do in an incomplete and often most unsatisfactory manner. As a result of our failure to utilize fully the results of scientific research, the people are not getting the service which they need—first, because in many cases its cost is beyond their reach, and second, because in many parts of the country it is not available. The costs of medical care have been the subject of much complaint. Furthermore, the various practitioners of medicine are being placed in an increasingly difficult position in respect to income

and facilities with which to work. The report which follows presents many phases of these various problems.

Aware of this unsatisfactory situation, some 15 leaders in the fields of medicine, public health, and the social sciences came together for a conference in Washington on April 1, 1926. Various aspects of the general problem were discussed, and the organization of a committee to carry on a program of research was suggested. This group, however, was not at once willing to commit itself to such a plan. Further study was considered necessary. A Committee of Five was appointed, therefore, to investigate the possible need for a new committee. Some seventy-five prominent citizens, both professional and lay, were consulted by mail; the response was almost unanimous in favor of creating a new organization to carry on an extensive program of research in the various economic aspects of medical care. Accordingly, at a conference in Washington, May 17, 1927 (at the time of the annual meeting of the American Medical Association) which was attended by some 60 representative physicians, health officers, social scientists and representatives of the public, the nucleus of the present Committee on the Costs of Medical Care was created, and an executive committee was appointed. A Director of Study was immediately employed to propose a program of research for the consideration of the Executive Committee and to engage the necessary personnel. After considerable study, a five-year program of research, consisting of 17 studies, was adopted by the Executive Committee on February 13, 1928. Important additions have since then been made to this list.

The Committee, for most of the five-year period, has consisted of 50 members representing the fields of private practice, public health, medical institutions and special interests, the social sciences, and the general public. The Committee has met regularly twice a year; and as researches have been completed, it has studied the data thus made available. During 1932 it had three meetings to consider drafts of the recommendations. The Executive Committee, under the efficient leadership of its Chairman, has met monthly throughout the five years, except during the summer months. It has had general administrative supervision over the Committee's work and has examined the reports on researches before they have been

submitted to the General Committee. Seldom has there been a more conscientious and devoted group attacking a social problem than those composing the Executive Committee. They have given freely of their time at a sacrifice of personal obligations. The total value of the work done by the General and Executive committees, if paid for in money, would have cost many thousands of dollars.

The Committee has been fortunate in securing an unusually well trained research staff; statistical assistants, secretaries, stenographers, and clerks also have shown a fine devotion to their work. All have labored diligently in the production of 26 reports on fact-finding studies. At the beginning of the Committee's work there was a disposition on the part of the Executive and General committees to assume responsibility for the detailed contents of these reports. As the work of the Committee developed, however, increasing freedom was given to staff members, and after the first reports of the Committee were published a statement was issued in each publication indicating that "reports are issued as the work of the particular staff member preparing them; neither the Committee as a whole nor its individual members should be considered responsible for the detailed contents of these publications."

The Committee has maintained, during the latter part of the five year period, a small public relations staff, believing that the results of its researches would not be of greatest use unless they were brought to the attention of the various professions and agencies interested and of the general public. The Committee has published not only complete reports of its studies, which are of special interest to those professionally engaged in the general fields of medicine, but it has issued also a series of abstracts, distributed without cost to various interested persons.

The work of the Committee would not have been possible had it not been for the generous support of eight foundations. They have remained in the background, but as the work of the Committee has developed, they have been most helpful in providing the necessary funds. Two foundations gave special assistance in two or three emergencies when the need for money was pressing. The Carnegie Corporation, the Josiah Macy, Jr. Foundation, the Milbank Memorial Fund, the New York

Foundation, the Rockefeller Foundation, the Julius Rosenwald Fund, the Russell Sage Foundation, and the Twentieth Century Fund have provided the financial support necessary for the Committee's own extensive five year program. The Social Science Research Council and the Vermont Commission on Country Life have each made a grant for a special study.

The American Medical Association, the American Dental Association, the Metropolitan Life Insurance Company, the National Bureau of Economic Research, and the National Tuberculosis Association have conducted supplementary studies which have been of great value to the Committee's program of study. The United States Public Health Service gave valuable assistance in the tabulation of an immense amount of statistical data gathered in connection with the Committee's study of the incidence and costs of sickness among families. Finally, state and local departments of health, visiting nurse associations, and other organizations and individuals have cooperated most generously in the field work of the Committee's various studies. The work performed without cost to the Committee by collaborating agencies and the various organizations and individuals who have assisted in the field work would otherwise have required the expenditure of a great many thousands of dollars.

The Committee is finishing its work on time. It will have published by the end of the present year 26 reports on studies.* In the course of its research, however, the Committee has encountered a number of questions which, in its opinion, need further attention. Studies on several of these problems have been outlined. Work on them has not been inaugurated because of a lack of time and funds. It is hoped that when the present Committee goes out of existence January 1, 1933, some other organization, formed for the purpose of promoting and coordinating further research in the field of medical economics, may consider the desirability of providing for these particular studies. It is hoped, both by Committee members and other interested persons, that a continuing organization may immediately be formed to promote experimentation and demon-

* Twenty-three of these have been issued prior to the publication of this report, the balance are scheduled for publication before January 1, 1933. Publication No. 1, The Five-Year Program, is not counted as a study.

strations in local communities along lines proposed in the Committee's recommendations.

With the present volume, the Committee presents its report of recommendations. It has labored during the last two or three years to discover the implications of the facts revealed by the various studies. The recommendations in the present report are based upon the data revealed in the 26 major reports on fact-finding studies, in its series of Miscellaneous Contributions, in the reports of collaborating agencies, and in a large number of documents issued by other organizations. A tentative draft of recommendations, as formulated in May, 1932, was submitted to a small group of competent professional advisers who, at the earnest request of the Committee, subjected it to frank and thorough-going criticism. The Committee owes much to the help of these advisers.

Early in the Committee's work it was expected that there would be one or more minority reports, and the Committee makes no apology for the fact that the 48 members composing the Committee at the close of its work have not reached a unanimous agreement on a series of recommendations. When the Committee was organized, an effort was deliberately made to secure as members persons representing all points of view on the problems under consideration. There are two important results of this policy. First, all interests and points of view, it is believed, have been adequately considered in the formulation of the Committee's recommendations. Second, there have been two small minority groups which, not able conscientiously to subscribe to the views of the majority, have submitted minority reports; and two other members have prepared personal dissenting statements. It should be clearly pointed out that the majority group is responsible only for the contents of the basic report, and the two minority groups are responsible only for the contents of their reports. The basic report together with the minority reports and the personal statements are all published in the present volume.

The quality of medical care is an index of a civilization. When in earlier centuries the entire time and energy of a people were consumed in providing food, clothing, and shelter

there was little left for the care of the sick and disabled. As the margin between production and the needs of mere subsistence expanded the preservation of health was one of the first needs to receive attention. Today in American civilization, health occupies a high place among accepted social values. As we emerge from the present depression and build up a surplus of income not necessary for mere subsistence, we shall do well to realize that we can invest this surplus in no better way than in the preservation of health.

Our physical and mental health is perhaps the nation's greatest asset. It behooves each community, therefore, to consider what plan will most effectively promote the health of its citizens. To each and every community in the United States which desires to provide better medical care and increased health for all its people, the Committee offers these recommendations. The report affords for the first time a scientific basis on which the people of every locality can attack the perplexing problem of providing adequate medical care for all persons at costs within their means. It is hoped that the report may thus aid materially in bringing greater health, efficiency, and happiness to all the people.

RAY LYMAN WILBUR,
Chairman.

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OCTOBER 31, 1932

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Asterisks (*) indicate the eight physicians and the one layman who present the first minority report.

Daggers (†) indicate the two dentists who present the second minority report.

Double daggers (‡) indicate the two members who present separate personal statements.

A Note to the Hurried Reader

If you cannot read this report in full, the following description of its contents may guide you to the chapters which interest you most:

Chapter I outlines the present situation and states the nature of the problem. In very brief compass, it gives the highlights from the Committee's twenty-six fact-finding studies.

Chapter II enunciates the essential elements of a satisfactory medical program and discusses the three major lines of approach to such a program.

Chapter III translates these policies into terms of organization and administration. It presents the Committee's concept of an ultimate objective.

Chapter IV depicts the most significant plans and experiments now under way. The advantages and disadvantages of each of them are briefly summarized.

Chapter V gives the Committee's specific recommendations. There are five broad recommendations and under each of these are listed specific measures for putting it into effect. Some of the specific measures are less general in application than others. A thorough understanding of them requires some familiarity with Chapters II, III and IV.

Chapter VI presents the need for action and some practical immediate steps.

Two minority groups in the Committee do not fully agree with the exposition and analysis in Chapters I to IV and consequently reach different conclusions. The analysis of the problem and the recommendations of these groups are presented in a supplement. Personal statements by two other members are also included.

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RECOMMENDATIONS OF THE COMMITTEE

I

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 of organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician.

II

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. Primarily this extension requires 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.

III

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.

IV

The Committee recommends that the study, evaluation, and coordination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions, and that the coordination of rural with urban services receive special attention.

V

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 postgraduate 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 remoulded 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.

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Organized to study the economic aspects of the prevention and care of sickness, including the adequacy, availability, and compensation of the persons and agencies concerned

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- †7. CAPITAL INVESTMENT IN HOSPITALS: The Place of "Fixed Charges" in Hospital Financing and Costs. By C. Rufus Rorem, PH.D., C.P.A. 44 pages. November, 1930. Paper, 25 cents.
- †8. PRIVATE GROUP CLINICS: The Administrative and Economic Aspects of Group Medical Practice, as Represented in the Policies and Procedures of 55 Private Associations of Medical Practitioners. By C. Rufus Rorem, PH.D., C.P.A. 130 pages. January, 1931. Paper, 75 cents.
- ✓†9. A SURVEY OF THE MEDICAL FACILITIES OF THE CITY OF PHILADELPHIA: 1929: Being in Part a Digest of the *Philadelphia Hospital and Health Survey, 1929*. By Nathan Sinai, D.P.H., and Alden B. Mills. 298 pages. July, 1931. Paper, \$1.50.
- †10. A STUDY OF PHYSICIANS AND DENTISTS IN DETROIT: 1929. By Nathan Sinai, D.P.H., and Alden B. Mills. 54 pages. March, 1931. Paper, 25 cents.
- ✓†11. THE "MUNICIPAL DOCTOR" SYSTEM IN RURAL SASKATCHEWAN. By C. Rufus Rorem, PH.D., C.P.A. 84 pages. July, 1931. Paper, \$1.00.
- †12. A SURVEY OF THE MEDICAL FACILITIES OF SAN JOAQUIN COUNTY, CALIFORNIA: 1929. By Nathan Sinai, D.P.H., *et al.* 230 pages. October, 1931. Paper, \$1.00.
- ✓†13. A SURVEY OF THE MEDICAL FACILITIES OF THE STATE OF VERMONT. By Allon Peebles, PH.D. 340 pages. January, 1932. Paper, \$1.50.

* Copies of Publications Number 1 to 8, inclusive, and 10 may be obtained free of charge from the Committee on the Costs of Medical Care until the supply is exhausted. All publications listed may be obtained at the specified prices from the University of Chicago Press, 5750 Ellis Avenue, Chicago, Illinois.

† A brief abstract of this report is available to interested persons upon request.

‡ The full report, of which this publication is a digest, is available in the following volume: *The Public's Investment in Hospitals*, by C. Rufus Rorem. University of Chicago Press. 251 pages. November, 1930. Cloth, \$2.50.

- †14. **THE COSTS OF MEDICINES: The Manufacture and Distribution of Drugs and Medicines in the United States and the Services of Pharmacy in Medical Care.** By C. Rufus Rorem, PH.D., C.P.A., and Robert P. Fischelis, B.S., PHAR.D. 268 pages. April, 1932. Cloth, \$2.50.
- †15. **MIDWIVES, CHIROPODISTS, AND OPTOMETRISTS: Their Place in Medical Care.** By Louis S. Reed, PH.D. 83 pages. March, 1932. Paper, \$1.00.
- †16. **THE HEALING CULTS; A Study of Sectarian Medical Practice: Its Extent, Causes, and Control.** By Louis S. Reed, PH.D. 148 pages. March, 1932. Cloth, \$2.00.
- †17. **NURSING SERVICES AND INSURANCE FOR MEDICAL CARE IN BRATTLEBORO, VERMONT: A study of the Activities of the Thomas Thompson Trust.** By Allon Peebles, PH.D., and Valeria D. McDermott. With an Evaluation of the Nursing Program, by Violet H. Hodgson, R.N., Assistant Director, and Katharine Tucker, R.N., General Director, of the National Organization for Public Health Nursing. 78 pages. July, 1932. Paper, 60 cents.
- †18. **THE MEDICAL SERVICE OF THE HOMESTAKE MINING COMPANY: A Survey of a Community Medical Service Operated Under Industrial Auspices.** By Louis S. Reed, PH.D. 66 pages. August, 1932. Paper, 60 cents.
- †19. **UNIVERSITY STUDENT HEALTH SERVICES: A Study of Organization, Services Rendered, and Costs in Cornell University, Yale University, the University of Michigan, the University of Minnesota, the University of California, and Oregon State Agricultural College.** By Don M. Griswold, M.D., DR.P.H., and Hazel I. Spicer. 129 pages. September, 1932. Paper, 90 cents.
- †20. **A COMMUNITY MEDICAL SERVICE ORGANIZED UNDER INDUSTRIAL AUSPICES IN ROANOKE RAPIDS, NORTH CAROLINA.** By I. S. Falk, PH.D., Don M. Griswold, M.D., DR.P.H., and Hazel I. Spicer. With Reports on Certain Phases of the Organization, by David Riesman, M.D., S.C.D., and George P. Muller, M.D. 126 pages. September, 1932. Paper, 90 cents.
- †21. **ORGANIZED MEDICAL SERVICE AT FORT BENNING, GEORGIA.** By I. S. Falk, PH.D. With Reports on Certain Phases of the Organization, by David Riesman, M.D., S.C.D., and George P. Muller, M.D. 136 pages. November, 1932. Paper, 90 cents.
- †22. **THE FUNDAMENTALS OF GOOD MEDICAL CARE: An Outline of the Fundamentals of Good Medical Care and an Estimate of the Service Required to Supply the Medical Needs of the United States.** By Roger I. Lee, M.D., and Lewis Webster Jones, PH.D., with the assistance of Barbara Jones. 250 pages. November, 1932. Cloth, \$2.00.
- †23. **SURVEYS OF THE MEDICAL FACILITIES IN THREE REPRESENTATIVE SOUTHERN COUNTIES.** By C. St. C. Guild, M.D., DR.P.H. With a Statistical Appendix on the Method of Selecting Representative Counties, by I. S. Falk, PH.D. 150 pages. November, 1932. Paper, \$1.00.
- †24. **THE INCOMES OF PHYSICIANS: An Economic and Statistical Analysis.** By Maurice Leven, PH.D. 150 pages. November, 1932. Cloth, \$2.00.

† A brief abstract of this report is available to interested persons upon request.

‡ Brief abstracts of Publications No. 17 to 21, inclusive, appear as a unit under the title *Surveys of Organized Medical Service*. This composite abstract is available to interested persons upon request.

- ✓ †25. THE ABILITY TO PAY FOR MEDICAL CARE. By Louis S. Reed, PH.D. (In Preparation.)
- ✓ †26. THE INCIDENCE OF ILLNESS AND THE RECEIPT AND COSTS OF MEDICAL CARE AMONG REPRESENTATIVE FAMILIES: Experiences in Twelve Consecutive Months During 1928-1931. By I. S. Falk, PH.D., Margaret C. Klem, and Nathan Sinai, D.P.H. (In Preparation.)
- ✓ †27. THE COSTS OF MEDICAL CARE: The Economic Aspects of the Prevention and Care of Illness. By I. S. Falk, PH.D., C. Rufus Rorem, PH.D., C.P.A., and Martha D. Ring. (In Preparation.)
- †28. MEDICAL CARE FOR THE AMERICAN PEOPLE: The Final Report of the Committee on the Costs of Medical Care. 236 pages. November, 1932. Cloth, \$1.50.

Abstracts of Reports Published by Collaborating Agencies

- C1. DENTAL PRACTICE AND INCOME. By Maurice Leven, PH.D., Based Upon Data Collected Under the Direction of Dorothy Fahs Beck. †
- C2. THE PURCHASE OF MEDICAL CARE THROUGH FIXED, PERIODIC PAYMENTS. By Pierce Williams. §

Miscellaneous Contributions on the Costs of Medical Care

- 1. INSTITUTIONAL CONVALESCENCE. By E. H. Lewinski Corwin, PH.D.
- 2. THE COSTS OF MEDICAL CARE TO 4,560 FAMILIES: Preliminary Report. By Nathan Sinai, D.P.H., and Margaret Klem.
- 3. FUNERAL COSTS. By John C. Gebhart.
- 4. THE RELATIONS OF MEDICAL MEN AND HEALTH OFFICIALS. By W. S. Rankin, M.D.
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- 6. THE MASSACHUSETTS CANCER PROGRAM. By George H. Bigelow, M.D.
- 7. MEDICAL CARE IN MIDDLETOWN. By Robert S. Lynd and Helen Merrell Lynd.
- 8. THE NEED FOR COMPETENT HOSPITAL DIRECTORS. By Michael M. Davis, PH.D.
- 9. THE RELATIONS OF ILLNESS AND DEPENDENCY. By Frank J. Bruno.
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- 12. HEALTH COUNCILS. By Howard W. Groen.
- 13. THE VOLUNTARY HEALTH INSURANCE OFFERED BY THE ROSS-LOOS CLINIC OF LOS ANGELES. By Alden B. Mills and C. St. C. Guild, M.D., DR.P.H. (In Preparation.)
- 14. PUBLIC HEALTH NURSING SERVICE IN THE UNITED STATES. By Katharine Tucker and the Staff of the National Organization for Public Health Nursing. (In Preparation.)
- 15. THE BIGGS HEALTH CENTER PLANS: State Aid for Local Health Work in New York. By Alden B. Mills. (In Preparation.)

† A brief abstract of this report is available to interested persons upon request.

‡ An Abstract of *The Practice of Dentistry and the Incomes of Dentists in Twenty States: 1929*, by Maurice Leven, Ph.D., of the Research Staff of the Committee on the Costs of Medical Care, Based on Schedules Procured Under the Direction of Dorothy Fahs Beck of the Research Staff of the Committee on the Study of Dental Practice of the American Dental Association. The University of Chicago Press, Chicago, Illinois. 224 pages, February, 1932. Cloth, \$2.00.

§ An Abstract of *The Purchase of Medical Care Through Fixed Periodic Payments*, by Pierce Williams. The National Bureau of Economic Research, Inc. New York, July, 1932. 800 pages. Cloth, \$3.00.

LIST OF PUBLICATIONS OF AGENCIES COLLABORATING WITH
THE COMMITTEE ON THE COSTS OF MEDICAL CARE

The American Dental Association

- *THE PRACTICE OF DENTISTRY AND THE INCOMES OF DENTISTS IN TWENTY STATES. By Maurice Leven. February, 1932.
- THE COST OF EQUIPPING A DENTAL OFFICE. By Dorothy Fahs Beck. February, 1932.
- A STUDY OF DENTAL CLINICS IN THE UNITED STATES: 1930. By Miriam Simons Leuck. February, 1932.
- A FURTHER STUDY OF DENTAL CLINICS IN THE UNITED STATES. By Miriam Simons Leuck. (In preparation.)
- THE COSTS OF DENTAL EDUCATION. By Miriam Simons Leuck. (In preparation.)
- THE WAY OF HEALTH INSURANCE. By A. M. Simons and Nathan Sinai. April, 1932.
- SUMMARY OF THE FACTS PERTAINING TO DENTISTRY CONTAINED IN THE PUBLISHED REPORTS OF THE COMMITTEE ON THE COSTS OF MEDICAL CARE. By Dorothy Fahs Beck. Journal of the American Dental Association, February, 1932, pages 230-251.

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- THE COSTS OF MEDICAL EDUCATION, STUDENTS' EXPENDITURES. By R. G. Leland, Journal of the American Medical Association, February 28, 1931, pages 682-90.
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- THE COST OF MEDICAL CARE. By Lee K. Frankel, January, 1930.
- A STUDY OF SICKNESS COST AND PRIVATE MEDICAL PRACTICE. By Donald B. Armstrong, May, 1932.
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* A brief abstract of this report is available to interested persons upon request.

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