



Government control of medicine

The role of government in the delivery of healthcare has been debated more in the past few years than ever before. A governmental role in the healthcare system, however, has been a reality for many years in the United States. The articles reprinted here give a fascinating view of that role almost from the beginning of the osteopathic medical profession and a prophetic prediction of its growing role in the future.

The first article was written by A.G. Hildreth, DO, in 1910. He discusses the difficulties faced by the osteopathic medical profession in procuring practice rights in the context of the efforts of the allopathic medical community's effort to limit the scope and ability of the fledgling profession to control its own destiny. The battle here was framed in the issues of licensure and who would control the educational content of the profession. Hildreth defends the profession's right to determine what standards should be used in the education of osteopathic physicians, and he suggests that the allopathic medical profession's arguments are actually designed to give to that profession a virtual monopoly in treating patients. He argues that any legislation passed regulating licensure should be designed to protect the public from impostors and those not qualified to practice medicine. In this argument, he is obviously relying on the premise that the profession has set standards for training and practice that should be recognized but not dictated by the allopathic medical profession. It is odd in one sense that Hildreth comes close to using the same argument for the osteopathic medical profession that the allopathic medical profession was using for itself, because allopathic physicians viewed osteopathic physicians as unqualified to treat. In defense of Hildreth, however, he also produces some evidence that at the time, special interests had too great a monopoly on the general practice of medicine and needed some real competition, a view held by many and one used for years after.

This view of the government's role was much different than that now evident. In 1910, the role of the government was seen as primarily that of regulating licensure, not of setting standards. The role of government in standard setting came not much later with the reforms that followed Abraham Flexner's report¹ and the realization that in at least one sense, the sort of argument made by Hildreth was correct: the public needed protection from poorly trained physicians and outright impostors and that the simple act of saying that a program was good and sufficient was not adequate protection.

The next article was written by C. D. Swope 27 years later. The scene had changed dramatically. Social Security had been enacted in August 1935, and with it came the frenzy of who was to provide the massive amounts of medical care made possible by the government-funded programs being put in place. Government health insurance was becoming a reality, and with it, standards of care. The difficulty facing the osteopathic medical profession seemed still to

be that of being included in the programs being formed. Swope points out that a major offensive of the allopathic medical profession was to limit the provision of care under these programs to "a legally qualified doctor of medicine." The osteopathic medical profession was still fighting for its legal life, but doing so not so much at the level of state recognition in licensure, but at the newly formed public-funding troughs.

The final article is both the longest and by far the most prophetic. The Honorable Elbert D. Thomas spoke at the July 1937 convention of the American Osteopathic Association in Chicago. He specifically stated that he was not a prophet; yet, in hindsight, he surely was. His speech deals not so much with osteopathic medicine, but with the interplay between government and the professions. Thomas succinctly traces the perception of the role of government and the governed by pointing out that not much standing had been given to the individual by governments until recently, despite the teachings of the great religions. Now, however, that was changing, and the concept that the professions owe a stewardship to the state (people) was gaining ascendancy. This concept, from the Latin *pro bono publico* (Thomas' last phrase of the article) was becoming the code of government. The public has a right to expect certain things from the government. That concept, stated throughout the paper, is very much a two-edged sword, as we now more fully recognize. Carried to its extreme, it means that the governed have a right to expect certain things from the government, but of course, the government does not provide healthcare, physicians do. Therefore, the government can dictate to physicians to provide that care. *Pro bono publico*.

Thomas recognized that experiments in socialized medicine were under way in various countries and that it was only a matter of time before they would be brought to America. He used the unfolding drama of the disappearance of Amelia Earhart 2 days before the talk to highlight the interconnectedness of the world in 1937 and how rapidly things had changed in a generation. This article was truly prophetic of the changes that have been taking place in healthcare delivery during the past several years. Thomas apparently foresaw the tremendous drive to make the healthcare system subservient to the public need. He was warning the osteopathic medical profession to take careful measure of this movement. He was correct in his warnings. Was appropriate care taken to balance the perceived right of the government against the right of a profession to control its services? The question of *pro bono publico*.

Michael M. Patterson, PhD
Associate Editor

Reference

1. Flexner A. *Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching. Bulletin Number Four* Boston, Mass: DB Updike, The Merrymount Press; 1910.