

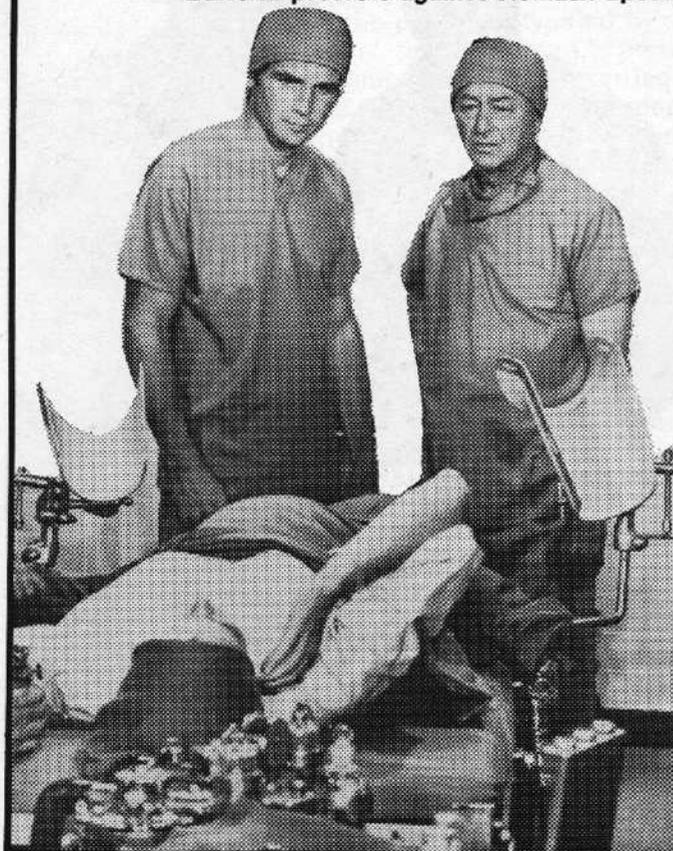
four-year responsibility for out-patient follow-up visits. During these four years of the program, the student will maintain out-patient responsibility for the patients first met during his twelve weeks general medical service. He will schedule these patients, and maintain office hours as needed, to give professional services to his "practice". The evaluation of factual information acquired as students will be done on a challenged exam system. The student will be allowed to progress to more advanced responsibility on an individual basis in accord with his ability to perform both factually and clinically.

Information Resources

"Every known and approved method of communication will be utilized to make available to the student-practitioner (at whatever level of education) all needed information, on an individualized and immediately available basis. Included are such techniques as the "briefcase computerized library", electronic video recordings, closed circuit television consultations, "dial-a-consult", computerized fact banks, simulation models, educational games, didactors, medical records adapted for case history study base, and similar new information devices. The system will be designed to take advantage of the newest communications devices and place a premium upon their incorporation into the program." To accomplish the goal of a better health care delivery system, E. Grey Diamond states in his conclusion, "that the University of Missouri will not hesitate to modify, alter, or change this program in part or completely, reverting to the classic structure, if that is the proper choice."

As the first major proponent of second generation medicine, indeed, major modifications will occur. A contradiction exists in wedding the centralized structure of print-oriented disease-centered classical medicine to the newer communications technologies which are inherently decentralized and prevention-oriented. They certainly can and must act synergistically, but they must be recognized as two separate processes, each with its own vehicle of action. Thus, the internal combustion engine

Burrerln protects against stomach upset!



was not strapped on the back of a horse, nor is the electric light bulb designed to look like a candle, although both of the former are used in transportation and both of the latter are used in providing light.

Planning a building to contain 35 separate computer terminals and 35 separate video systems to deal with a community's health problem is equivalent of putting all of the community's telephones in one building. In other words, you can't simply put "every known and approved method of communications" in the context of the older print technology. The health students office, completed with computer link and video system, should be placed at 35 locations in the Kansas City areas with the highest incidence of health problems (health wards). Actually, since second generation medicine does not operate by palliation but by prevention, the system can begin with one or very few community locations and then expand with new but basically similar health stations manned by graduates of the first, together with health students from the newer community. The student would begin by functioning as a sort of computerized bare foot doctor (first line medical worker in rural China) doing door-to-door health screening, prenatal and well child care, dispensing information on nutrition, physical fitness and drug abuse. The student may or may not want to "advance" to the treatment of illnesses in the community. Persons from a health ward that had to enter the hospital could be followed (treated) by his community student doctor in person or via video monitor. This, of course, would be supervised by community docents and hospital-based specialists. When a person must be hospitalized, his previous history and previous physical findings are available from stored computerized data. This data contains longitudinal information of his history and latitudinal information about his community. Complex medical problems seen in a community health clinic can be immediately attended to by a video medical consultant, on call for his specialty to that clinic. Neither patient nor physician will have to be delayed by travel time.

Freshmen medical students at Northwestern University are working on their own time with the Pedro Albizu Campos Free Clinic in a Puerto Rican area of Chicago, in an out-reach health program. They leaflet a block of apartments announcing that they will be on the block on a given Saturday morning, then seven teams of community workers and medical students go door-to-door and do screenings for anemia, lead poisoning, sickle cell disease, urine testing as well as obtaining a basic medical history, including physical measurements. There is an unlimited amount of services that a home health care system can establish. The students feel that this approach gives them an understanding of community health problems and renders a service to the community.

Contrast this to the attitudes of a very short time ago. Four years ago, a friend of mine was a sophomore medical student at the University of Illinois in Chicago. She lived in a dormitory with many nursing students. The women she lived with would approach her with problems of birth control, hygiene, etc. My friend felt (rightfully!) that responding to the health needs of her community (dormitory) would distract her medical education—atomy, biochemistry, pathology. It is now patently evident that one must approach the patient, not only as an anatomical, biochemical individual, but as a member of his geographic and demographic community. Training medical students on hospital wards, a context isolated from the patients' total living environment, makes it difficult later for students to function effectively in that patient's neighborhood (not until they are sufficiently debriefed). The student is just not oriented to think of himself as functioning in the community.

The goals of second generation medicine are different, but complementary to those of first generation medicine. First generation medicine, being essentially centralized and special-