

This Business of Medicine

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We occasionally hear it said that physicians as a class are notoriously poor business men. Authorities in the field of credit will tell us that physicians fall far below any other group in the collection of accounts. Journals that devote themselves to the field of medical economics urge us to emulate the physician who has adopted the methods of a commercial world. Propagandists for compulsory sickness insurance point to the number of physicians whose income lies under certain levels asserting that the adoption of a socialized medicine would fix all that.

Sometime during this month of December most of us find time to make an audit of our worldly goods. And most of us, like those in every walk of life, shake our heads a bit over the results and mentally make a note that we must do better than that if we hope to retire on a sufficiency when the retirement day comes.

In connection with our audits this year we would like to suggest, however, a new column or two. We must have an income sufficient to support our families and to enable us to keep up-to-date in medicine. That is true. By and large, we physicians do reasonably well in this respect. All of us would like to see each year something saved towards retirement. None of us do as well as we would wish in this respect and a certain amount of discontent with our margin between income and expense of immediate needs is healthy thing. It is the spur to further achievements.

But let us not count all our life work in terms of income tax reports. They may say we are poor in business but there are few indeed who say we are poor in scientific learning and the ability to apply our knowledge.

It may be said that we are not very good collectors. But on the other hand neither do we urge our patient to pay eighteen per cent and more to secure money with which to pay us cash on delivery.

We have not adopted the commercial outlook. No, we do not exist on the advertising of non-accepted drugs. We do not patent our discoveries for revenue. We do not wait with our improvements for an annual show

but adopt them as fast as they are proven good. We do not advertise our abilities for many as our recoveries may be, they are never as many as we would like. We have not adopted mass production methods because the ills of man are peculiarly his own and susceptible to no mimeographed methods of procedure—no belt-line methods of readjustment.

Finally, it is said that our incomes are low. If by that it is meant to suggest that we earn more than we collect, most certainly we will agree. If by that statement it is meant to suggest that by and large our efforts bring us incomes that are lower than men in comparable walks of life, those who make the statement know not whereof they speak.

And when we physicians make our audits this year let us not forget our accomplishments that are other than financial. That shattered limb that promises to give such a fine functional result; that problem in family maladjustment that has been solved; that child that was saved and that mother who, thanks to our acquired and inherited knowledge, did not die but lives to care for her family. We may be accused of sentimentalism but are not these the true standards of our value in the world? Not in a business world perhaps, but surely in ours.

Our wills, collectively speaking, may produce no relatives quarreling in court as to our mental capacities. But that is hardly a sign of achievement. We entered upon the profession of medicine because we wanted to alleviate human suffering and pain. In our calculations this month let us judge ourselves on that basis too. Of course we did not accomplish all we wanted to accomplish. But are we not proud of that which we did accomplish? And is that look of anxiety of the family replaced by the smile of confidence not a compensation? Of course it is! It is the richest compensation that exists. Let us never forget it and particularly in these trying times.

The name of the humblest among us will one day be enshrined in the hearts of many—for what he gave.

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