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The Social Responsibilities of Modern Medicine

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The problems of social medicine are peculiar to the present generation; their development is due to the change that has taken place in the relations between physicians and the public. Up to the middle of the last century, medical practice was individual. No one consulted a doctor until afflicted with some specific disorder. The only interest that the physician had in the patient was a personal one. Little was known regarding the cause of disease, the method of its transmission or the means for its prevention. If a physician was called to see a patient suffering from typhoid fever, he treated that patient until he recovered or died. There was no way of knowing how the patient had acquired the disease, or how any other individual could acquire the disease from him. The physician had no responsibility to the community, since there was no act of his, the performance or omission of which could in any way affect society, either favorably or unfavorably. All that he could do was to care for his patient and, so far as possible, in the case of those diseases which experience had shown to be infectious, to prevent others from contracting them. As Sir George Newman, the chief medical officer of the British Ministry of Health, says, up to 1850 the medical profession had no public or social functions or responsibilities except the enforcement of such crude methods of quarantine as had been developed through experience. Public health work up to the last half century was largely accidental and empiric.

Today an entirely different situation exists. Modern medicine has a social value as great as, if not greater than, its individual importance. The development of the natural sciences during the nineteenth century has increased our knowledge of diseases and their prevention more rapidly during the last fifty years than in the preceding 1,800 years of the Christian era. The development of preventive medicine since 1870 is too well known to need recounting. Today, if a physician is called to see a patient and makes a diagnosis of typhoid fever, while he will naturally do everything possible to promote the comfort and recovery of his patient, yet the determination of the source of the disease and the prevention of the development of other cases from the initial case as a focus, i. e., the social aspects of the problem, are of as great if not greater impor-

tance than the treatment of the individual patient. This becomes increasingly true as the disease increases in rarity and severity. Suppose a single case of bubonic plague were discovered tomorrow in New York City. The correctness of the diagnosis in this single case would affect directly or indirectly every man, woman and child of the millions in New York and of the many millions in the eastern half of the nation. A single case of cholera unrecognized in one of our seaports might easily change the currents of trade and affect millions of dollars of capital and innumerable human beings. Modern scientific medicine is today one of the most vitally important and indispensable factors in modern life, and we have as yet only seen the beginning. We cannot now appreciate or realize the possible benefits which our present and future knowledge of diseases and their control will have on the well being and happiness of the human race.

For half a century our knowledge, as Tennyson says, has "grown from more to more," but our professional habits have remained the same. The social value of medical services is now equal to, if not greater than, the value of medical services to the individual, yet the medical profession is, in its methods, as individualistic today as it was fifty years ago and as it has been for the last five hundred years. In spite of the rapid development of public health administration as a function of municipal, state and national governments and the constantly increasing demand for properly trained and qualified men to serve in official positions, medical students are still trained almost exclusively for the treatment of individual patients. Practically nothing is taught regarding social medicine. If after graduation a physician has an opportunity to take up public health work, he is forced to get his training at the expense of the community after he has been appointed to office. It is only in the last few years that any differentiation has been undertaken between the training necessary for individual practice and that required of a man who desires to devote himself to the service of the community or the state....

The issue is plainly before us. Shall we adhere to the methods and practice of the past until we are forced to abandon them, or shall we broaden our methods to keep pace with the ever widening bounds of scientific knowledge? The question must be answered by those who are practicing medicine today, for in their hands lies the future of scientific medicine.

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