Four Hours A Month

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In the United States, medical care is becoming less available to the poor. It is estimated that 35 million people, including 12 to 16 million children, are "medically indigent" in that they lack health insurance and thus access to medical care.[1,2] Some of these persons are poor; more than 50 percent of those living below the poverty income level are without Medicaid coverage.[3] Many working people and their families are also medically indigent, because their employers do not provide them health insurance.

There is evidence that the health of the poor is suffering.[1] Poor pregnant women are receiving less prenatal care, are more likely to suffer from anemia, and are also more likely to deliver low-birth-weight infants. Medically indigent patients contribute disproportionately to the infant mortality rate, and black infants are twice as likely to die as white infants.

There is clearly much that must be done to improve these shocking statistics, which paradoxically exist in a country with such abundance and influence. A number of solutions have been proposed that involve state and federal governments, as well as the private sector.[3-7] Davis points out that physicians should act both collectively and as individuals to meet their basic responsibility for the health requirements of the medically needy.[8]

One important part of the solution is the contribution of physicians' time to serving the medically indigent. If each physician in the United States donated a mere 4 hours a month, the problem of access to health care for the poor and uninsured would be lessened substantially. While this would clearly leave many major issues unsolved, it would model the kind of philanthropic activity that should be forthcoming from other professionals and organizations in our society. Large-scale donation of physicians' time, by itself, would not eliminate the need for broader solutions, but it would be a constructive and immediate improvement.

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Why should physicians bear more burden for the care of the needy than other members of society? Physicians are privileged professionals in our society. We have been justly and generously rewarded with high social and economic status; even the least-paid physicians enjoy comparatively comfortable incomes. We are fortunate to be in medicine and should be willing to give back to the society that gives us so much. Historically, the ethics of the medical profession have included an obligation to serve poor people without regard for ability to pay. If we do not meet this obligation, we are not truly professionals.

Physicians often do give "uncompensated care" in the courses of their medical practice. The 1983 AMA Socioeconomic Monitoring System survey found that 76.8 percent of physicians in fee-for-service practice provided some free or reduced-fee care. This resulted in a 9.1 percent average reduction in these physicians' billings.[9] Of course, this includes uncollected billings, or "bad debts," as well as pure charity care. Survey data from 1987 indicate that 17.6 percent of all physicians in the United States are spending an average of 4.4 hours per week providing uncompensated care to persons outside their regular practices.[10] While this is encouraging, 17.6 percent is a small minority of physicians; there is much room for improvement! Lundberg and Bodine called on every physician (as well as every lawyer) to donate a minimum of 50 hours a year to serving the poor.[11]

Dr. Nicholas J. Pisacano, Executive Director of the American Board of Family Practice, also calls for physicians to apply the principle of tithing and to donate time to the care of the indigent.[12] His belief is that all physicians should "give back to the profession"—that they should routinely and regularly donate time *over and above* any care that is uncompensated during the course of regular practice. Dr. Pisacano reminded us that one half-day a week spent in a poor neighborhood giving care without expectation of financial reward was the social norm among physicians before the advent of Medicare and Medicaid. Time devoted to

charity care was an expected, routine part of being a physician.

We believe that family physicians should set an example for the rest of the medical community by returning to this practice of our predecessors. Because family practice emphasizes the family and *community* context of caring for the whole person, it seems most appropriate that we reincorporate charity care into our modern practice and into the evolving identity of our specialty.

Family practice is no stranger to the role of trendsetter. Ours was the first specialty to introduce time-limited board certification and require recertification for all diplomates. Many other specialty boards have followed this example. Family practice currently stands alone in requiring an office record review for recertification.

Our specialty could take another bold step by encouraging and *expecting* every family physician to donate a minimum of 4 hours a month to the needy. Such action would certainly expand the services available to the poor and other medically indigent in our communities. An outpouring of physician time donated to the medically indigent also would be of great benefit to the medical profession's—and our specialty's—relationship with the public. The perception of physicians as greedy businessmen and -women would begin to be replaced with an image of unselfish and "giving" professionalism. Furthermore, thousands of physicians would gain great personal satisfaction from the experience—and may even be reminded in a powerful way of why they became doctors in the first place. Physicians who do such work attest to its personal rewards—genuine gratitude, appreciation for the good fortune of being a physician in this country, and an improved perspective of the plight of those in need in our communities.[13]

We recognize that such service is not easy. It costs us in money lost from practice, time away from our families, and energy that we might be inclined to spend on ourselves. We recognize also that there are a few physicians who are not in a position to donate time as suggested, because of remote location, lack of availability of coverage for their practice during such activity, or perhaps due to personal crisis. However, these physicians could perhaps contribute to the care of the needy in other ways.

We plan to work toward formalizing our specialty's commitment to caring for the medically indigent. We would like to see a professional climate in which charity service is an expected and routine part of being a family physician—where every family doctor donates at least 4 hours a month to the medically needy. We welcome your input and suggestions. In the meantime, family physicians should not wait for formal action by an official body to explore innovative ways to be of service to the poor and other medically indigent people in their communities.

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Editorial Comment

It's hard to criticize apple pie. Similarly, it may seem peculiar to question the wisdom of exhorting physicians to expand their willingness to provide charity care to the disadvantaged . . . even to the modest amount of 4 hours a month. Although Drs. Realini and Smith are known to be thoughtful and progressive, I fear that their recommendations obscure a point of profound importance to physicians. Access to a set of basic health services should be the prerogative of each of our citizens. It should not be dependent upon the charitable inclinations of the medical profession.

Indeed, the magnitude of the problem of 35 million Americans needing care dwarfs the ability of the office-based physician (family physicians, general internists, general pediatricians) to provide it. Back-of-the-envelope calculations suggest that at 4 hours a month, each physician would provide 48 hours of care a year. If one assumes there would be approximately 100,000 office-based physicians willing to participate, and each of those 35 million Americans needs no less than 2 hours of physician contact each year, this "charity" care will address less than 7 percent of the total need. That is a band-aid approach, not sound social policy.

Physicians should participate, as should all citizens, in charitable activities. Some of those activities may involve care giving, where there are special and unique circumstances. Other activities may involve their community, their church, public education, etc. Although this commentary was solicited from me as an individual, and not as an official of the AAFP, I would note that it is Academy policy that all Americans should have access to a basic set of health services. I believe it is this objective to which we should commit ourselves collectively as family physicians. We need to keep separate the reasons and rewards of personal charitable work and not confuse them with our obligation as physicians to work toward sound social policy on behalf of our patients.

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Authors' Comment

We appreciate Dr. Graham's comments and heartily agree with him—and with Academy policy—that basic health care should be accessible to all Americans. We understand that the donation of time by individual physicians will not, by itself, solve the problem of inadequate access to care for the medically indigent. Our call to donate 4 hours a month was not intended to take the place of physicians working collectively to achieve broader social solutions to the problem. We should do *both*.

Comprehensive social solutions appear to be some time away because of political concerns about rising health care costs and budget deficits. Medically indigent persons need our help *now*, while we simultaneously pursue collective avenues of influence. Even if improved access to care for all Americans is achieved, there will still be people who "fall between the cracks" to whom we can reach out by donating time and care.

Personal involvement in helping the medically indigent will keep family physicians in touch with the realities facing the needy in our communities. Understanding their problems on a personal level will add meaning, intensity, and purpose to our collective efforts.

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