OUTPOSTS

Every week in "Outposts," Outlook examines contemporary ideas that are changing our lives and expanding our intellectual frontiers. This week, Richard Restak extrapolates from current trends in medicine to speculate on what it may be like to visit your physician in the early 21st century. Restak is a Washington neurologist and the author of "The Brain."

MEDICAL CARE

The Case of the Disappearing Doctor

By Richard Restak

WHAT WILL it be like to be a medical patient in the year 2010? Judging from reliable contemporary indicators, it will be dramatically different—and not necessarily better.

For one thing, private practitioners will have gone the way of the dinosaur, with almost all doctors working on salary. A national health corps will be in place, thanks to an idea enthusiastically adopted in the early '90s in response to the closure, for want of patients, of between 10 and 20 percent of the nation's private hospitals. These will be purchased by the U.S. government and staffed by physicians who initially will care for Medicare patients. Later, additional classes of patients will be targeted, most notably the 300,000 to 450,000 cases of AIDS expected nationwide by the year 1991.

These changes will mark a revolution in medical practice. Doctors trained in the traditional fee-for-service model will retire or abandon medicine. In their place will be younger doctors who attended medical school in the late '80s and early '90s and who entered the profession with more modest expectations in regard to income and prestige. Three pivotal influences will bring this about:

■ *The malpractice crisis.* During the '80s, state legislatures will give in to the demands of the medical profession. The traditional animus between lawyers and doctors will do nothing to ease the impasse.

Finally, in the '90s public impatience with the lack of medical care in the areas of emergency medicine, orthopedics, neurosurgery and obstetrics will force reluctant legislatures to put caps on recovery for "pain and suffering"; limit contingency fees so that the vast bulk of successful recoveries passes to the patient and not the lawyer; and mandate that claims not involving death or irreversible injury be submitted to arbitration before the filing of a lawsuit. But these actions will prove too little too late. By this time the most talented students will be passing up medicine for other professions which offer greater incomes, independence and, most importantly, prestige.

■ *The bureaucratization of medicine.* With more "red tape," mounting numbers of insurance forms, review boards and insurance-company inquiries into the appropriateness of medical treatments for specific patients, physicians in the '90s will become increasingly defensive and unhappy. Job dissatisfaction will reach an all-time high in 1995, a development predicted in 1987 by a group of health-care experts surveyed by the American College of Health Care Executives and Arthur Andersen & Co.

■ *The AIDS epidemic.* Despite early warnings, the health-care system will prove woefully inadequate. In 1991, one-half of all the hospital beds in New York City will be occupied by AIDS patients. Hospitals will be paying astronomical salaries to attract doctors willing to care for AIDS patients. By the early '90s, those patients will so far outnumber available physicians that the federal government will intervene. Doctors who refuse to treat AIDS patients will be brought before review boards, often with the recommendation that their licenses be revoked. The patient/doctor relationship, traditionally voluntary, will become increasingly controlled and in some instances even compulsory. For the few doctors who remain in private practice, fees will be strictly regulated. All services, from open-heart surgery to flu shots, will be assigned a specific unit value easily converted into dollars. Eventually a paradox unique to American medicine will arise: The youngest, most recently trained doctors will assume leadership positions in treating the nation's patients.

Nurse midwives will be able once again to get reasonably priced malpractice insurance; and with fewer physicians, more nurse practitioners and physician's assistants will diagnose and treat "routine" illnesses. The larger health-care organizations will be quick to see the advantages of employing lower-paid paraprofessionals.

In addition, computerized "expert systems" will aid in diagnosis. The patient with a headache will interact via home computer with software which mimicks the diagnostic process used by doctors. Depending on his response to key questions (Do you vomit? Experience visual

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Which brings us to the Very Painful Version of the squeeze.

Here's the most likely scenario under which the Very Painful Version would arise: The financial markets perceive that the United States isn't making much progress toward living within its means. In particular, the markets see evidence of the sort that surfaced in mid-October—a U.S. trade deficit that is hanging unexpectedly high.

Foreign investors lose confidence in the ability of the United States to stop its borrowing binge. They start to pull their money out of the country, withdrawing deposits, selling Treasury bonds, dumping stocks. The people who agree to buy these American assets demand higher yields to compensate them for their risk—which means U.S. interest rates go up. Businessmen and taxes would deepen a recession already underway. But it's hard to take the possibility of over-ambitious congressional action very seriously. The bigger threat is failure to make steady progress against the deficit.

In the end how much we, as a nation, have to suffer to cure our economic ills depends mostly on how each of us, as individuals, families and voters, choose to behave. If we go on with our current patterns of buying and borrowing while demanding low taxes and abundant public spending, the trade and budget deficits will stay huge, the dollar will fall more and the resulting recession will be still deeper and harsher. Just as in the 1970s, the efforts of most Americans to shield themselves from the inevitable cost of the oil shocks translated into a far more costly spiral of inflation, so we run the risk of additional self-inflicted pain if we cannot summon the will to accept the adjustments we need to make.

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...d any comprehensive public discussion of expelling or relocating Palestinians. This issue apparently surfaced in a minor way in 1964, when a young Israeli colonel named Ariel Sharon reportedly asked his staff to research the numbers of buses, vans and trucks that would be required in case of war to transport some of the 300,000 Arabs out of northern Israel. According to Sharon's biographer, Uzi Benziman, most of Sharon's subordinates declined to cooperate with his request unless they received written orders and confirmation from the General Staff in Tel Aviv. Even though it was only a contingency plan, they feared that if one day the documents were published, Israel would be embarassed. (Sharon himself denies the Benziman account.)

During the Six-Day War in 1967, there wasn't any official policy to expel Palestinians as the Israeli army swept into the West Bank. But several Israeli military commanders took limited steps. One general, for instance, sent bulldozers to demolish three Arab villages near Latrun, on the road to Jerusalem, expelling their residents. Only the intervention of Israeli intellectuals saved the West Bank town of Qalqilya from a similar fate when an expulsion there was canceled.

Since the Six-Day War, the subject of expulsion has been taboo. Even those who supported the notion deep in their hearts did not dare to raise it onto the national agenda. It was clear that mass deportations would be regarded as immoral and should not be discussed.

Only the fringe sect of Rabbi Meir Kahane adopted the call for expulsion, turning it into the heart of its political platform. A former American who founded the Jewish Defense League, Kahane calls openly for the removal of Arabs from Israel and its territories. He has offered to pay Palestinians to leave Israel. Only a very few accepted.

Kahane has enjoyed growing support among Israel's young generation. He won a seat in the Knesset in 1984, and recent polls suggest that his Kach party could win three or four of the 120 seats in the next election this November. That would enhance Kahane's claim that in calling for the expulsion of Palestinians, he is giving voice to the secret desire of many Israelis.

Other prominent Israelis are joining Kahane in talking about the once-taboo topic of expelling Arabs. Yosef Shapira, a National Religious Party minister, raised the issue of population transfer just before the last outbreak of civil unrest in the occupied territories. He said that Israel should encourage Palestinian emigration on a large scale, especially among the intelligentsia. Shapira even suggested, as Kahane did 15 years ago, that Israel's government pay $20,000 to every Arab who agrees to leave.

Ariel Sharon repeated Shapira's proposal but said Israel should not talk about it and instead put it into action. The deputy defense minister, Michael Dekel of the Likud, also echoed the call to transfer the Arabs. And Gideon Patt, a Liberal Party member of the Likud bloc and a government minister, threatened the Arabs of Israel that if they did not behave themselves they would be put on trucks and in taxicabs and sent to the border.

Most of the Israeli leadership still firmly rejects any talk of mass relocation of Palestinians. Israel reserves deportation as the most extreme punishment for Palestinian instigators; it has expelled some 900 Palestinians—but only after following legal procedures that include a right to appeal to the Supreme Court.

Kahane's message—expel the Palestinians or risk losing Jewish control of the land of Israel—remains a potent one. And in the absence of a political solution to the Palestinian problem, Israel may be pushed toward such desperate measures.