

Book Reviews

Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care. By Kenneth M. Ludmerer (Oxford University Press, Oxford, 1999) xxvi, 514pp.

‘THOUGH MEDICINE CAN BE LEARNED’, ABRAHAM FLEXNER WROTE IN 1925, ‘it cannot be taught’. For more than a century, a staggering amount of time and effort has gone into working out what should be learnt in medicine, who will learn it well, where they should learn it, and how to help them learn it better. Flexner’s celebrated report on medical education in 1910 stimulated much of this enterprise in the United States, but it also reflected earlier, more tentative, reappraisals of the purposes and procedures of medical education. In this brilliant and provocative new study, Kenneth M. Ludmerer, a physician and historian, describes the development of medical education in the United States from the early 1870s until the late 1990s, focusing on the rise and fall of the ‘academic medical center’. He recalls a golden age between the world wars, when educational, research and patient care responsibilities were evenly balanced in American medical schools, and students had enough time, resources and faculty support for self-education. But after the 1950s, it is mostly a melancholy tale of failed promise, of an educational mission displaced first by research enthusiasms and then by clinical demands, and of curriculum ‘reforms’ that changed little. Too often, efforts to assist and improve student learning of medicine dwindled into perfunctory exercises in teaching that would cause little disruption to laboratory and clinical work. Ludmerer’s emphasis is American, of course, but anyone interested in how we have learnt medicine in Australia, and in the current challenges to medical education in this country, will find this book a revelation.

The basic structure of medical education in the United States was more or less established by the 1920s: medical schools were located in universities, academic staff would engage in teaching and research, and students were expected to learn actively through laboratory

exercises and clinical clerking. Late to emphasise the role of universities in medical education, Americans soon went further than British or Australians, transforming the teaching hospitals into academic sites. Medical schools and teaching hospitals became intimately associated in the new academic medical centre, and clinicians took up research far earlier than they did here in Australia, becoming clinical investigators and therefore academic staff within the school itself. The responsibilities of the American medical school thus consisted of education, research *and* patient care, with education dominating until the 1940s. In this book, Ludmerer documents an ever-increasing commitment of the academic medical centre to research after World War II, part of a general expansion of the American universities during this period. With a stabilisation of research income during the 1960s, medical schools were forced to expand the volume of clinical services in the teaching hospital in order to subsidise education and research—especially research. By the 1980s, most academic staff income derived from private practice. The education of medical students had become ‘no more than a by-product of what contemporary academic health centers were doing’ (p. xxiii); the medical school was primarily a research enterprise supported by clinical services. As the spread of managed care in the 1990s required increased ‘clinical through-put,’ exerting pressure on clinical services, the teaching hospital came to appear as an increasingly inefficient business, burdened with expensive and ‘unproductive’ educational and research functions. Sadly, medical education was a ‘non-core activity’ that many academic medical centres could no longer afford to do well.

Such a brief outline fails to do justice to Ludmerer’s richly textured and extensively documented narrative. But it does suggest some interesting, and revealing, comparisons with Australian developments. Conventionally, historians have lamented the slowness of our universities and hospitals to support research, especially clinical research, but this has also meant that, until recently, research in the medical school was not allowed to detract from educational programs to the extent that it did in the United States. It is also common here to disparage the relative independence of university medical schools and teaching hospitals—the historical tensions between staff at the University of Melbourne medical school and the old Melbourne Hospital have become legendary—but these weak institutional bonds were perhaps disguised blessings. In the Australian era of case-mix funding and hospital networking, it is just as well that the medical school never became as dependent on clinical subsidies as its American counterpart—the educational mission has remained predominant. And yet, even in Australia, the medical school is not entirely immune from the problem of disappearing teachers. Many academic

staff members now see themselves as researchers first, and find medical education an unrewarding chore; and clinical teachers, if not the medical school itself, have had to dedicate more time and energy to clinical services. In any case, the commercial mentality that infiltrated American medical schools through their teaching hospitals, in Australia is just as likely to gain entry to the medical school through our university administrations and government bureaucracies.

Although Ludmerer gives little attention to the actual content of medical curricula, some common concerns do emerge. Medical educators repeatedly warned that students were acquiring a narrow technical knowledge of disease processes. They pointed to insufficient education in preventive medicine, communication skills, and the changing social and economic environment of medical practice; too many lectures and examinations; few connections between clinical problems and molecular sciences; no intellectual rigour in ‘ambulatory care’ teaching. Medical students spent too much time memorising ‘facts’, not learning principles or fundamental concepts, and acquiring problem-solving skills. Moreover, as Ludmerer puts it, ‘the greatest deficiency of medical education was its lack of an efficient excretory system’ (p. 67). It is disappointing, then, that he scarcely examines recent efforts at curriculum reform (and excretion), starting with Western Reserve’s ‘organ-based’ emphasis in the 1950s, and later developing into problem-based learning at McMaster and New Mexico. But these curriculum revisionsæ signs of educational lifeæ would perhaps fit uneasily with the tragic mode that pervades the last third of the book.

Why *Time to Heal*? Throughout this wonderful work, Ludmerer poignantly returns to his theme that time has been squeezed out of the medical school. ‘Sufficient time is required to learn to heal, to teach how to heal, to practice the art of healing, and to discover new ways of healing’ (p. xiii). But in the modern medical school, academic staff are preoccupied with research productivity and clinical demands, and they no longer feel they have enough time for these tasks. Students find that the medical course is overloaded with minor scientific facts; patients pass through the hospitals before anyone has time to know them, to learn from them; residents and consultants are often too busy to teach. We should not be surprised that students have little time for self-directed learning when medical education is dependent on increasingly market-oriented, time-consuming, hospital and university systems.

It has been said that if you have seen one medical school, you’ve seen one medical school. And yet, *Time to Heal* not only provides us with a general account of the development of medical schools in the

United States, it has resonances here in Australia too. As I read this book, I found myself thinking: ‘So that’s why we studied that!’ ‘So that explains why we did it that way!’ For the first time, I imagined myself, a medical student at Melbourne in the 1970s, as a minute figure in the history of medical education. More importantly, I came to understand that the formal curriculum has always had less impact in medical education than the ability to motivate students and provide them with opportunities and time to learn for themselves. The lesson of this history is that if we are to save medical education, we must try to change the institutional structures and financial arrangements of health care and the universities, not just reform the curriculum.

Warwick Anderson

UCSF and University of Melbourne

(Originally published in *Chiron*, vol. 4, no. 4, 2001)

May the People Live: A History of Maori Health Development 1900–1920. By Raeburn Lange (Auckland University Press, Auckland, 1999) xiii, 359 pp.

Maori Health and Government Policy 1840–1940. By Derek A. Dow (Victoria University Press, Wellington, 1999) 280pp.

FOR MANY HUNDREDS OF YEARS, EUROPEANS ATTRIBUTED INDIGENOUS ill-health and population decline to the inexorable workings of providence or biological law; some blamed the victims, arguing that suffering and death were consequences of ‘native degeneration’ or immorality. Most, though not all, white settlers did whatever they could to exculpate themselves. As one group appeared to supplant another, as ‘civilization’ displaced ‘savagery,’ the more humane colonisers attempted to smooth the pillow of the dying race, offering spiritual solace and, more rarely, medical care. Others were developing the country regardless, convinced that Indigenous depopulation was a natural and inevitable process, and there was nothing to be done about it and nothing that needed to be done about it. Of course, Indigenous peoples did survive, though their numbers were reduced and their communities often disrupted and scattered. In the late twentieth century, the deficit in health status, compared to European communities, of the ‘first nations’ of North America and New Zealand at last began to lessen even as the poor health of Aboriginal Australians scarcely changed during this period. Indeed, the decline in Maori population had been reversed in the late nineteenth century;