Statement by Dean Howard to health services subcommittee of house appropriations committee.

September 19, 1966 Howard, Robert B.

Mr. Fitzsimons and Gentlemen:

I am most grateful for this opportunity to make a statement at this time as you bring to a close your current consideration of the health manpower problems of the State. Your interest in this vital matter has been most gratifying, and I know that it will continue to have your thoughtful consideration during the forthcoming Legislative Session.

I should like to open these comments with a consideration of some of the remarks made by representatives of the Minnesota Academy of General Practice at the hearing of this committee that was held on September 2, 1966. In particular, I refer to statements, repeatedly made by Academy representatives, to the effect that the specific and primary responsibility for the decline in the number and proportion of general practitioners in the State of Minnesota lies with the University of Minnesota Medical School and its faculty. This is such an obviously specious and superficial analysis of a most complex problem that its presence in the position paper of the Academy casts serious doubt on the validity of their other conclusions and their recommendations.

I wish to make it clear that I am not responding to this allegation simply for the sake of defending the University and its Medical School whose actions and -- indeed -- motives have been impugned. I feel compelled to challenge such statements for far more important reasons. If we were to remain silent with respect to this issue, it is possible that you and your colleagues might interpret such silence as essential agreement with the statements of the Academy. In such circumstances you might then draw completely erroneous conclusions about the nature of the problem, and these conclusions might, in turn, lead you to ineffective or perhaps even harmful attempts at solution. Thus, it has seemed important for me to attempt to bring to your attention the many factors that have clearly played a role in the development of this situation.

The facts are reasonably easy to establish and do not seem to be in dispute. The number and proportion of medical school graduates entering the field that has in the past been known as general practice has decreased progressively during the

past thirty to forty years, and the number and proportion entering those areas that have been known as "specialties" have increased. The reasons for this, far from being the simple reason presented by the Minnesota Academy of General Practice, are many, varied, and complex. The following factors deserve your consideration:

1. It is a basic human tendency to specialize, that is, to restrict one's area of interest and at the same time to increase one's competence in that particular area. This has been going on since the beginning of time and will very likely continue as long as mankind exists on the earth. It is a consequence of expanding knowledge and as knowledge expands at an ever-increasing rate, specialization increases. Specialization affects not only physicians but ministers, lawyers, mechanics, farmers, and, quite literally, every professional and vocational group that one can name. It affects not just the physicians of Minnesota but the physicians of the entire United States and indeed the entire world.
2. The advent of the certifying boards in the various "specialties" in the 1930's had a profound effect on the ultimate, continuing trend toward specialization in medicine. These boards were not and are not in any sense creatures of the medical schools. They were established by the medical profession, and have been felt to be in the public interest.
3. Large numbers of physicians served in the Armed Forces during World War II and in the Korean conflict, and these experiences often reinforced the trend toward specialization. Physicians who had had training in one or another of the "specialties" often got more interesting assignment and more rapid advancement than did general duty officers.
4. Immediately after World War II, there occurred a rather intensive examination of the standards maintained by hospitals across the nation.

Individual hospitals examined their own practices, and national accrediting agencies set forth many new stipulations. As a result, a large number of practitioners who had not had formal specialty training were deprived of many, and in some instances all, of their hospital staff privileges. My own personal belief is that this was done in an all too rigid and frequently unwise manner. The fact remains, however, that this was done and has had, I believe, the effect of further accelerating the trend toward specialization. It is worth noting once again that medical schools played essentially no role in this particular development.

5. While it is true that substantial segments of the public want to be served by a family doctor with a good many of them yearning for the return of "good ole doc", it is equally true that the public bestows its loudest acclaim, its highest prestige, and its greatest rewards on those who have made notable accomplishments in highly specialized areas. The public is particularly impressed by surgical skill, and the potential rewards, both tangible and intangible, are very great in these areas.

6. Changing population and socio-economic patterns constitute another important factor leading an increasing number and proportion of physicians into specialty practice. At a time when most of the populace worked six full ten-hour days each week, the dedicated physicians saw nothing particularly unusual in working six-and-a-half twelve-hour days. Even the most dedicated physician is unwilling to put in that kind of work week today. Leisure time, time for his family, time for relaxation, as well as time for keeping abreast of the rapidly expanding knowledge in his field are just as important for the physician as they are for others. The young physician frequently concludes that specialty practice will be more likely to make these things possible for him. He notes, too, the continuing urbanization of the total

population, and this may lead him into a specialized practice in a major metropolitan area.

These then, are some of the factors that have played a role in the increasing specialization of the nation's physicians. I am sure that there are other factors that I have failed to mention, too, but this will give you an indication of some of the obvious ones and of their complexity. You will note that some of them are related to basic human traits. Other factors have been related to occurrences within and activities of the medical profession. As medical educators, we are members of the medical profession, too, and certainly must shoulder our share of the medical profession's responsibility for this situation. To suggest that today's circumstances are solely or even primarily the responsibility of the medical schools is, however, completely unwarranted. Action based on such an assumption would be doomed to failure.

It is also important for you to be aware of the many other important medical manpower needs that are being brought to our attention continuously. The needs in the field of family practice are, I know, the ones most forcibly brought to your attention. Yet, with the possible exception of certain of the surgical specialties such as, for example, neurosurgery, <u>every</u> field of medical endeavor can present data clearly documenting the fact that it is a shortage area. To cite a few examples, many medical groups that serve the public are actively seeking pediatricians and internists. To maintain hospital accreditation, hospitals must have the services of radiologists and pathologists. The opportunities for young men who have specialized in these areas are very great, with substantial tangible rewards as well as regular hours and attractive working conditions.

But I wish to call your particular attention to the fact that <u>publicly supported programs</u> have served to attract young physicians to specialty training in still other specialty areas. Federal programs, duly enacted by the Congress of the United States, have made it particularly enticing for physicians to enter specialty training in the fields of neurology, otolaryngology, ophthalmology, and psychiatry, presumably because of particular shortages in these fields. The

federal program with respect to psychiatric training is especially interesting, for it offers a very substantial inducement to a general practitioner to leave general practice and enter training in psychiatry. Our own State government has perceived the need for additional strength in the field of psychiatry and appropriates a special State fund, the purpose of which is to produce researchers in this field.

I cite the foregoing not because I wish to criticize these programs, which are clearly needed, but simply to reinforce the notion that the shortage extends across all the field of medical endeavor, with only very few exceptions.

The need for additional physicians is very real. My own personal belief is that the best interests of the State and of the nation will be served if, in the future, a larger proportion of physicians enter "family practice" or become "primary doctors" than the proportion that has entered "general practice" during the past decade. You will note that I have drawn a distinction between "family practice" and "general practice", a distinction I believe to be important and about which I shall say a little more in just a moment. At this point, however, it is appropriate to point out that the means for attracting physicians to family practice and holding them in the field are far from clear. The various remedies that have been proposed to date, such as Departments of General Practice and Preceptorship Programs, have not really been successful in accomplishing this objective. Furthermore, even if clearly effective means for the enticement of physicians into the field of general or family practice were available, I cannot come to a conclusion as to which other field or fields of medical endeavor ought to be deprived in order to provide larger numbers for family practice.

With these various foregoing considerations in mind I make the following recommendations:

1. The Legislature should take immediate steps to implement the <u>expansion of the University of Minnesota Medical and Dental Schools</u> and related health education facilities in accord with the recommendation presented

to you by President Wilson. These additional health personnel, physicians, dentists, nurses, therapists, and all the others, will clearly be needed and needed badly.

2. I strongly support the recommendation made by the Minnesota State Medical Association that the Legislature develop a subsidy program designed to induce recently graduated physicians to locate in small communities or in rural areas. I do have some reservations as to the effectiveness of such programs in accomplishing this objective, but the cost would be relatively modest, and it does not involve long-term commitments and obligations. In other words, if four years of experience showed that it had not accomplished the desired objective, it could be readily terminated.

3. I attach particular significance to the request that has been made by the Regents for funds which would permit a study during the next biennium of the nature of family practice in the future, for only on the basis of a meaningful study of this fundamental problem can appropriate teaching programs be developed. A further comment is in order concerning this particular recommendation. A disappointing feature of the position paper of the Minnesota Academy of General Practice was the absence of any really thoughtful consideration of the direction family practice is taking or ought to take and how education for family practice ought to be accomplished. An underlying assumption seems to have been that the family doctor of the future will be the same kind of person that the general practitioner was a generation and two generations ago, namely, an individual who has had four years of formal medical school training and a one-year internship and who, on the basis of this, undertakes to do all of the things for his patients that medicine can do for sick people. This assumption I believe to be wrong. Many thoughtful people in the medical community, including a substantial number who have been

identified with general practice, have concluded that the family doctor or primary doctor, as a recent study has referred to such an individual, will be quite different from the general practitioner of the past. Family practice, they believe, will be recognized as a specialty -- a broad specialty, to be sure, but a specialty, nevertheless --,will require specific and appropriate training, and will be accorded within and without the medical profession the prestige it justly deserves. Practicing physicians and medical educators have already held extensive conferences concerning the future development of this field. Identification of the core body of knowledge necessary for the family physician is the first order of business, and then decisions must be reached as to how this can best be imparted to the medical student and how the importance and satisfactions of this kind of practice may be most effectively brought home to him. It is this kind of study that we wish to pursue further. While national studies will be of much help in this regard, we must also take account of local situations, and certain aspects of the study simply must be done on a state basis.

4. I believe that the Legislature should establish <u>a permanent health manpower commission</u> to give ongoing consideration to manpower needs and to the establishment of priorities with respect to such needs. If this somehow could be done on a cooperative basis with the neighboring states, especially North and South Dakota, it might be even more effective.

5. The requirements of the various accrediting agencies are such as to render it a virtual uncertainty that any medical school could be developed in Minnesota in the foreseeable future except under the auspices of the University of Minnesota. No other "academic home" is in prospect in the next fifteen to twenty years, and the dismal experience with medical schools without such "academic homes" has led

to a policy that makes this, for practical purposes, an absolute requirement. For this reason, I believe that the Legislature should request the Regents of the University to assume responsibility for planning the future development of additional health education opportunities in Minnesota. Given such a mandate, I know that the Regents would respond with careful study and effective, coordinated planning. In no sense does this recommendation preclude the development of another medical school in Minnesota. Indeed, I believe that Minnesota needs not only an expansion of our present University Medical School but, ultimately, another school as well. I do believe however that this must also be under the banner of the University.

Again, please let me thank you for your obviously thoughtful interest in this most important matter.