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E. H. LEWINSKI-CORWIN, PH.D.,

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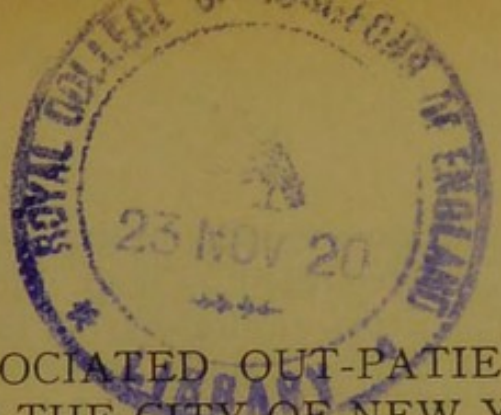

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Ours is the age of getting together and of team work. Great combines of all descriptions, trusts, syndicates, pools, gentlemen's agreements, trade and labor unions, farmers' associations, consumers' leagues, city, State, national, and international societies, bear sufficient testimony to the fact that the trend of modern life is toward integration and concentration. It is a process of evolution, in the Spencerian sense, and of simple evolution at that, for the intensity of the forces which produce it is so great as to prohibit much differentiation of the resultant aggregate. Hence, justifiable fear of it lest it destroy independence and individual initiative, the precious products of competition.

This fear may also be the reason why two phases of our social life, higher education and charity, drag so far behind the general movement towards combination or cooperation. Personal equation; philanthropic pride; personal, sectional, denominational, religious, or racial ambitions are probably contributory causes of no mean importance.

Of all forms of charity, medical charity seems to be in the most rampant individualistic state. The individualism of philanthropists is in this instance strengthened by the rivalries of the members of the medical fraternity and the medical schools. The existing competition among the hospitals, although wasteful at times, undoubtedly had many beneficent

results, absolutely non-existent in the case of dispensaries, which are regarded as step children of the hospitals or to borrow a phrase from the industrial world, as by-products of much inferior value.

Lack of Recognition of Dispensary Possibilities.—The dispensary is almost invariably looked upon by the Boards of Managers as the Cinderella of the hospital household. It is rarely well equipped and never cared for very properly and always expected to be self-supporting. Recently one of the hospitals of the city pointed out with pride that its dispensary is not only self-supporting but has made so many thousands of dollars of profit for the hospital. Why such an attitude should prevail it is hard to understand. Obviously not much faith is placed in the efficacy of medical treatment at the dispensary and no recognition is made of the great possibilities of the dispensary in preventive medicine and in public health movement.

The Dispensary Shortcomings.—As a consequence low standards of therapeutics and administration were allowed to prevail with great harm to all concerned; the indigent sick, the physicians and public welfare.

The abuse of the dispensary by those who by reason of their economic status are not entitled to gratuitous treatment is an evil of long standing. In December, 1877, the New York State Board of Charities appointed a special committee "to consider and report upon the best means of preventing these abuses."[1] The Committee reported the next year, recommending that a close attention to the rule of geographical limits is most necessary and that it is desirable that the several dispensaries should act in harmony and that by "occasional conferences many of the minor abuses to which medical charities are peculiarly exposed would be most conveniently remedied."

Present conditions are not very different from those of 1877, despite the fact that since 1899 we have on our statute books a law which makes false representation by dispensary applicants a misdemeanor punishable by fine, and in the opinion of the State Board of Charities the law has already accomplished almost all that can be expected of it in this matter. As a result of this as well as the fact that the dispensary clientèle is drawn from all over town the overcrowding in most of the dispensaries is rendering efficient treatment impossible. In a neurological clinic of one of the dispensaries it was figured out that, granting that all of the physicians were on duty for fully two hours daily, that no time was lost, whatsoever, that no two physicians attended one case at the same time, etc., the amount of time given to each patient, under these ideal conditions, was a little over one minute. There is no need to speak of the value of medical work to the patient and to the average physician under such circumstances. If it be added that modern scientific equipment is lacking in very many of the dispensaries and that the physicians are unpaid in a majority of them; that social investigation and follow-up work are almost untried because of its great cost under the present system, or rather lack of any system; that home visiting is practiced on a small scale; we will have a faint picture of the dispensary problem, which urgently calls for an immediate and satisfactory solution and is equally pressing in this city as in every other large city of the country.

The Chicago Medical Society, in a special report issued November, 1910, states the problem in the following series of questions:

"Are the sick poor obtaining really efficient service? Is the system accomplishing its purpose?

"Are there conditions involved in the system which necessarily impair its efficiency? Is it con-

ducted economically, or can important financial economies be brought about, and the service thus be improved?

"Are we in this unsupervised charity work, carelessly building a vaster and vaster pauperizing institution, already in the present and especially destined in the future, to necessarily abort by its enormity and unwieldiness all efficient efforts at caring for the really deserving?

"Is the burden already placed on the medical profession, not to speak of its marked tendency to increase, too heavy for its cheerful and efficient bearing? Is the economic imposition by patients not entitled to free service causing widespread lack of confidence on the part of physicians in the system, and thereby undermining the efficiency of the service? Who should be treated free and who should not? And, in general, how can an efficient service be best conducted and conserved?

"Does it pay, from the humanitarian, scientific, or social-economic standpoint, to spend time, skill, and money on patients whose home surroundings are bound to cause or prolong the disease which we are trying in vain to eradicate by our medical charity? Can general social service methods, for example, home nursing and home helping, be employed more widely as an intrinsic feature of this great charity system, capable of modifying the hygienic and mental and moral conditions which stand between the patient and recovery?"[2]

Remedies Suggested.—The problem, as we see, has very many bearings: social, charitable, administrative, ethical, therapeutic, educational, economic, and financial. The field of the dispensary has to be enlarged, higher standards of medical work established, the administration made more efficient, its resources greatly amplified, the principle of restricted numbers and of district lines adopted,[3] the un-

worthy applicants eliminated,[4] physicians recompensed, treatment carried to the home of patients unable to come to the dispensary, a study of the home surroundings made, social guidance and instructions in hygiene given. The latter may prove to be a great help in dispensary as well as public health work. Dr. Richard C. Cabot found that 41 per cent. of the patients of the Massachusetts General Hospital Dispensary suffered from functional disorders, therefore curable if the cause could be removed. Whether digestive disturbances are due to ignorance of proper diet or cooking or neurasthenia, to overcrowding, bad industrial conditions, etc., cannot be brought to light from an examination under ordinary dispensary conditions.[5]

What can be done in this and other directions has been shown by the Massachusetts General Hospital Dispensary,[6] the Boston Dispensary,[7] and the Association of Tuberculosis Clinics of the City of New York.[8]

Organization of the Associated Out-Patient Clinics.—Realizing that the proper solution of the problem can only be made by those responsible for the management of the dispensaries, the Public Health, Hospital and Budget Committee of the New York Academy of Medicine suggested that an association of dispensaries be formed, which would study the elements involved and devise remedies for existing evils. At the meeting called by the Committee in February, 1912, at which twenty-six dispensaries were officially represented, a resolution was passed to appoint a temporary committee to organize the Association. Its organization took place in December of last year with a membership of thirty-two of the most important dispensaries of Manhattan, the organization being temporarily limited to that borough.

Aims of the Association.—The aims of the Asso-

ciation are fourfold: (1) The coordination of the work of existing dispensaries and out-patient clinics. (2) The elimination of unworthy applicants for treatment. (3) The promotion of proper standards of treatment. (4) The promotion of economy and efficiency in dispensary management.

As a means for the accomplishment of these ends the Association will first direct its attention to the following objects:

1. The Coordination of the Work of Existing Dispensaries and Out-Patient Clinics. (*a*) The study of the home distribution or residential sources of cases now treated in the clinics of the Association. (*b*) The formation of a plan for the district limitation of the work of those departments of general dispensaries which are organized for home treatment, district visiting, or social service. (*c*) The consideration of the status in the Association of special dispensaries, meaning thereby those dispensaries whose practice is limited to the treatment of certain classes of cases, such as orthopedic dispensaries, eye and ear dispensaries, babies' dispensaries, etc., and also the clinics which are directly affiliated with undergraduate or post-graduate medical schools.

2. The Elimination of Unworthy Applicants for Treatment. (*a*) An inquiry into the methods of investigation and elimination now or heretofore followed by members of the Association and a statement of the results of such methods. (*b*) An inquiry into the practicability of establishing a central bureau of investigation and registration, either in common with existing charitable relief societies or in cooperation with such societies. (*c*) An inquiry into the practicability of the limitation of dispensary treatment, except in emergency cases, to individuals whose circumstances have been previously investigated, and who are registered as suitable subjects

for free medical relief. (*d*) An examination of the merits and defects of the existing dispensary law. (*e*) In the absence of a central bureau of investigation and registration, a study of the practicability of establishing in the clinics of the association uniform methods of inquiry into the social and financial status of patients.

3. The Promotion of Proper Standards in Treatment. (*a*) A study of the principle of the limitation of numbers in dispensary practice. (*b*) The formulation of guiding rules to be followed in the limitation of the number of patients in individual departments. (*c*) An inquiry into the need for additional therapeutic equipment. (*d*) The study of the relative need of home visiting and of social service in the different departments of a general dispensary, with a view to the encouragement of development of such work along the lines of greatest immediate need and benefit. (*e*) A study of the number of physicians required and of the hours of service demanded to conduct properly the dispensary work of the city. (*f*) Cooperation with the State Board of Charities, and with the Department of Health in the promotion of proper hygienic standards in out-patient clinics.

4. The Promotion of Economy and Efficiency in Dispensary Management. (*a*) A study of the unit of cost in dispensary treatment. (*b*) A comparison of the results of unpaid and of paid medical work in the clinics of the Association. (*c*) A study of the methods of ordering and filling prescriptions, of the relation between cost of service and dispensary payments, including a consideration of the principle of the nominal dispensary fee. (*d*) An inquiry into the need of additional departments in out-patient clinics.

Constitution.—The Constitution does not bind any member by rigid laws. Every dispensary of the city

may become a member of the Association and be represented by a delegate. Each member pledges itself to endeavor to conform to such rules and recommendations as may be adopted by the Association. If, however, the application of any rule or recommendation shall prove impracticable in the administration of a given clinic, an explanation of the facts may be presented in writing to the Association at the first opportunity and the acceptance and filing of such explanatory statement by the Association shall be deemed to be equivalent to the granting of an exception to the rule in favor of the clinic in question.

It is expected that before long the Association will embrace all the clinics of the city and with their full cooperation it will be able to apply practically many of its ideals.

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