

clinic there is a pretty good chance of being seen that day.

**The Chairman:** What does it mean today to say "I have a doctor,"—you always advise someone to have a doctor. It doesn't mean anything to them at all. He is a doctor who has the record, but he doesn't come to the home. He just can't. He doesn't come unless it is a great emergency. I call my doctor, I am an old patient, I will get an appointment a little quicker than you will. That is the only advantage. I will call up and say, "I want to see you, doctor," and he will reply, "Well, if it is really something I will see you right away." But if you call up you will wait three weeks to be seen. That is the only advantage there is to the family physician, today.

**Dr. Bennett:** I was not thinking so much of calling up. I was thinking of the point of view that the individual in many instances prefers to go to the out-patient department of a hospital by choice rather than by necessity. This has been my experience, but many people will go there because they know that there will always be someone available in the hospital who will eventually see them.

**Dr. Geekie:** Particularly our Central European immigrants. They are accustomed to this. This is what they do.

**The Chairman:** You may be right on that.

**Dr. Cappon:** I think three things have changed in the out-patient department. First of all, the social composition of the out-patient has changed. It used to be that many more of the poor spent all day waiting, not for emergency treatment but for the equivalent of general practice. Nowadays many more people who are not poor, of the category I mentioned of between \$6,000 and \$10,000, go to the out-patient department because they cannot easily find family physicians or even afford them. so the composition has changed.

The nature of the complaint has changed from more chronic to more acute. Another thing has changed, and that is the inhumanity or lack of humanization has increased. Even general care is not as good in some ways as it used to be before the numbers became overwhelming. Nowadays attempted suicides who come to the out-patients department are treated as an emergency and are put out again to try suicide again. There are often no beds to admit acute emergencies. People are shuffled around, whereas in the older days, if that is what you are thinking about, most of those

people were admitted because there were more beds and more facilities.

Now, I think we have brought out the reason that there has not been enough change. It is that the medical institution has been in-looking, self-satisfied that it was doing a job, but technology has grown around the citadel, so those other things that you would like to see changed have not changed.

**The Chairman:** Doctor, with all the emphasis that you have had here today on research and expenditures, one of you said that the quality is not as good as it was.

**Dr. Geekie:** I think one thing should be made very clear, sir. The emergency out-patient's departments were inadequate some years ago, and if you are saying that they are still inadequate, we would agree with you.

**The Chairman:** I did not say that. I said they had not changed, and that totally the picture was not the very best.

**Dr. Geekie:** The numbers have increased.

**The Chairman:** I know that.

**Dr. Geekie:** The other thing that we would like to make very clear, and I think this is extremely important, is that there has really been very little research done relative to the system of providing care. There has been all kinds of money spent on basic medical research and clinical research but really very little has been done to evolve a better system of delivering the actual care itself. I think this is the area you are going to see the most activity in, or a great increase in activity in the next five or ten years.

As I pointed out to you before, if we do not leave any other message, the provision of medicare insurance is not going to solve the problem as a provision of health care to the poor of this country. It will not solve it. In fact, this is the group that we started out first to try to help, and I suggest to you that we have not really provided them with a helluva lot of help.

The last thing I would like to point out in connection with the out-patient and emergency departments is that the association intends to initiate a study in the very near future to look in considerable depth at the emergency departments or out-patient departments of hospitals.