

time, are having some difficulties. And occasionally one hears the view that the medical schools are attempting to use the law as a means of gaining control of the Nation's health care system.

But in our view, these difficulties were to an extent predictable and inevitable. The important point is that the law, by mobilizing local initiative, is effecting a cooperative attack on health problems which, although highly necessary, had not been operative before. In our view the general consensus lay and professional is highly favorable to the law.

The medical schools themselves have had difficulties in discharging their obligations under the law. Many of them, when the law was passed, had no administrative personnel that was capable of dealing with these new responsibilities. In some instances programs developing under the law involved commitment of professional personnel that is already fully committed. Far from attempting to take over control of the program many, and perhaps most, medical schools have been slow to become involved largely owing to shortage of personnel.

This has been especially acute as the schools move to begin to meet the growing shortage of physicians. Yet there is no doubt in our minds that our medical schools wish to be involved as effectively as possible, not to gain control but, in keeping with the intent of the law, to make their talents and facilities more readily available to all who need them.

But this vital matter, and the equally vital matter of improving and expanding our educational function, together constitute an obligation that cannot be met optimally in a few months, or even perhaps in 2 or 3 years. The medical schools seek no special privilege under the regional medical program law but wish, on the contrary, to assist materially in its successful implementation.

We believe that the original law has operated exceedingly smoothly, considering the nature of the planning processes it has initiated. We also believe, however, that enough experience has been or soon will be gathered to justify a few minor procedural alterations. When the law first began to be implemented, there were no generally applicable prototypes for regional organizations of the general types specified. A number of different patterns have now emerged, some more effective than others. It may, in our view, soon be appropriate for more definitive organizational guidelines to be provided by the Division or Regional Medical Programs. It will also be appropriate in the future to reconsider critically the geographic structure of the various regions. The responsibility and authority of advisory groups, many of which are too large to function effectively, require clearer definition. And the main thrust of the legislation requires, in our view, to be restated and clarified.

It has been frequently noted that its central focus of the law is the patient and his needs. This is unquestionably true. But a more relevant way of saying the same thing is to indicate that the law proposes to " * * * afford to the medical profession and the medical institutions of the Nation, through cooperative arrangements, the opportunity of making available to their patients the latest advances in the diagnosis and treatment of the diseases named in the law."

In other words, the law provides us with the means and authority to find ways of assisting physicians and other health workers to pro-