

From the President: Our “Broken Health Care System”? No, Something Else

Tamzin A. Rosenwasser, M.D.

Physicians and scientists have brought about medical advances in the United States at dizzying speed in the 20th century.

These are some of the most compelling advances since 1900, when the average life span in the United States was only 47 years (it is now almost 78 years): Anesthesia, after first steps in the 1840s, is now routine and safe. Vitamins were identified in the late 19th and early 20th centuries, and are now widely available in pure forms. Antibiotics were first isolated and identified in the 20th century, can now be synthesized, and have led to a far better outlook for people with all kinds of once deadly infections (the 1945 Nobel Prize in Medicine was awarded to Fleming, Chain, and Florey for their work on these “wonder drugs”). Polio vaccine, developed by Salk (1955) and Sabin (1962) has nearly wiped out polio, down from tens or hundreds of thousands of cases to almost none. Diagnostic imaging, including computerized tomography (CT) (late 1960s, early 1970s); magnetic resonance imaging (MRI); positron emission tomography (PET); and ultrasound, first done in the late 1940s by Dr. George Ludwig in Bethesda Md., allow far faster and better diagnosis. Coronary artery bypass surgery, first done in 1953, is routine today, returning thousands to active, pain-free lives. Hip, knee, and other joint replacements have abolished disability for millions. Transplantation of kidneys (since 1954) and other organs (heart, liver, lung) is now routine, with the patients living active lives, for years, with new immunosuppressive drugs. Cancer therapy has boosted the total 5-year cancer survival rate from 25% in 1940 to 59% in 2000; screening tests have been developed which can diagnose cancer at an early, easily treatable stage for a number of cancers. Endoscopy can be used to diagnose and treat gastrointestinal, genitourinary, respiratory, and otolaryngologic disorders. We have new, effective cardiac, gastrointestinal, psychiatric, respiratory, endocrine, and other drugs. The list goes on and on.

In 43 of the 65 years from 1940 until 2004, 76 Americans won Nobel prizes for medicine.

What are we doing wrong?

We hear constant moaning about the “broken U.S. health care system.” People take all the advances listed above, and many others not listed, for granted, as though physicians and scientists, and the advances they have worked so hard to bring to fruition, grow on trees.

We hear politicians declaim that all must be entitled to the best medical care, often paid for by others, usually taxpayers, often at no cost, or deeply discounted cost, to the people who consume it, as though medical care occurs without cost, time, effort, intellect, and the willingness of young men and women to sacrifice their youth in hospitals and clinics, surrounded by trauma, sickness, suffering, and death.

Infant Mortality Statistics

The United States is said to be lagging behind other developed countries in the world with regard to infant mortality, with a rate in

the last few years of 6.4 to 7.2 per 1,000. What is not mentioned is that the U.S. adheres to the World Health Organization’s definition of a live birth as “the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.”¹

Many other countries do not count live births this way. Some countries count babies as stillbirths if they do not live for a certain length of time after birth. Other countries exclude premature babies born at less than 26 weeks of gestation, or who weigh less than 1 pound or are shorter than 30 or 35 cm, or who do not survive for seven days, from their statistics for live births and infant deaths.^{2,p50}

Many nations with low infant mortality rates also have a small, homogeneous population and a lower immigration rate than the U.S.; these include the Scandinavian nations, Switzerland, Iceland, and Ireland.

In the U.S. we try to save life where there is life. In many nations with socialized medicine, where the people paying the bills have no interest in spending money on someone else’s premature baby, the baby is left to die, with the supposition that it would do so anyway. In the U.S., many of those babies die despite the intensive care that is given them, but some live. They are all included in U.S. statistics, whereas they are left out of the statistics in other nations.

The Real Problems

Although our true infant mortality rate would compare very favorably with those of other developed nations, we could do even better if the premature birth rate were lower. A “broken health care system,” however, is not the cause of premature births. Rather, the reasons include prior abortions;³ illegitimate births, especially to teenage mothers; smoking; alcohol and drug use; poor eating habits during pregnancy; and failure of parents to take responsibility for seeking prenatal care.^{2,pp56-69}

In 2004, there were 2,397,615 deaths in the U.S. Heart disease (652,486), cancer (553,888), stroke (150,074), chronic lower respiratory tract diseases (121,987), unintentional injuries (112,012), diabetes (73,138), Alzheimer’s disease (65,965), influenza/pneumonia (59,664), renal disease (nephritis, nephritic syndrome, and nephrosis, 42,480), septicemia (33,373), suicide (32,439), chronic liver disease and cirrhosis (27,013), primary hypertension and hypertensive renal disease (23,076), Parkinson’s (17,989), and homicide (17,757) accounted for 83.7% of all the deaths, according to the National Center for Health Statistics.⁴

A 2004 survey conducted by the Centers for Disease Control and Prevention (CDC) found that 5% of adult men and women drink more than one alcoholic drink per day, 22.5% did no physical activity in the past month, 16% smoked daily, and 29% had not had a dental visit in the past year. Data available for 2005, but not 2004,

indicate that only 23% eat five or more servings of fruits and vegetables per day, and 24.4% have a body mass index of 30 or above, with 36.7% between 25 and 29.9.⁵

It is not a secret that smoking causes chronic obstructive pulmonary disease and lung cancer, and exacerbates asthma. Nor is it a secret that inactivity, obesity, and smoking are linked with heart disease, and heavy drinking with cirrhosis, injuries, violence, and accidents. According to the CDC, about 4% of injury-related emergency department visits in 2004 were connected with alcohol and drug use.⁶ Cigarettes cost at least \$2 per pack, illegal drugs are not cheap, and alcohol is costly even at Wal-Mart. Yet the taxpayers are forced to pick up much of the cost of medical care caused by use of these substances. Nobody should be surprised to hear that the people doing the actual work of medical care, the heavy lifting—not the ones sniping from the sidelines—cope with the trauma and injuries caused by violence and often associated with alcohol abuse, but are not responsible for the bad choices the people involved have often made in life.

Many people are acting on the basis of good information that we already have. Cancer death rates fell by 2.1% each year from 2002 through 2004, for most of the top 15 cancers in both men and women, including rates for lung, breast, prostate, and colon cancer. People are taking advantage of better screening methods, and are having pre-cancerous polyps removed. Dr. Corey J. Langer, director of thoracic and head and neck medical oncology at Fox Chase Cancer Center in Philadelphia, thinks that probably the decline in lung cancer is mostly a reflection of the drop in smoking rates.⁷

Nevertheless, over the past 50 years, our nation has experienced an enormous increase in rates of illegitimacy, illegal

drug usage, other social pathologies, and government interference in medical care. There is nothing wrong with medical care in the U.S. that less social pathology and removal of government interference cannot solve.

Something may be broken, but the breakdown is in the legislative and executive branches of government, which have instituted perverse incentives, and in the decline of virtue in Americans.

Tamzin A. Rosenwasser, M.D., is board certified in internal medicine and dermatology, and currently practices dermatology. E-mail: juperbeatrix@aol.com.

REFERENCES

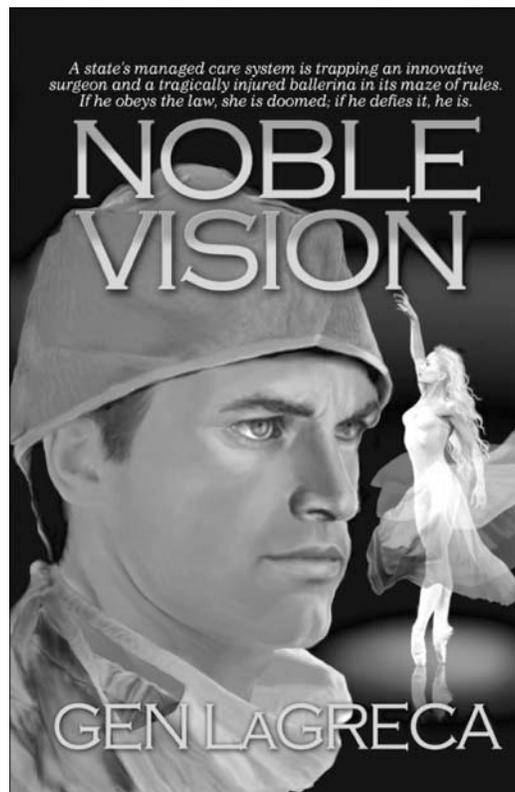
- ¹ World Health Organization Statistical Information System. Neonatal mortality rate (per 1,000 live births), Available at: www.who.int/whosis/indicators/2007MortNeoBoth/en/index.html. Accessed Nov 8, 2007.
- ² Eberstadt N. *The Tyranny of Numbers: Mismeasurement and Misrule*. Washington, D.C.: AEI Press; 1995:50.
- ³ Rooney B, Calhoun B. Induced abortion and risk of later premature births. *J Am Phys Surg* 2003;8:46-49.
- ⁴ National Center for Health Statistics. Deaths/mortality; 2004. Available at: www.cdc.gov/nchs/fastats/deaths.htm. Accessed Nov 8, 2007.
- ⁵ CDC. Behavioral Risk Factor Surveillance System. Available at: <http://www.cdc.gov/brfss/index.htm>. Accessed Nov 8, 2007.
- ⁶ CDC. National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary. *Advance Data from Vital and Health Statistics*, no. 372, Jun 23, 2006, p 22. Available at: www.cdc.gov/nchs/data/ad/ad372.pdf. Accessed Nov 9, 2007.
- ⁷ Anon. U.S. cancer death rate continues to fall. *Forbes.com*, Oct 15, 2007.

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