

Virtual Mentor

American Medical Association Journal of Ethics
November 2001, Volume 3, Number 11: 421-424.

HISTORY OF MEDICINE

Commemorative Issue: AMA President's Inaugural Address, 1943

James E. Paulin, MD

Those of us whose privilege it was to serve our country during the first world war and to observe in the past few years the gradual destruction of principles for which we fought now face a new world conflict. Those of us who have an opportunity now to participate in the defense of our nation must turn our attention to a study of medical needs during the present emergency and to planning for the postwar world. Such planning should consider the rehabilitation of mankind and the establishment of a permanent peace which will assure to every man, woman, and child freedom of thought, freedom of action, and liberty. Hate, despotism, and tyranny should have no place in a postwar world dedicated to humanity. Medicine has a fundamental role and will assume an integral part in the establishment of enduring world peace. Without healthy minds and bodies, no nation of civilized men can survive or prosper. The government of the United States was founded on certain principles which establish our present mode of living, thinking, and acting. These principles were written into our Constitution by Thomas Jefferson, the anniversary of whose 200th birthday we recently celebrated¹.

The dedication of a memorial to him, in the city of Washington, pays tribute to a great man who wrote, "We hold these truths to be self evident: that all men are created equal, that they are endowed by their Creator with certain inalienable rights; among these are life, liberty, and the pursuit of happiness." He also gave expression to a guiding principle, on which a sound program of medical planning is based, when he said, "I have sworn upon the altar of God eternal hostility against every form of tyranny over the mind of man." The achievements of the medical profession in our country are an example of the wisdom of such freedom. By scientific progress in the control of infectious diseases, including the almost complete eradication of a few diseases by prophylactic inoculations, prevention of accidents, establishment of adequate public health measures, and development of better curative treatments, many years have been added to the span of life.

The present global war, with its far-flung battle fronts, has created many new and unexpected problems and has placed heavy demands on the medical resources of our country. As the war progresses in duration and in intensity, these demands will be greatly multiplied. We must be prepared to meet medical problems as they arise, to supply the immediate needs, and to formulate plans for effective service under changing conditions. In formulating such plans the American Medical Association is not an isolated unit. For the greatest good, the combined and cooperative efforts

of all organizations interested in medical care must be enlisted as participants in the program. The American Medical Association, the American College of Surgeons, the American College of Physicians, the American Dental Association, the American Nurses Association, the Association of American Medical Colleges, the United States Public Health Service, the Medical Corps of the Army and Navy, the Procurement and Assignment Service are vitally interested in the perfection of plans which will furnish better and more evenly distributed medical service for our people². I know of no time in the history of American medicine when such an undertaking could be more effectively or usefully initiated than now!

The American Medical Association has a continuing interest in every physician who has joined the military forces. Our obligation to keep physicians informed concerning matters of military importance is the publication in each issue of *The Journal [JAMA]*, under the special heading "Medicine and the War," of the activities of various agencies in national defense. Scientific achievements, as related to war, are published in *The Journal* as well as in *War Medicine*.

With the approval of the Surgeon Generals of the Army, the Navy, and the United States Public Health Service, the American Medical Association, in cooperation with the American College of Surgeons and the American College of Physicians, is now offering a series of "Wartime Graduate Medical Meetings" to all service hospitals of the Army and Navy over the entire United States. The committee in charge of this program has the help of a large group of consultants in special medical fields, as well as the aid of most medical schools. The organization of a faculty for graduate medical training contemplates making available to military organizations various types of medical instruction conducted in the form of lectures, clinics, round table discussions, and ward rounds. The program consists of 30 or more different subjects, from which each organization may choose 6 or 8 for presentation by experts. Thus medical leadership again proves itself alert to the needs of the hour.

After the cessation of hostilities, the American Medical Association, with its 123,000 members, faces the obligation of directing the intelligent planning and continuation of procedures which can be utilized in the rehabilitation of the health and medical needs of our people and, through other agencies, made available to the countries of our allies. Problems will arise in this country that will need serious consideration. During the last 2 years, through my connection with the American Medical Association, the American College of Physicians, and the Procurement and Assignment [Service], it has been clearly shown that many communities, particularly those in rural districts, have suffered because of an uneven distribution of public health facilities, hospital beds, and medical personnel. We should now be planning methods for overcoming these inequalities. Our present system for the education and training of medical students necessitates some provision which will enable them to go to rural communities and to practice there the type of medicine for which they have been trained. Arrangements may be developed whereby such communities can establish medical centers through which necessary hospital and

laboratory facilities for the diagnosis and treatment of disease will be available for all civilian needs. The Beveridge [P]lan and the report of the National Resources Planning Board indicate that the trend of medical practice inclines toward the establishment of the hospital and the medical center as the sources for distribution of medical care^{3,4}. The present emergency has accentuated the needs for such an arrangement. Even now, in areas of great distress, the local profession, in cooperation with the United States Public Health Service and other federal agencies, can arrange for the establishment of such facilities for the use of these communities.

Just now most research is concerned with problems directly related to national defense. The results of some of this can be utilized in civilian life, such as the advancement in chemotherapy and the study of virus diseases and tropical medicine. The development of new drugs for the treatment of disease and particularly the results of research in aviation, are only a few of these benefits. There is, and will be for the duration, a diminution in investigation concerning many diseases which are constantly with us, such as arteriosclerosis, heart disease, arthritis, cancer, and mental disease. Facilities and personnel must be provided to institutions and laboratories for the resumption of studies on these and other unsolved problems directly affecting the health of our people. Stimulation to undertake such work must be furnished by the medical profession to many of those returning from military service war weary and exhausted. The time is not too soon for those who are far sighted to survey the field and to lay the lines of attack on these unsolved problems.

A committee on Postwar Medical Planning of the American Medical Association working in cooperation with similar committees from the American College of Surgeons, the American College of Physicians, and other well recognized organizations should now begin to formulate plans whereby the facilities of all groups who occupy a vital part in the rendering of medical care can be most efficiently applied. When the war is over there can be offered to the people a carefully designed technic [*sic*] for the medical rehabilitation of a war sick people. There are many agencies useful in preparing such a program which undoubtedly will help in an undertaking of this nature.

Poverty, hunger, and disease know no bounds. Let us recognize our humanitarian obligation and duty, as representatives of a nation which possesses medical and other resources superior to those of any other nation in the world, to make our talents available in this emergency. Let us cooperate with all related organizations and governmental agencies interested in postwar rehabilitation to help in achieving the restoration of health and hope to a world suffering the devastating effects of a ruthless war. Such an undertaking is one of the essentials of an abiding peace. To this end the medical profession dedicates itself until the world shall again be progressing peacefully on the paths of human advancement.

References

1. Excerpt from "The Planning of Medical Service for Present Needs and Future Requirements," Dr. Paullin's Inaugural Address, presented at the AMA Annual Meeting, Chicago, Ill, June 8, 1943.
2. The Procurement and Assignment Service for Physicians, Dentists, and Veterinarians was established in 1941 to select and assign medical professionals to military service. It was terminated in 1945.
3. The Beveridge Plan for Social Security, sponsored by Britain's Sir William Beveridge in 1942, became the basis for that country's National Health Service.
4. The National Resources Planning Board, established in 1933 within the Public Works Administration, was part of President Franklin Roosevelt's New Deal regime that focused on planning for the nation's economic recovery.

James E. Paulin, MD was an AMA President in 1943.

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 2001 American Medical Association. All rights reserved.