Some Factors in Medical Indigency

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During the past several decades the number of persons who have been given some form of relief at public expense has greatly increased. In the country as a whole, the public social services are now being referred to as a \$13,000,000,000 industry. In some states public assistance alone, composes the largest single payroll in the state. A large part of this increase, it should also be noted, has taken place in the past thirteen years—a period of unprecedented prosperity.

The provision for free medical care is one of the public social service programs that has increased rapidly in the past several decades. Each day several hundred persons appear at the State University Hospital in Oklahoma City for treatment. The total expense involved in providing free treatment for those requesting it has risen steadily through the years until today it constitutes a major item in the state budget. In order to determine the circumstances which cause the need for free medical care, a study of 400

patients at the University Hospital was made in 1952.

Approximately two-thirds of the 400 patients studied reported that they were married. Since about 70 per cent of the population of the state 14 years of age and over in 1950 was married, it is apparent that the proportion of the patients who were married agrees rather closely with the figures for the state as a whole.

Only one person in nine in the patient group was single, on the other hand, as compared to one in five in the general population 14 and over. One in nine was also widowed and one in 18 divorced. This compares rather closely with the one in ten persons in the general population 14 and over

in 1950 who was either widowed or divorced.

The mean number of years that had elapsed since the first employment of the group as a whole was 28.7 years. Seventeen persons reported that 60 or more years had elapsed since the first job was secured. On the basis of these figures, it may be rather definitely concluded that most of those given free medical care had been employed for a relatively long period of time.

Previous studies relating to economic inadequacy have indicated that, in approximately one-fifth of the families receiving relief at a particular time, the need was caused by the illness of the chief breadwinner. To what extent was illness a factor in the medical indigency of the group in question? In order to ascertain the facts on this matter, each patient was asked to state the number of years that had been lost since the first employment because of illness. Of 267 persons replying, 71, or slightly over one-fourth stated that they had never lost any time because of illness; 139, or slightly over one-half of the total, had lost from one to four years; 38, or one in seven, had lost from five to nine years. On the other hand, 19 persons, or about one in every 14, had lost ten years or more employment because of illness. The mean number of years lost because of illness by the group as a whole was 3.7.

Information collected which related to the work history revealed that, for the most part, those who were given free medical care had been drawn primarily from unskilled or semi-skilled lines of work. Relatively few persons were listed among the group who gave a skilled or a professional line of work as the usual occupation.

The mean number of years of schooling which had been received by the entire group of 400 patients was approximately 7.5, as compared to 9.1 for

the entire population of the state 25 years of age and over in 1950.

From this brief summary of the principal findings, it may be concluded that the income received was not adequate to pay for medical care and to meet other living expenses at the same time. In the second place, the information points rather definitely to the conclusion that the reason for the inability of those studied to pay for medical care was due to a series of circumstances including inadequate schooling, excessive illnesses, lack of job skills, lack of steady work, and low wages.