practice and testify to the very heavy commitment of the federal government. If the pattern of the last two decades represents a hint of the future, it is that the role of the federal government will steadily increase and, if it does not already exist, be the dominant force in the administration of health services.[9]

Advantages and Disadvantages of Group Practice

In previous paragraphs, reference has been made to solo practice as that in which administration of health services was rendered by a single practitioner, in his own office and independent of contact with other practitioners (as far as the patient was concerned). Group practice, therefore, becomes the alternative to solo practice and represents the cumulative expression of the professional services of several practitioners. In 1951, Hunt and Goldstein arbitrarily assumed three practitioners as representing the minimum number necessary for joint professional efforts to be considered as group practice.[10]

Perhaps the outstanding advantages of group practice, as opposed to solo practice, is that the group environment offers the recipient, the patient, a higher level in the quality of professional care because of the provision of the group facility in which there is a more ready consultation, formal and informal, among practitioners. In addition, there is an easy access to laboratory services. It follows that there must be, in a group practice, a more liberal ability to do better work by the removal of restrictions, self imposed or otherwise, upon seeking laboratory analyses and in the matter of consultations. The true nature of a professional man, in its more ideal pattern, in receiving appreciation and satisfaction because of the environment of inter-disciplinary professional cooperation is an important advantage. In short, the atmosphere of cooperation of members of the health "team" is conducive to a better functioning doctor and results in better care for the patient.

It would seem logical that from the group environment and the group effort a greater professional development and maturity resulted. It can be concluded that this occurs because of the close and continuous contact among professional personnel. As a corollary consideration, the group environment produces an easy atmosphere to exchange discussion of new concepts and methods reported in literature.

An almost universal dislike of day-to-day financial administration of the operation of a practice is expressed by the doctor. Forms, statements, liability reports, compensation reports, patient payments and general records control comprise the "business" of running a practice. Group practice, to a large extent, frees the doctor from these details which so often, in solo practice, interfere with his professional duties. It can be said, therefore, that the group effort ultimately represents a greater efficiency in that the highly trained practitioner expends the majority of his effort in the task for which he was so expensively educated and so exhaustively trained.

In group practice, a ready ability for the planning and budgeting of time of professional personnel exists. The value of regular and periodic vacations is well known to persons whose lives bear great responsibilities and whose work requires great emotional and intellectual concentration and organization. The solo practitioner is hard put to plan his time. Time to attend medical conferences and to undertake post graduate education and training are important to keep the doctor highly "tuned" in his professional capabilities. The group practice makes this possible while the solo practice effort must virtually come to a halt when this occurs. In the former, there is no danger in losing patients, or income, or of an interruption in the ability to render essential services to the patient.

The group effort represents, to the patient, an ability to gain more health care for the same expenditure of monies. The economics of group practice, in later discussions, is shown to be a more economical form for the rendering of health services. Group practice enables a smaller community, not otherwise able to support the services of a specialist, to utilize specialty services by sharing them with group practices in other smaller or rural communities. Thus, by an efficient organization of the medical effort, there can be a "pooling" of the services of a specialist. This type of an arrangement also insures that the specialist will be rendering his unique services and avoids contributing professional acumen which a doctor with lesser training can contribute. This enables the patient to acquire more and better care from group practice than from solo practice.

As a result of a long tradition and Hollywood characterization, the doctor is conceived as the servant of the people, available to their needs at all hours, in every kind of adverse situation, weather not withstanding to the contrary. The picture is one of the doctor serving long and grueling hours. An objective analysis of personnel function finds that productivity, creativity and efficient effort does not occur