

Conflict on Care of Nixon: Town vs. Gown

By LAWRENCE K. ALTMAN

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—A conflict lurking in the background of former President Richard M. Nixon's hospitalizations has come into the open through Federal Judge John J. Sirica's appointment of three doctors to evaluate Mr. Nixon's ability to testify in the Watergate cover-up trial. The conflict was expressed in terms of Western vs. Eastern medicine by Mr. Nixon's doctors, who noted yesterday that Mr. Nixon had been treated in a community hospital in California and that the Sirica medical panelists were doctors who practiced in Eastern medical centers.

On an even broader scale, the conflict is between town-gown elements in medicine, or in other words, the academic vs. the private practice of medicine.

Conflicts between doctors practicing on a fee-for-service basis privately and those salaried by medical schools probably began when teaching institutions were first built. And regional differences undoubtedly have existed since the University of California, Stanford and other universities created medical schools in the West.

Indeed, faculty members often speak of their institutions as the Harvard of the West. Yet the same academic rivalries exist within regions and even within regions and even within the same localities elsewhere. If it is not on a university-private practitioner level, the conflict sometimes is expressed between doctors practicing in groups and those practicing by themselves in private offices.

When Mr. Nixon needed hospitalization for his phlebitis condition, he chose to go to a private community hospital—Memorial Hospital Medical Center of Long Beach—where his physician of long standing, Dr. John C. Lungren, practiced. Mr. Nixon did not choose a university teaching hospital.

Memorial Hospital is a progressive, 820-bed institution with 600 staff physicians. Many Memorial doctors hold clinical faculty appointments at the University of California at Los Angeles and other California medical schools. Memorial is where Dr. Malcolm C. Todd, president of the American Medical Association, practices surgery.

Medical students from the University of California at Irvine examine Memorial patients with their permission and learn how to treat patients there. The Irvine medical school and Memorial Hospital began their affiliation in 1963 as part of the growing trend for private hospitals to associate with medical schools.

This trend reflects in part the response of American medical schools to public criticism that young doctors are not exposed to garden-variety medicine in their training and in part the fact that as medical schools train more future M.D.'s they need more patients for teaching purposes.

As Medicare and other social welfare benefits have spread to cover the bills for more sick people, American medical schools have had fewer charity

patients and have increasingly relied on more private patients for teaching purposes.

In the process, the new liaisons have sometimes heightened rather than smoothed over long-standing town-gown conflicts between private practitioners who have traditionally been sensitive to criticism from their academic colleagues.

Such criticism has expressed itself in Mr. Nixon's case in several ways.

Criticism From East

First, faculty members of the Yale and Mount Sinai medical schools—to cite just two leading Eastern medical centers—have publicly criticized the care Mr. Nixon's doctor's have given the former President. Their criticism centered on the choice of the vein on which a clip was placed to prevent blood clots from traveling from Mr. Nixon's legs to his lungs.

These doctors are among those in academic centers elsewhere who have made Mr. Nixon's medical problems part of routine daily teaching conferences that are based on the case study method.

Dr. Lungren and Dr. Eldon Hickman, Mr. Nixon's surgeon, reportedly have been irked by such criticism. Dr. Lungren is understood to have told other medical colleagues that he cannot understand how doctors not on the case can be so critical when they do not know all the facts involved in Mr. Nixon's care.

At yesterday's news conference, Dr. Lungren and Dr. Hickman seemed rankled that Judge Sirica's panel was composed of doctors from Eastern medical

centers (Dr. Charles Hufnagel from Georgetown University in Washington, D.C., Dr. Richard S. Ross from John Hopkins in Baltimore, and Dr. John Spittell Jr. of Mayo Clinic in Rochester, Minn.)

Also, a few U.C.L.A. doctors in talking privately with members of the press have expressed resentment over how members of Mr. Nixon's medical team have cited their U.C.L.A. faculty titles. These doctors said they felt embarrassed that the university had been tied to what they considered questionable medical decisions made in Mr. Nixon's case.

Despite the underlying town-gown problems, Memorial's ties to academic medicine seemingly benefited Mr. Nixon's care. Dr. Lungren said that because Dr. Wiley Barker, nationally prominent vascular surgeon at U.C.L.A., was in Hawaii at the time, he and Dr. Hickman had called Dr. William Longmire, the university's chief surgeon, "to find the best man qualified on campus to help render a decision" when Mr. Nixon was in shock from internal bleeding after the operation.

Support and Opposition

Dr. Donald Mulder, the U.C.L.A. surgeon selected, examined Mr. Nixon and backed up the Memorial team's conservative approach—that is, to continue transfusing blood and platelets rather than to operate on Mr. Nixon a second time. Elsewhere, however, some doctors privately criticized this decision.

Though Mr. Nixon had the benefit of outside surgical con-

sultants, Dr. Lungren had been criticized privately in medical circles because he did not call on experts in bleeding and clotting problems of the type that affected Mr. Nixon.

Such criticism comes at a time when Americans yearning for the return of the old country doctor have criticized the medical profession for the fragmentary care that can result when a patient is treated by too many doctors.

When a patient goes to a university hospital, he can almost routinely expect consultations from several specialists. In such academic centers, doctors are accustomed to defending their medical decisions when their colleagues look over their shoulders.

Though many doctors believe such medical frankness leads to better medical care for the patient, there has been growing criticism about resulting breaks in the confidentiality of the doctor-patient relationship in some such instances.

In contrast, at community hospitals where most Americans get their care, doctors have been less inclined to call on consultants. However the situation is changing as more younger doctors who have spent many years in training in academic centers join the staffs of Memorial Hospital and other similar institutions.

One young doctor at Memorial Hospital said that his older colleagues were just beginning to adjust to the type of practice where they are forced to explain each medical decision in a patient's care when calling on a colleague for consultation after complication arise.