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RESEARCH NEEDS IN MEDICAL CARE

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RESEARCH NEEDS IN MEDICAL CARE*

I. MEDICAL CARE IN THE WORLD OF TODAY

1. The Pan American Health Organization defines medical care as the aggregate of direct and specific measures designed to put facilities for early diagnosis for timely, complete and restorative treatment, and for aftercare at the disposal of the greatest possible number of persons. Those facilities are to be provided by medical institutions or private practitioners. Medical care, as one of the basic services of an integrated public health plan, also contributes to education and research, and indirectly to each of the health protection and promotion activities that are carried on within the framework of systematic and coordinated programs. (1)

2. This also hold true for the hospital as a unifying agent of medical and social organization. Its purpose is to give the people much of the basic service of medical care. It assists, either directly or indirectly, according to its size and location, in supplementary activities for the health promotion of the individual. It provides hospitalization, ambulatory care, home visits, and facilities to doctors in private practice. Within its own sphere of influence it is also a training ground for personnel and a medicoscial research center. (2)

3. From the standpoint of the patient, the principal beneficiary of this service, medical care should meet the following requirements.

a) It should be accessible to everyone, without regard to his income, the cost of the service, or where he lives; and there should be no distinction as to the race, religion or political allegiance of the patient.

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b) Every individual has a right to proper medical care when needed, whether provided by doctors, dentists, pharmasists, nurses or other personnel, whether in his home, as an out-patient or in-patient service, and whether for prevention, treatment or rehabilitation. Whether the disease be physical or mental, whether for a short or a long period, and on all occasions, with the help of all the means science has at its disposal.

c) These services should be satisfactory but in quantity and in quality, and should be provided for as long a time as is necessary, with the continuity and understand that the physical and psychological state of the patient and his social condition requires, all of which should be done with the greatest possible economy and coordination of the available technical services. (3)

4. For these and other reasons of a historical, biological, economic, social and political nature, it is easy to understand why such an important function is proving to be of increasing interest to public and private institutions to individuals, groups, associations and communities etc; to the state, the employer, interested professional groups and those who benefit directly from such care. In Latin American countries this service has to provide mainly be Governments. It was so to begin with and still is, owing to the increasing, the average income has remained static or has declined, especially in recent years. For this reason, the Governments have been obliged to take an active part in the organization and administration of this vast social endeavour. (4)

5. To the above must be added the rapid rise of social security agencies, a growing phenomenon in Latin America which has led to medical care becoming more and more a Government responsibility and less and less that of private individuals.

6. This has also affected the medical profession and the healing art. Some authors openly refer to the current "medical crisis", while others maintain that such a crisis has existed throughout the ages, and that financial difficulties have now united with its technical and psychological causes. It is true that medicine, in its public charitable, and contractual aspects, has made an effort to reach the whole population. But to give comprehensive care to all the people, demands ever increasing sacrifices on the part of the doctor, and as a result a certain apprehension is being felt by medical men and their associations. (5)

Regardless of the historical and cultural explanation of that crisis, it remains one of the most salient characteristics of medical care in our time, and one of the factors that must not be discounted when looking towards progress in medical care based on broader knowledge and information.

7. Regardless of the place given to medical care within an economic and social development plan - health being considered as one of its most important components - there is no point in further discussing whether or not health protection and promotion ought to be separate from the car of the sick. The study of the history of diseases, and the unity of the biological process, reveal clearly enough that there is no break in nature in the health-disease cycle. And if there is no such break in nature, surely it would not be prudent to accept a separation of the preventive and curative services in a Hemisphere that is in the process of development, regardless of the origin of funds and the mode of procedure. (6)

Because of its importance, that fact should serve as the point of departure for a thorough revision of the concepts of medical care with a view to defining its sphere of activity in such a way that the reluctant better definition may serve as a basis for developing new systems of medical care.

II. THE ENORMOUS PROBLEMS OF MEDICAL CARE

1. Medical care is as old as man. One might therefore think that its age-old existence has furnished him simultaneously, with the indispensable experience he needed to solve new problems. Such is not the case. No aspect of health requires such a thorough revision.

As ancient as it is, medical care needs to be given a new direction. There is an urgent need to currect traditional ideas, its methodology, and to define the procedures that best serve the sick. That explains why so many problems have been put aside to await solution. Some have not even been considered.

Here are a few facts to illustrate that assertion:

2. One fact outranks all others in approaching the policy of medical care in the different countries: the construction of new hospitals.

But it is regrettable to observe that there are no reliable data on the number of hospital beds available in many Latin American countries. The official figures show variations which supplementary information on new constructions, remodeling or completion of facilities does not fully explain.

Nor are there any reliable statistics on the distribution of beds by specialization, on their cost and their social yield. The same can be said of the organization and influence of home visiting and outpatient services.

In other words, the real extent of the problem is unknown, and as a result it is difficult to determine what the immediate and long-range needs are at a time when medical care has become an integral part of the plans for economic and social development the Charter of Punta del Este is stimulating.

The natural tendency of Governments is to construct hospital facilities without taking the real cost of the investment into consideration.

Frequently, hospitals are opened as soon as the structure is completed, although the necessary reserve funds for their operation have been established. Time reveals the errors made in geographical location, use, or productivity within a "system".

No one discusses the lack of hospital beds. But whatever index is adopted - and there are good grounds for believing that the same index cannot be applied to all countries - experience shows that the available beds could cope with a larger number of cases if improvements were made in the organization and administration of services, and the personnel in charge of their operation were properly trained.

The construction of hospital facilities has a significant effect on the economy of each country. The statistics are impressive because of the amount of the investments involved.

However conservative the estimate of the current shortage of hospital beds may be, it still represents a considerable figure. If Governments were to be appraised of the problem in all its disheartening reality, the effect on incentive might prove to be disastrous. A better approach would be to induce them to make better use of and obtain a better yield from the available resources.

3. In making a study to determine needs and resources, the role of experts assumes importance immediately. Those who are charting a new course fcr medical care insist on the necessity of selected personnel, trained, and ready to meet current demands. The administractor, the heads of technical units, the clinicians, the experts in related fields, and their assistants ought to be brought together for a cooperative, not competitive health policy. The so-called "institutional" prejudices are not the easiest to overcome. The lack of sufficient numbers of qualified personnel

is only too well known. As to administration *per se*, mention has to be made of the fact that the physician's interest in that important field is decreasing.

4. Medical care has certain psycho-sociological components which must be thoroughly understood if there is to be a better conception, planning, and realization of the "system". It is necessary to gain the support and the understanding of the community to be benefited and of the professional groups responsible for attending it. Whatever procedure is chosen, it will continue to rest on the inexorable doctor-patient relationship. In the past, the technical opinion of the person giving the service has prevailed. What the wishes of the person receiving the care really are should also be known. It must not be forgotten that public or private medical insurance has given people the idea that their payments cover the total cost of the services received. Improved information would probably make organized groups have a different attitude toward the services, most of which are provided by the State.

5. If it is true that medical care helps to repair an existing damage, it is important in the progress and development of a country. Its social mission is to restore to the patient his lost ability to work and thus to reestablish him as easily as possible, to his former position as a producer and a consumer. When he is permanently incapacitated, he must be rehabilitated or taught to use whatever skill remains to prevent his becoming a burden. The toll of disability due to disease, occupational hazzards, or accidents is another of the serious problems of medical care, and it has been aggravated by industrialization.

6. But the most important problems of all is how to incorporate medical care effectively into the framework of a National Health Plan

since health is indisputably a component of economic and social development and reconciles man with his environment. As long as there is a lack of coordination and integration, whatever progress is achieved will be of slight and dubious value.

Ways must be found to bridge the gap between preventive and curative medicine, between public health and medical care. If not the most important of those, at least the most feasible is the out-patient clinic whose constructive activity extends as far as the home of the patient, economy in hospital beds and the individualization of health promotion and protection.

III. PRESENT STATUS OF RESEARCH IN MEDICAL CARE

Even without a knowledge of the research currently being done on medical care, it is not an exaggeration to say that it is not yet general enough to cover the broad field of its numerous needs.

1. The World Health Organization recently completed a pilot research project in six countries, two of which were from this Hemisphere, on the cost of health services and medical care. The study has helped mainly to draw up certain definitions and guide lines for the establishment of uniform procedures in the compilation of the most necessary data; it nevertheless leaves room for improvement and amplification.

2. In the United States, where considerable statistical data are available, a number of research projects on health services and medical care have been carried out. These have brought about important changes in hospital organization, medical practices, and private insurance or social security. Other studies have helped to establish costs and financing of services.

3. There is considerable variety in the Canadian systems. The studies that have been made have compared them, frequently on a provincial

basis. Recently a Royal Commission on Health Services has been set up to ascertain the principal needs as well as the resources available to meet those needs. (8)

Although such contributions are important, the findings cannot be applied internationally since research of that type has always been fundamentally national by nature.

4. As to Latin America, it is easy to deduce from the above what serious lacunae exist in the field of basic information. The Advisory Group on Medical Care, convoked by the Organization at the beginning of March, considered that information about personnel, organization, utilization of services and financing was one of the most important gaps that had to be filled. That Advisory Group recommended the compilation of the essential data for the proper planning and programming of medical care and for the evaluation of its accomplishments. It also recommended the formulation of standards and indices without which output cannot be assessed, and placed special emphasis on the data that should be routinely collected and on other special studies, without which it is necessary to grope one's way in the dark, as it were. (9)

5. The foregoing is one of the results of the initiative of the Pan American Health Organization which in close collaboration with the World Health Organization, has been fostering a program of scientific research for the Americas. To that end an Agreement has been concluded with the United States Public Health Service, through the National Institutes of Health. The Organization is interested in matters of international scope or, if that is not immediately possible, then others which by generalizing a pilot study, might later fall into that category.

6. Among the latter, mention must be made of one which is now in an advanced state of preparation and was originally presented to the United States Public Health Service which received it well as was expected;

it was later studied by the Washington University of St. Louis, Missouri, at its Medical Care Research Institute. (10)

The study in question might be called "Research on Systems of Organization of Medical Care". It could be divided into two phases: the first intended to establish the basis of a coherent plan and the second its practical realization. Financial support comes from two separate grants.

The general idea of the study is to take the area of a city, divided into two sections, one of which will be the research site and the other will provide the control. Each section will have approximately two thousand families. The section which is the subject of the study will be divided up among a group of previously trained physicians, each one of whom will be in charge of three hundred families. They will be paid so much per family or per person, whichever is more suitable. It is assumed that the system would commit the physician to provide good medical care, the usual health protection and promotion services aimed at reducing the risk of their charges falling sick, the collaboration of specialists, and hospitalization, admission, stay, discharge, and aftercare being directly or indirectly under the control of the professionals concerned. The necessary experts and auxiliaries would be available to collaborate in the work, as would the necessary means for transportation diagnosis and treatment.

The control group will continue to benefit from the services that are currently available, but the fact that the group being studied will simultaneously stimulate an improvement in the medical care of the control group will be taken into account.

Special importance is given to the planning phase since that is where procedures and methods for the concurrent and terminal evaluation will be established, with special reference to current morbidity, the response to this sort of care of the beneficiary group and the cost of the

service offered. The help of economists, sociologists, anthropologists, physicians, etc., will be enlisted for this study. (11)

The principal aspects of this work plan are as follows:

1. The functional integration of state and private services; teamwork of the general practitioner with the specialists.

3. Functional integration of medical care in out-patient clinic, domiciliary service and hospital control of the number of hospitalizations and the average length of stay.

4. The central role of the family doctor as a humanizing factor in state medical care; contractual medicine, with increased consideration being given to the interests and aspirations of the community receiving the benefit of the care.

With regard to the actual accomplishment of this work plan, the first phase will soon be initiated. Interest has been shown by the National Institutes of Health, the University of St. Louis, the Pan American Health Organization, the appropriate Ministry of Health and its technical or collaborating agencies. A visit was recently made to the site.

IV. SUGGESTIONS FOR A RESEARCH PROGRAM ON MEDICAL CARE

1. The principal purpose of research on Medical Care is to study its organization and administration, the available resources, the staff and the services, with a view to establishing their distribution, effectiveness, and cost. The principal aim of research is the dissemination and utilization of the findings to imporve the administrative and technical

practices of medical care.

In formulating a research program for the Americas, PAHO/WHO hope to achieve the following aims:

a) To stimulate the interest of governments and their agencies in the development of research programs that will yield the necessary information for planning and evaluating national health services.

b) To compile, analyze, compare, publish, and distribute the data obtained in the different countries of the region.

c) To furnish technical advisory services for the planning of research projects and material assistance, if needed, for the compilation and subsequent tabulation of the data gathered.

d) To coordinate the research activities of the different countries and to facilitate close ties between researchers working in each country.

e) To assist in the training of those responsible for research activities. (12)

2. On this same subject, the Special Advisory Committee on Medical Care made three general recommendations:

a) To establish a research unit as an adjunct to each Ministry of Health for the compilation of the basic information needed for the formulation of programs and for their subsequent evaluation. The units will require adequate financing and the necessary facilities to perform their functions.

b) The research units will place special emphasis on the studies which can best serve to guide Medical Care administration. Therefore, they will make an inventory of needs and resources, and the principal requirements in personnel and facilities.

3. Pilot projects will be carried out in each administrative area to give a sound foundation to the different schemes of organization, including the integration of preventive and curative activities, regionalization, the organization of health centers, and the use of auxiliary personnel. Each pilot project must be considered as an experimental expedient, and accordingly must be carefully evaluated. Such projects will be real "laboratories" for Medical Care research, and will serve as special training centers. (13)

As to suitable types of research, the following general suggestions are made:

a) Studies on morbidity. Since these are difficult to obtain, they are almost non-existent in Latin American countries. Medical care needs cannot be established on a sound foundation without such studies, and therefore an improved policy in that regard is needed. The low living standard, adverse social factors,and the granting of free services makes for sub pathological cases which lead to excessive demands for medical attention and the extension of certain types of services.

b) Studies on costs and sources of funds. As already stated in the previous section, the pilot study undertaken in six countries by the World Health Organization has emphasized the need to establish some general criteria for the definition and classification of certain facts so that different countries will be able to use them on a comparative basis. Certain variations, in social security, taxes, public welfare, municipal services, etc., in the countries are not immediately discernible, and require further study.

c) Studies on the use of medical facilities. It is obvious that the complexity and cost of medical services (for care) are continually

increasing. If considered in relation to the amount of money invested, new hospitals are not always the best solution to the problem. In some areas, the low occupational index reveals that they were not needed in the first place, or that they are not being used to the fullest possible extent for reasons that demand elucidation. Much research remains to be done on this matter from an economic, administrative and technical standpoint.

d) Studies on personnel. The serious deficiencies that exist in this field, both in the number and the caliber of personnel, are well known. In order to solve the problem, the needs must be known in advance, minimum indices must be established in keeping with the situation in each region, the employment capacity of the medical institutions must be studied, and the work must be made attractive and stable, with certain established rights and duties.

e e) Studies on organization. The models on which Medical Care in any country is patterned are very important, and especially so when countries are in a process of development. In organization, the centralization of policy making and the decentralization of activities are important, as well as the creation of a "system" which includes the concept of regionalization and permits the maximum utilization of the available resources. Whether by means of integration, or with the help of effective coordination, or by a combination of both, theorganization of such a "system" is very desirable for the good of the services as a whole.

A study of results, mot only in terms of personnel but also organization and services, is also needed.

f) Sociological studies. It was previously stated that the results of a Medical Care program are largely dependent on its acceptance

by the medical profession, and also by the community that is being benefited. (14)

4. The Special Advisory Group on Medical Care, which recently met at the Organization's headquarters, gave careful consideration to the facts that were submitted for study and decision, and arranged the topics in the following main categories, for instructional purposes:

a) Matters that concern the recipients of the service.

b) Matters that concern those who give the service.

c) Matters that concern the machinery (organization and administration) of the service. (15)

In other words, this viewpoint takes into consideration each of the elements of the indivisible triad: the system, its executors, and its beneficiaries. Unfortunately, the integrated concept with which Medical Care ought to be considered does not always permit a clear-cut separation since most work plans are, or ought to be, based on the three elements. And so, for example, individualized research in the foregoing section refers primarily to the system (Medical Care as a Basic Service of a local integrated health program), secondarily to the executors (family physician working in depth with the family group), and finally to the beneficiaries (the community receiving a service which respects its traditional aspirations as well as certain psychosociological factors that were not always taken into consideration in the past).

5. Efforts have been made to place each subject in its proper place within the systematized arrangement of the plan. The research topics deal exclusively with administrative techniques for Medical Care. In their totality, they represent the studies that ought to be made by the interested agencies in each country, or with the collaboration of international

organizations that wish to cooperate on such problems.

6. Some of the most important opinions on the subject are listed below: (16, 17 and 18)

A. IN RELATION TO THE PROGRAM ITSELF

1. An inventory of the available basic information and the principal informational lacunae that must be filled on the subject of administration to assist in future planning. The formulation of a study on the minimum possible needs with regard to numbers.

2. A comparative study on Medical Care in Latin America and on the different solutions to problems of organization in each country. The possibilities for the organization of a separate "system" within each jurisdiction (national, state, or provincial).

3. The quantity and quality of Medical Care. Sufficient? Excessive? Insuffieient?

4. The organization, completion, and utilization of the different services that are included in Medical Care (out-patient clinic, domiciliary care, hospitalization. Hospitals and Health Centers. Urban and rural services). Different types of hospitalization.(general and special hospitals-acute and chronic diseases - continuous and interrupted care). Organization of services in rural areas.

5. Organization of statistical services for Medical Care. Single case history for out-patient clinic, domiciliary care and hospitalization. Clinical records and files.

6. The cost of Medical Care within the national health budget. (See also Document RES 1/3, pages 4 - 5.) Detailed study of costs according to the type of Medical Care. The preparation of an accounting of costs for that purpose. Possible measures to effect savings for the financing

of other activities that are accorded higher priority. Source of funds and possibility of establishing a joint fund.

7. Basic principles for technical and administrative accountancy. Study on the effectiveness of administrative control (days of hospitalization, pharmaceutical prescriptions, etc.)

8. Evaluation of the different organizational systems from the standpoints of finances, administration, and service. Output and the principal indices (general practitioner, hospital, health center).

9. The structure of Medical Care (program, plans, buildings, installations).

10. Relationship of the state Medical Care system with social security and mutual aid schemes. Relationship with other state, semi-state or private agencies (armed forces, public welfare, municipalities, voluntary systems, etc.)

11. The problem of disability and rehabilitation. Medical Care and Disability Insurance (common diseases, occupational diseases, occupational accidents). Medical Care, occupational health, and industrialization.

B. IN RELATION TO THOSE WHO GIVE THE CARE

1. Personnel requirements for he different categories and their distribution. Selection, training,aad guidance of personnel. Output and evaluation of the services performed by professional and auxiliary groups. Desirable personnel indices.

2. The doctor in administration. The physician in general practice. The specialist. The family doctor. The other professional groups.

3. Systems of payment. Private practice and medical care under government auspices. The duties of the State toward the government physician.

4. The reaction of the medical profession to state Medical Care. The methods that can be used to enlist the active collaboration of the medical profession in integrated health programs. Their participation in the agencies for medical accountancy. Indices of output and of the quality of the services as factors in professional ethics.

C. IN RELATION TO THE BENEFICIARIES*

1. Studies on morbidity. Real and apparent morbidity. Special out patient clinics for morbidity control. Low-cost or free services.

2. Type of Medical Care required according to age, sex, economic and social status.

3. Detection of the diseased state. Case-finding according to the type of ailment.

4. The wishes of the community with regard to Medical Care. Attitude of the community toward the different systems of Medical Care. The patient and his attitude toward social medicine. Free choice of the physician or the system.

5. Other psycho-sociological aspects of Medical Care.

The above list, which is self-explanatory because of its clarity, touches on the diversified aspects of costs, utilization, output, human and material resources, evaluation, statistical and administrative indices. It also considers the areas where solutions are to be found for any problem, either health problems or others having to do with programming, organization and administration, personnel and research.

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* In addition to the elements enumerated here, Document RES 1/3, pages 5 - 6, disusses research into economic characteristics of the beneficiaries of medical care.

V. RECOMMENDED TOPICS FOR RESEARCH ON MEDICAL CARE

1. Due to its extensive scope, the above list could be utilized for a long-range research plan, although a plan that would bring about immediate results would be desirable. However, it is difficult to establish a list of preferences because of the marked differences that characterize the different Latin American countries.

2. However, there are some subject whose urgency and usefulness is indisputable. The following are adaptable to Medical Care on every level, and are therefore recommended:

a) Compilation of the basic information needed for logical Medical Care planning.

b) Organization and improvement of Medical Care statistics.

c) Integration of services and organization of domiciliary and ambulatory care.

d) Education and training of personnel with all available resources.

e) Creation or reinforcement of the agencies for applied research.

3. The foregoing ideas for programming reveal the diversified activities that would have to be undertaken before Medical Care could be established on an acceptable basis. Answers to the following questions must be found as a necessary prerequisite for the successful accomplishment of that ideal:

How can the needed basic information be found?

How can the indispensable liaison be established between Public Health services and Medical Care, on a sound and balanced basis?

How can schools and other instructional agencies train Medical Care

personnel, especially those on the highest levels, to have the desirable outlook and efficiency?

How can applied research be conceived, directed and carried out to receive the support of Governments, communities and organized professional groups? The problem is undoubtedly complex and a concerted effort is needed to solve it. For that purpose thought has been given to the necessity of promoting the basic medical care service in an orderly fashion without departing from the classic ways that lead to an acceptable and progressive solution.

Efforts must be made to promote the planning of Medical Care, the organization and administration of "systems" of integrated services as fields for the application and practice of medical care, the training of personnel, especially those holding key posts or even providing advisory services of an international character, and the investigation of those items that are of the greatest importance for the success of the other three procedures.

Once the activity has been defined and the feasibility of the idea is accepted, a single diversified structure must be created. It must then be found the most suitable geographical jurisdiction, the financial support of a government, coordinated international assistance, a school of medicine that warmly supports the idea, and a school of public health that rejects the artificial distinction between the administration of public health and the administration of medical care.

Experience is to hand that shows that other regional or intercountry centers or institutes have been extraordinarily suceessful in promoting the solution to problems as varied as nutrition, zoonoses, mortality statistics, etc. When the burden of medical care costs in any national

or health budget is examined, such a departure takes on a greater significance.

In both the planning and establishment of a Regional Medical Care Center, research activities must have something to say.

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