

In whom to trust



It is widely believed that certain otherwise splendid people cannot be fully trusted. War, for example, is too important to be left to the generals, and predicting the weather or the future state of the economy is best taken away from specialists and left to the astro-

logers. Doctors likewise are not quite to be trusted at least no more than you would trust a housebreaker or a private executioner, as George Bernard Shaw once put it.

So it follows that health care is also too important to be left to the doctors. Better leave it to the politicians, the lawyers, and the graduates of business administration schools. Which is why the new US administration has given the job of health care reform to a task force of 400 headed by a lawyer.

They played it safe by including no doctors but took a chance on one lone medical student.

None the less, all was on schedule with the 400 gurus until the chairperson's father had a stroke and everything had to be put on hold. The lesson was not lost on the newspapers, which commented on the irony that the health care reform of a nation of 250 million people should grind to a halt because of the sickness of one single person. They wrote about the big difference between cold theory or statistics, and what we expect when illness strikes home: "when we or a loved one get sick and we want the best care available and we want it right now and worry about paying for it tomorrow, or next week, or next year."

At about the same time a practitioner from Texas made the suggestion that the health of the nation might be in better shape if they appointed a few clinicians to posts in government. Writing in a newspaper, he argued that the army and the navy use professionals seasoned in combat and the justice department uses experienced lawyers who have tried many cases. Why not have clinicians serve for two year tours of duty? he asked. Not company doctors, public health doctors, administrators, or researchers with long *curricula vitae*, but practitioners, preferably with white hair and wrinkles, who have dealt with patients for years and

understand the ins and outs of what medicine is really about. Why rely on politicians, professors, economists, sociologists, lawyers, and even young doctors, who "cannot, and should not be expected to, understand all the ramifications of their decisions about direct, one on one medical care by doctors?"

But if medicine cannot safely be entrusted to the doctors (except perhaps when we get really sick), then is not the law likewise too important to be left to the lawyers? Must we not improve access if we are to afford suing everybody in sight? Should government not produce more primary care lawyers and better peer review programmes, so that nobody should ever have to lose a law suit? Then a task force consisting of doctors, plumbers, and restaurant owners could overhaul the system, set caps on fees, limit the time you can talk to your lawyer, and break up monopolistic law firms into consumer friendly law maintenance organisations. Sacrifices will be needed, and perhaps people will not even be able to choose their own lawyer. But at least we will rest assured that no citizen of this republic goes to his grave without a few lingering law suits to encumber his heirs or estate.—GEORGE DUNEA, attending physician, Cook County Hospital Chicago USA