

# Preventing rather than curing

By ISAAC REHERT

These days, Dr. Edyth Schoenrich's starched white medical coat hangs mostly empty and unused as she sits for hours at her desk plowing through reports, or chairs meetings of assorted health specialists thrashing out new ideas.

The empty white coat has seen its quarter-century of service. Dr. Schoenrich began her medical service in the Johns

Hopkins Hospital in 1951 and has been at it continuously ever since.

And she still wears the white coat from time to time—for old time's sake, and whenever her new job demands a walk through corridors of the hospital where for so long she has treated the sick and pondered the problems of health care.

But recently she was appointed to a new job, associate dean of the university's School of Public Health and Hygiene, where, she feels, she is on the ground floor of a new movement in medicine that is going to profoundly improve the health of the American people.

The job takes her away from direct treatment of the sick; but she thinks it makes her even more effective in making people feel better.

"I admit there's no more gratifying feeling," she said in an interview, "than having somebody wring your hand, telling you you saved his life.

"And when I started in medicine here at Hopkins, I was really moved by the glamour of dealing with emergencies and of acutely ill people in a famous teaching hospital.

"But I'm a more secure person now and I don't need the same kind of drama. "Over the years, I've been able to think about these patients' illnesses, and I came to realize what was really quite obvious:

that years before they came to the hospital with their acute illness, they had disease processes working inside them. And they would retain some of those processes the rest of their lives.

"The acute episode in the hospital was like a single frame out of a long movie. Over the years I became more interested in the beginning and the end of the movie as well."

The beginning meant preventive medicine and the end was geriatrics. Dr. Schoenrich went to work as assistant to the late Dr. Mason-Lord, a pioneer in care of the elderly.

In that area, she saw that what was most important was the creation and maintenance of the right kind of programs. Gradually her interest shifted from treatment of individuals, one doctor to a patient, to an alteration of the system of delivering health care.

Her concern became not so much curing the sick as keeping people well.

"As a doctor, so often I had the feeling, 'If only we could have got to this patient sooner.'"

"So much of our health-care system is correcting things that have gone wrong.

"What we need is a new thrust. We should be concerned with the maintenance of optimum health."

It is for that reason she is so enthusias-

tic about her new job.

She feels the country is ready to accept a new approach to health maintenance, and that the Hopkins School of Public Health—one of the foremost among 20 such schools in the nation—is providing leadership in that approach.

Until recently, she said, schools of public health to a large degree have concerned themselves with problems of undeveloped regions which are in essence those of just staying alive.

They dealt with infant mortality, and with epidemics of typhoid fever, malaria and smallpox that affected whole populations; and they learned a good deal about how to control these infectious diseases.

Now, in addition, the schools are turning to diseases of more industrialized regions, like the United States. Here it is not so much a question of basic survival as of the quality of life.

Here the diseases to be combatted are not primarily infectious but chronic: arteriosclerosis, hypertension, heart disease and cancer, which begin showing up in the middle years, take their worst toll in the older ones and disable for many years before they finally kill.

The best approach to dealing with these diseases, Dr. Schoenrich said, is prevention.

We don't exactly know the causes, but

we can use an epidemiological approach; we can study the behavior patterns of the people who get the diseases. That was the approach in finding the relationship between smoking and cancer.

"It will be to a large extent an education job. People still think of medicine as curative; even most doctors still think of their job as curing illness after the patient is pretty sick, although the medical schools are changing that approach.

"It has to change. For one thing, we just can't afford it. With the medical techniques we have available now, and with everyone entitled to getting them, it just isn't practical to deal with diseases in a curative way. We're just going to have to prevent them."

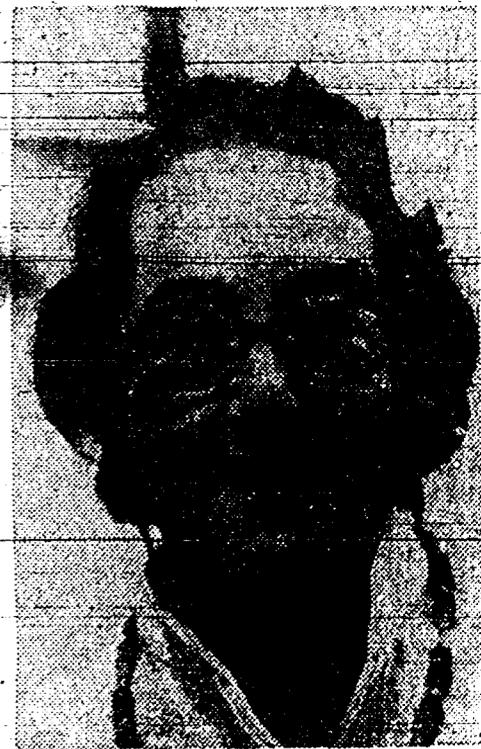
As for the change from the doctor in the white coat to the administrator reading reports and presiding at meetings, Dr. Schoenrich said the difference isn't as great as some people think.

"In both there's a big element of problem solving, which I enjoy. I love doing puzzles.

"And bringing a committee around to your point of view isn't that different from bringing a family around to a certain curative process you'd like to pursue.

"Though I'm sitting at a desk, I don't feel I'm into a routine. And when I sit together with our faculty and students, I'm

trying to encourage and nourish—to find new ways of looking at the same old material. When I do that I feel like a sculptor."



Dr. Edyth Schoenrich