

# PREVENTIVE MEDICAL SERVICES FOR THE FAMILY

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**I**F there is any contrast between Dr. Dublin's subject of "Health Services for the Family" and mine of "Preventive Medical Services for the Family" it is one of definition. "Preventive" is so often used in the purely defensive sense of warding off disease that we may forget its original meaning of "coming before." By this definition Preventive Medicine is the service which comes before disease appears, and it connotes the promotion and maintenance of optimum health.

Our discussion will be directed toward services to the family as a unit. The Peckham Group has called attention to the simple but oft-forgotten fact that individual men and women are not complete biological units, and that only when this union has produced the child is the biological unit complete. This biological unit should also become a functional unit, and that is what the facilities and spirit of the Peckham Health Center aim to develop. In contrast to this, most of our public health programs are aimed at accomplishing certain specific goals with certain groups on a mass scale, and only incidentally related to the family as a unit. This system has been developed to accomplish administrative economy, but it tends to make public health work impersonal and to encourage the attitude that people are specimens of health or disease rather than persons and members of family units. This is the attitude which we deplore in clinical medicine. To overcome it we are teaching our medical students that they should be like the good old family doctor who knew all his patients' personal problems, and that they should practice preventive medicine in its broadest sense as well as high quality curative medicine.

My discussion will deal with the preventive medical services which can be rendered by a physician or group of physicians having supervision of the health of the entire family. It is undoubtedly advantageous for the family to have a single physi-

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cian who can both guide the family in health practices and treat its members in illness. But this physician should have available laboratory and specialist services such as those provided in a group practice unit.

In discussing these services one must start at some point in the life cycle of the family. It seems most appropriate to start with the premarital period. If the physician has had close enough contact with the family he is likely to know when sons or daughters are contemplating marriage, especially if he has told the family that he would like to give marriage counseling when the time for it arrives. Counseling of premarital partners can usually best be done by seeing them together. The conference should be aimed at an understanding of the physical and psychological aspects of marriage, the requirements for a healthy family, and especially the self-sacrificing adjustments necessary for the continuation of harmony and the development of mature love. A careful history and a thorough physical examination, blood tests for syphilis and the Rh factor and an x-ray of the chest can be supplemental to this conference.

The importance of planning for parenthood is emphasized by our thesis that the family is not a complete biological unit until a child is born. That this event is important in making the family also a complete social unit needs to be emphasized in view of the alarming increase in the proportion of marriages that end in divorce. The possession of children apparently has some deterrent effect upon divorce, but unfortunately too many of the children grow up in an atmosphere of marital strife and become the victims of broken homes. Planning for parenthood should therefore include planning for the permanent adjustment of parents to each other and to their children. This goes back ultimately to the proper selection of a mate, education for which can certainly not be a responsibility of the physician. But he can give information and advice on the physiological and psychological adjustments of marriage in his premarital counseling. He can present the advantages and disadvantages of child-spacing, and, either at this time or after marriage, can

give instruction in the methods of accomplishing this if it is desired. The earlier such instruction is given the more likely it is to be effective in preventing maladjustments, but the practical experience of married couples will often require further counseling at a later time. The family physician should also have available psychiatric, gynecological and genito-urinary specialists who can share with him the responsibility for special problems, such as personality conflicts and sterility, as they arise.

We now move on to the preventive medical services which should be available after conception has occurred. The practice of obstetrics is largely a preventive medical service. Adequate prenatal care includes not only the usual physical examination and interval visits and a blood test for syphilis, but also examinations and instructions for the continued health of the mother and for the production of a normal child if possible. The mother's nutrition must be supervised carefully, any deviation from her normal metabolism must be noted early and adjusted, and special precautionary examinations such as a chest x-ray should be made. Since prematurity is the chief cause of neonatal deaths, instruction should include all known precautionary measures to avoid its occurrence. Preparation by the mother for the arrival of the child, with equipment and instruction in the details of care and feeding, are equally important. Lastly the prospective father must also receive warning as to the physiological and psychological changes of pregnancy, as to patience and equanimity in the waiting room of the hospital, and as to the neglect which he may suffer in the new family program.

Preventive medical services for children have become the chief goal in the practice of pediatrics. The pediatrician in private practice often makes financial arrangements for the supervision of the child in health and sickness on a yearly basis. This should serve as a model for medical service to people throughout life. In addition to periodic check-ups, immunization against smallpox, diphtheria and tetanus must be administered, and reimmunization at appropriate times. Gamma glob-

ulin is an established agent in the prevention or modification of measles. Active immunization against other diseases is also indicated when environmental conditions or residence in endemic or epidemic areas makes exposure a possibility. Tuberculin tests are an essential part of preventive services to children, both to indicate whether infection has occurred and to direct attention to sources of infection. The increasing interest in BCG vaccine may lead before long to its wide use in minimizing the probability of the development of clinical tuberculosis. Dental supervision is also an important part of preventive medical services for children. Orthodontia and periodic check-up for caries should be urgently recommended by the physician, and recent information indicates the wisdom of the local application of sodium fluoride to children's teeth in areas where the water supply is deficient in fluorin.

Nutrition is one of the most important elements in preventive medical services. It begins with birth and extends throughout life. It can follow general principles but must be adapted to each individual, because of differences in metabolism, activity, allergies, availability of foods, religious and family customs, climate and season. In the adolescent period the onset of menstruation in girls has been shown to increase the demand for certain food elements such as protein and calcium, and their deficiency is apparently associated with the development of clinical tuberculosis in infected girls. (1) This also emphasizes the importance of periodic x-ray examination of the lungs at and after puberty.

Recreational counseling may seem to be outside the province of the physician, but in dealing with emotional and behavior problems of both adults and children he can make recommendations which may be of importance. Before the advent of the automobile and the motion picture, recreation in the home, guided by the parents, was more common than it is today. Today parents have difficulty in limiting the leisure activities of their adolescent children to reasonable hours and places. To compete with extremes of unsupervised excitement

and pleasure requires ingenuity and planning by the family, and the physician can cooperate by early guidance and by re-directing unfavorable tendencies. Many behavior problems have a physiological basis, such as reading difficulties in children and alcoholism in adults. Careful observation can frequently discover these conditions early and prevent the development of serious or even tragic complications. Such problems are in the field of mental hygiene, which has become increasingly important in preventive medical service. The beginnings of psychoneuroses lie in physical or mental strains and conflicts, which become exaggerated by repetition and which can most easily be eliminated if detected early. We know less about the fundamental basis of the true psychoses, but it is generally believed that their development can at least be postponed by early recognition of the tendency, and by adjustments of habits and environment.

Vocational counseling is also an activity in which the physician can share an interest with parents and teachers. By his familiarity with the physiological make-up of the adolescent children in the family and by observation of their interests and talents he may help them choose a suitable type of vocation and avoid one which might lead to physical or mental illness.

Little can be accomplished in preventive medical service without the intelligent cooperation of the family. The physician rendering such service is therefore primarily a health educator. Although health education in the mass has been adopted by schools, health departments and industries, individual and family instruction is the most effective approach. Every health examination from the prenatal period to old age should be a session in health education, with simple explanation of the reasons for various tests, favorable comment on normal findings and instruction on how deviations from the normal can be overcome or held in check. Such procedures are paramount in winning the confidence of the individual and family in the skill and personal interest of the physician.

In sex education the physician has a function wider than a

mere statement of the "facts of life" and the dangers of promiscuity and venereal diseases. The Kinsey Report (2) is of value in demonstrating the wide range in sexual behavior from the unrestrained satisfaction of the animal instincts to the natural or self-controlled limitation of sexual activity. But it does not and is not intended to show how sexual behavior may influence physical and mental health or the happiness or fate of the family unit. I believe the physician has a function here in judiciously guiding youths and adults into a point of view which will be conducive to their well-being, without developing repressions which will lead to neurosis. The diversion of some of this animal energy into productive avenues of physical and mental activity is surely beneficial. Indeed the advancement of our civilization toward peace and culture is in proportion to the wise control of our animal instincts.

Safety education is another field to which the physician can contribute. A recent report of the Bureau of Medical Economic Research of the American Medical Association (3) shows that in 1945 accidents were the most important cause of death in the United States from the point of view of working years lost, and the second most important in life years lost. This does not include the tremendous amount of temporary and permanent disability caused by accidents. Physicians must keep this in mind in their instructions to mothers and in attempting to promote and maintain health at all ages. They can be especially helpful in studying the habits and reactions of accident-prone individuals and in suggesting precautions against the repetition of such occurrences.

We have now completed the life cycle of the human family, but it is necessary to follow the life line of the adult members during and after the time when they actually participate in the cycle. Their continued health is important in maintaining the family unit until the children whirl off into their new orbits, and after that in maintaining their own place in the social and economic structure of society. If they have learned the value of the periodic health examination they may seek the continued

guidance of the physician, but usually they will require encouragement to do so. The periodic health examination of adults has never achieved popularity because its benefits have not been generally demonstrable. To be effective it must be thorough, instructive, and performed with interest and enthusiasm. The so-called "negative" findings must be translated into positive findings of health. The inventory must show a large credit to the investor. Age landmarks for the development of diseases of later life must be recognized, and special examinations performed to exclude them or accomplish their early detection. Prevention must be aided by advice as to the adaptation of activities to the declining reserve and resilience of the human machine. Not only the aging adult but also the younger members of the family must become familiar with the physical limitations imposed by time, so that they may cooperate in maintaining the integrity of the family unit.

The attainment of this Utopia in preventive medical services to the family is a problem of considerable magnitude. It involves the shifting of emphasis by the medical profession from the diagnosis and treatment of illness to the diagnosis and treatment of health, and the education of medical students in the importance and opportunities of practicing on well people. Our system of solo practice and the tendency toward narrow specialization is not conducive to advancement along these lines. It is said that even in group practice only a special type of physician is interested in the examination of well people. If the pediatricians can take interest in the normal development of children it would seem that proper orientation and techniques could stimulate the practitioners of other specialties to broaden their interests and enjoy the recognition and encouragement of health as well as the cure of disease.

The demands and overhead cost of solo practice are not conducive to the thoughtful and time-consuming work of providing all these preventive medical services to the family. The assumption by public health agencies of the responsibility for an increasing number of preventive activities, and the assumption

by schools and voluntary health agencies of the responsibility for health education have placed these activities on an impersonal basis which does not fully meet the needs of the family as a unit, or of individual members of the family. I would not decrease these activities by public agencies but I would supplement them by more active participation of practicing physicians, and I would encourage the organization of physicians into groups so as to increase their ability to meet a wider variety of family needs and to facilitate a more leisurely approach to family supervision.

A beginning has been made toward providing these facilities in the establishment of fairly complete family coverage by pre-paid health and medical insurance plans on a group practice basis. For instance, in connection with the Health Insurance Plan of Greater New York, Dr. William A. Davis, at the invitation of Dr. Boudreau of the Milbank Memorial Fund, prepared a brochure entitled "Preventive Medicine in Group Practice," (4) which presents to the group physician the concept of practicing preventive medicine, and outlines methods by which it can be done. Although this brochure has not yet been distributed to the groups participating in HIP some progress has been made by these groups in providing preventive services. In a preliminary analysis prepared for me by Miss Neva Deardorff, Director of Research and Statistics of HIP, 13,000, or 5.8 per cent of the 224,000 services rendered by group physicians during the six-months period beginning November 1, 1947, were classified as preventive. They included health examinations and immunizations. Of the 5.8 per cent about four-fifths were given to persons who were found to be in good health and one-fifth to persons who were found to have a condition which needed attention. This is recognized as only a beginning in furnishing preventive services. Education of subscribers is necessary to encourage them to seek these services for themselves and their families. Miss Deardorff reports that the Painters' Union, during the first three months of participation in HIP, persuaded 20 per cent of its enrolled membership to receive health ex-



aminations. This was half of the total members who were brought under medical observation during that period. Mr. Irving S. Shapiro, Director of Health Education for HIP, reports that eleven of its Medical Groups are now issuing to their subscribers periodic informational bulletins which emphasize prevention and encourage periodic health examinations.

I recognize that such a service as I have outlined is perhaps far in advance of our expectations for the near future. Some of my ideas may be impractical, and I have probably omitted items which might be incorporated in an ideal program. Such a program will require more and better facilities than are now available, a broader education of physicians, the organization of more medical groups and health insurance plans, the accumulation of experience, and above all, wise leadership. When these things have been accomplished a broader, more constructive and I believe a more attractive field will be created for the family physician, and a gap will be filled in the practice of preventive medicine which will be of benefit to the family and to our civilization.

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