

Life/Health

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General hospitals crucial to health

Time magazine recently ran an article titled "The Hospital Wars." It proposed that physicians have "caught an entrepreneurial bug," building specialized hospitals, state-of-the-art imaging centers and same-day surgery centers — all of which enable patients (and physicians) to bypass the larger, more traditional hospitals.

To the chief executive officer of a not-for-profit general hospital in Wichita, Kan., this constitutes unfair competition. First, his hospital delivers \$60 million annually in charitable care. Second, he thinks doctors conduct the most profitable procedures in the physician-owned facilities while performing the less lucrative procedures in the general hospital.

Loss of revenue to subspecialty hospitals is making it difficult to keep emergency rooms adequately staffed or to have the necessary resources to deliver quality care to the thousands of patients admitted to hospitals with medical

rather than surgical conditions.

Why has this happened? I do not think physicians have chosen this path for profit motives alone. For years, physicians have become increasingly frustrated with the health care system. Physician reimbursements have been cut and budget constraints have made it more difficult for general hospitals to meet their needs.

Simultaneously, health care companies have been educating physicians about the advantages of owning their equipment and developing private, streamlined hospitals better able to meet the needs of patients and physicians. Adding to the ease of use and efficiency, the profits for physicians who own these hospitals are substantial. Isn't this the same entrepreneurial spirit that drives the

American dream?

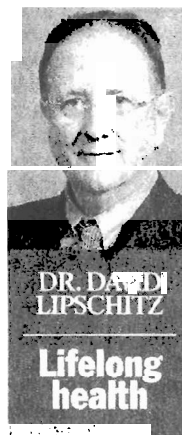
Unfortunately, when it comes to health care, the American dream argument is not that simple. Health care is different from any other industry. Tax dollars fuel a large part of physician training and reimbursement for all aspects of health.

Furthermore, health care is a right for everyone, not to be available just for those who can afford to pay. The 47 million uninsured Americans who seek care only when they are desperately sick are treated largely in general hospitals. This is supported by government research that shows that subspecialty hospitals treat fewer Medicaid and charity

patients and have a healthier patient population (and hence are more profitable) than general hospitals.

Paul Ginsburg at the Center for Studying Health System Change notes that the development of subspecialty hospitals has created a "medical arms race" in which each competing entity is forced to spend more and more on the latest technological equipment.

This, in turn, fuels health care inflation. More equipment means more procedures and higher costs. Research has shown that cities that have heart hospitals undertake 6 percent more cardiac surgeries and 10 percent more bypasses than cities that



do not have them.

In no area of health care is the crisis more critical than in neurosurgery. Most cities do not have enough neurosurgeons to meet the needs of the population. With the opening of neurosurgery hospitals, many general hospitals do not have the expertise to treat emergency neurosurgical patients such as those with head injuries or massive bleeding into the brain.

Finally, there is the issue of profit and conflict of interest. No matter how pure their intentions, it is impossible to make unbiased judgments about tests or surgical procedures needed if the responsible physician has a vested interest and generates profits from the test conducted or the hospital stay.

The future of our health care system depends on a vi-

able, cost-effective system in which the general or community hospital provides the cornerstone of any health care structure. In time, I hope specialty and general hospitals will merge to become one system that meets the needs of all Americans.

This will happen only when it is no longer viable for specialty hospitals to remain independent. As long as profits are huge, nothing will change.

If you want to ensure better health for yourself and your family, I urge that you preferentially receive care in a general hospital. There is no evidence that quality care or medical outcomes are better at subspecialty hospitals. I also urge my colleagues in the community to think twice before referring to a physician who practices in a subspecialty hospital. The future of health care demands it.

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