Dr. Joseph Stokes delivers Francis M. Smith Lecture

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Dr. Joseph Stokes, Dean of the new School of Medicine on the San Diego campus of the University of California, has suggested the development of a program of federal support for medical schools which would relieve the schools and their personnel from continually vying for funds.

Dr. Stokes delivered the Francis M. Smith Lecture at the Scripps Clinic and Research Foundation, in La Jolla, Thursday (December 3). In the talk he also discussed the dilemma of specialization among physicians and focused the problem of rising costs of medical care on hospitals and hospital services.

Dr. Stokes said that the relationship between medical schools and the federal government is not unhealthy at the present time, and added that a great deal of the credit for the modern miracles of medicine can be traced to this federal support.

"Nevertheless, if Congress could restrict itself to deciding what proportion of federal revenue it can afford to spend on medical research and leave the decision as to the proportional support of various programs to those who administer the National Institutes of Health, we would have a better system," he said.

He said federal support of research at the present time comes chiefly in three ways: specific research project grants; the development of certain clinical research centers at medical schools, including cost of patient care during hospitalization; and finally, small sums of money made available for general research development.

He said the specific research grants have been wisely administered but have had the effect of pulling universities apart and drawing together certain groups of medical scientists into "invisible colleges" having a divisive effect on medical schools.

"I still believe that there is a place for a community of scholars of various disciplines, both within medicine and within the university, living and working together, and that such cross communication is vital to the development of medical science," he said.

He said at the present time the limiting factor of the research grants program is the time required for competent investigators sitting on review committees.

According to Dr. Stokes the general research program to medical schools places a heavy responsibility on individual schools to dispense research funds and may accentuate interdepartmental rivalries.

"This program may tend to distribute funds evenly among medical schools, supporting poor quality research in some institutions and giving inadequate support to programs at the better universities," he said. "We must recognize the fact that there are qualitative and quantitative differences in the research programs at different schools, and that nothing will be gained by trying to level everything to a common standard."

He said the federal government should be concerned about a minimum level of support, but beyond that, it should encourage diversity and place its support where it is genuinely deserved.

Dr. Stokes said these problems could be at least partially solved by designing a program of federal support for both public and private medical schools that would lie somewhere between the research grants program and the general research support.

He said it could be implemented by extending the concept of clinical research centers and could include construction (on a matching basis) and guaranteed long term operational support (10 to 15 years) including faculty offices and laboratories, research beds, and possibly even some ambulatory care facilities as well.

"Such a program should be built around certain key clinical investigators of proved research competence with a periodic professional audit performed to relieve the recipient institution of the problem of objective evaluation," he said. "This should go far in maintaining quality control. I believe that both federal government and the medical schools would profit from such an arrangement, and that it would maintain high standards of excellence while removing some of the present cumbersome administrative procedures."

Dr. Stokes said that specialization is foremost among the problems which have been brought about by the 20th century. Specialization is proceeding so rapidly that barriers of ignorance are being raised between physicians which inhibit interaction and which interfere with the integrated care of the patient, he said.

"Our understanding of biological processes is increasing exponentially and, barring catastrophe, will continue to expand," he said. "Our ability to prevent and to treat disease will increase roughly in proportion to this expansion of knowledge. Since there is a finite limit to each individual's knowledge and skill, specialization will continue to increase and physicians and clinical investigators will continue to know more and more about less and less."

The individual patient, however, is indivisible, he said, and because of his legal and moral responsibility to the patient, the physician should never extend his professional authority beyond the limits of his own competence. On the other hand, the patient lives and functions primarily as an individual and he wants a physician who will look upon him as a whole and unique individual.

According to Dr. Stokes, the best way of managing this dilemma is to demand that authority and responsibility not be dissociated. All physicians should be willing to accept full responsibility for the care of the patient regardless of their degree of special interest, and this responsibility should remain clear. The definition of a physician should always be one who accepts and is adequately trained to take this kind of full responsibility.

The specialist must be willing to bear full responsibility for his acts and be willing to bear responsibility to treat the whole patient at least temporarily during a time of clearly defined responsibility.

Medical costs, according to Dr. Stokes, should never be a determining factor in medical care. It will always limit, but should never lead, he said.

He pointed out that there has been considerable redistribution of the total medical care dollar in recent years. In the 12 years between 1948 and 1960, the hospitals' share increased five per cent while physicians and dentists services both dropped off, a pattern which can be expected to continue, he said.

"This, then, focuses the cost problem on the hospital and hospital services," he said. "Most hospital costs relate to wages, and hospital personnel are still paid at a lower rate than comparable jobs in industry. Therefore, for the immediate future, a rise of cost is inevitable."

There are ways, he said, of effecting more efficient operation, some of which have already been tried and may be used increasingly in the future.

He suggested that hospitals operate on a 24 hour, 7 day week, and 52 week year basis. Also, automation and computers may soon help to cut the service costs of hospitals, he said.

"More important, however, is the problem of regionalization," he said. "We're not so rich that we can afford to have open heart teams in each hospital. Federal and other granting agencies must become tougher about demanding the pooling and efficient use of certain expensive facilities which exist today and which will certainly increase in the future. Here is the place where the public can justifiably demand that medical care recognize problems of the pocketbook.

"Both the problem of specialization and the problem of high cost can only be solved by the particular American genius-- organization," he said. "I believe that both these problems can be met through better coordination of services, and that we will only be able to keep our position of unquestioned leadership in medicine if we are able to devise such systems."