

**THE PROBLEM OF THE FACTORY**  
**by Jeremy D Graham MA, DO, FACP**

*...there is something baffling in it, of course...” he thought, looking at the crimson windows.  
“fifteen hundred or two thousand people are working without rest in unhealthy surroundings,  
making bad cotton goods... a hundred people act as overseers, and the whole life of that hundred  
is spent in imposing fines, in abuse, in injustice, and only two or three so-called owners enjoy the  
profits, though they don't work at all...*

A Doctor's Visit (1)  
Anton Chekhov, (1860-1904)

*This new Electronic Medical Record interface,” the vendor representative explained, “is really something special and exciting. This larger screen array permits the Provider to move through a visit more rapidly than ever before...*

Industrial throughput and productivity are the watchwords of contemporary US healthcare. Striving to deliver care, administrators and doctors advocate “lean management”, “best practices”, efficiency, and production. A spirit averse to waste rides high upon the elimination of “non-value-added” activities. It seems that with sufficient abstraction, medicine is an industry which can learn to be lean, like any other. Factory and farm, hospital and clinic, are ultimately interchangeable.

*We have made it possible to keep more data in front of the Provider, to know more about the patient at every moment...*

The Factory parallels today's clinical medicine in many ways. The quantity, and sometimes the quality, of production increased exponentially throughout the industrial revolution, just as American industrial medicine is developing. Yet the Factory of history carried cost for the society around it. The history of the Factory is also a history of alienated workers; of the degradation of craft into standardized production line wares; and ultimately the transformation of human persons into producers and consumers stationed at the input and output of a production flow.

*It is of the highest importance that our staff uses the correct phraseology to make sure we are getting paid for the quantity of care delivered...*

There was of course nothing new about producing and trading commodities by the time of the industrial revolution, when the Factory emerged. There is likewise nothing new of the tension between caring for the ill against the Realpolitik of physician pay and hospital budgets. What was new in the factory, rather “...was the creation of such organizations under unified technical management, responsible for synchronized productive processes... “ (2).

*The economic forces put in motion are likely to lead to vertical organization of providers and accelerate physician employment by hospitals and aggregation into larger physician groups...*

The Factory rings familiar to a profession finding its way into being managed. Doctors and hospitals re-mold themselves into Health Maintenance Organizations, Integrated Care Systems, and Accountable Care Organizations. Private practices agglomerate into groups, then are subsumed yet again by the next layer of Large Health Care Systems, a reenactment of cottage production transforming into the Factory.

*The organizations which will succeed today will have robust utilization review plus the ability to push the levers of care delivery and health care financing and incentives...*

Bringing together under one Factory roof, all of the multiple phases of work, held another promise for the rising industrialist. The Factory of the industrial revolution created a new latitude to “subdue the refractory tempers of work-people” (3). Factory workers “...came to be ranked by training and skill required, and remunerated differentially... enhancing labor control through a division of the labor force into teams motivated by different interests” (2) and ultimately set one against another in conflict for which specialists’ work ought to be valued highest.

*All team members here work to the top of their license. If a medical assistant can record the history instead of the doctor then that is how it will be done. Our nursing staff can interview and counsel the patients. Our Providers’ time is to focus upon their real work of diagnosing and prescribing...*

Yet while physicians seem ready to participate in new healthcare-throughput structures, the early factories faced a general unwillingness on the part of the potential laboring class to enter into Factory employment, for “...as long as there was some measure of freedom of choice between cottage and factory, the workman preferred the cottage” (4).

*This tablet monitor enables the average Provider to move through the standard day with 450 fewer clicks...*

The cottage artisan produced to sell for income and even wealth, but remained closely identified with his product. Meaning and identity were preserved in his goods. The Factory produced continually, production-for-use giving way to production-for-profit. Factory process was synchronous, and the output continuous. Yet the need for coronary catheterizations, of influenza outbreaks, of traumatic automobile accidents is sporadic. Much disease is discontinuous, irregular and ultimately driven by need for use-value.

Machinery in a factory sitting idle depreciates. Can an industrial mode serve against the incommensurable, unplanned, ill-timed occurrences of disease? May doctors and patients remain persons, more than providers and consumers? More than substrate for the Factory? Or will our patients experience our high-throughput hospitals as abandoned professionalism, gazing alongside Chekhov’s doctor at last upon the factory:

*“... in the stillness of the night, it seemed as though these sounds were uttered by a monster with crimson eyes – the devil himself, who controlled the owners and the workpeople alike, and was deceiving both.”(1)*

1. Chekhov, Anton (1898) *A Doctors’ Visit*, <http://classicit.about.com/library/bl-etexts/achekhov/bl-achek-doctor.htm>, Accessed January 20 2012
2. Wolf, Eric 1997 *Europe and the People without History*. University of California Press, Berkeley, California
3. Ure, Andrew 1967 (1835) *The Philosophy of Manufacturers or, an Exposition of the Scientific, Moral, and Commercial Economy of the Factory System of Great Britain*. Reprints of Economic Classics. New York: Augustus M Kelley.
4. Pollard, Sidney 1965. *The Genesis of Modern Management: A study of the Industrial Revolution in Great Britain*. Cambridge, MA: Harvard University Press.

**Author Bio:** Jeremy D Graham MA, DO, FACP I am a teaching Internist on the faculty of Internal Medicine Residency Spokane with a clinical emphasis on Inpatient wards and hospital medicine. With a background and prior training in cultural anthropology, my academic interests include incorporating social

and material costs of illness as relevant outcome considerations of humane medical care. I practice and live in Spokane, Washington with my spouse Elise Raimi, a public health expert, and two small children. Email: [Jeremy Graham](#).