A Report in Regard to Professional Arrangements for Medical Care of Singers and Actors in the Area of New York City

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This report is in answer to the list of questions shown below:

Are medical services in your country and in your community provided mainly by theatre physicians?

Are the theatre physicians otorhinolaryngologists, phoniatrists, internists, psychiatrists, or general practitioners?

Are the theatre physicians employed by the theatre, by the state, or are they volunteers? Do they serve full or part time?

Who pays for the medical care of singers and actors in your country and community?

Are singers and actors required to undergo regular physical examinations?

Is this examination general or laryngological?

What are the facilities for laryngologic examination and treatment at your opera or theatre?

What are the relations between the theatre administration and the physicians?

What are the relations between the laryngologists and voice coaches?

(10) What are the facilities for emergency care of singers and actors during performances?

In the New York City area, in the Eastern Seaboard of the United States, the majority of theatres do not have more than a token appointment of a physician, so that the doctors who take care of various individuals do so on a personal basis and are not necessarily connected with any theatre. Where the theatre physician has an actual office, such as in the Metropolitan Opera House, the physician is apt to be a general surgeon employed by the Opera on a part time basis. In the majority of the other opera companies throughout the country, however, there is no assigned physician, but the work is rather done on a volunteer basis, or part-time basis. The medical care of singers and actors is paid for on an individual billing, and is also covered by medical insurance and other arrangements through the union. The theatrical union Gould

265

in the United States is extremely powerful and has very good medical care coverage. In view of the rather haphazard support of medical care in the United States under the circumstances just described, there is no general or laryngological examination of the singer or actor as the facilities for such are at an absolute minimum or even non-existent. The relationship between the theatre and the physician is on an individual basis. In certain instances, the producer of a particular performance, or sustained production, will have a friend who is a physician, or have an established relationship with a physician based on prior treatments. The response of a producer to a call will depend upon these individual variations.
In the event of an emergency during a performance, the general physician who may be voluntarily assigned, or the laryngologist who is called in, would have to bring his own equipment to care for the performer.