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Health Care in Crisis

A Proposed Role for the Individual Physician as Advocate

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UNIVERSAL access to health care is a social goal, yet one in seven Americans is estimated to be without health insurance, and millions more have inadequate insurance. A deficit in health care provision exists, with deleterious consequences.^{1,2} Most of the uninsured live in families in which at least one person is employed. Even the most well-to-do among the uninsured may be within one illness of destitution. Medically indigent and underserved populations defy stereotypes. They range from working men to pregnant women.^{3,4} Minorities, the elderly, children, women, veterans of the armed forces, persons with handicaps or chronic illness, and members of other vulnerable populations have joined those disproportionately excluded from health care.

Data suggest that the more unequal the distribution of wealth within a country, the more the excess burden of mortality falls on the poor.⁵ Health outcomes in certain ethnic groups continue to be poor through the course of generations.^{6,7} Lack of access to prenatal care leads to infant mortality.² The United States spends more money on health care per capita than any other country but ranks 19th in the world in infant mortality.⁸

Physicians have a tradition of social advocacy and service for the poor. Ginz-

berg⁹ states that physicians "must be encouraged to treat the poor" and urges "members of the medical profession to take the lead to persuade those who need to be persuaded." In this article, I suggest a specific framework for how individual physicians can respond to his call.

In this article, I synthesize my experience in the National Health Service Corps (where I was director of pediatric services at an urban community health center for 4 years) to define a potential role for the individual physician in the battle against the health care deficit. The role encourages a simple philosophical framework and a policy advocacy role as well as more traditional concepts of service.

1. Think Like an Advocate.—If we are not to be misled, we must always use our critical judgment to examine accepted beliefs. We must not accept the formulation of public issues as they are presented. For example, we are familiar with the present being labeled a time of diminishing resources. This language wrongly implies that resources are decreasing and that services must be cut. It is more correct to say that competition for available resources has increased. This formulation enables us to establish priorities rather than to accept the judgments of others. It helps us to see that the ultimate distribution of resources will be based in part on political factors. The semantic change has substantive implications.⁹ We must challenge our peers to think critically. The role of advocate defines our behavior as physicians.

2. Recognize That Our Institutions, Our Practices, and Indeed We Ourselves Constitute Much of the Health Care System.—Perhaps the

greatest resources of our health care system are the high quality of providers and the high quality of graduate and continuing medical education available to them. We have the opportunity to improve the efficiency of providing health care by improving our own medical practices. We should renew our commitment to use only appropriate procedures and technologies; this would improve the quality of care and would free up health care dollars to provide care for those without access to it.

3. Recognize the Worth of Making Local Efforts.—It is overwhelming to think about combating poverty; a more reachable goal is to help one patient at a time. Our efforts can make a significant difference.

4. Develop a Broad Perspective That Recognizes Society as an Integrated Whole.—Physicians are not insulated from the effects of institutionalized poverty. We suffer, directly and indirectly, from society's failure to provide for its underclass by virtue of increased crime, brutal violence, and a heightened sense of anxiety in our daily lives. We treat the victims of drug-related shootings in adult and pediatric emergency departments every day. We will benefit if we work to improve the fundamental quality of life for society's poorest and if we help our society to rediscover its sense of human values. We should promote the value and dignity of each human life.

5. Allot a Minimum Percentage of Your Practice to Care for Medically Indigent and Medicaid Patients.—This is perhaps the most traditional concept of physician service for the poor. Peer pressure can encourage our colleagues to do the same. We can raise questions of access at hospital, regional,

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and national meetings. If your terms of employment do not permit you to care for indigent patients, you could, for example, volunteer at a clinic or hospital that offers such services, organize a weekend clinic to offer medical care to the needy, or serve as a volunteer consultant to a local shelter for battered women or the homeless.

6. Find an Organization in the Community That Serves the Poor, the Elderly, or Some Other Needy Group, and Volunteer Your Time and Expertise.—A physician on the board of a community agency is likely to be welcome, respected, and influential.

7. Talk to Your Indigent Patients About Their Life Experiences; Listen to Their Hopes and Dreams.—Find out about their frustrations. Try to put yourself in contact with the reality that your patients experience daily. Identify needs in your community and create resources to meet them. I found that by talking about these things with my patients, I grew as a physician, as an advocate, and as a person.

8. Save Pharmaceutical Samples for Patients Who Can't Afford to Fill Their Prescriptions.—In general, I do not give starter samples to patients with the means to fill the prescription.

9. Do Not Be Silent About the Injustices You See.—Recruit your affluent and influential patients, colleagues, and acquaintances as allies. Bear witness. . . . Lobby the professional societies to which you belong to take an active advocacy position in favor of social services and health care for the poor. The American Academy of Pediatrics provides a role model for responsible organizational advocacy.

10. Advocate a Broad Perspective for Public Policy Issues.—Maintain your sense of human values. Do not accept the politically expedient trade of human suffering for scant economic benefit or slightly lower taxes. Advocate long-term planning. Recognize that planning humane social programs—such as housing, community mental health centers, and drug rehabilitation programs—may be more cost-effective in the long run than leaving the homeless on the streets or putting drug-addicted mothers in jail.

11. Let Your Representatives Know How You Feel; Hold Politicians Accountable.—Write them. Meet with them. Write letters to the editor. Testify on issues in which you are interested or have expertise. Publicly support candidates who will commit themselves to pursuing a public policy that promotes human values.

12. Build Coalitions.—Corporate leaders are concerned that poverty and the collapse of public education will combine to decrease the work force below minimal levels. This has created an opportunity to discuss with the business community how legislation that strengthens or subsidizes the development of the family (such as bills for day-care and maternity/paternity leaves) makes long-term economic sense even though short-term costs may be higher. Identify groups or agencies that share your interest in a healthy future, and recruit them to work toward common goals.

13. Support Children's Issues.—Safe housing legislation, local school board budgets, the Women Infant and Children and school nutrition programs are examples of legislative initiatives that promise to close the gap between poor and other children. These and other such efforts deserve the support of all physicians. Advocate support services for young families. To block the heredity of poverty and medical indigence, it is important that children be a focus of our efforts. Improving the way we treat children is a first step toward a more just society.

It is time for American physicians to lead our society in the struggle against poverty and medical indigence in the United States. We must recognize the human faces of the people who constitute the overwhelming statistics. Each of us has the opportunity to improve access to care and to work for positive changes. It is unconscionable to maintain the status quo in health care while we anticipate systemic change.

Research has demonstrated that medical indigence exists in the United States and that it has created a health care deficit. Medical indigence cuts across ethnic, gender, economic, and geographic boundaries; it is found in

most communities. A variety of proposals have been suggested to improve the American health care system. I offer a proposal with specific guidelines on how individual physicians can be more effective advocates. This proposal is not a solution to the health care deficit, but it does offer a basic framework for how all of us can work in our communities to alleviate some of the suffering caused by the failures of our current system. The proposal is designed to be implemented immediately. Its principles can be applied on a small scale of individual practices and hospitals as well as on a larger scale. I do believe that its implementation on even a modest scale could provide benefits independent of and complementary to the more systemic changes that the health care system must undergo.

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