

“As Primary Physicians We Were Only Interested in Patient Care”.

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Neal McNabb, born in Batavia, NY, and a graduate of Ohio Wesleyan University, received his postgraduate training in Pediatrics at Strong Memorial Hospital. Following a two year tour of duty as a pediatrician in the U.S . Air Force, he entered practice in the same group of pediatricians as classmate James MacWhinney. He is a co-founder of the Monroe Developmental Center and has had a career-long interest in the care of developmentally disabled children. His community service activities include serving as Medical Director of The Genesee Hospital.

As I reflect on the topic, I shall respond from three points of view: as a general pediatrician, as a developmental pediatrician and also as a former medical director of The Genesee Hospital.

As primary pediatricians we were only interested in patient care. We charged \$5.00 for an office visit and \$6.00 for a house call. We made these and learned an unbelievable amount about a family. When we did this the family trusted us. Economics was not a big factor as long as we could pay the bills. We paid the bills and split the rest evenly regardless of the variations in the workload since it all became equal in the end. This allowed us the opportunity to expand coverage - i.e., nights and weekends - in order to improve our relationships with the parents and patients. Thirty years later I see these kids, now parents, and they recall those experiences. A recent one was a father's telling about the night when I made a house call and his pet dog bit me as I began to examine him. The other thing I think of importance is that all of us were depression kids and either we came to medical school with military experience or we did so during our post-graduate training or after. We also had faculty during our pre-med years who knew us and could give very truthful recommendations. Dr. Bradford told me about this many years after we graduated. He also told me that in our class there was only five percentage points between the low and high person in the middle third of our class. I also think that a lot of our success came from the fact that the senior faculty and the chairmen of the departments as well as the clinical faculty were very involved with everyday teaching and rounds. I am afraid this is not done today. We had very specific expectations presented to us. We also worked very hard and did all the laboratory tests ourselves, which is not true today; but every time you had to collect a blood sample you learned how to talk with your patient. They trusted us. So my training and the first ten years of practice were very positive because of my relationship with the kids and their parents.

I went on into a new endeavor about which little had been written: Childhood Developmental Problems. I found that this large number of kids had been sent to the pits. I developed my own training program here in the U.S. and in Britain. A wonderful experience, which again reinforced that the patient and our relationship with him/her is the key. This led to Al Scheiner, a partner in our practice with similar interests, and my being hired by the State of New York to build a developmental center in Monroe County. They gave us a 500-bed center and the monies to hire a super staff. However, after six years the special interest groups and the politicians took over. If you think Washington is a mess today, Bill and Newt look like newborns.

We left and I went back to The Genesee Hospital and, along with my pediatric duties, established a developmental center. It is the only one like it in the country based in a community

hospital. What is different is that we do many of the evaluations and all of the parent-school conferences on site. We also continue to follow these kids on site. This again has led to the development of very strong physician and parent and patient relationships. This has led to better-educated patients who can advocate for themselves.

As a medical director for seven years, I am firmly convinced if a medical staff and a hospital with similar goals work together they can establish super quality at a reasonable cost. We did. Six physicians left on their own during my tenure as medical director because they were unable to meet the standards set by the medical staff.

Today medicine has been industrialized. MBA types with no knowledge about clinical issues are now telling MDs how to practice. The quality has gone down. Patients are being discharged too early and then have to be readmitted. The HMOs are for-profit outfits, and in conjunction with CEOs, are without a doubt demonstrating nothing but a need for power and greed. All of us should read *The System: The American Way of Politics of the Breaking Point* by Haynes Johnson and David S. Broder (Back Bay Books, 1997).

However, I think this will correct itself in the next decade when patients understand that they have little choice in their care.

In my retirement I consult in various schools regarding their students with developmental problems. This has been very rewarding.