

health services, and by a variety of combinations of private, public, and semipublic voluntary, nonprofit medical services and health facilities. Direct payment for medical services is supplemented by third-party payments through health insurance, public assistance, Government programs such as Medicare and by philanthropy. Similarly, the supply of hospitals, medical schools, and other health facilities are determined by a wide range of private, public and semipublic agencies. These agencies make decisions and perform functions vitally affecting the general welfare, at times without recognition of the public interest or without enlisting public support.

Group medical practice and specialization affect the general problems of supply and efficiency of physicians. As a means of coordinating specialized physicians' services, economizing on laboratory facilities and administrative expenses, group practice of medicine may well be a partial solution to the shortage of medical doctors. The trend to group practice brings another intervening step in the financial relations between doctors and patients, since partners in group practice are likely to get a fixed income plus "profit sharing" from the group's income, rather than direct fees from patient to doctor.

In the field of hospital organization, requirements for expensive equipment and additional skilled personnel have diminished the role of small, proprietary hospitals and have augmented the central role of the large public and voluntary general hospitals. Hospitals are developing progressive patient care with patients moving from intensive care units to less costly intermediate care units and home care programs as rapidly as possible. Hospital organization requires coordination in supplying services to patients, as well as coordination in supplying educational opportunities for medical students, interns, and auxiliary medical personnel and coordination of research activities. This coordination has become a specialized field with graduate training for hospital administrators.

The new trends in organization of medical services undoubtedly affect the supply of these services but there is great difficulty in measuring the effect. The pressure of rising costs in supplying medical services encourages any trend to greater efficiency, and further developments in organization of medical services can be expected as a result of this pressure, in spite of resistance from traditionally conservative professional organizations.

QUALITY CHANGES IN MEDICAL CARE

The quality of medical care improves as medical research provides new, more effective techniques for prevention, diagnosis, and treatment of disease. However, there is no simple, single index of quality changes in medical care.³¹

The trained, competent physician has a primary role in providing high quality medical care. Quality reflects the caliber of medical education and research, specialization in medical practice, and progress in hospital administration. It also reflects health education of the public, consumer financing practices, community social and economic patterns, and many other factors. The quality of medical service a physician is able to provide depends also on the drugs, equipment, and supplementary personnel available to him and to the community he serves.

³¹ U.S. Veterans' Administration, "Report of the Committee on Measurement of the Quality of Medical Care," Department of Medicine and Surgery, April 1959, p. 27.