

## BOOK REVIEWS

### MEDICINE IN MODERN SOCIETY

THOMAS MCKEOWN

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230 pp. \$5.25

McKeown believes that one of the most important problems in modern society is to develop health services suited to present needs. In his introduction he summarizes some of the difficulties which stand in the way of a solution to the problem. Among the extrinsic difficulties is uncertainty about objectives. Even the accepted objectives of preventing sickness, malformation, disability and premature death are far from full achievement, let alone the definition and attainment of positive health. Nor has the ethical question of prolonging life beyond a pleasurable and useful stage been resolved. Other difficulties are the absence of sufficient, good indices of achievement in the health field, especially qualitative ones, and how to determine the priority health services should have in relation to other activities affecting health, such as education, welfare, housing, economic development and environmental measures.

Within medicine, what should be the balance between preventive and treatment services? Rising costs emphasize the need to develop measures for equating effectiveness and cost, an activity not yet well-accepted in relation to health services. Also, financial and administrative arrangements must be adapted to health service needs, not the converse as is now generally the case. With the growing complexity of health problems and services, and hence of public

responsibility in the field, answers must be found for the wise allotment of scarce resources of manpower, facilities and money.

Intrinsic barriers are also important to a rationalization of health services. Because public responsibility was initially seen as being limited to environmental control and personal care for the indigent, a variety of charitable, commercial and professional groups came into the field and they would strongly resist attempts to alter their roles. The existing multiplicity of administrative authorities and financing arrangement hamper rationalization efforts. Because of the early dominant position of communicable diseases in the total disease picture, attention focussed on needs for acute and short-term care. Hospital and medical care services as they were developed, therefore, took little account of the different service needs of the mentally and physically handicapped. Finally, prevention came to be looked on as a public responsibility whereas treatment was in large part a private one.

McKeown goes on to analyze the origins of the present complex health services problem. First, he examines the improving level of health in England and Wales from the late eighteenth century. He concludes that the main influence has been a decline in mortality rates, chiefly resulting from a rising standard of living, especially an improved diet, from about 1770; environmental sanitation measures from 1870; a favorable trend in the relationship between the infectious agent and human host in a few diseases, such as scarlet fever and possibly tuberculosis; and, only in recent years, specific medical measures. Further improvements in health status can be achieved by the more effective application of known preventive, treatment, rehabilitative and environmental control measures, as well as by emphasizing personal health education and research into unknown aspects of disease and newer environmental problems.

The evolution of the various components in British health services is outlined next. Because of historical circumstances, hospitals are divided into separately administered acute general, chronic and mental institutions in different locations and with different personnel. Patients with differing medical, nursing and social needs may be found in the same hospital. Cases are artificially divided into

acute and chronic. Problems of staffing in mental and chronic hospitals are serious. Relations within the hospital system as well as with other health services are inflexible. Continuity of care is missing because of the exclusion of the general practitioner from the hospital and the different administrative authorities for various institutional and community services.

McKeown presents his idea of the balanced hospital community as a solution for many present problems. All people needing in-patient care would be allocated according to their needs to the most appropriate facility among a variety of buildings designed to meet varying medical, staffing and equipment needs and located on a common site. Common staffing and administration would overcome the present stratification of services and would help solve staffing problems in mental and chronic hospitals. Continuity of care could be assured as the patient moves from one facility to another as required. Highly specialized research and care units could be located at selected sites only. Planning of the hospital complexes should allow for growth, changing needs and the easy replacement of outdated facilities.

As to medical practice, the author believes that health centers staffed by groups of doctors and other personnel offer the best base for ambulatory services. These would work in close relationship with the hospital complexes and would provide both personal preventive and treatment services. General medical care should be provided by four types of "personal" doctor not "family" or "general" practitioners—the obstetrician, pediatrician, adult physician and geriatrician. All other types of "specialist" would be hospital-based and be restricted to functions requiring both referral and specialization.

McKeown feels that all personal health services should be under one authority. In Britain, for historical reasons, he believes that this probably could not be the existing local authorities. However, any new system should retain the use of population methods as a complement to personal attention and an emphasis on prevention. Experimentation on transferring some local authority functions to hospital boards and to personal doctors should be tried, as well as consideration of the transfer of all personal health services to a new

area authority as a long-term objective. In looking to the future he recommends a common preparation for all types of health administration, so that administrators with a comprehensive understanding may be developed.

Finally, he looks at medical education and suggests that it has failed to prepare doctors to meet the needs of psychiatric, geriatric and rural services. He suggests that teaching centers should be responsible for all health services in a defined geographic area. This would help to assure a good standard of service and from a teaching point of view would assure a better exposure of students to the actual health problems in a region than does teaching based purely on the acute, general hospital. It would also permit study of representative patient and population samples as well as selected patient types.

McKeown has given a thorough yet simple analysis of the demographic, disease and socioeconomic influences which have produced the present health status and pattern of health services in Britain. The story has almost equal relevance for many other parts of the world. The book throughout emphasizes the need for balance and integration between institutional and ambulatory services both for patient care and for teaching and research reasons. The author, in his idea of the "balanced hospital community," presents one possible solution to many health care problems in modern society. He has done so with clarity and vigor. One wishes that he had expanded on the suggestion of a new area health service authority, since one questions whether hospital control is any more acceptable or practical than local health department control. Some believe that only in such a realignment of health services in which none would be "taken over" by another, but all would be part of a larger administrative body can hope be found resolving traditional rivalries among the various elements in modern health services.<sup>1</sup>

Equally thought-provoking is his proposal for four types of "personal" physician. One hopes that McKeown will sometime turn his incisive mind to the possibility of incorporating other "specialists" in group health centers in addition to their hospital functions. North American experience in this field is worthy of note.

Finally, it would be interesting to pursue the idea of a common preparation for all types of health administrator. Although, one agrees that some basic work may be shared in common, hospital administration, public health administration and medical care administration require different emphases, especially for those working at the basic program or institutional level. An understanding of each other's functions is, however, a necessity and requires continuous relationship in case study and seminar work rather than in formal technical aspects of the educational experience. Once basic competence has been achieved in one of these fields, then more capable candidates may be brought back for further preparation to equip them for broader health services planning and administrative roles.

MEDICINE IN MODERN SOCIETY should be read by everyone with a concern for the future development of health services whose purpose is "to make all the fruits of the health sciences available to all our residents without hindrance of any kind."<sup>2</sup> McKeown has provoked thought in this important book. He has done so with clarity and felicity of style.

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#### REFERENCES

<sup>1</sup> Hastings, J.E.F. and Mosley, W., ORGANIZED COMMUNITY HEALTH SERVICES, Ottawa, the Queen's Printer, 1966.

<sup>2</sup> ROYAL COMMISSION ON HEALTH SERVICES, Ottawa, the Queen's Printer, 1964, Volume I, p. 10; and 1965, Volume II.