

Commonwealth Fund Aids Doctors in Rural Practice

Experimental Course in Psychiatry Brings Better Understanding of Patients

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Quietly and without the public attention frequently given philanthropic endeavors, The Commonwealth Fund, founded in 1918 by Mrs. Stephen V. Harkness "to do something for the welfare of mankind," recently issued its twenty-eighth annual report. The report's professional dignity and clarity of thought and purpose is characteristic of the Commonwealth Fund's activities, for few of those who benefit from its long-range program of medical research, medical education, rural hospital service and activities for mental health are even aware that such an organization exists. This anonymity, however, is no index to the scope and effectiveness of the fund's program that embraced a budget of more than \$2,000,000 last year to promote and maintain health.

It is not surprising that two of the projects, which received special attention from the fund last year, mental health and rural health services, also received increased recognition as national needs by both the public and Congress. The first of these Commonwealth projects was an experimental course in psychiatry given at the University of Minnesota for a selected group of general medical practitioners. With the awakened public interest in psychiatry and the acute shortage of trained psychiatrists, this course and the reaction of the doctors participating were significant and heartening.

This practical seminar dealt with personality, its development and disorders, the problems of anxiety and the basis of complaint in the "chronic complainer," the forces inherent in the relationship between physician and patient, the interplay of the emotions and physical functions, and the elements of psychotherapy.

Six months after completion of the course and return to practice, the physicians participating reported that the principles they had been taught were "of real and practical benefit in dealing with patients."

One doctor, for example, cited the improvement in a case of eczema of ten years' standing in a minister who thought himself a failure. Another told of having reversed the course of an illness by relieving the burden of guilt from a girl who, because of her inability to take food, was in danger of death.

Comment In Report

The report comments: "Most of the men—and this is perhaps the heart of the matter—were happier in practice. . . . They had stopped blaming patients for neurotic behavior and themselves for failing; after due effort, ~~to~~ find organic causes for the patients' symptoms. This increment of freedom in the relationship with their patients was enough in itself to make them better doctors. Perhaps this is the irreducible minimum of what psychiatry has to teach medical men; if so, it is still a precious gain."

Although the Commonwealth Fund participated in a number of other projects dealing with mental health, the success of this course is of special importance in view of the passage in 1946 of a National Mental Health Act. This act provides the blueprint for a national mental health program by the establishment of a National Institute of Mental Health for research and training in the causes and treatment of mental and nervous diseases, and by pro-

viding grants-in-aid for research, training, and State mental health projects.

Although no funds have been appropriated yet to carry out the provisions of the bill, hearings have been set for consideration of a \$6,000,000 budget for 1947-48. However, it will be some time before the results of the major part of this federally-subsidized program will filter down to the general practitioner in any immediately usable manner. The training project, for which the Commonwealth Fund is sponsor, has demonstrated a method for making dynamic psychiatry concerned with the care of psychoneurosis and the relief of emotional strain available to the general practitioner.

Regional Hospital Council

Of equal significance and importance are the experiments being carried on under grants from the Commonwealth Fund in a cooperative plan of regional hospitalization. The report points out that "a well-trained and well-seasoned general physician may have much to teach the teacher of medicine whose work is done in the sheltered environment of the medical center."

It was upon this premise that the Fund organized a Council of Regional Hospitals near Rochester, N. Y., with seventeen hospital members, eleven of which are outside the city. Four small hospitals there have begun clinical teaching conferences, to which a leading specialist from the University of Rochester School of Medicine comes once a month for a day of teaching rounds and case discussion. Internes from the large Rochester General Hospital are rotating at two-month intervals through the smaller Geneva General Hospital. A regional bulletin is issued regularly to call the attention of physicians throughout the area to clinical conferences at the larger hospitals.

Nurses from smaller hospitals are receiving additional training in the larger teaching centers. Specialists also are aiding the smaller hospitals with administrative and professional problems. A major administrative problem, according to the report, is to define the relations between hospital boards and medical staffs in such a way that both may work successfully for the provision of better patient care.

Experiment In Virginia

A similar regional experiment, on a much smaller scale, was started last year by the fund in eastern and southeastern Virginia with the Medical College of Virginia at Richmond as the center. Through activities similar to those conducted in the Rochester area, this program is breaking down slowly the isolation that retards the growth of rural medicine. Concurrently it also means the emergence of the medical school in a new role in which its professional contribution to its immediate environment is continuous.

These and other activities of the Commonwealth Fund to promote rural health through effective inter-hospital relationships should be of great value in improving the administrative and professional efficiency of the larger number of rural hospitals to be built as a result of the Hill-Burton Bill passed by the 1946 Congress.

The law provides for the expendi-

ture of nearly \$400,000,000 by the Federal Government for grants-in-aid up to one-third of the cost of building new hospitals sponsored by States, counties, cities and private nonprofit groups. The bulk of these funds is expected to go to rural areas where hospital needs are most urgent.

Many other research projects have been underwritten by the Commonwealth Fund during the last year and they have well summarized their aims in medical research in the report.

"There may be need to get a set of familiar facts into chronological perspective, to re-examine old theories that are no longer satisfying, to measure things vaguely described, to test or refine a new technique, to try out an unproved therapy, to explore a hunch or formulate a hypothesis. The immediate result may be one that only a scientist steeped in the problem can evaluate; it may have no obvious bearing on the ultimate answer to questions of cause or cure. For this and other reasons it is dangerous to talk of successful and unsuccessful projects."

The annual report on the Commonwealth Fund does not deal in statistics, but in underlying philosophy. It points out that there is not enough energy or wisdom anywhere in the world to end the impasse of disappointment, fatigue and bewilderment in which the war has left us and observes that, "evidently mankind itself must grow a little and suffer while it grows." In reading the summary of accomplishment in 1946, one cannot help but feel that the Commonwealth Fund has made a significant contribution, even by its self-imposed exacting standards.