

ORIGINAL

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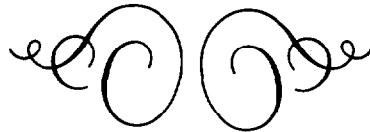
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SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT A SPECIAL HANNUKAH CONVOCATION

YESHIVA UNIVERSITY

DECEMBER 18, 1988

(GREETINGS TO HOSTS, HONOREES, GUESTS, FRIENDS, ETC.)

I WANT TO THANK THE TRUSTEES, THE ADMINISTRATORS, AND THE FACULTY OF YESHIVA UNIVERSITY FOR BEING MY HOST TODAY AT THIS CONVOCATION. I DEEPLY APPRECIATE YOUR RECOGNITION AND YOUR AWARD TO ME OF AN HONORARY DEGREE.

I AM TOLD THAT THE FIRST PERSON TO RECEIVE SUCH A DEGREE FROM YESHIVA WAS DR. ALBERT EINSTEIN. IT IS HUMBLING TO KNOW THAT, IN SOME SMALL WAY, I MIGHT BE FOLLOWING IN HIS FOOTSTEPS ... AT LEAST, UP TO THIS PODIUM.

AS A SURGEON, OF COURSE, I'VE NEVER REGARDED HUMILITY AS MY STRONG SUIT. BUT MAYBE THE OFFICE OF SURGEON GENERAL HAS MELLOWED ME OVER THE PAST 7 YEARS.

DR. MILLER INDICATED I COULD HAVE THE PODIUM FOR A FEW MINUTES THIS EVENING AND VERY KINDLY SUGGESTED THAT I COULD SPEAK ON ANY MATTER I THOUGHT WORTHY OF THE OCCASION.

SO LET ME HARK BACK ONCE AGAIN TO DR. EINSTEIN AND A LITTLE SENTENCE TAKEN FROM HIS VOLUME ON SCIENCE. HE WROTE THAT "IMAGINATION IS MORE IMPORTANT THAN KNOWLEDGE," A QUOTE THAT HAS BECOME ONE OF MY FAVORITES.

AND SO, IN THAT SPIRIT, I'D LIKE TO EXERCISE A LITTLE IMAGINATION THIS EVENING AND TRY TO LOOK AHEAD TO WHAT MIGHT OCCUR IN MEDICINE AND IN PUBLIC HEALTH IN THE CENTURY AHEAD. ELEVEN YEARS ... IT'S NOT THAT FAR AWAY.

I THOUGHT I'D TAKE THIS LONG VIEW BECAUSE YESHIVA UNIVERSITY ITSELF IS TWO YEARS INTO ITS OWN SECOND CENTURY. I'M SURE IT WILL BE AS STRONG A CONTRIBUTOR TO OUR COLLECTIVE EXPERIENCE IN THE NEXT 100 YEARS AS IT HAS BEEN IN THE LAST 100.

BUT WHAT WILL THAT COLLECTIVE AMERICAN EXPERIENCE BE IN MATTERS OF HEALTH AND MEDICINE? WHAT KINDS OF CHANGES MIGHT WE ANTICIPATE?

I SUGGEST THAT THERE MAY BE THREE AREAS IN WHICH SIGNIFICANT CHANGES MIGHT OCCUR. AND, GUIDED BY DR. EINSTEIN'S OPINION, I RELY ON KNOWLEDGE TO SOME EXTENT AND ON IMAGINATION A GREAT DEAL.

THE FIRST AREA IS IN THE RELATIONSHIP BETWEEN TECHNOLOGY AND HEALTH.

FOR OUR PURPOSES THIS EVENING, LET'S SAY THAT TECHNOLOGY IS THE APPLICATION OF NEW SCIENTIFIC KNOWLEDGE TO REAL EVENTS. IF THAT'S THE CASE, THEN HEALTH CARE AND MEDICAL PRACTICE IN OUR SOCIETY HAVE BEEN PROFOUNDLY INFLUENCED BY TECHNOLOGY.

TECHNOLOGY HAS ALSO RAISED TO A CONSIDERABLE DEGREE THE PUBLIC'S EXPECTATIONS OF MEDICINE AND HEALTH CARE. IN FACT, THE PUBLIC TENDS TO EQUATE MEDICAL TECHNOLOGY WITH THE MIRACULOUS. AND SOME PEOPLE IN MEDICINE HAVE BEEN UNWISE ENOUGH TO PROMOTE THAT KIND OF REVERENCE.

BUT WILL TECHNOLOGY ALWAYS BE CONSIDERED BENEFICENTLY "MIRACULOUS"? TWENTY OR EVEN 10 YEARS AGO I WOULD HAVE SAID "YES" WITHOUT ANY HESITATION. BUT TODAY I HESITATE. AND TEN YEARS FROM TODAY, WE MIGHT ALL BE SAYING "NO" ... "NO" TO HIGH-TECH MEDICINE.

WHY SUCH A CHANGE? SEVERAL REASONS. INCREASINGLY -- AND WITH FEW EXCEPTIONS -- OUR NEW MEDICAL TECHNOLOGIES RESPOND TO NARROWER AND NARROWER HUMAN NEEDS. THEY ARE IMPORTANT -- PLEASE DON'T MISUNDERSTAND ME -- BUT THEY ARE FURTHER AND FURTHER REMOVED FROM BROAD PUBLIC EXPERIENCE.

THE HIGH-TECHNOLOGY FRONTIERS YESTERDAY LAY WITH THE MAJOR INFECTIOUS DISEASES, FOR EXAMPLE, WHICH WOULD AFFECT THE LIVES OF TENS OF MILLIONS OF PEOPLE EACH YEAR. THE FRONTIERS OF TOMORROW, HOWEVER, LIE IN THE AREA OF MAJOR SYSTEMIC OR DEVELOPMENTAL ANOMALIES WHICH AFFECT THE LIVES OF HUNDREDS OF THOUSANDS OF PEOPLE EACH YEAR.

IT'S QUITE A DIFFERENT ORDER OF MAGNITUDE.

IN ADDITION TO THIS GRADUAL NARROWING OF THE FOCUS OF BIOMEDICAL RESEARCH AND MEDICAL HIGH-TECH, I BELIEVE THE PUBLIC HAS TWO ADDITIONAL PROBLEMS:



FIRST, THE PUBLIC SEES AS A MIXED BLESSING -- AT BEST -- THE ABILITY OF TECHNOLOGY TO PROLONG LIFE ... OR, IN MANY SITUATIONS, TO PROLONG THE ACT OF DYING. IN FACT, BOTH THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE NOW ENGAGED IN A VERY DIFFICULT DEBATE OVER THE USE OF SO-CALLED "EXTRAORDINARY" MEASURES TO SAVE OR PROLONG THE LIVES OF PERSONS PROFOUNDLY TRAUMATIZED OR TERMINALLY ILL.

FOR MANY PEOPLE FACED WITH DECISIONS TO MAKE ON BEHALF OF LOVED ONES, HIGH-TECH MEDICINE SOMETIMES LOOKS LIKE A FRIEND ... AND SOMETIMES IT LOOKS LIKE THE ENEMY.

PEOPLE ARE TURNING TO LEGAL INSTRUMENTS LIKE THE SO-CALLED "LIVING WILL" AND THE "PERMANENT POWER OF ATTORNEY" TO PROTECT THEMSELVES FROM RUNAWAY MEDICAL TECHNOLOGY.

THAT'S NEW. BUT, UNFORTUNATELY, I THINK WE'RE STUCK WITH THAT AMBIVALENCE FOR THE FORESEEABLE FUTURE.

AND THE SECOND PROBLEM OF PUBLIC PERCEPTION IS ONE THAT MEDICINE AND PUBLIC HEALTH HAVE THEMSELVES SYSTEMATICALLY BROUGHT ABOUT. WE'VE BEEN SAYING OVER AND OVER AGAIN THAT TECHNOLOGY IS NOT THE ANSWER TO NEARLY ALL OF THE MAJOR HEALTH PROBLEMS OF OUR SOCIETY: HEART DISEASE, STROKE, ACCIDENTS, AND EVEN CANCER.

INSTEAD, WE SAY THAT PEOPLE THEMSELVES CAN AND MUST TAKE CHARGE OF THEIR OWN HEALTH STATUS ... THOSE WHO SHOULD, MUST STAY AWAY FROM HARMFUL FOODS, LIKE FATTY MEATS, AND "SAY NO" TO HARMFUL DRUGS, LIKE ALCOHOL AND NICOTINE.

AND WE'RE RIGHT, OF COURSE. BUT TELLING PEOPLE, FOR EXAMPLE, THAT THE BEST WAY TO BEAT HEART DISEASE IS THROUGH ROUTINE EXERCISE IS ANOTHER WAY OF TELLING THEM, "DON'T RELY ON HIGH TECHNOLOGY TO SAVE YOUR LIFE."

THAT'S REALLY WHAT WE'RE SAYING ... AND WHAT WE'LL CONTINUE TO SAY WELL INTO THE NEXT CENTURY.

HENCE, I BELIEVE -- FOR THESE SEVERAL REASONS -- THAT ONE OF THE MAJOR SHIFTS ON MEDICINE AND PUBLIC HEALTH IN THE NEXT CENTURY WILL BE A REDUCTION IN OUR FAITH IN -- AND RELIANCE UPON -- HIGH TECHNOLOGY AND A GREATER RELIANCE UPON THE RELATIVELY "LOW-TECH" EXPERIENCE OF PERSONAL DECISION-MAKING IN REGARD TO HEALTH.

WE KNOW IT WILL BE CHEAPER AND IT MAY EVEN BE MORE EFFECTIVE OVER THE LONG TERM.

WHAT'S THE SECOND BIG CHANGE ON THE HORIZON?

IT WILL BE THE CONTINUATION OF THE CHANGING RELATIONSHIP BETWEEN THE PUBLIC AND THE HEALTH CARE SYSTEM ITSELF.

MANY FACTORS ARE BRINGING ABOUT THIS CHANGE. ONE IS THE INCREASED MOBILITY OF THE AMERICAN PEOPLE. WE MOVE AROUND SO MUCH THAT IT'S BECOMING HIGHLY UNLIKELY THAT THE AVERAGE PATIENT WILL BE KNOWN AND SERVED BY THE SAME PHYSICIAN AND SAME HOSPITAL STAFF THROUGHOUT HIS OR HER LIFETIME.

THAT WAS THE NORM IN OUR SOCIETY FOR ALMOST THREE CENTURIES. BUT NOT ANY MORE. THE DOCTOR-PATIENT RELATIONSHIP IS A RELATIONSHIP BETWEEN STRANGERS.

ANOTHER FACTOR IS THE RISE IN PRE-PAID PRACTICES. THESE PLANS, WHILE MORE COST-EFFICIENT, TEND TO ATOMIZE AND SUB-DIVIDE PATIENT CARE.

I'M NOT SAYING THAT THE RESULTS ARE EITHER GOOD OR BAD. I'M ONLY SAYING THEY'RE VERY DIFFERENT. BUT THAT DIFFERENCE IS QUITE SIGNIFICANT IN HELPING TO RE-SHAPE THE LONG-TERM RELATIONSHIP BETWEEN HEALTH CARE AND THE PUBLIC.

A THIRD FACTOR CHANGING THE RELATIONSHIP BETWEEN THE PUBLIC AND THEIR SYSTEM OF HEALTH CARE IS THE WELL-ADVERTISED AND WELL-DISCUSSED SHIFT IN THE DEMOGRAPHY OF OUR COUNTRY.

WE KNOW THIS PHENOMENON BEST BY THE TAGS WE GIVE THEM: THE "BABY BOOMERS" NOW FORMING THEIR OWN FAMILIES, AND THEIR PARENTS, WHO ARE NOW "GRAYING IN AMERICA."

THERE'S A BITTER IRONY HERE. FOR MANY YEARS WE'VE BEEN EXTOLLING THE VIRTUES OF "CONTINUITY OF CARE." BUT WE'VE ALSO BECOME RESIGNED TO THE FACT THAT THE AVERAGE INDIVIDUAL, IN THE COURSE OF HIS OR HER LIFETIME, IS PASSED FROM PEDIATRICS TO FAMILY MEDICINE AND FINALLY TO GERIATRIC MEDICINE ... AND TO MANY SPECIALISTS AND TECHNICIANS IN BETWEEN.

I'M AFRAID WE STILL BASE MUCH OF OUR HEALTH PLANNING -- AND FINANCING, TOO -- ON A DISAPPEARING PATIENT-TO-SYSTEM RELATIONSHIP THAT EXISTS MORE IN OUR MEMORY THAN IN ACTUAL DAILY PRACTICE. AND, CONSISTENT WITH THE EINSTEINIAN CONCEPT OF ENTROPY, THAT FORMER RELATIONSHIP IS DISAPPEARING AT GREATER AND GREATER SPEED.

BUT NATURE HATES A VACUUM -- IN HEALTH CARE AS ANYWHERE ELSE -- AND FILLING MUCH OF THE GAP IN PUBLIC HEALTH IS A NEW AND VERY FAST-GROWING PHENOMENON CALLED "SELF-HELP."



NOT LONG I WAS GIVEN AN ESTIMATE OF 15 MILLION AMERICANS WHO ARE NOW INVOLVED IN THE SELF-HELP MOVEMENT. BUT I'D SAY THAT PROBABLY WAS A GROSS UNDERCOUNT.

THE SELF-HELP MOVEMENT IS RESPONDING TO A PUBLIC NEED FOR DIRECTION IN THESE AREAS OF PREVENTING DISEASE AND DISABILITY ... OF PROMOTING AND MAINTAINING GOOD HEALTH ... AND OF OBTAINING ADVICE AND GOOD COUNSEL FOR THE BUSINESS OF COPING.

THE SELF-HELP MOVEMENT EMBRACES ALCOHOLICS ANONYMOUS AND THE MANY, MANY GROUPS DEDICATED TO HELPING SMOKERS QUIT THEIR HABIT. AND THERE ARE ALSO GROUPS SUCH AS PARENTS WITHOUT PARTNERS AND THE GRAY PANTHERS ... LA LECHE LEAGUE AND OVEREATERS ANONYMOUS ... BROTHER TO BROTHER AND MY SISTER'S PLACE ... THE AMERICAN SCHIZOPHRENIA ASSOCIATION AND THE EPILEPSY FOUNDATION ...AND SO ON.

THE DISEASES AND DISORDERS DEALT WITH BY THESE SELF-HELP GROUPS ARE AMONG THE MOST SERIOUS PUBLIC HEALTH PROBLEMS WE FACE TODAY: SUBSTANCE ABUSE, INCLUDING CIGARETTES ... THE EPIDEMICS OF SEXUALLY TRANSMITTED DISEASES, SUCH AS SYPHILIS, HERPES, GONORRHEA, AND AIDS ... AND THE THREE MAJOR KILLERS OF OUR PEOPLE: HEART DISEASE, CANCER, AND STROKE.

I'M AMAZED AT THE EXTRAORDINARY DEGREE TO WHICH AVERAGE AMERICANS ENGAGED IN THESE "DO-IT-YOURSELF" HEALTH PROGRAMS ARE TRULY HELPED BY THEM. THEY ARE NOT FALSE PALLIATIVES. THESE PROGRAMS REALLY WORK.

AS A TRAINED SURGEON WHO PRACTICED FOR NEARLY A HALF-CENTURY IN A UNIVERSITY SPECIALTY HOSPITAL, I'M NATURALLY UNCOMFORTABLE ADMITTING THIS. NEVERTHELESS, THERE IT IS.

MY ONLY CONCERN -- AND IT'S A MAJOR CONCERN -- IS THAT SOME PEOPLE WHO NEED THE HELP OF TRADITIONAL, MEDICALLY TRAINED EXPERTS AREN'T GOING TO GET IT OR THEY'LL BE ABLE TO AVOID IT BY TURNING TO THE SELF-HELP MOVEMENT. CONSEQUENTLY THEIR HEALTH -- AND POSSIBLY THEIR LIVES -- MAY BE IN DEEP PERIL.

BUT SELF-HELP CAME ON THE SCENE PRECISELY BECAUSE THE PUBLIC PERCEIVED THAT TRADITIONAL MEDICAL PRACTICE WAS NOT RESPONDING TO CONTEMPORARY HEALTH PROBLEMS. AND, UNLESS GREAT UNIVERSITIES LIKE YESHIVA AND GREAT MEDICAL SCHOOLS LIKE ALBERT EINSTEIN DO SOMETHING TO UPDATE MEDICAL PRACTICE, I'M AFRAID THIS DEVELOPMENT WILL ACCELERATE IN THE YEARS AHEAD.

I DON'T THINK THE SEPARATION IS GOOD FOR MEDICINE ... GOOD FOR THE SELF-HELP MOVEMENT ... OR GOOD FOR THE AMERICAN PEOPLE. I THINK BOTH SIDES -- MEDICINE AND SELF-HELP -- NEED TO PUT ASIDE THEIR MUTUAL ATTITUDES OF SUSPICION AND DISPARAGEMENT AND TRY, INSTEAD, TO FORGE A PARTNERSHIP OF HEALTH, HELP, AND CARING.

THAT'S WHAT THE AMERICAN PEOPLE WANT. THEY WANT SERVICE, NOT NAME-CALLING AND BACKBITING AMONG THEIR SERVICE PROVIDERS.

BUT FRANKLY, WHETHER TRADITIONAL MEDICINE AND PUBLIC HEALTH DO OR DO NOT GET INVOLVED, I BELIEVE THE SELF-HELP MOVEMENT WILL CONTINUE TO GROW ON INTO THE NEXT CENTURY AND BECOME NOT MERELY AN "ALTERNATIVE" SYSTEM OF HEALTH CARE BUT, IN FACT, OUR OTHER NATIONAL SYSTEM OF HEALTH MAINTENANCE, HEALTH PROMOTION, AND DISEASE AND DISABILITY PREVENTION.

AND THAT LEADS ME TO THE THIRD AND FINAL ISSUE I WANT TO TOUCH ON THIS AFTERNOON. IT'S THE RELATED ISSUE OF COMMUNITY VALUES AND PUBLIC SUPPORT, RELATIVE TO MEDICINE AND PUBLIC HEALTH.

I MENTION IT BECAUSE, IN THE COURSE OF MY INVOLVEMENT WITH THE AIDS EPIDEMIC, I'VE SEEN THE OUTLINES OF THIS ISSUE BEGINNING TO FORM. ALSO, IT'S SOMETHING OF A COROLLARY TO THE TWO ISSUES I'VE DISCUSSED SO FAR.

LET ME BEGIN WITH A DISCLAIMER, OF ALL THINGS. BUT I DO WANT TO STATE VERY CLEARLY THAT I BELIEVE THE AMERICAN PEOPLE ARE COMPASSIONATE AND GENEROUS TO A FAULT. THROUGH TAXES AND THROUGH PERSONAL, OUT-OF-POCKET DONATIONS THEY WANT TO HELP EVERYONE IN OUR SOCIETY ACHIEVE GOOD HEALTH AND THE GOOD LIFE THAT COMES WITH GOOD HEALTH.

BUT THE AMERICAN PEOPLE CAN ALSO BE IMPATIENT. FOR EXAMPLE, MOST AMERICANS DO NOT SMOKE. AND THESE NON-SMOKERS GENERALLY DISAPPROVE OF SMOKING AND WOULD LIKE TO SEE ALL SMOKERS STOP. AND EVERY DAY, MANY ARE STOPPING ... BUT IT'S HAPPENING VERY SLOWLY.

HENCE, THE NON-SMOKING PUBLIC IS DEMANDING -- AND GETTING -- NEW AND STRONGER LAWS AT ALL LEVELS OF GOVERNMENT TO CURB CIGARETTE SMOKING IN THE WORKPLACE, IN ALL MODES OF TRANSPORTATION, AND IN ALL PUBLIC GOVERNMENTAL AND COMMERCIAL BUILDINGS.

BUT PUBLIC DISPLEASURE DOES NOT STOP WITH SMOKERS. IT IS BEING EXERCISED AGAINST OTHERS AS WELL, WHO WILFULLY BEHAVE IN A HIGH-RISK MANNER: DRUNK DRIVERS, CHILD MOLESTERS, WIFE BEATERS, DRUNK DRIVERS, DRUG ADDICTS, PROMISCUOUS AND PREGNANT TEEN-AGERS, AND OTHERS WHO DEVIATE -- OR WHO ARE PERCEIVED AS DEVIATING -- FROM THE COMMUNITY'S STANDARD OF NORMATIVE BEHAVIOR.



AS I INDICATED EARLIER, THE AMERICAN PEOPLE ARE GENEROUS AND FORGIVING. THEY DO BELIEVE IN -- AND WILL CONTINUE TO SUPPORT -- PUBLIC HEALTH PROGRAMS THAT PROMISE REDEMPTION.

BUT AMERICANS ARE NOT PUSH-OVERS. AND IT'S POSSIBLE THAT THE AMERICAN PEOPLE -- ALREADY TAKING A CONTENTIOUS APPROACH TOWARD BACKSLIDERS -- MAY DEMONSTRATE THEIR IMPATIENCE AND DISPLEASURE ON A GRANDER SCALE, ADDING A STRONG FOOTNOTE OF DISAPPROVAL TO THE EXISTING BODY OF AMERICAN PUBLIC HEALTH LAW.

UNFORTUNATELY, WE'RE SEEING SOME OF THAT CONTENTION DEVELOP IN REGARD TO PERSONS WITH AIDS. IN THE MINDS OF SOME AMERICANS, THE MOST WILLFUL MISCREANTS IN OUR SOCIETY TODAY ARE PEOPLE WITH AIDS.

NINE OF EVERY 10 PERSONS WITH THE DISEASE BECAME INFECTED BY DOING WHAT THE COMMUNITY REGARDS AS AN UNSAVORY ACT: SOMETHING THAT MOST PEOPLE DO NOT DO AND DO NOT APPROVE OF OTHERS DOING EITHER.

I BELIEVE THIS REACTION BY A RELATIVELY HEALTHY AND HEALTH-CONSCIOUS MAJORITY TOWARD A HIGH-RISK MINORITY IS AN ISSUE FOR AMERICANS IN THE COMING YEARS. I THINK WE HAVE TO RECOGNIZE THIS POSSIBILITY AND TRY TO CHANNEL IT INTO MORE POSITIVE, MORE TOLERANT RESPONSES ... RESPONSES MORE IN KEEPING WITH OUR NATIONAL HISTORY AND VALUES.

LET ME CLOSE, THEN, BY SAYING THAT I ANTICIPATE CERTAIN MAJOR CHANGES IN AMERICAN HEALTH CARE OVER THE NEXT SEVERAL DECADES. SOME OF THESE CHANGES WILL BE EASIER TO EXPERIENCE THAN OTHERS.

BUT, ON BALANCE, I BELIEVE THEY WILL CONTRIBUTE TO A STRONGER, MORE CONTEMPORARY, MORE RESPONSIVE SYSTEM OF HEALTH CARE FOR THE NEXT AND SUCCEEDING GENERATIONS OF AMERICANS.

THANK YOU.

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