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SCIENCE

Social Planning and Our Medical Schools

Medical schools are in danger of becoming service organizations instead of gatherings of gifted persons living in an atmosphere of freedom, independence, and emotional quiet conducive to good pedagogy and research. They are expected to (i) teach medical students, (ii) train paramedical students, (iii) do the major part of medical research, (iv) conduct large programs of postgraduate education, (v) service many governmental committees and voluntary health organizations, and (vi) practice medicine.

Under the terms of the Heart Disease, Cancer, and Stroke program recently established by Congress, the schools are now being asked to take responsibility for the health of the community. In addition, some commentators have called for leadership from the medical schools on such urgent social problems as the control of population and of environmental pollution, abolishment of poverty by "the best possible medical care," creation of psychological environments in which human beings can develop and prosper, cost and use of drugs and cosmetics, and the foods we eat.

In the face of such demands medical school faculties and interested laymen must define what kind of schools they want and what kind society needs. A practical institution for the training of practitioners and the delivery of "health care" to the community is one extreme; the other is an institution little concerned with its social responsibilities. I doubt that we want either. Nor do we want a mere average of the two—that is, an organization excellent in neither sense. Without going to either extreme, we can have schools that preserve an atmosphere of scholarship, critical and skeptical, and time enough to think, but only if we are careful to understand, and say, what we want in a medical school. To an important degree the future physician depends on the imprinting he receives during his medical school experience.

Defining the function of medical schools, however, does not solve the problem of delivery of medical care, although it may insure that practitioners will be better able to undertake it. The dean of Cornell University Medical School, John Deitrick, has made a wise suggestion: that community hospitals, after being upgraded, take over most of the responsibilities of health care now being foisted onto the medical schools. Some of these institutions have already grown in stature, and many now have structures similar to those of the medical schools and centers. They are efficiently performing teaching duties as well as providing specialty services and emergency-room care. Health education programs for the community are also possible.

Besides the great potential of the community hospitals, there is that of group practices and clinics in many cases entirely able to assume the responsibilities I have been discussing. Too often planners seem to be unaware of the fact that private practice is being powerfully supplemented by group practice and clinics. Training programs for interns and specialists of groups not affiliated with a university are at least as good as those at most medical schools. They provide a way, which is already at hand, for dealing with problems that seem to have grown so large in the imaginations of many as to provoke legislative and fiscal panic.

I am hoping that the "Ivory Tower" aspect of medical schools will not be destroyed and suggest that the necessary community, social, and medical functions can better be assumed by other existing agencies. I believe that it was a mistake to have saddled the medical schools with becoming the core of leadership for the Heart Disease, Cancer, and Stroke Regional Program. There is little to suggest that they are prepared for such responsibilities, nor should they be.

—IRVINE H. PAGE, *Cleveland Clinic*