

Editorial

The June issue of Brain-Mind-Bulletin reported the conclusions of a recent conference in Los Angeles arranged by the American Medical Association, the Association of American Medical Colleges and the American Hospital Association. The most important outcome was the call for a new social contract between doctors and patients and the possible development of a holistic health care programme for the country.

Some features in the existing US system are unfamiliar, others familiar. On the one hand it was stated that most young doctors were heavily in debt, "and they believe that they have to see as many patients as quickly as possible just to survive". On the other hand, it was stated that "Medical schools suffer from information overload, frenzied activity and a competitive ethos" and that students were taught to learn rather than synthesise facts; on this latter point, however, I have been assured that the first process is a necessary precondition to the second. One must have the facts at one's disposal in order to be able to make a proper clinical judgment; the intellect must have something for the intuition to work on. In response to the accusation that doctors are inhumane, Dr Samuel Thier, President of the Washington Institute of Medicine remarked: "We're not. We're just too busy, too scientifically oriented. It's hard not to get caught up in new technology".

These themes are taken up in member Glin Bennet's book, reviewed elsewhere in this issue.

The magazine **New Options** recently devoted an issue (No 36, 1-2, available price \$2 from Box 19324, Washington DC 20036) to proposing a National Holistic Health Plan based on insurance payments for a variety of holistic treatments. Among other proposals were the following:

- Government-sponsored health bonuses to those who stay healthy or score well in certain health indices
- High deductibles to encourage personal maintenance of health
- Requirement that doctors first prescribe low-cost personal remedies wherever possible (eg exercise instead of medication for anxiety)
- Reallocation of research money toward holistic and allied therapies, including establishment of a national clearinghouse on studies relating to holistic medicine.
- Self-directed health education programmes for elementary schools
- Requiring that medical schools incorporate health promotion in their curricula

The first two suggestions extend existing insurance concession for non-smokers, although the nuts and bolts of the first proposal would be hard to formulate; some people would score well on indices in spite of a less healthy lifestyle than others; influential people under stress might bemoan the lack of time for their own health promotion - how would the average MP score? Would track suits, sauna baths and vitamins become tax-deductible under item two? Would fruit, vegetables and health foods be subsidised by a tax on cakes and chocolates?

There is no doubt that education can play a crucial role in health promotion policies, but efforts will have to be sustained over a long period of time in order to alter basic thinking and habits. The AIDS campaign was extremely intensive over a short period, but little is now

appearing in the news. The danger is that health promotion might be treated as a passing fad rather than a long-term need. The New Options proposals are a start, but a great deal of detailed thinking will need to go into actual policy formation and media communication.