

*Public Attitudes Toward  
Health Insurance*

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The past decade has seen an enormous growth of enrollment in health insurance plans. The economic meaning to the public of health insurance was spelled out in detail by the 1953 nationwide survey of the costs of family medical care, reported by Anderson and Feldman,\* which will be expanded and brought up to date by the restudy of the costs of medical care currently being made by the National Opinion Research Center and Health Information Foundation.

Complementary to the economics of financing medical care through prepayment is the question of the public's acceptance of this method of financing. This report describes how the public views health insurance. It seeks to answer such questions as how satisfied the public is with its present benefits, how it would like present insurance plans changed, and what conditions for extending benefits meet public approval.

The data for this report derive from a survey of a representative cross-section of the American population made by the National Opinion Research Center in 1955, in cooperation with Health Information Foundation. The survey sought information about the public's attitudes toward health, health services, health information programs, health insurance, and many other subjects bearing on illness and medical care. In the course of the interviews with the public, the names of the public's regular doctors were obtained, and a sample of almost 500 of those doctors was drawn and interviewed. Thus, it is possible to com-

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\*Odin W. Anderson and Jacob J. Feldman, *Family Medical Costs and Voluntary Health Insurance: A Nationwide Survey*, New York: McGraw-Hill Book Co., 1956.

pare the attitudes of the public and of its regular doctors.

The bulk of the survey findings will be reported in a forthcoming volume by Paul B. Sheatsley and Jacob J. Feldman. The material here deals solely with the relatively small body of data that refer to the attitudes of the public and its regular doctors to health insurance.\* Based as it is on a limited number of questions about health insurance, this report is intended to be only a tentative sketch, the conclusions of which may have to be revised in the light of future, intensive investigation, but which do refer to an accurate sample of the American population.

**Who is insured**

Who is insured? The public was asked, "Do you or your spouse now have any medical, surgical or hospital insurance which would pay part of all of the cost of doctor or hospital bills?" Fully two-thirds (66 per cent) answered, "Yes, have it now"; 11 per cent answered, "No, but used to have it"; 23 per cent "Never had it." The proportion of those reporting that they have health insurance varied with age, income, and occupation. Sixty-seven per cent of those between 21 and 34 have health insurance, but only 39 per cent of those 65 and over do so. Seventy-eight per cent of the adults in families with annual incomes of \$7,500 or more have coverage; only 29 per cent of those with annual incomes under \$2,000 do. Thirty-three per cent of the adult members of farmers' families have insurance; twice as many—from 67 to 73 per cent—of the adult family members of workers in each of the other occupational groups have insurance. As these percentages show, the aged, the poor,

\*For other studies, see Albert I. Hermalin, "Health Insurance—The Public's View," paper presented at the annual meeting of the Health Insurance Association of America, Chicago, 1958; Michigan State Medical Society, "An Opinion Study of Prepaid Medical Care Coverage in Michigan," Lansing, Mich.: Michigan State Medical Society, 1957; J. J. Feldman, "Adequacy of Health Coverage," in *Proceedings of the 1954 Annual Conference of Blue Shield Plans*, Chicago: Blue Shield Commission, 1954; D. G. Hay and C. H. Hamilton, "Acceptance of Voluntary Health Insurance in Four Rural Communities of Haywood County, North Carolina, 1953," Progress Report Rs-24, Department of Rural Sociology, Agricultural Experiment Station, North Carolina State College, 1954; Odin W. Anderson, *Voluntary Health Insurance in Two Cities*, Cambridge: Harvard University Press, 1957, pp. 36-45.

and farmers have health insurance less often than do other segments of the American public.\*

People who lack health insurance were asked, "In general, does such insurance seem to you like a good idea for your own family, or are you just as well off without it?" Sixty per cent of those without coverage at the time of the interview thought

\*The recent study reported by Hermalin obtained quite similar findings.

Table 1

**Reasons for not having insurance even though insurance is a good idea**

	Percentage of group answering (N = 424)
No group plan available, individual policy too expensive, can't afford non-group policy on own .....	4%
No group plan available (no mention of individual policy being too expensive) .....	7
Too expensive at our age, cost for older people too high .....	2
Too expensive, can't afford it (no mention of old age, or lack of group plan) .....	44
Age, illness, poor health, probably couldn't get insurance .....	13
Dissatisfied with previous plan, had bad experience .....	4
Not eligible yet under group plan, still in the waiting period, or waiting until group plan is adopted at work .....	3
Don't need insurance because in armed forces, get professional courtesy, or free or low-rate care available .....	4
Have been healthy, not much illness in the family, haven't needed it...	4
Miscellaneous reasons implying interest in getting it in the future: have put it off, just got married, haven't found right plan yet, didn't get around to it .....	19
Miscellaneous reasons implying little likelihood of getting it: my husband doesn't want it, decided to save the money, can't trust those insurance companies, etc. ....	10
Don't know, too vague to classify .....	4
Some people gave more than one reason .....	118%

it was a good idea. If these were added to all those who were insured at the time of the survey, about 85 per cent of the adult American population would be enrolled in some sort of prepayment plan.

A disproportionate number of those without coverage but favorable to it were young (between the ages of 21 and 34) rather than aged, and were in the families of semi-skilled, unskilled, or domestic workers rather than clerical or sales workers or farmers. Seventy per cent of those uninsured in families with annual incomes under \$2,000 (8 per cent of the population) were favorable toward insurance, compared to 30 per cent of those in families with incomes of \$7,500 or more. Consonant with this, 44 per cent of those who lack health insurance but feel it is a good idea refer to its cost to explain why they lack it, as Table 1 shows. And of those adults who lack insurance, in 85 per cent of the cases neither the uninsured adult nor his spouse works where there is a group plan for obtaining coverage.

**How insurance affects medical care**

Why do two-thirds of the adult American population have health insurance, and why are 60 per cent of those still without it favorable to it? Many people undoubtedly have coverage because it is a quasi-automatic part of the terms of their employment. Of those who were once insured, but were not at the time of the survey, 38 per cent explained the lapse by saying that they left the group where they were covered. Seventy-five per cent of those with coverage got their first insurance at their place of employment. Seventy-one per cent of the insured carry at least some of their health insurance through their (or their spouse's) place of employment. For 19 per cent of those with *group* insurance the employer pays *all* costs, and for 40 per cent the employer pays some of the costs. For 36 per cent of those with *group* insurance (55 per cent of all insured) the employer pays no part of the cost of their insurance. (The remaining 5 per cent didn't know whether the employer bore any of the costs of their insurance.)

As obvious a factor as the terms of employment is the economic meaning of the insurance itself. Health insurance provides

a means of paying for medical care and a means of "protection" against sudden or burdensome costs. Enough has been written about the economic value of the prepayment principle to allow merely this passing mention. But what value beyond that does the public itself place on insurance? Is it anything more than something connected with the job or protection against unexpected medical costs? Those who hold health insurance were asked, "In general, do you think having this insurance makes any difference, one way or the other, in the way you are treated when you are sick?" Seventy-eight per cent said "No," 15 per cent answered "Yes," and 7 per cent did not know. The difference is not marked, but more people with little education and low income believe that having insurance makes a difference in the way they are treated than those of higher education and income.

The small percentage who believe that insurance does make a difference were asked *how* it makes a difference. As Table 2

Table 2  
The way insurance makes a difference in the way one is treated when he is sick

	Percentage of public answering (N = 236)
It gets you into a hospital, no trouble over admission . . . . .	36%
The hospital (or nurses) treat you better, are nicer to you . . . . .	6
The doctors, surgeons, treat you better, give you more attention . . . . .	6
"They" treat you better, treat you well, give you better care . . . . .	25
You get medical care needed, feel safer about sudden illness, doctor more likely to suggest hospital if necessary . . . . .	7
Doctors, hospitals or "they" charge you more if you have insurance . . . . .	5
Doctors, hospitals or "they" treat you worse, know they will get paid anyway . . . . .	5
Miscellaneous effects on treatment . . . . .	5
Don't know, just feel it makes a difference . . . . .	14
Some people mentioned more than one thing . . . . .	109%

shows, the major way these people believe insurance makes a difference is in facilitating hospital admission. Others refer to being treated "better," in a context that leads one to feel that *courtesy*, rather than quality of care, is being stressed. Clearly, no stress is given the idea that having insurance leads to getting better medical care, although this lack of emphasis may very well result from the wording of the question, since the phrase "the way you are treated" has several connotations.

Related to what value people place on their health insurance is the evaluation their physicians make of the significance of insurance to medical care. A sample of the public's regular doctors was asked whether "having hospital or surgical insur-

ance affects the patient's attitudes or behavior." Only 6 per cent of them felt that insurance had no effect on the patient's attitudes; 33 per cent felt it had some effect; and 61 per cent felt it had a great deal of effect. Some of the public's regular doctors believe that having insurance makes the patient more willing to consult his doctor, and most of them believe that health coverage makes the patient accept the doctor's recommendations more readily (see Table 3). Insofar as insurance actually does affect the patient's attitude, it therefore affects the *amount* of medical care he seeks and the *degree* to which he follows his doctor's recommendations. Both of these effects are quantitative, but they may, of course, result qualitatively in better medical care.

Insurance seems also to have some effect on the way the doctor himself treats the patient. For one thing, when the public's regular doctors were asked, "In deciding what to prescribe, does the cost of a medicine usually influence your decision?" 69 per cent indicated that cost does have at least some influence. This answer, although it has no direct connection to insurance, nonetheless shows that the factor of cost to the patient can affect the physician's decisions where he has some flexibility of action, some possibility of selecting among a number of alternatives.

When the public's regular doctors were asked a direct question about the significance of insurance to their handling of a case, however, fewer indicated the relevance of such a consideration. Asked, "How about your handling of a case—when a patient has hospital or surgical insurance, does this affect your handling of the case?" 58 per cent said that the patient's coverage did not affect their handling of the case at all, 33 per cent indicated that it affected their handling "somewhat," and 9 per cent indicated it affected their treatment "a great deal." Those who indicated that their handling of the case is affected explained, as we see in Table 4, that if their patient has insurance they are more likely to recommend hospitalization, surgery, diagnostic procedures, and special treatment than they otherwise would. Some of this tendency may reflect the doctor's belief that the patient is more likely to accept his recommendations when he is insured.

Most of the public's regular doctors are positively oriented

Table 3

**How the public's regular doctors believe having insurance affects the patient**

	Percentage of those saying patient is affected "somewhat" or "a great deal" (N = 446)
Patient more willing to undergo hospitalization, surgery, treatment, more willing to have it done earlier.....	68%
Patient comes to the doctor sooner, more readily.....	19
Patient more willing to have minor ailments treated, to undergo minor operations .....	4
Patient has less fear about illness, hospitalization, surgery (aside from worry about cost) .....	10
Patient more interested in health .....	2
Patient worries less about the bills, cost .....	8
Patients put pressure on doctor to use, misuse the insurance, argue, insist, demand unnecessary care .....	4
Patients abuse, try to abuse their insurance, take unnecessary advantage of it (no reference to this causing any argument with or trouble to the doctor) .....	20
Miscellaneous: some patients get mad at the doctor because their insurance does not pay him, etc. ....	1
Some doctors mentioned more than one effect.....	136%

Table 4

**How patients' insurance affects the way the public's regular doctors handle the case**

	Percentage of doctors saying their own handling of the case is affected (N = 193)
More likely to hospitalize them, do it sooner, more often, more readily	49%
Can get them admitted to the hospital more easily, the hospital is more likely to take them	2
More likely to recommend or perform surgery, elective surgery	10
Recommend, obtain private care instead of city or ward care	3
Keep them in hospital longer, don't hurry their stay	5
Recommend, obtain better diagnosis: laboratory work, X-rays, tests, examinations, etc.	20
Recommend, obtain better, more expensive treatment, medicines, can do more for the patient (not specified as to hospital, surgery, diagnosis)	14
Know I will be paid for my services	6
Miscellaneous effects on doctor's attitude or behavior: more apt to urge people to take leave from work, I have the additional work filling out forms, etc.	11
Don't know, can't say	4
Some doctors mentioned more than one effect	124%

toward health insurance. Seventy-eight per cent feel that "this hospital and surgical insurance that patients sometimes have is more of a help than a nuisance."\* Their reasons for considering health insurance a help, presented in Table 5, emphasize that when cost is reduced as a factor in their relations with patients, they can recommend more medical care, and their patients are more receptive to the recommendation. They note also that it is financially useful to the doctor himself, in that patients' bills are paid more quickly and collections are easier.

\*Of those who felt that insurance was more of a nuisance than a help, 72 per cent referred to the nuisance of the "clerical work" and "red tape" involved.

Table 5

**How patients' insurance is a help to the doctor's practice**

	Percentage of the public's regular doctors saying in- surance is a help (N = 361)
Facilitates hospitalization, surgery, patients are more receptive, doctor is freer to urge hospitalization, surgery	41%
Facilitates better diagnostic work, patients can afford, are more receptive to tests, examinations	10
Facilitates treatment in general, patients can afford better care (hospital, surgery, diagnosis not specified)	17
Patients are more health minded, come in to see doctor earlier, cooperate better in general	10
Lessens the doctor's worry, concern about cost (no reference to this resulting in greater likelihood of recommending hospitalization, surgery, diagnosis, etc.)	3
Relieves patient of worry about cost, lessens patient's burden, improves his attitude (no reference to this resulting in increased receptiveness to hospitalization, surgery, better diagnosis, etc.)	17
Financially helpful to doctor: collections are earlier, bills are paid, paid more quickly	30
Don't know how, in all ways, it helps us all, etc.	4
Some doctors mentioned more than one way	132%

Although the public does not on the whole seem to think that having insurance affects the way its members are treated when they are sick, a significant proportion of the public's regular doctors believe that an individual with health insurance is more willing to accept the physician's recommendation and that when the patient has health insurance the doctor is likely to recommend greater use of medical facilities. This may explain the finding of the earlier study of the costs of medical care—that those who have health insurance obtain more medical care than those who do not.\* It may also follow from this that if the range of benefits of health insurance were greater, utilization of medical services would increase and more care would be obtained.

\*Anderson and Feldman, *op. cit.*

**Attitudes toward health insurance coverage**

What do people think of the coverage they have? Those of the public who hold some form of medical, surgical, or hospital insurance were asked, "In general, how do you feel about the things this insurance covers and the amounts it pays? Is there anything about it you don't like so much, or are you completely satisfied the way it is?" Sixty-nine per cent of the public re-

ported complete satisfaction,\* while 25 per cent reported that some things about their coverage were not liked. Six per cent said that they didn't know.

That seven out of ten Americans who hold some form of health insurance are completely satisfied indicates a solid base of present satisfaction, although it does not necessarily mean that these people are so satisfied that they would reject different coverage if they were offered it. Indeed, it is the *dissatisfied* policy-holder who is strategic to examine. Even though he is in the minority and cannot exercise the crucial majority choice of whatever new possibilities are offered, he may well stimulate the possibilities themselves and is most likely to be vocal. What, then, is this minority dissatisfied with?

\*Cf. Hermalin, *op. cit.*, p. 10.

**Table 6**

**Public complaints about health insurance**

Percentage of dissatisfied public  
(N = 395)

**Complaints about benefits or coverage**

It should pay more on hospital bills: Doesn't pay enough days in hospitals, should pay more "extras," etc. ....	18%
It should pay more on operations or obstetrical care: Doesn't pay enough of bill, doesn't cover anesthesia, etc. ....	15
It should cover home and office doctor calls, sickness at home; doesn't take care of ordinary doctor bills .....	15
Should cover (more on) doctor bills, unspecified as to in-hospital or non-hospital bills: Should pay doctor bills in full, should cover doctor fees .....	10
Should pay more for prescriptions, medicines, drugs .....	2
Should pay (more) cash sickness or disability benefits, compensate for lost income .....	1
It should pay (more) for dependents, give them full coverage..	7
Miscellaneous exclusions objected to: Doesn't cover tuberculosis, nervous disorders, prior ailments, etc. ....	9
It should cover everything, pay all medical bills.....	5
Should pay more, cover more in general: Doesn't cover enough, benefits too low, not adequate, doesn't pay much. ....	19
Vague criticisms of benefits or coverage . . . . .	2
<hr/>	
Total criticisms of benefits or coverage (some criticized more than one aspect) . . . . .	(103%) 77%

(continued on next page)

**Table 6 (continued)**

**Complaints about benefits or coverage**

Premiums are too high, costs too much, rates keep going up, not worth the price ....	17%
Company (or some companies, or insurance in general) tries to avoid paying, looks for loopholes, misrepresented policy, will cancel it if you get sick .....	8
Hospitals, doctors take advantage of you, charge you more if you have insurance . . . . .	2
It restricts choice of hospital or doctor, would prefer to get care elsewhere . . . . .	3
Would prefer a different type of plan; no deductible feature, one policy to cover everything, etc. . . . .	3
Want socialized medicine instead, government should take it over, pay for it .....	1
Miscellaneous specific complaints about administrative matters, too much red tape, etc. ....	6
Vague criticisms of premiums, administrative matters, etc.....	1
<hr/>	
Total criticisms of premiums, administrative matters, etc. (some criticized more than one aspect)....	(41%) 39%
Some people made both types of complaints.....	116%

The reasons given by the minority who were not completely satisfied with their coverage are presented in Table 6. The cost of premiums received relatively few complaints.\* Seventy-seven per cent of this group criticized benefits or coverage, while only 17 per cent criticized the cost of premiums.

The public's regular doctors appear less satisfied with present health insurance than are their patients.\*\* The public's regular doctors were asked, "Do you believe that insurance plans like Blue Cross and Blue Shield should cover any types of medical costs that they don't cover now?" Only 35 per cent expressed satisfaction with present benefits. Fifty-nine per cent felt that benefits should be increased, and 6 per cent expressed no opinion. As Table 7 shows, those physicians who favored extending benefits suggest including diagnostic procedures and medical care outside of the hospital more often than they suggest extending coverage of hospital and surgical services. Since most of these doctors had reported themselves to be general practitioners, this emphasis is perhaps to be expected. And since these doctors are, by the nature of their practice and of the mode in which they were selected for interviews, likely to be in personal contact with a large number of laymen, their emphasis must be reckoned a potentially significant force in forming public opinion about increased coverage.

**Attitudes toward "comprehensive" coverage**

As we have seen, two-thirds of the American public have some health insurance coverage. Of these, seven out of ten are satisfied with their coverage. Six out of ten of their regular doctors, however, believe that health insurance benefits should be widened. Those of the insured public who are not satisfied with their insurance also emphasize broadening benefits. Whatever pressure for change there is, therefore, tends to be directed toward general extension of benefits, to cover not only more of what is commonly covered already, such as hospital services, but

\*The question this group answered did not specifically ask about premiums. It is likely, therefore, that we present an underestimate of the proportion of the population that has some complaint about the cost of health insurance.

\*\*Cf. Michigan State Medical Society, *op. cit.*

Table 7

**How the public's regular doctors think health insurance coverage should be extended**

	Percentage of doctors favoring extension of coverage (N = 286)
<b>Such insurance should cover, or cover more adequately:</b>	
Hospital expenses in general .....	6%
Surgeon's or obstetrician's fee .....	2
Doctor fees, medical care in hospitalized surgical cases .....	1
Doctor fees, medical care in hospitalized non-surgical cases, or those in which surgery is not specified .....	4
Diagnostic procedures, tests, examinations at hospital.....	4
Doctor fees, medical care in non-hospitalized surgical cases.....	3
Maternity care other than delivery fee .....	3
Care following hospitalization or surgery .....	2
Diagnostic procedures, tests, etc., outside hospital or unspecified.....	25
Doctor bills for routine home and office visits .....	17
Doctor fees, medical care in non-hospitalized, non-surgical cases (not explicitly diagnostic services or routine home and office visits).....	29
Cover everything, complete coverage, general coverage .....	11
Mental illness, psychiatric disorders .....	7
Prolonged, chronic, catastrophic diseases, extend benefits over longer period of time .....	15
Diseases not now covered, other than mental .....	6
Pre-existing diseases, conditions .....	1
Cover all ages, reduce or eliminate age restrictions .....	3
Cut down other limitations: waiting period, etc. ....	8
Miscellaneous: home nursing, care at convalescent home, etc.....	8
Don't know what else, vague, or irrelevant answers.....	3
Many doctors mentioned more than one thing.....	158%



also—particularly for the public's regular doctors—to introduce or to widen coverage for out-of-hospital medical services.

How favorably would the public as a whole, including those with health insurance and those without, and those satisfied with present insurance and those dissatisfied, respond to an insurance program that offered much wider coverage than is usually the case with present-day health insurance? If the dissatisfied minority of the public and a segment of the public's regular doctors asked for comprehensive insurance coverage, how willing would the satisfied majority of the public be to accept this insurance?

The public as a whole, including those who lack health insurance, was asked, "Suppose you could get some kind of health insurance that would cover *all* of the medical expenses you (and your spouse and children) might have in the future—so you wouldn't have to worry about cost. Does such insurance seem like a good idea for your own family, or are you just as well off without it?" Sixty-five per cent of the public felt comprehensive insurance would be "a good idea." Twenty-seven per cent felt they would be as well off without it. Six per cent of the public approved of it with qualifications, and 2 per cent said they didn't know.

There is consistent patterning in the variation of acceptance among segments of the public. Age, for one thing, is a significant variable: 70 per cent of those between 21 and 34 approve of comprehensive insurance; only 53 per cent of those 65 and over do so. Income is also significant: 71 per cent of those in families making less than \$2,000 a year approve such insurance; only 55 per cent of those in families earning \$7,500 a year or more do so. Fewer of the high education and occupational groups approve of such a plan than do their less educated and manual-working fellows. However, there is *no* difference in the proportion approving comprehensive coverage between those who were then insured and those who were not.

In all, a smaller proportion of the aged, the well-educated, and those in high-income and high-occupational-status-families show interest in a comprehensive insurance plan. Those who believed they were as well off without comprehensive health

insurance coverage were asked why they thought so; their answers are presented in Table 8. Most of their resistance to a comprehensive plan is based on (1) anticipation of high premiums, (2) anticipation of continued good health, making elaborate insurance unnecessary, and (3) satisfaction with present capacity to pay for all care needed, because of the adequacy of present insurance or of present income or savings.

Since the support of the public's regular doctors would be

Table 8

Reasons for feeling "just as well off without 'comprehensive' health insurance"

	Percentage of public answering (N = 626)
It would cost more than it would be worth, premiums would be very high. No mention of not being able to afford it.....	27%
Couldn't afford the premiums, would cost more than I could pay.....	8
Age or ill health would make respondent ineligible for it, or premiums too high .....	8
Hardly ever sick, don't spend much on doctors, don't even use present insurance .....	19
Present insurance adequate, satisfied with that .....	29
Have access to free care or care at reduced rates, medical bills paid by relatives, charity, etc. ....	8
It would restrict choice of doctor, hospital, don't want to be limited, want to use own doctor .....	1
Would become too health-conscious, would use doctors unnecessarily, doctors would be swamped .....	2
Don't like insurance, don't trust it, they always find loopholes.....	5
Rather pay for care as used, can manage to meet all foreseeable medical costs without (additional) insurance .....	16
Miscellaneous: against socialized medicine, etc. ....	7
Don't know, or too vague to classify .....	4
Some people gave more than one reason .....	134%

essential to any plan that covered general office and home medical care, these physicians were asked, "Suppose a family had insurance that covered all of its doctor and hospital bills, the cost of medicines and other medical expenses so they wouldn't have to worry about costs. . . . If insurance of this type were being offered in your community, how interested would you be in becoming a participating physician to make house calls and office examinations under the plan?" Twenty-two per cent of these physicians said they would be very interested. Twenty-four per cent said they would be fairly interested. Fifteen per cent said their interest would depend on the conditions of the plan. Thirty-seven per cent said they were not interested, and 2 per cent gave no opinion at all.

Comparing the responses of the public and its regular doctors, 71 per cent of the public (including those who express some qualifications of their interest) feels that such insurance is a good idea, while some 61 per cent of the public's regular physicians express (sometimes qualified) interest in participating. A bit more than one-third of the doctors express no interest at all, compared to a bit more than one-fourth of the public. Clearly, interest in such a plan is extensive both among the public's doctors and the public itself.

As suggested earlier, the public views health insurance largely in economic terms alone. When asked, "Do you think that such insurance would result in any better health for your family, or wouldn't it make much difference?" 69 per cent answered that comprehensive insurance would not make much difference to the health of their family. Twenty-eight per cent feel it *would* result in better health, and 3 per cent have no opinion. This view varies by income: While 40 per cent of the lowest income group believe that comprehensive insurance would make for better health, only 12 per cent of the highest income group agree.

And as was the case for the present type of insurance plan, the public's regular doctors are more likely to believe that such insurance would affect family health. About one and a half times as many of the public's regular doctors—44 per cent—feel that comprehensive insurance would result in better health. How-

ever, 49 per cent of the doctors believe that such insurance would make no difference, and 2 per cent have no opinion. Five per cent spontaneously offered the opinion that such insurance would result in *worse* health for the family.

How does the public feel about insurance which may set formal limits on the choice of doctor? Those of the public who felt that comprehensive insurance was a good idea, or who expressed qualified endorsement, were asked, "Suppose this insurance was good only with those doctors and hospitals who signed up with it. Would it still seem like a good idea to have such insurance or not?"

On this condition, the public proves almost evenly divided. Forty-three per cent feel that this insurance would still be a good idea, even though it might be good only with participating doctors and hospitals. Fifty per cent, however, feel that insurance under these circumstances would not be a good idea, and 7 per cent have no opinion. The aged, the low-income and the low-education segments of the population tend to be less concerned with this formal restriction on choice of doctor and hospital than do the young, the high-income and the better-educated segments.

### Summary

About two-thirds of the American population in 1955 was covered by some health insurance; most people are satisfied with their policies. What dissatisfaction does exist, both in the public and in its regular doctors, revolves around the range of benefits of present plans. When confronted by a hypothetical "comprehensive" plan in which the range of benefits is extended to *all* medical expenses, 71 per cent of the public and 61 per cent of its doctors express interest (albeit sometimes qualified) in participation. Those of the public who were interested, however, were about evenly divided over whether they would be interested in such a plan if it were good only with those doctors and hospitals who signed up with it.

Finally, insurance is not seen by a large proportion of people

to have any connection with the improvement of their health: It is apparently seen merely as a form of economic protection. The public's regular doctors, though, indicate that possessing insurance affects their patients' willingness to accept surgery, diagnostic procedures and the like, and that in this sense possessing insurance affects the amount of medical care that people are likely to get. These doctors are inclined to believe that possessing insurance results in better health.

## About Health Information Foundation —

The Foundation was organized in 1950 by a group of leaders in the drug, pharmaceutical, chemical, and allied industries who believe that the health field can continue its great progress only if citizens assume responsibility for its freedom.

These progressive representatives of the more than 200 companies supporting the Foundation decided they could serve the public interest by:

—documenting through research the accomplishments of the present system of medical care;

—defining areas in the health field in need of improvement and investigating possible solutions to current problems;

—bringing, through all media of communication, research findings, needed facts and new knowledge concerning health problems to organizations active in the health field and to the public.

Today the Foundation is studying many of the most vital problems related to health in the United States, among them the ways by which voluntary health insurance can be expanded and improved, the special problems of Americans over 65, and the opinions and attitudes of the general public toward health services.

The Foundation's President is George Bugbee; its research director is Odin W. Anderson, Ph.D. Eliot Freidson is Assistant Professor of Sociology at the City College of New York, and at the time of writing this report was Research Associate at Health Information Foundation. Jacob J. Feldman is Senior Study Director of the National Opinion Research Center, University of Chicago.

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