

## **How Healthy is Health Care?**

Confusion reigns over the health care debate. The most extreme position was that expressed by a physician who is a relative of mine. "Everyone should have to pay out of their own pocket for medical and hospital bills and if they are too poor, we would accept a government check but why should we give anyone discounts?" The other extreme is that the government should supply universal health care at prices it deems fair and sufficient. If doctors are not happy with that, let them do something else for a living.

The future of health care does not resemble either point of view. There will be some combination of a public and private health care system that subsidizes the cost of health care and at the same time provides treatment for those most in need. The question is how to make this happen without bankrupting the country, who should get a subsidy and how much, and who is entitled to free health care provided by whom?

Most discussions start out with the question as to whether people should get a tax break for the cost of health care which they have to pay, or whether those who receive health care benefits should be taxed on those benefits. Another initial question often asked is whether the benefits should be employment based. Unfortunately, all these approaches are like the blindfolded man trying to describe an elephant by touching its tail.

Customarily, we are told that health care in America is the best in the world. Sadly, that is not correct. All studies of industrialized nations put American health care at the bottom of the quality pile. Our death rate at birth and our longevity tables do not approximate most of the other nations with whom we trade and deal on a daily basis.

Pharmaceuticals are a major problem. Samples of drugs, for example, are said to account for slightly more than half of the total promotional dollars spent by industry. One study indicates that the amount of money the pharmaceutical industry spends on free samples sets the retail value of samples at approximately \$16 billion U.S. dollars. In a single year, the 50 most heavily marketed drugs accounted for nearly half of the increase in retail spending on prescription drugs.

The medical profession is under intense scrutiny for the use and prescription of unnecessary and sometimes dangerous drugs. Physicians are wined and dined to prescribe drugs that are frequently unneeded. Pharmaceutical company sponsored studies result in physicians writing prescriptions for expensive drugs of marginal utility. John Abramson, MD, in

his book [Overdosed America, The Broken Promise of American Medicine](#), is must reading for anyone interested in this subject.

Most health policy experts suggest that between 42 percent and 50 percent of doctors in the United States should be primary care physicians. Instead, 31 percent of doctors in the United States practice primary care and 69 percent are specialists. It is for this reason that the United States has such an abysmal record of prevention.

The Food and Drug Administration is a toothless tiger which frequently enables rather than regulates abuses in the health care industry. High ranking officials at the National Institute of Health receive consulting fees from the drug industry. United States consumers subsidize the cost of overpriced drugs, allegedly so that the pharmaceutical companies can maintain research while medical devices are approved with a minimal of study. The dangerous drugs and medical devices which make their way into the market have their own high cost in terms of treating patients who are injured by them and hence require additional care.

Medical errors continue to haunt the United States, with the National Institute of Health and other physician groups suggesting that the number of deaths due to preventable errors are the equivalent of two 747's crashing and killing all aboard every month. The people who are injured by medical errors must receive additional treatment. That is an expensive proposition since many of the preventable errors are due to pharmaceuticals, infections, simple falls in hospitals, and unnecessary surgical complications.

Pennsylvania's Patient Safety Authority reports over 300,000 reports of incidents and serious events. Not all of these are medical malpractice. It must be remembered that this is essentially a voluntary reporting system. The latest report of the Patient Safety Authority to the legislature, which can be found at [www.patientsafetyauthority.org](http://www.patientsafetyauthority.org), makes for sobering reading. The almost insurmountable barriers to patients seeking relief for medical errors is reflected in the fact that in Pennsylvania only 1,600 lawsuits are filed, with many of those running into a brick wall. Unnecessary and expensive testing is not the result of doctors in fear of lawsuits that never occur, but rather reflect the financial incentives that hospitals and doctors receive for ordering the tests.

Merely debating who should or should not receive health care or who should pay for it continues to miss the mark. A realistic budget must be established based upon attainable goals of patient safety, reasonable pharmaceutical and medical device costs, and appropriate preventative primary care. Developing those responses through a combination of private and public funding will then be easier and more likely to be successful in the long term.

The discussion will continue.

Clifford A. Rieders, Esquire  
Rieders, Travis, Humphrey, Harris,  
Waters & Waffenschmidt  
161 West Third Street  
Williamsport, PA 17701  
(570) 323-8711 (telephone)  
(570) 323-4192 (facsimile)

Cliff Rieders, who practices law in Williamsport, is Past President of the Pennsylvania Trial Lawyers Association and a member of the Pennsylvania Patient Safety Authority. None of the opinions expressed necessarily represent the views of these organizations.