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Committee on the Costs of Medical Care
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INADEQUACIES OF OUR MEDICAL SYSTEM

PORTRAYED IN SURVEY OF RURAL VERMONT

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Washington, D.C. - The common belief that the poor receive necessary medical care is disproved, at least insofar as Vermont is concerned, by a report on the medical facilities of that state, made public today by the Committee on the Costs of Medical Care.

Vermont was chosen for study because it was considered representative of agricultural New England and other historically mature communities, and because its problems, as the report repeatedly points out, are fairly typical of a substantial part of the United States.

Enormous economic and human loss, illustrated by the fact that "at least 30 per cent of the total expenditure for the care of illness is practically wasted because spent for self-medication or inferior types of practitioners," was encountered by Dr. Allon Peebles, who made the Vermont survey for the Committee.

The total spent in Vermont annually for medical care was estimated at something over seven and a half million dollars, or over $21. per capita. Thirty per cent of this total - or the amount estimated as wasted in Vermont each year - would come to well over two million dollars, or over $6. per capita.

The exhaustive detail of Dr. Peebles' 321 page report makes strikingly clear the financial difficulties confronting doctors, dentists and nurses, and at the same time points out the inadequacy of the medical attention received by the public, in spite of the fact that there were found many practitioners with insufficient work.

The report is the thirteenth study completed by the Committee on the Costs of Medical Care, which, under the chairmanship of Dr. Ray Lyman Wilbur,

Secretary of the Interior, will, in the fall of 1932, announce the findings and recommendations resulting from its five-year study of the problem of "the delivery of adequate, scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life."

Other striking facts revealed by the survey include:

1. Costs of sickness to families are distributed unevenly, the annual expenditure ranging in the families studied from fifty cents to $1,400. Of approximately 1,300 rural families intensively studied, 17 per cent of them paid 62 per cent of the total costs incurred by the entire group.

2. Mileage charges by doctors for visits to outlying districts, usually fifty cents a mile one way, in addition to the fee, intensify this unevenness, and dispose farm families to put off calling the doctor.

3. No central board or agency is available to plan the provision of medical facilities according to the needs of the people; to decide, for example, whether new hospitals are required, and if so, what kinds and how large they should be, and where located.

4. Seventy per cent of the people studied had no dental care of any kind during the year.

5. In a few rural communities in the state, subsidies are paid to physicians out of tax funds, thus assisting them to earn an adequate living and making a doctor accessible to citizens in the locality. Elsewhere, physicians often have difficulty making ends meet.

6. Osteopaths average an annual net income of $4,454., an income higher than that of either physicians, who average $4,310., or dentists, who average $4,187.

7. Physicians employed on full-time salaries earn, on the average, $1,000. a year more than physicians in private practice.

8. Rural doctors utilize modern laboratory procedures but little, and frequently practice without the technical advantages afforded by a hospital.

9. Though there are, in general, enough hospital beds in the state, they are not used to the extent that good practice requires. There is almost no out-patient, clinic, or follow-up activity, and the fact that at least six hospitals do not own a microscope is taken as illustrative of certain deficiencies in diagnostic practice.

10. Preventive medicine is sorely neglected. There is a great disproportion between the expenditure for public health work, thirty-one cents per capita annually, and for nervous, mentally unsound and feeble-minded persons, $2.45 per capita.

Summarizing a typical instance of Vermont's health-care difficulties, Dr. Peebles says:

"The situation in Franklin County is paradoxical. Few children are immunized against diphtheria, yet physicians spend many hours a week waiting for possible calls. The need for immunization exists, the practical skill for performing immunization is at hand, and yet immunization is not effected. The cash nexus is missing. Similarly, dentists wait in their offices and the people wait until a toothache drives them to the practitioner for relief. The present economic mechanism is at fault - it is unsatisfactory to both practitioner and patients."

"The evidence is sufficiently clear throughout the report," Dr. Peebles later comments, "that the people of Vermont are not receiving the medical care which they need and that this is primarily due to the fact that many families cannot make the necessary expenditures. The common belief that the poor receive necessary medical care is not supported by the survey, in spite of the extensive provision of free services by physicians, and in spite of expenditures for indigent persons by towns. The group which suffers most is composed of people with small resources who desperately struggle to maintain financial independence. Because they are unable to pay doctors or dentists, they postpone seeking medical service.

and attention. Sometimes when they eventually call a practitioner they are refused attention if a bill for a previous illness remains unpaid." These and other conclusions in the report presumably apply to most sections of the United States.

Subsidies for Physicians

Seven town governments in Vermont are offering or are paying subsidies to doctors. These are paid from tax funds and entail no professional responsibilities other than the maintenance of a private practice in the locality. The amounts of the subsidies now being paid range from $240 to $600 a year.

As a result of the subsidy system, the residents of the small town and its environs benefit from the accessibility of the physician and the decrease in the mileage charges which they might otherwise have to pay. Dr. Peebles points out, however, that an extension of the subsidy system would not solve the problems of people unable to pay for needed medical and dental care, nor does it provide preventive health work, a necessity revealed by the study.

Incomes of Those Providing Medical Care

Average annual gross and net earnings of all those employed in the care and prevention of illness in the state are given below:

KIND OF PRACTITIONER	AVERAGE GROSS	AVERAGE NET
Physicians	$7,025	$4,310
Dentists	6,745	4,187
Osteopaths	6,069	4,454
Chiropractors	3,068	2,164
Chiropodists	2,300	1,040
Nurses (Graduate)		1,101
Nurses (Practical)		563

One physician reported a deficit as a result of his year's work, while 44 per cent of the physicians whose incomes were studied had yearly net incomes of less than $3,000.

Prescriptions are Usually Dispensed by Physicians.

Most of the Vermont physicians furnish medicine to their patients, at least occasionally. Rural physicians dispense an average of 86 per cent of the medicines used by patients under their care. They say it is more convenient for country people to receive the necessary medicine from the physician rather than to take a prescription to a drug store. This is particularly true in winter time when heavy snows make travel something of a problem.

The night before one doctor was interviewed, he had driven back to a drug store to get a prescription for a patient who otherwise would have had to wait until morning to obtain it.

Accessibility of Physicians.

Physicians in Orange County, which is almost entirely rural, did not think the inaccessibility of patients constituted a grave problem, even under the worst travel conditions. Thirteen of these physicians, however, reported that they could not reach a total of about 360 families in the county in bad weather without considerable inconvenience. These families constitute about 9 per cent of the total families in the county and are reached by dirt roads that are not kept clear of snow in winter.

Physicians reported that they frequently had to be met by a member of one of these families with a team, and one stated that he sometimes did not know where the people who called him lived and they met him to show him the way.

Data obtained from 232 families (containing 947 individuals) in Orange County, indicated that one-half of them live at least four miles from the nearest doctor and six miles from the family doctor, eight miles from the nearest dentist and 14 miles from the nearest hospital. When road conditions are at their best, only 4.3 per cent of the families are more than an hour away from a doctor, while

under the worst road conditions two-thirds of the total are more than one hour from the family doctor.

Simplifying Country Practice.

The Committee's research worker discovered several cooperative plans in use among physicians. Three physicians, for example, in a village of 1,700 population have divided their rural practice into three areas to avoid duplication of travel. On a chosen day, each doctor covers a section in which he visits not only his own patients, but also those who have called the other doctors. Each doctor visits each of the districts in rotation, so that patients each third day may be treated by their own doctor, and medical care is available every day from one of the three.

Other doctors sometimes set travel limits as a means of reducing the amount of mileage covered in their practice. For example, Dr. Jones will go only as far as the Smith place, while Dr. Brown makes that his limit from the other direction.