

## 5914 – Socialized Medicine

Guests: Rep. John Bell Williams (D-MS) and Rep. Dale Alford (D-AR)

Morphew: introductions...many of us have heard of this topic but not many of us are well informed on socialized medicine...to Williams...exactly what is ‘socialized medicine’?

Williams: Dick, I think that the general concept of what socialized medicine is, is that it is government medicine provided by the government. You might say, free medicine provided by the government from cradle to grave. It is of course a system under which medical care will be given to all of our citizens and paid for out of our tax monies.

Morphew: in other words, doctors would be on the federal payroll...

Williams: The doctors would be on the federal payroll, of course, and the individual citizen would have no choice with respect to what doctor he shall choose or have treating. Just in a nutshell, I think perhaps that is a good definition of socialized medicine for the purposes for which we plan to discuss it today.

Morphew: to dr. alford...you are well aware of the problems of socialized medicine. Could you tell us how this kind of program could affect the average citizen?

Alford: I think that it would be a very harmful thing for medicine in general particularly for the welfare of the patient if we were to have government, or so-called socialized medicine. One of main things is that in the treatment of a patient it takes away from the patient the right to pick and choose his own physician and also, as the old saying goes, we always get what we pay for. We must liken it, I’m sorry to say and this is no reflection on the various armed services, but let us say for example every man in our audience who was a member of the armed forces, or ladies shall we say, they do understand how that after a certain period of time when the hour is over, the hours of duty, that physician feels that his relationship is gone. It takes away that personal physician/patient relationship that has been traditional in the progress that we have made in American medicine. I think it would take away mainly the confidence that the patient has in the physician and would absolutely destroy confidential information as far as people are concerned.

Morphew: are there any places in the world where socialized medicine is the ‘order of the day?’

Alford: Well, of course, the most publicized one has been that which is in the British Isles, with the British government. I do happen to have a little personal knowledge of that. I was in the European theatre during World War II, and while the present system was not in its complete fruition, at least they had started one the so-called panel system. And I had the opportunity of talking particularly, a friend of mine was a general practitioner of medicine in the British Isles and told me how it worked. And of course, one of the greatest things with which we are all familiar in any type of agency which is

absolutely a necessity, they are completely bogged down in red tape, they have to go through so many different agencies and sources of information and investigation that by the time all of the patient's work is, the physician gets to the patient, it just all of that is destroyed as far as the incentive of the physician to do a good job and as far as the patient is concerned, in the confidence of the man who is doing the work.

Williams: Dr. Alford, may I interrupt for a moment? You mentioned something that is of particular interest to me. As a doctor you are interested in the confidential relationship between the doctor and the patient. As a lawyer, I would be interested in the privileged relationship between the doctor and the patient. As you know, all contacts between a doctor and his patient, all conversations as a matter of fact, are privileged insofar as the use of these conversations as evidence in court is concerned. Do you feel that the adoption of a system of socialized medicine which would require the keeping of governmental records and so forth might intrude upon the privileged nature of that relationship?

Alford: In my opinion, and I think that's fairly generally accepted. It would not only intrude but it would completely destroy confidential information that now we relegate to information that is privileged on the part of the patient. For example, all of the records would become public documents and instead of our present system of free enterprise in which the information is strictly the private and confidential information of the physician, this information would then become public document and would be in control of lay people and then of course we do not have to go into the details of what that might lead to. It would be a most unsatisfactory situation.

Williams: Well, isn't it possible that it could conceivably bring about an invasion of the right of the citizen to certain immunities insofar as the making public of that privileged testimony might be concerned?

Alford: Well, if you will permit me to leave the role of a physician for a moment and go into that of the legal status I would say that it would completely destroy the individual's right guaranteed to us under the Ninth Amendment of the constitution.

Williams: So to use a term that has been banded around quite a bit, it would invade his civil rights to a certain extent.

Alford: No question about it.

Morphew: to alford...under this system, a doctor would be paid the same amount regardless of his abilities or specialty. He wouldn't have any incentive to train himself better, would he?

Alford: It would completely destroy that incentive which we have for a man to better himself, or as the old saying goes, you know, it's the man who makes a better mousetrap who receives the remuneration for it and so on, and it would completely destroy that. Not only that, one thing that I think is particularly significant in this governmental medicine,

that I think all of us, and I'm speaking as an individual now and not necessarily as a physician, which of course I cannot because I am a physician, but just the same, we must not overlook the fact that the physician would not feel the same responsibility to patients that he now feels. And when his certain hour, let us say at the end of eight hours, if that were past, he would feel that his relationship with that patient had been concluded and that the patient in fact would become a number and not an individual.

Morphew: because at the end of the month he gets his check from the government and not the patient...

Alford: That's right, regardless of what would happen.

Morphew: most of the time when these socialistic ideas are presented they are done so under the guise of getting something for nothing, how would the cost factor work out for the average citizen?

Alford: I personally feel it would be the most expensive thing that we can do because I can foresee how tax-wise, how our taxes would become so great under that system that it would be the most, really, extravagant thing that we could do, and in the end, we would be paying for it, there wouldn't be any question about it. I think the most harmful thing would be this, we would sacrifice the great scientific advances that we are now making. We must not overlook that incentive, as we have already mentioned, that is guaranteed to an individual to do research and try to make himself better qualified. I think that would completely destroy that because it would be a matter of seniority and a man's income would be guaranteed.

Williams: Dick, with respect to that, may I make a remark?

Morphew: Certainly.

Williams: As a layman and one who is not a doctor, it just appears to be reasonable to me that any system of government medicine which would have to be paid for in taxes, of course, would necessarily have to defray the costs of medical care and treatment which is presently being paid for through our system of private enterprise and free medicine, but in addition to that, it would also have to carry the burden of a tremendous bureaucracy, and it's my feeling that the overall cost of government medicine would be infinitely greater than the cost presently being defrayed by the people in our system of free medicine. And I think that our system of free medicine...

Morphew: May I inject one thing at this point? Under the system of Medicare which many people are familiar, there are statistics that show that civilians prefer civilian physicians and surgeons over military ones...

Williams: Dick, there is no question but that the cost of medicine today is extremely high as is the cost of every other thing that we have contend with in life. Whether it's disproportionately high, I can't say, but it really is high and the doctors are the first to

admit that. It was my privilege this last fall to attend a convention of the American Medical Association in Minneapolis, Minnesota, and while there, I learned that the doctors themselves are extremely concerned over the ever-increasing cost of medical care, not only professional care for the patient but also hospital care, and I can assure you that from what I saw in Minneapolis, I am thoroughly convinced that the doctors themselves are working harder perhaps than anyone else to bring down the cost of medicine.