with prolonged working hours. The professional man is no exception to this. Group practice provides a medium within which a regularity of daily and weekly working hours can be attained with the practice always having coverage. It enables the doctor to be more efficient, alert and productive during his work schedule and enables him to enjoy a private life which is so often sacrificed in solo practice. This latter point should be emphasized as having considerable importance in the consideration of the expenditure of human effort. From the standpoint of utilization of personnel, there can be little argument against the concept that group practice more efficiently utilizes the talents and efforts of its practitioners. The struggle of the new, young practitioner "to get on his feet" is well known in all the professions. By the assimilation of new practitioners in the group, this "lean" period is reduced or eliminated. The young practitioner enjoys an immediate higher level of income, and his technical skills and abilities are not permitted to waste for lack of use.

From the standpoint of the length of a career in the health disciplines, an average income is enjoyed by the practitioner in the group as opposed to the solo practitioner. This will be discussed more fully in later paragraphs. Suffice it to state that under the tax structure existing today early low levels of income cannot be balanced with later high income levels. The tax payer is at a disadvantage at both ends. A moderately rising income, beginning from a relatively high initial base, constitutes a favorable cumulative income picture when reasoned from the tax limitations. In addition, a group carries the ability to provide such important fringe advantages as insurance, liability and retirement which have financial overtones not within the scope of the solo practitioner.

As the economic trends of health care gravitate more and more toward prepayment and insurance underwriting, statistical evidence indicates that the services which are being underwritten are becoming increasingly comprehensive in scope.[12] Group practice for the rendering of comprehensive professional services lends itself most readily to the prepayment and insurance plans. Thus, the economic principle and the actual facility and organization of the health services can be "married" as two mutually convenient concepts which facilitate and enhance one another.

From the standpoint of the level of patient care, the group practice facilitates the adoption of standards for patient care not readily adopted by the solo practitioner. Although professional ethi
cism of the work of one do
the group practice provides the
for critical evaluation of the wo
members of the group. Little argume
be advanced to alter the fact that the p
tient and the doctor are the beneficiaries of
this "group scrutiny." Because the "total"
person will be treated with careful records
which are centrally administered, an accurate health history becomes possible. The matter of uninterrupted continuity of care is an important factor adding to the advantages of group practice. It lends itself to facilitate higher professional standards for the patient.

It is interesting to note that in a study by the United States Public Health Service[13] of 22 medical groups involving 252 physicians, a questionnaire survey revealed that approximately 75 percent of all physicians held that the chief advantage of group practice involved a higher quality of health care for the patient. This high margin of agreement on the leading advantages of group practice by the physicians surveyed is further advanced by the fact that the next three leading advantages which they chose also involved the quality of patient care.

Although extensive statistics on the longevity and stability of group practice are not available, those available statistics do point to a greater stability of the group environment and a greater patient retention than that of solo practice. This, from an institutional standpoint, must be characterized as a decided advantage in patient care. The great surge in group practice has occurred during the past generation.

Perhaps the leading disadvantage of group practice, or at least the one which is most often vocalized, is the question of the doctor-patient relationship. Many physicians and patients contend that group practice tends to be more impersonal, less intimate than the relationship between patient and solo practitioner. Others answer this argument that with adequate medical and health histories the less "personal touch" permits a more objective evaluation of the patient's ills. This latter group points to the armed forces medical service as representing a logical example to counter this argument. Of the same study previously mentioned, no physician contended that the lack of intimate and personal relationship adversely affected the quality of care, but rather that the relationship "seemed to be" desirable.

Inbreeding of professional views tends to be a disadvantage of group practice. It would be logical that there would be a natu-