

The

R a d i o

D e b a t e

o n

S t a t e

M e d i c i n e

by

William T. Foster etc.

The

RADIO  
DEBATE

ON

STATE  
MEDICINE



*Reprinted, with modifications, from the American Medical Association  
Bulletin, November 1935*

## THE RADIO DEBATE ON STATE MEDICINE

---

The following transcript of the Radio Debate on state medicine was taken verbatim from phonograph records made at the time.

### DEBATE ON STATE MEDICINE

*Debate held over the Red Network of the National Broadcasting Company, Nov. 12, 1935, from one to two o'clock central standard time, on the subject, "Resolved, That the several states should enact legislation providing for a system of complete medical service available to all citizens at public expense."*

Speakers for the Affirmative: WILLIAM T. FOSTER and BOWER ALY.

Speakers for the Negative: DR. MORRIS FISHBEIN and DR. R. G. LELAND.

PROF. H. L. EWBANK, of the Department of Speech of the University of Wisconsin, Chairman: The other day I picked up a copy of a current magazine and read in it a guest editorial by Robert M. Hutchins, president of the University of Chicago. "We have faced and are facing," he wrote, "some of the most difficult problems our country has ever seen. Unless we are prepared for the tyranny of dictatorship we must realize that the way to deal with them is through more deliberation, more discussion, more democracy." It is hard for us to realize in this country that there are countries in which free debates on great public questions such as this cannot be held. Our government rests on the fundamental assumption that no one individual or group should decide questions of public policy. Instead, after free debate in which all sides have equal opportunity to present their beliefs, the vote is taken and the will of the majority becomes, until the next election, the law of the land. Debate then is the essential tool of democracy. The ability to take part in the discussion of public questions should be cultivated by every citizen. The ability to take effective part in formal debate is essential to leadership in a republic.

The National University Extension Association is interested in bringing to the many thousand high school

boys and girls throughout the country the opportunity to prepare themselves for this leadership by cultivating the ability to think and to speak on public questions.

This broadcast is then addressed, first of all, to these high school debaters. I spoke a moment ago on training for leadership. This was not an idle compliment. Debaters as a group rank higher in grades than their fellows, and the larger percentage of them attain distinction in after life. They occupy high positions in government, in business, in the professions. But the value of debate is not limited to those who speak, for those who listen have the opportunity to get within the short limits of an hour, a concise view of the arguments on both sides of the disputed issue. So this debate is addressed also to those hundreds of thousands who wish to become intelligently informed on the strength and weaknesses of socialized medicine.

Why, you ask, was this topic selected for the debate this year? Because it was chosen in a nation-wide referendum of debaters and debate coaches as the question they most wished to discuss. There is no other reason. It should be clearly understood that the National University Extension Association and its Committee on Debate Material takes neither side of this proposition. Their sole interest is to have a fair, free and unhampered discussion in which each position is stated and defended by its friends. In this debate there are no judges except yourself. The only decision will be your individual judgment on the merits of the argument presented.

I am informed by the committee that special arrangements have been made for the publication of this debate at cost. Send fifteen cents for one copy, or twenty-five cents for two copies, together with your name and address to the Debate Committee, Box 209, Columbia, Mo.

Now, just a word about the distinguished speakers who are to address you. For the affirmative, the speakers are William Trufant Foster, Director of the Pollak Foundation for Economic Research, member of the Committee on the Costs of Medical Care, and Mr. Bower Aly, Director of Forensics at the University of Missouri, editor of the "Debate Handbook." For the negative, you will hear Dr. Morris Fishbein, Editor of *The Journal of the American Medical Association*, able author of books and articles that interpret medical

science in the language of the layman, and Dr. R. G. Leland, Director of the Bureau of Medical Economics of the American Medical Association, an authority on problems of medical care.

Each speaker will have ten minutes for his constructive argument. There will be two rebuttal speakers, one for each side. An official of the National Broadcasting Company will be time-keeper and sound a gong one minute before the speaker's time has expired. We are now ready for the debate. It is my privilege to present to you as the first speaker for the affirmative, William Trufant Foster who will speak to you from San Francisco.

**WILLIAM TRUFANT FOSTER**, first speaker for the Affirmative: More than half the deaths at childbirth, which could have been avoided, are caused by deficiencies of medical care. So says the New York Academy of Medicine. More than half the sick in certain crowded centers receive no medical care whatever. So says the United States Public Health Service. Only three decaying teeth out of ten now receive dental care, the rest just keep on decaying. So says the Committee on the Costs of Medical Care. The committee adds that only one person out of ten now receives an annual physical examination, though that is the only way to catch some diseases in time to prevent death. The committee concludes, after five years of research, that our tragic failure to make full use of our hospitals, nurses, doctors and dentists causes a vast amount of preventable economic waste, physical pain and mental anguish, as well as millions of needless deaths.

Indeed, under the prevailing form of medical practice, individual services for individual fees, more than fifty millions do not receive the care they need, or are hopelessly burdened by the cost, while tens of thousands of doctors, dentists and nurses either are on relief rolls or are working part time for meager pay. One result is a nation of physical weaklings. Rugged individualism in the practice of medicine has left us millions of far from rugged individuals.

It is only yesterday, as history goes, that we renounced rugged individualism in the support of schools. Before that schools were open only to those who, as individuals, could afford to pay the bills. The private practice of education failed—failed through no

fault of the private practitioners. Now the state for its own protection requires every one to go to school. Collectively we pay the bills. But still we leave each individual free to neglect his health. The results are intolerable. The private practice of medicine on the individual fee basis has failed—failed through no fault of the private practitioners.

It has failed in spite of the amazing scientific discoveries and in spite of the abundant resources, human and material. The barriers between those who sorely need medical care and those who are eager to provide it is largely economic. New ways must be found of paying the bills. The *science* of medicine must be freed from the shackles of the *business* of medicine. That requires collective action.

The individual patient is helpless. In any one year the costs of illness fall so heavily on a few individuals and are so far from predictable that budgeting the bills is impossible. In any one year the most unfortunate 5 per cent of the families pay *nineteen times* as much per family as the most fortunate 70 per cent. And in any one year, only one person out of fifteen needs hospital care. Such risks call clearly for group prepayment of costs on an insurance basis or for some other form of collective financing of medical and hospital bills. Patients, as individuals, cannot solve the problem.

Neither can doctors, as individuals.

It is true that doctors have shown almost unparalleled professional spirit in giving mankind the benefit of the results of medical research. It is true, too, that individual physicians, especially family doctors, have freely risked their lives to save other lives—often without thought of material reward; often, indeed, knowing that on account of loose business methods half the patients would never pay their bills in full.

But the charity of individual doctors is not the way out. Especially as those doctors who now give their services most freely are often ostracized or worse by their brethren.

Nor is there any prospect of adequate action by doctors collectively. The organized medical profession seeks even to prevent discussion of the subject. It has no adequate program of its own, and it condemns all programs advanced by others. Even as late as last year the American Medical Association, at its annual convention declared that the immediate cost of medical

care "*should be borne by the patient able to pay at the time the service is rendered.*" This condemns all prepayment plans—all group clinics supported on an insurance basis. It condemns all doctors who accept salaries from groups of patients. In fact, it repudiates the only far-reaching progress in medical economics that has been made in the last generation. Thus, the American Medical Association reiterates its assertion that those who pay the bills for medical care have no right to say how the bills shall be paid.

Thus, the American Medical Association condemns the proposal of the Committee on the Costs of Medical Care that, wherever a community wishes to try the plan, medical services should be rendered by groups of doctors, dentists and nurses and paid for in advance by groups of patients. Such a plan, for example, as that under which more than one hundred twenty-five hospitals in the New York City area now provide hospital care for three cents a day. But any doctor who helps groups of patients to pay their doctors' bills that way is threatened with expulsion by the medical profession. Even the mild proposal that groups of patients be allowed to try the plan if they want to is condemned by *The Journal of the American Medical Association* as "socialism and communism inciting to revolution." Evidently the organized medical profession will continue to obstruct progress as long as the reactionaries continue in control. Patients and progressive doctors, of which there are many, collectively must lead the way. Doctors perforce will follow.

But, the American Medical Association objects, "all medical service should be controlled by the medical profession." This argument throws a smoke screen over the issue. Nobody contends that laymen should decide when to operate for cancer! No group plan forbids a mother to give birth to a child except by a vote of a board of aldermen! We now pay collectively for the care of insane and tubercular patients and for the care of soldiers and ex-soldiers in federal and state hospitals. But all the medical services are controlled by the medical profession. The method of paying the bills does not put politicians into the operating rooms.

But, further objects the American Medical Association, the precious confidential relation between the patient and the family physician must be preserved. The pity is that millions who need medical care this



month have no relations, confidential or otherwise, with family physician or any other kind. In any event doctors' bills are not among the precious confidential relations between physician and patient. On the contrary, the bills are the chief cause of friction. Here in California, where I am now studying at first hand some of the far-reaching experiments in group practice, which are condemned by the organized profession, I find the best of confidential relations between patient and practitioner. Each patient chooses his own group. Within the group he chooses his own doctor from a list of doctors. From these patients I hear very few complaints about their personal relations with their physicians but I hear many complaints from patients in other states who are denied the benefits of group plans.

If the old individual fee-for-service plan really is the best for the patient, in this respect or in any other, let it prove its superiority in free competition with new plans. Nobody proposes to abolish the private practice of medicine. Here in California, Stanford University goes serenely on its private way even though the public provide added millions to the State University. There is just as much room in every state for both private and public practice of medicine.

The method of paying for medical care is not the chief concern. The chief concern is service for all, that wherever possible will prevent disease, cure the sick and alleviate suffering. The organization to obtain this end is important, but the end is all important. Toward that end some means must be found of freeing the *science* of medicine from the present chaos of the *economics* of medicine.

Health is necessary for the protection of the state; medical care is necessary for the protection of health and should be obtained in some way by all who need it. Any system of medical practice must be judged by the extent to which good medical care actually *is* afforded to all who need it. These statements are mainly in the words of conservative members of the medical profession. They constitute a body of admitted matters which should form the basis for all discussions of the subject.

In conclusion, I repeat: Nobody proposes to interfere with the doctors' control of the practice of medicine. What the public does demand is the right to say, not how medicine shall be practiced, but how it shall be paid for. And who has a better right than those who

do the paying? In any event, it is folly any longer to burden physicians individually with business affairs which they have notoriously mismanaged, for which they are not trained, in which they are not interested and which interfere with that single-hearted devotion to patients which is the glory of their profession.

DR. FISHBEIN, first speaker for the Negative: Inasmuch as the first speaker did not discuss quite definitely the question proposed, I must repeat the question:

RESOLVED, That the several states should enact legislation providing for a system of complete medical service available to all citizens at public expense.

I speak at this time as the representative of one hundred thousand American physicians, voluntarily united into the American Medical Association, organized on a plan more democratic than that of the United States government. I speak against a proposal that would socialize if not communize one phase of American life. Today the last refuge of the human being who wants to be an individual is when he is sick. If this refuge and sanctuary are also to be taken from him, what has he remaining? If so, then truly we shall become a nation of automatons, moving, breathing, living, suffering and dying at the will of politicians and political masters.

The history of mankind is full of legends and records of human folly. We have heard of the camel which got its head into the tent of its master and finally squeezed the master out of the tent. We remember the common citizen as he says, listening to the oration over Caesar assassinated, "I fear there will a worse come in his place." Before we destroy wholly our present plan of medical practice, by revolutionary legislation, let us inquire carefully into the value of what we have and study searchingly the proposals of those who would take it from us, lest worse come in its place.

If there is truly any lack of good medical service for those who require it, the medical profession stands ready now, as it has invariably stood in the past, to supply that service. What other profession has ever developed such a tradition of sacrifice for the public welfare? It has been said that the rich and the poor get the best of medical care and that the great middle class suffers because unable to pay the costs of modern

medical service. Those who make this statement, not being doctors, fail to appreciate the essentials of good medical care; they confuse the accessories of hospitalization with the fundamentals of scientific medical service. By a widespread system of public hospitals and clinics, educational institutions and dispensaries, and the willingness of physicians everywhere to give of themselves to those in need, any one with even a reasonable amount of intelligence can get medical help for himself and family when it is required. You, who are listening to this debate, inquire of yourself as to the truth of this statement. Whom do you know in want of medical service and unable to get it? Actually enough money has been spent on surveys in the last ten years to take care of all the people that the surveys have detected. But the surveys go on and on, because it is the business of economists, sociologists, efficiency engineers and social service workers to make surveys, regardless of the discontent which these surveys arouse, the uses of propoganda to which they are put, and their excessive costs, far beyond the value of the results that are found.

Has the medical service given to the American people in the past been a failure? You too can answer that question. We have today less sickness and a smaller number of deaths in relationship to our total population than any other civilized nation anywhere in the world. Are most Americans without funds to pay for medical service? Not when the average family pays one hundred and fifty dollars for motor cars, sixty-seven dollars for tobacco, thirty-seven dollars for candy, thirty-four dollars for drinks and chewing gum, twenty-five dollars for radios, musical instruments and saxophones, in contrast to twenty-four dollars annually for the doctor. If the state is so interested in medical care why doesn't the state eliminate quacks and thus prevent the expenditure of one hundred and twenty-five million dollars every year for such folly; why doesn't the state control patent medicine and thus save the people three hundred and fifty million dollars that they spend every year on worthless and even dangerous nostrums. Has the state yet shown anywhere that it is able to practice scientific medicine? Yet those who propose this revolution in medical care argue that the state must take over medical practice as it has taken over education. Even that contention is based on a false premise. For we know that American communities have been exceed-

ingly jealous in their administration of education, and that every village, town and hamlet in the United States controls for itself the selection of its teachers, the subjects that are taught and the textbooks used in the teaching. And when the educators get together in their meetings and conventions these days what is the tenor of their song? They are fighting standardization, they are opposing mass handling of educational problems. They want individualization, individual responsibility and experimentation—because they know that the opposite trend leads to loss of initiative, similarity of thought, retrogression and decay.

Now I have intimated on many occasions—and I here reiterate—that medicine and its practice is essentially a doctor's problem. Only the doctors are entitled by education, training, experience and legal licensure to practice medicine and no system of medical practice can succeed without their whole-hearted participation. Such success as has come to partially socialized medical practice or to state administered medical care abroad has been due to the extent to which the physicians of the governments concerned have entered into the plans. It is of course well recognized that not one of the systems of state administered medicine developed abroad is yet satisfactory to the people, the governments or the physicians of the countries concerned. This applies equally to the German system, now more than fifty years old and to the British system, in effect almost a quarter of a century. All these systems are subjected to constant change. In Germany at this time we witness the spectacle of a political dictatorship steadily eliminating Catholic, Jewish and all physicians of a different political belief from practice under the state system. Even the celebrated Tugwell has said that no system developed abroad could be applied suitably to the people of the United States. And if they have failed with the kind of politics that they have, what reason have we to believe that our American politicians would be any more successful? The situation would seem to call for a type of statesmanship not yet apparent on this mundane earth. There is a reason for that! The reason goes far deeper than the intricacies of political economy, efficiency engineering or even sociology. The reason is biological. It has to do with the nature of the human beings. And I say to you, speaking for the physicians who have given scientific thought to these

problems, that state administered medical practice is against human nature, it is antibiological, it must inevitably result to the detriment of individual living human beings.

A man at work in a gang along the side of the road, a soldier who is a fragment of humanity in a regiment of cannon fodder, the mechanic in a great industrial plant who spends minute after minute, day after day, doing the same mechanical performance, has little opportunity to feel that he is an individual human being. But when a splinter of steel flies into his eye he knows whose eye is burning and whose sight is lost; when his back begins to ache with the strain of the pick or of the shovel, that pain is not felt or realized by the state administrator in the capital city. When a doctor comes to do what he can to save that injured eye, he wants to think of the man who owns the eye, not of the mathematician in the central office who is calculating the cost of the care of that injured eye to the state. If you read "Little Man, What Now?" or even if you saw the movie of that book, you remember the working man who was trying to get the state to take care of his wife in childbirth for the money that he had already paid in, by deductions week after week from his pitiful wages. You will remember him filling out questionnaire after questionnaire, calling at bureau after bureau, driven hither and thither by the gusts of laughter from the smug and complacent bureaucrats, and dropping at last like a dead leaf in the autumn, when the government employees were through throwing him about. These are not the ways of a free and independent people, guaranteed life, liberty and the pursuit of happiness by the foundations of their country. With the folly that has inevitably characterized the projectors of fantastic schemes for social reorganization, perhaps with an inordinate pride in American democracy, those who urge the socialization of medicine insist that where others have failed with such systems, Americans will succeed. Do you believe that? If you do, you justify P. T. Barnum's estimate of the credulity of the American people.

Think about the word "available" in the project as it has been formulated for you. They have put it in this proposition as a neat little catch-word. Why, they say, this state administered medicine isn't going to be compulsory! You don't have to take it; the state just

makes it available for you. But experience shows that the entry of the state into medical practice breaks down the standard of the profession and of medical practice to such an extent that in the course of time no other system but the state system is really available for the average man. Do not be misled by the word "available." It is typical of the insidious character and the golden promises of those who deceive the public and who lead them to change their true gold for the politician's dross. Perhaps they will tell you that under a state system quacks, nostrums and medical folly would be decreased. Instead experience shows that these charlatans multiply under state systems of control because the people, dissatisfied with what their governments give them, seek out the quack in search of that personal consideration which all governmental systems lack.

Then who really wants socialized or state medicine? Certainly not the medical profession because they have declared in no uncertain terms their determined opposition. Certainly not union labor for organized labor has not at any time aligned itself in any considerable numbers in favor of these movements. Certainly not industry for industry groans today under a burden of taxation which with compulsory sickness insurance added might well prove sufficient to break the patient camel's back. Certainly not the vast majority of the people because one finds among them no real dissatisfaction with the kind of medical service they are receiving. There is, on the other hand, plenty of dissatisfaction with such socialized medicine as has been developed abroad.

Were the proponents discussing the question as to whether or not medicine should remain static in its systems of distribution and payment or should progress with the times, they would find a much easier question to defend but the question as they have phrased it makes the problem for the negative an exceedingly easy one. Were it to be put to the people of this country today, the reply would be for the nation as a whole as it has already been in those few states in which it has been proposed in state legislatures a vast and resounding "No."

MR. BOWER ALY, second speaker for the Affirmative: I think my delivery, although not quite so rapid as

Dr. Fishbein's, may be a bit more quiet and deliberate I think I shall begin by telling you I am a man of rather conservative opinion, and when I began the study of this question for debate I had a strong prejudice against free public medicine. Only after a careful study of the proposition have I come to the conclusion that medical service *must* and *will* be made available to every American citizen at public expense.

I believe I should tell you as clearly as I can why the study of this question has changed my mind; why I have come to the conclusion that free public medicine is not only wise but inevitable. Now, the first fact which confronted me in my study of this question was one of which Dr. Foster has already mentioned, that during the past fifty years there have been really marvelous developments in the science of medicine. Inventions and discoveries, made both in America and abroad, by practitioners and by public health workers, have revolutionized many phases of medical science. All over the civilized world magnificent hospitals have been built; physicians have been educated; surgeons have been trained; laboratory workers have acquired a technique and in a word, the *science* of medicine has been transformed. And America has not been backward in the scientific development.

In medical science, America has been among the leading nations of the world. That is the first fact which I discovered. At about this point in my study, however, I began to discover a second fact which Dr. Foster also explained for you in detail. Allow me to explain that phase somewhat more explicitly. This second fact is that the American people do not now receive adequate medical care. Now, in the light of what I have just told you about medical science, this seemed to me to be a most curious circumstance but I am stating this as a fact for it seems to be thoroughly established. But if you should doubt—if you should doubt the report of the Committee on the Costs of Medical Care; if you should doubt the report of the Committee on Maternal Welfare, a committee of physicians; if you should doubt the report of the United States Public Health Service; if you doubt all of these evidences of the inadequacy of the present medical system, let me remind you that so distinguished an opponent of free public medicine as Dr. Olin West, Secretary of the American

Medical Association, has said, and I quote, "The one great outstanding problem before the medical profession today is that involved in the delivery of adequate scientific medical service to all the people, rich and poor at a cost that can be reasonably met by them in their respective stations in life." Now you see, even those who are most strongly opposed to public medicine, recognize the great outstanding problem. As I have said before, it seemed to me a very curious circumstance that this great outstanding problem should exist at all. In a tremendous country like ours with splendid hospitals, with fine surgeons, with great doctors, isn't it strange that there should be inadequate medical care?

In America where the modern dental science has had its beginning, isn't it strange that dentists themselves tell us that only a few people have really good dental care? Now as I thought about this great outstanding problem, I became aware of a third fact. Rather slowly and rather gradually I became aware of a third fact—the fact that many doctors themselves are concerned about the present status of the practice of medicine. From books and reports which I read, from letters which came to me, from conversations which I had with doctors I found that there are many physicians who earnestly believe in free public medicine.

I found that some two or three years ago some of these physicians organized a Medical League for Socialized Medicine with headquarters in New York City. I found today that the most active, the most intelligent, the most forward-looking organization favoring socialized medicine is not an organization of laymen at all but an organization of doctors. Now you want to know who these doctors are; I haven't time to read the several thousand names—anyway, if you are interested you can find out from the Medical League.

But I must take time to tell you five pertinent facts about this group of doctors. First, these doctors hold the M.D. degree; second, most of them are now and have been for years engaged in the actual practice of medicine; third, these physicians have been graduated from such outstanding medical schools as, the Physicians and Surgeons College, Northwestern, New York and Bellevue, Cornell and Harvard University; fourth, among these doctors are many men who are now holding responsible positions in hospitals and clinical



institutions. Finally, the majority of all the members of the Medical League, and Dr. Fishbein will be interested to observe this, a majority of these physicians are also members, in good standing, of the American Medical Association of which Dr. Fishbein edits *The Journal*. Now, what does this group of fully qualified practicing physicians propose as a solution for the great outstanding problem? Nothing more startling than these two ideas: first, that the sick should be healed and second, that the doctors should be paid. More specifically the League has adopted a program which has been printed and widely distributed. This program sets forth a plan which would create a free public medical service, operated and regulated by the doctors, paid for by taxation and sponsored by the state. The Medical League program provides that there must be no compulsion of the people who use this system, or of doctors to practice in it. Furthermore, these doctors provide that there must be no limitation on the private practice of medicine. Obviously what these doctors propose is a system of complete medical service available to all citizens at public expense.

But now, even though the doctors who propose this program are eminently qualified practitioners of medicine; even though they are graduates of our leading medical schools; even though they now hold responsible positions in the field of medicine; even though they are for the most part members of the American Medical Association we ought not, you and I, to accept their program until we have asked them some questions. I don't know what questions you would ask them first, but the first question I have asked these doctors is this one. Is your program in keeping with our American tradition? What do the doctors say about this? They say, of course it is, it is founded on exactly the same principle as the American public schools and it springs from the same philosophy. And I am convinced and you will be that they are right for if free public education is an American policy, surely there can be nothing essentially un-American about free public medicine. Now the second question which I have asked these doctors is I think, a sensible one. Can we as a Nation afford your program of free public medicine? This is what the doctors who belong to the Medical League have told me. America can't afford to do with-

out free public medicine. Somebody always pays, they say, for neglected health; sometimes it's the patient; sometimes it's the doctor; but *always* somebody pays. In the long run these doctors say it would be cheaper in dollars and cents for America to make medicine available to everybody. And they have convinced me, these doctors, that they are right especially since they show that a program of complete medical care available to every person would actually cost only ten cents per day per person. Did you hear that, ten cents per day per person.

But even though we can agree that free public medicine is in keeping with American principles and is an economical policy we must ask the Medical League this further question. What will your plan do for the doctor? Their answer is very clear. We are told that the Medical League program, prepared by physicians, is designed to safeguard the right and enhance the privileges of the doctors. And to this we laymen ought surely to entertain no objection. For in the long run any injury done to the medical profession is an injury done to the public.

And now you are wondering, aren't you, why this program of the Medical League has not already been adopted. Here we have in America the fact that medical science has developed tremendously together with the fact that medical practice is quite inadequate. And here now we have a group of qualified socially-minded practitioners of medicine offering a solution which is American in principle, sound in economy and fair to the doctor. Why hasn't the program been adopted before now? You have a right to ask that question. There are doubtless many petty reasons associated with the slender arguments inferred from the negative this afternoon, but the really basic reason why we do not now have free public medicine is that we have been lacking in America a belief in the dignity and worth of American citizenship. But it is time now for us in America to ask ourselves what is America for anyway? Is America for roads and bridges, and stocks and bonds merely, or is America for Americans too? If America is for Americans, if American citizenship is to be a matter of just and honest pride, it is not well that any one of us should suffer from the lack of medical care.

That boy down in Missouri who needs treatment for his crippled leg is, and will continue to be, an American

citizen. That little girl in Arkansas who needs immediate hospitalization is an American citizen. That doctor out in Kansas who told me only last week that he cares for forty-eight families of whom only eight can pay him anything, that doctor is an American too. Oh, my friends, we Americans must develop for ourselves a new idea of American citizenship. If only we can once learn something of the dignity and the worth and the full meaning of citizenship in this brave new world which we are now creating, we shall grant to every American, rich or poor, high or low, every benefit which medical science can give—not as a grudging charity nor as a commodity to be bought by those who have the price, but as the right and the privilege, even as the duty, of American citizenship.

DR. R. G. LELAND, second speaker for the Negative: The wording of this proposition permits the affirmative to defend almost any possible system of state administered and controlled medical service. Any system "available to all citizens" and supported by legislation implies some sort of compulsion on both patients and physicians. Everybody, sick or well, is compelled to pay for the cost of service, either by contributions or taxation. He is compelled to accept the service regardless of its quality, and usually is compelled to take the physician offered or select one from a limited panel. The physician is compelled to serve the system because there is no other opportunity to practice if the system gives a "complete medical service" to "all citizens." He is compelled to practice according to the regulations adopted and not according to the science and art in which he has been trained.

We must turn to Europe to find examples of systems of medical practice created, administered and controlled by legislation. Not one of these, not even Russia, has attempted to provide a "system of complete medical service to all citizens at public expense."

State administered medicine is basically only a method to distribute the economic burden of sickness. To direct this distribution, every such system has developed huge administrative organizations, designed to collect, manage and distribute cash. Part of this cash is paid out *as cash* for unemployment relief during sickness; another part is used to buy and pay for medical services that are distributed to the sick. To operate

such a system of state administered medicine a large portion of the physician's time must be devoted to clerical work. The time he should give to careful diagnoses, scientific ministrations to the sick, preventive care and continuous study, is taken to do the work of a clerk in filling out the endless blanks and records required by bureaucratic red tape. The patient suffers from lack of service while the physician is busy with clerical drudgery.

The person who is compelled to pay by contributions or taxation for state administered medicine naturally wants to get something back for his money. The result is that the introduction of every such system has been and still is followed by a most amazing increase in the amount of recorded trivial sickness for which cash and medical service is demanded.

Every system of state administered medicine removes the essentials of a good diagnosis, i. e., time, patience and careful attention to details. The administrators of such systems, compelled to watch the output of cash, emphasize quantity rather than quality of medical service and destroy the sympathetic relation between a skilled physician and a cooperating patient. State administered medicine delivers little more than the dregs of a real diagnosis. It substitutes suspicion on the part of both patient and physician for the mutual confidence which is the only basis for really valuable medical care.

The management of state administered medicine always insists on curbing the steadily rising cost of drugs by restricting the character of the physicians' prescriptions. In no such system is there complete freedom of prescription. Such restrictive management adds to the suspicion of the patient who, even if he has confidence in the physician, believes that the physician is prevented by state regulations from prescribing necessary drugs.

None of the existing systems of state administered medicine except the system adopted in Great Britain in 1911 contain provisions for preventive medicine, and the failure of the state administered medicine in Great Britain to do anything in this regard is admitted even by its best friends.

The physician who is overtaxed with the monotony of unimportant consultations, or demands for certificates for cash benefits, naturally finds little time or

inclination to practice preventive medicine such as immunizations against preventable diseases, periodic health examinations and measures for the early detection of disease. Furthermore, financial economy in all systems of state administered medicine prevents any payment to the physician for such work done on his own initiative and tends to discourage it. The extensive use of immunization against diphtheria which has been developed in the United States, largely by county medical societies as well as by health departments, is the envy of European countries having state managed medical service.

Any system of medical service must be judged by its success in reducing morbidity and mortality. No existing system of state administered medical care can stand this test. Advocates of such systems have not been able to show any relation between the introduction of these state administered systems of curative medicine and a decline of the sickness and death rates. No system of state administered medicine has secured as rapid a reduction in morbidity and mortality as has been obtained in the United States under private medical practice.

Although most of the advances in medicine, together with the improvements in sanitation and public health measures that are characteristic of modern civilization are to be found in countries having state administered medicine as well as in the United States, yet among the participants under practically every state system the records show a constant increase in the number who demand medical care for trivial conditions. A deep inherent evil in state administered medicine is the increase in mental disturbances among the participants. Various studies have led to the conclusion that from 40 to 75 per cent of all illnesses among participants are complicated by mental disturbances which require for their relief, time, patience, and sympathetic understanding, and close confidential personal relations between the physician and his patient. These elements, necessary in the care of difficult conditions, are destroyed by state administered medicine. The desire to "get something back" for contributions or taxes increases these mental disturbances and weakens the "will to get well."

Administrators of the state administered medicine encourage a form of graduate study; but this graduate

study is in no way associated with scientific professional improvement. Instead, the administrators establish institutions to teach physicians how to make out reports, to detect malingering, to keep down the cost of prescribing and to meet the regulations established by the system. The physician who spends his time in this kind of red tape study has little additional time left from his overworked system practice to keep abreast with scientific medical advances. In no country with state administered medicine is graduate medical education as highly developed as in the United States.

In every country having state administered medicine by which medical benefits are distributed to individuals through an extensive administrative machinery with many employees, the whole scheme tends to become a gigantic and powerful political machine. This evil always affects the quality of the medical service which the patients are not able to judge. They prefer free drugs to a thorough diagnosis, and the politicians will give them what they want without regard to the effect on their health. This has been the tendency in nearly every system of state administered medicine.

Since all these defects are inherent in any system based on the domination, control and interference of the political machinery and economic standards established by legislation and operated by persons not qualified to judge good medicine, how can we assume that any such theoretical system of medical practice for the United States supported wholly or in part by taxation, as is suggested by the affirmative, will be able to free itself from this same political and bureaucratic management that has dominated all foreign systems of socialized medicine, that is responsible for the glaring evils of socialized medical practice and that has caused the medical care for the people of many foreign countries to lag far behind that received by the people of the United States.

To SUMMARIZE: For fifty years and more, nations with every type of government and located on nearly every continent, have tried different forms of state administered medical service. Not one has been able to avoid the corrupting combination of cash and medical care. None have gone as far toward *complete* political control as the affirmative of this question assumes; but the defects of all have increased as they have

approached that point, and their evils have been less offensive to just the extent that they retained the characteristics of private medical practice and have vested control of medical service in the hands of the medical profession.

Instead of reducing the cost of medical service, socialized medicine has loaded that cost with a crushing burden of administrative expenses. Under none of these state administered medical systems has medical service improved as fast, have as extensive preventive measures been applied or have as great reductions been made in morbidity and mortality as in the United States with private medical practice. Judged by all these tests the people of the United States where the practice of medicine is free and independent, are receiving better medical service than are those in countries with any system of socialized medicine, and certainly in no country with state administered medicine is there such constantly improving medical service as there is in the United States.

DR. FISHBEIN, Rebuttal for the Negative: You have heard some very interesting statements by Mr. Foster and Mr. Aly relative to medical care in the United States, and of course, I have to begin by reminding you of what old Josh Billings said. He said, "It ain't so much what a man knows as knowing so many things that ain't so." Now in the first place he told you—that is Mr. Foster told you—that fifty million Americans are today without medical care. On the other hand, the figures show quite definitely that forty million Americans never require any medical care during any single year. Therefore, we have left only thirty million Americans for all the medical care that has to be given to anyone, and that figure just falls down by its own weight.

They tell you also—at least Mr. Foster did—that we are today, as a result of our inadequate medical service, a nation of physical weaklings. That will please greatly the American Legion, which is under the strange impression that they won the war. And that will please also a tremendous number of instructors in physical education throughout the United States, and all the coaches of football teams who think that, far from being a nation of physical weaklings, we have one of the strongest nations physically that ever existed in the world, and I believe I can show you from the

morbidity and mortality rates of the people in the United States, that we actually have as healthful and strong a nation physically as ever existed anywhere in the world. Because today the average life expectancy at birth in the United States is sixty years, a figure which compares favorably with much lower figures in every other nation.

They tell you that doctors who give their services freely are ostracized by their brethren. Do you know any doctor doing charity work who is ostracized by his medical brethren? On the contrary, the doctors who give most freely of their services to our great public institutions are in every instance the men recognized by election to high positions in medical organization.

Mr. Foster spoke extensively about the conclusions of the Committee on the Costs of Medical Care, but Mr. Foster failed to remind you that those were not unanimous conclusions—that there were in fact *three* minority reports and one majority report. And what he was talking about was the majority report, and the vast majority of physicians on the Committee on the Costs of Medical Care were in favor of these various minority reports\* and poor Mr. Foster evidently doesn't get to read enough medical journals! He presumably reads only the journals in the field of economics! Because if he had read the medical journals he would be quite up-to-date and when he quoted the conclusions of the American Medical Association he would quote those conclusions as they have been recently adopted and as they are in their fullest form. And they say today that payment is to be met by a mutually satisfactory plan. Again he fails to recognize the fact that throughout the United States today two hundred different proposals and plans are actually in operation under members of the organized medical profession, and that in not one of these communities has a physician been expelled for giving his services under a new economic plan to the people who required them—and then finally, who is Mr. Foster anyway—to judge the quality of medical service. Well, ask Mr. Foster.

Now then, Mr. Aly spoke to you, and Mr. Aly really spoke smoothly and quietly and it was a great pleasure to me to hear him, except again that poor Mr. Aly has been misled apparently by something in the manner of

---

\* This should read "vast majority of physicians were in favor of these minority reports of the Committee on the Costs of Medical Care."



correspondence which he received concerning the Medical League. The Medical League has actually in its membership under *one thousand* physicians, most of them practitioners in New York City, practically no one outside of New York City, and I speak instead for *one hundred thousand* American physicians spread throughout the United States in every village, town and hamlet and in the country districts.

Then they tell you finally that after all, this isn't going to be any expense to you—this state system—why this is going to be “at public expense.” Well, you are not fooled. You know what public expense is. Public expense comes right out of your pocket in the form of taxes.

They told you everybody ought to have the best of dental care. The average family in the United States making an income of under \$3,000 a year spends about \$2.35 for dental care. The family with \$10,000 a year or over spends \$135 a year for dental care. If we give everybody in the United States the kind of dental care that is given to people with \$10,000 a year income or over, you will all have wonderful sets of teeth, but you won't have a thing to eat with those teeth. There is only just so much money to take care of the necessities of mankind.

MR. BOWER ALY, Rebuttal for the Affirmative: Ladies and Gentlemen: I don't know whether to be gratified or offended at the relative amount of Dr. Fishbein's rebuttal time given to Dr. Foster. I feel somewhat relieved that he has let me off comparatively easy. I think I might spend the better part of an hour in enumerating and commenting on the fallacies of the negative of this debate. Inasmuch as I have only a few moments I am going to select some three or four which I think merit your attention and with which I think you will be entertained.

Now the gentlemen of the negative are very much concerned about our choice of doctors in this debate. You say we have chosen the Medical League for Socialized Medicine, which by the way recently had an addition of five hundred physicians in Pennsylvania which Dr. Fishbein will be interested to observe. Now they believe—these gentlemen of the negative—that we should choose their physicians in the American Medical Association. Now to that I have only just this to say—that we have chosen the Medical League as our physi-

cians because it is composed of eminent practitioners of medicine fully qualified to speak. That much is true also of the American Medical Association, but in addition the Medical League has a program, a way out of this medical mess and the American Medical Association seems not even to have made a diagnosis, let alone to have a remedy. I must confess to being somewhat amused that our friends of the negative, who were so much concerned that we all have the right to choose our physicians when we are ill, should attempt to deny us that same right in medical statecraft. I believe you will agree with me that in matters of statecraft in medicine as well as in matters of medical practice you and I will continue to choose our doctors, the protestations of the negative to the contrary notwithstanding.

Now the gentlemen have had a great deal to say about Europe, particularly the second speaker for the negative. All that, of course, has nothing whatever to do with the present matter. I have not proposed any European solution for our difficulties. What I have proposed is a plan proposed and sponsored by American physicians as an American way out of an American problem. Instead of attacking the proposition we have proposed, the gentlemen have spent a large part of the time attacking a European straw-man which they themselves have set up. Could this have been done because they believed the straw-man was easier to attack than the plan which we proposed which is endorsed by doctors—American doctors? I must confess after all, I am not much interested in the European situation. I am interested in American problems. Now at the very beginning of Dr. Fishbein's speech he made a charge which is particularly objectionable to me. He made the charge that this plan is un-American, socialistic and communistic. I must admit though, that in addition to being somewhat bothered by it, I am amused with it because my notion about it is that we advocate an American policy and that the communistic and Russian policy is advocated by the American Medical Association. The American way to settle problems, it seems to me, is to get together and work them out. The Russian way is to let each little soviet decide its own problem. Now the American Medical Association, as represented here today by Dr. Leland and Dr. Fishbein, take the Russian instead of the American attitude. They say, "This is our little medical soviet, we'll settle

this matter, you stay out." Well, I won't go so far as to suggest that the American Medical Association change its name to the Russian Medical Association, but I am perfectly willing to suggest that the American Medical Association practice a few lessons in Americanism and that they let the people advise them in matters of profound public policy.

After all, these matters are more or less petty—the really important matter in this debate is that of American citizenship. For today the hospital is like a great castle set on a hill, inside of it all the wonders of modern science, eminent physicians, great surgeons, nurses, technicians and equipment designed to effect cures. But on one side of this castle there is a high wall and on the other side is a deep ditch. This high wall is called "economic barriers," and this deep ditch is the "ditch of charity." To this great castle of medicine come the sick and the halt, and the lame and the blind and those who are able to do so struggle over the "economic barrier" and go on into the castle. Some others who have not the means of scaling the "economic wall" go around to the other side and crawl through the miry "ditch of charity." But there are many high-hearted Americans who, unable to scale the "economic barrier," and unwilling to surrender that American independence of spirit, crawling into the "ditch of charity," never get into the castle of medicine at all. All that the affirmative proposes, my friends, is to level that economic wall, to fill that miry ditch of spirit destroying charity, and to say to all Americans, "You have a social obligation to be healthy; come and be healed. It is your privilege and your duty as an American citizen."