

HISTORY OF MEDICINE

Naming and the Public Health Roles of Physicians

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Abstract

Resources from the American Medical Association (AMA) Archives facilitate historical consideration of how physicians' authority has been exercised in naming diseases, epidemics, and other health-related issues of national importance. Selected images emphasize physicians' roles in motivating public health initiatives through public service posters, advertisements, and minutes of the AMA House of Delegates meetings.

Figure 1. *Centennial Meeting*



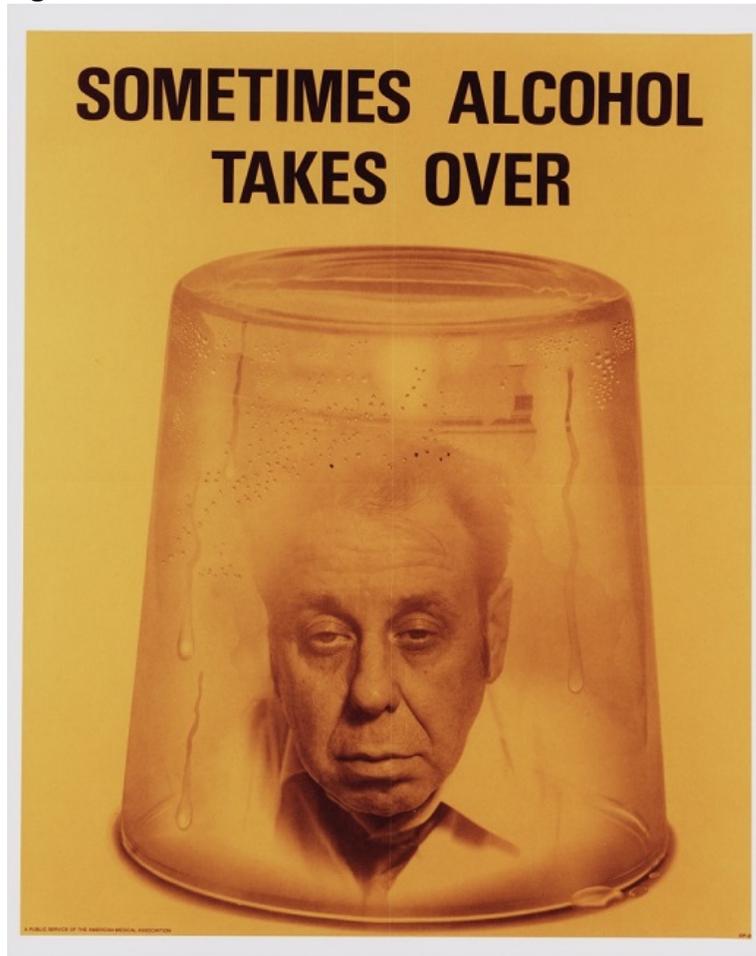
Courtesy of the American Medical Association Archives.¹

American Medical Association (AMA) president Harrison H. Shoulders, MD addressed the assembled membership at the Centennial Annual Meeting in 1947:

The problems which face medical practitioners today are different in character from those which our predecessors encountered. Yet the fundamental principles they used still apply. It is important for us to remember that environments, technics [sic] and tools may change but that fundamental principles do not change. They are eternal.²

Fundamental principles include maintaining focus on patients, public health, and the art and science of medicine.³ Throughout the history of the profession, physicians have recognized the inexact nature of medicine and ways in which social and cultural trends can influence clinical and public health practice. The AMA Archives offers an abundance of resolutions presented to the House of Delegates that expressed the need for the profession of medicine to respond to social, cultural, and technological changes.

Figure 2. *Sometimes Alcohol Takes Over*



Courtesy of the American Medical Association Archives.⁴

This AMA public service poster, published in the 1970s, reframes the idea of alcoholism. Naming addiction—specifically alcoholism—as a disease enables recognition of alcoholism as an illness and facilitates development of resources to help physicians respond to affected patients and populations. At several points in AMA history, medically treating [alcohol addiction](#) has been reaffirmed as a way to help affected individuals, families, and their communities. The AMA also urged Congress to increase funding for alcoholism treatment and for clinical research into better understanding of physical, social, and cultural causes of alcoholism. Although the AMA passed a resolution urging equality in hospital admissions for patients with alcoholism in 1956,⁵ it had to urge Congress to fund treatment programs as late as the 1990s. This funding lag suggests how deeply entrenched was the notion of drinking as a moral failing. In naming alcoholism as an illness worthy of treatment, physicians have helped change public perceptions of alcoholism, which has generated not only economic structures of reimbursement for treatment but also social, cultural, and moral empathy for individuals, families, and communities who suffer alcohol-related harms.

Figure 3. Heroin PSA

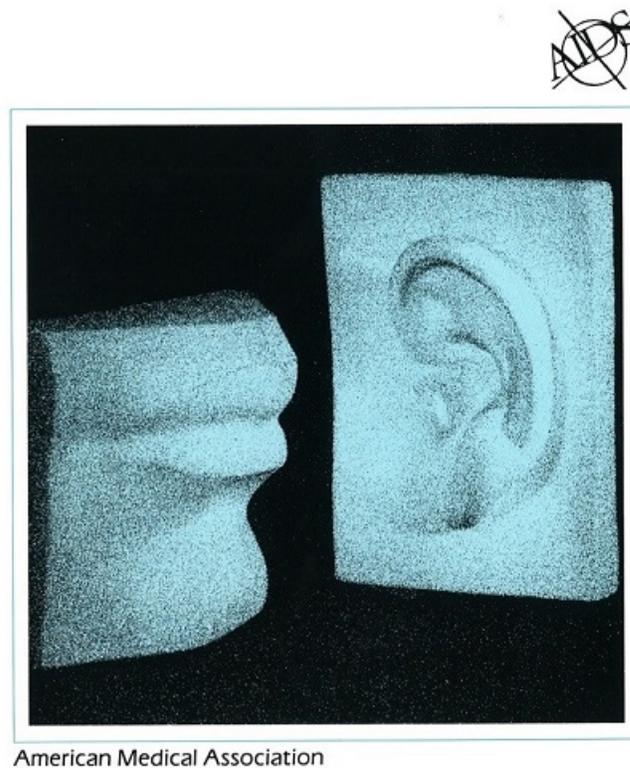


Courtesy of the American Medical Association Archives.⁶

This poster—produced by the AMA in the 1970s—identifies death as a potential consequence of drug use. This image conveys the AMA’s message that responding to addiction is within medicine’s purview. At a time when the War on Drugs had gained momentum and harsh policies prioritized punishment over treatment, the AMA publicly emphasized addiction as an illness and treatment as a job of medicine. The AMA urged health professionals and the government to become more informed about drug dependency and to **create responsive policy**. In the cultural and political environment of the 1980s, physicians used their training and education to serve the public by facilitating a shift in focus from criminalizing “addicts” to treating patients suffering from the illness of addiction. Indeed, the AMA increased its outreach to remind the public of treatment options in response to the predominantly punitive government and police responses to illicit drug use.⁷

Figure 4. *HIV Blood Test Counseling: AMA Physician Guidelines*

HIV Blood Test Counseling: AMA Physician Guidelines



American Medical Association

Courtesy of the American Medical Association Archives.⁸

This 1988 booklet is one of several HIV- or AIDS-focused publications attempting to bridge gaps between a public without much knowledge about a sensitive topic and clinicians charged with talking to patients about a newly prevalent disease with no known cure. In naming the AIDS crisis of the 1980s an epidemic and a public health issue, the AMA advocated for nondiscrimination in workplaces, schools, and hospitals; public education; and more research. The AMA worked to help prepare physicians by offering conferences and training on how to care for patients with HIV or AIDS, the importance of confidentiality, and the critical public health role of testing. Developing policies and guidelines for HIV-infected health care personnel, confidential testing, maternal screening, contact tracing, and partner notification were also AMA priorities during this time. The AMA fought stigma against HIV, AIDS, and AIDS-related illnesses by [educating the public](#) on facts about virus transmission. The AMA also modeled expressions of empathy for those suffering from HIV, AIDS, and AIDS-related illnesses.

Figure 5. *Where's Your Seatbelt?*



Courtesy of the American Medical Association Archives.⁹

Posters like this one produced in the 1960s took aim at diseases and injuries resulting from a person's choices rather than by chance. In 1954, the AMA passed a resolution recommending that all manufacturers equip automobiles with seatbelts and emphasize safety in their design. This commitment to car safety increased through the years, and, by 1977, AMA policy asserted that seatbelt use was an important expression of preventative medicine. Noting that injuries were the most frequent cause of death among Americans aged 1 to 44 and that motor vehicle accidents (MVA) were involved in half of all deaths due to injury, the AMA encouraged physicians to assume leadership roles in MVA-related injury prevention. This effort resulted in a public campaign on behalf of the AMA and America's physicians to re-emphasize the need for all vehicle occupants to use seatbelts. By naming preventable motor vehicle injuries as a public health issue, the AMA extended the influence and social power of physicians from clinical encounters to public health.

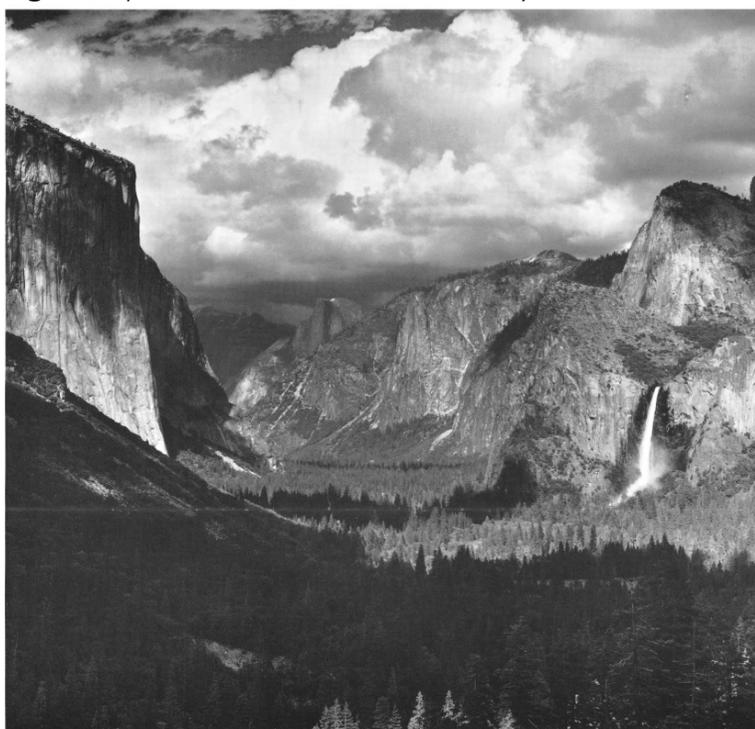
Figure 6. *The Best Time to Stop Smoking*



Courtesy of the American Medical Association Archives.¹⁰

This public service poster was one of many the AMA produced in the 1970s targeting lifestyle choices that adversely affect public health. The AMA officially took a stand against cigarette smoking as early as 1964, encouraging physicians to lead by personal example and to advise patients about the health hazards of smoking. In 1972, the AMA launched a campaign to ban [cigarette advertising](#) from all public media, which marked the beginning of a major social, cultural, and political push to reduce—with the goal of eliminating—tobacco's place in public life. Previous AMA efforts to combat tobacco use focused specifically on the harms of tobacco use from a clinical standpoint. Naming a "best time to stop smoking" was one strategy for focusing on tobacco advertising, especially advertising that might appeal to children. This strategy broadened the AMA's approach to tobacco-related health risk from a clinical to a public health point of view.

Figure 7. *If America Dies, Where Will We Bury It?*



If America dies, where will we bury it?

We are doctors of medicine. Naturally, we care about the health of your body. But we care, too, about the health of the body of land you live on. America's body is not well. Its condition is critical. Suddenly the words "ecology" and "pollution" are in the air. People seem worried. But we hope their worry isn't just another passing fad. A sick environment can make people sick. It can undo everything a doctor works for.

Polluted air can damage the eyes, aggravate lung diseases, actually cause death during long episodes of heavy pollution. Polluted water can infect plant, animal, marine and human life. Noise pollution can cause deafness, may produce ulcers and hypertension. The list of depressing entries on our environment's health chart goes on and on. In fact, disease induced by the environment now costs us \$38 billion a year. That bill will go up. If we don't nurse our environment back to health.

How to do the job? We at the American Medical Association worry about it. But we want *everyone* to worry. Because *everyone* is going to have to help get the job done. There's no use our trying to keep people well in a dead land. For a free booklet on environment and health, write: American Medical Association, Box E, 535 N. Dearborn St., Chicago, Ill. 60610.

America's Doctors of Medicine

Courtesy of the American Medical Association Archives.¹¹

The AMA's Committee on Environmental Health focused on issues related to public health and environmental conditions, reviewing scientific evidence on topics such as climate change, pollution, fossil fuel combustion, and deforestation. This advertisement from the 1970s displays one of the AMA's messages to the public and names environmental health as public health, stating, "A sick environment can make people sick. It can undo everything a doctor works for." The AMA produced a free booklet discussing interactions between the environment and health. At the time, the AMA estimated that \$38 billion was spent on environment-related health costs. According to the AMA, preserving a clean environment was a key preventative medicine strategy for curtailing the predicted skyrocketing costs of health care. AMA policy continues to support ongoing efforts to address environmental pollution and its corresponding health hazards.¹²

Figure 8. *Are You a Candidate for Creeping Obesity?*



Courtesy of the American Medical Association Archives.¹³

Communicable diseases were supplanted as the leading causes of death in the United States in the 1970s, when accidents, heart disease, cancer, cirrhosis of the liver, and other conditions due to lifestyle and environmental conditions became more prominent causes of death.¹⁴ Advertisements like this one illustrate physicians' frustrations navigating a shifting health care environment. The AMA saw a lack of ingenuity in public health education and forcefully stepped into this role by publishing public service announcements and advertisements naming [preventative care's importance](#) in medicine and illuminating obesity as one kind of health condition that is both environmentally influenced and a product of individual choice. A symposium titled "Obesity: The Cause and Management" was presented at the AMA's 1974 Clinical Convention. The Department of Foods and Nutrition—then an arm of the AMA's Scientific Activities Division—planned this symposium, which took place alongside presentations on alcohol toxicity and total parenteral nutrition within hospital settings.

Figure 9. *Take Your Sun Time in Small Doses*



Courtesy of the American Medical Association Archives.¹⁵

This public service poster from the 1960s is one product of the AMA Committee on Cosmetics' charge to educate physicians and the public about the sun's potential harm to skin. In 1961, the Committee displayed exhibits titled "Sunlight and the Skin" and "The Aging Skin" during AMA meetings and distributed comprehensive pamphlets on these topics. By naming "excessive exposure" of skin to sunlight as a health risk, the AMA illuminated the importance of prevention as a feature of public health. The AMA supports educating physicians and their patients about health risks of ultraviolet light from the sun and from commercial tanning.¹⁶

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