February 3, 1961

Rutherford T. Johnstone, M.D.
Brockman Building
520 West Seventh Street
Los Angeles 14
California

Dear Red:

I am pleased to reply to your letter of January 17 concerning my report on Medical Education and Training, despite the fact that you attended the Council meeting. I am not doing exactly what you suggest, however, but am acquainting you with my views on this entire matter. I should be very sorry indeed, as I know you would also, if the facts and their implication for the future were to be obscured at this particular time.

Many of those who are deeply concerned about where and how we are heading in occupational medicine and in training physicians for such professional activity, are, I think, impatient, disturbed at the slowness of progress along certain lines, and confused. They want to do something about it, not realizing, in my opinion, that it takes time, patience and hard unremitting effort to change peoples' thinking as well as their action (which is mostly reflex rather than cerebrally directed, being that of following the prescribed pattern). I've been doing missionary work in this field since the middle forties trying to develop thought, and intelligent action in relation to our future needs as I see them. Progress has been slow, but it is nothing short of remarkable how different is the thought which one meets in industry now as compared to twenty or twenty-five years ago. If we can avoid a catastrophy or near catastrophy - economic or military - we are on the threshold of a great medical and hygienic development in American industry. We in medicine must hold the ground we have gained and go forward along the lines we have adopted, not in complacency, but not in timidity or lack of confidence. If we can hold on, we have it made.

What do I mean.

(1) We have a respected place in organized medicine in which, now, we are established on a basis comparable to that of other specialties with respect to (a) a form of professional training which is producing an admittedly small, but well-trained, group of physicians; and (b) an orthodox procedure of professional certification.

(2) We have a professional group in the American Academy of

Occupational Medicine to which additions are being made steadily. The stature of this organization is recognized.

(3) Within the field of daily practice and within academic circles, the relationship between physicians and technologists in industrial hygiene is very good. Unfortunately there has been a falling out between I.M.A., and A.I.H.A., but this is not as serious a matter as it might be, if the whole set of relationships had been disrupted. After all I.M.A., is not the controlling factor in our part of the professional world (don't quote me, please).

The present situation

There are at present six schools in which training in occupational medicine is being given. I do not know the number of physicians in training this year, but I should guess that there may be of between sixteen and twenty-four in training for practice in the U.S.A., and perhaps half or more of that number from other countries (we have one from Pakistan, two from Egypt, one from Mexico and one from Jugoslavia, these being here for variable periods of time, but not the full two years).

The schools could absorb more candidates for training. These are not available for a number of reasons, of which the most important, in my opinion, is the strong competition afforded by such other specialties as internal medicine, pediatrics, surgery in various fields, psychiatry. This is to be expected, and until and unless a very great change occurs in medical thinking, with particular respect to a greater consciousness of, and interest in, the present needs of our society, it will continue. Industry is beginning to make its needs felt, however, and we can expect to feel the effects of this in the economic and public relations of medicine.

I am not filled with overbubbling optimism about this situation, but I am not in a state of depression over it either. We are gaining ground slowly, and we cannot expect to accomplish our purposes at a dramatically rapid rate. What we must not do is to be disturbed and begin riding off in divided forces in many directions at once, thereby demonstrating our lack of understanding of the manner in which social changes of a peaceful type come about. Above all, we must not degrade the quality of our efforts by trying to satisfy the wishes of those who do not think in any but immediate and brief terms. What is happening in our society is, I believe, an almost comprehensive reorientation of techniques, objectives and values, in which medicine is slowly and reluctantly involved. We can move with this tide and direct it in some ways into what we believe to be desirable channels, but we cannot do much to accelerate or even to retard it.

To come down to specific points in relation to occupational medicine - which in my book is essentially preventive medicine in industry - we shall not succeed in drawing an appropriate proportion of graduate physicians (after internship) until special training in occupational medicine, based on good facilities for research and practice is available in the large proportion of the medical schools of the country. If graduate training can be offered at an appropriate level of quality and interest, good

undergraduate teaching can be done, and some of the men who graduate in medicine will gravitate naturally into this field of training and practice.

This expression of my viewpoint may or may not be of help to you, but I submit it for what it is worth.

With best regards.

Sincerely,

Robert A. Kehoe, M. D.

RAK:ss

P.S. Perhaps my point on page 3 above may not be clear. What I mean to say is that there will be no competent staff to give instruction to medical students even in the simple rudiments of occupational medicine, unless there are good facilities and people engaged in graduate instruction. You cannot put anything useful together without having competent people and work going on. The professors of preventive medicine, in the main, do not know what or how to teach in occupational medicine, nor do the men who have been doing the emergency work for local industry. Unless what is taught is good and pertinent, it is worse than nothing. We suffer greatly in this field from the discussions of people who do not know what they are talking about.

R. A. K.