

REDUCING WASTEFUL MEDICAL SPENDING

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In 2018, I note with concern that, by some estimates, our country will spend over \$11,000 per capita on health related expenses. This is quite notable at a number of levels. There's no scarcity of reasons for this extravagant number. I shall attempt to enumerate by examples in this blog a few of the many reasons this seems to be so. It is my personal belief that this number could be reduced by about 75%, thus releasing trillions of dollars to reduce the national debt, fund critical programs such as infrastructure repair, allow seed money for investment and economic expansion, and so on. We must make this happen.

About 30 years ago, I was an intern in the cardiac care unit of a local university hospital. One of my first patients was remarkable in many ways. He had significant obstruction of multiple coronary arteries and was suffering ischemia (i.e. the blood flow to his own heart muscle was insufficient to meet its own need). In other words, because of the obstruction, not enough oxygen could be transferred from his blood to his heart muscle. Obviously, this is quite dangerous (the # 1 cause of death in the U.S. was, and remains, heart disease). On top of this, because of previous "attacks", his heart was losing its ability to initiate and conduct the electrical pulse necessary for the muscle to contract and propel blood around the body. The patient needed a pacemaker to accomplish this. However, here's the rub...

While checking on him early in his hospital course, I noted that the patient was not in his bed and bluish cigarette smoke was billowing from under his room's bathroom door. After I waited a bit longer, he came out of the bathroom and returned to his bed. As a "green" and easily surprised intern, I was beyond flummoxed. I had spoken to him before and knew that he was aware of his status. Further, he was educated enough to know that smoking, especially while suffering ischemic events, was an invitation for further coronary constriction and blood flow reduction, causing possibly a myocardial infarction (aka a good old-fashioned "heart attack") or even sudden death. So, I asked him what compelled him to smoke in the hospital under the circumstances. His answer surprised me. After a brief pause, he said, "Well, I love to smoke and what's more, you still have to take care of me!" There you have it. He would not make any changes in his life to take better care of himself. He correctly pointed out that (my words) even if his choices were self-destructive, the medical community could not decline care. Even back then, I am fairly sure that the cost of a cardiac care bed was at least \$1,000/day (in 2018 dollar equivalents) on top of which was the cost of expensive tests, blood work, etc. Indeed, I recall that he did receive a pacemaker, which is an extremely expensive piece of technology. Additionally, pacemakers require expensive medical surveillance that increased the cost of maintaining his care, on top of his baseline coronary disease.

Even this early in my career, I recognized that many of us uncoupled our self-destructive behavior from the cost to society. But, if a patient would not give a bona fide effort to quit cigarettes and take reasonable care of himself, why should society invest extraordinary amount of resources to keep him

healthy? I'm certainly not saying that the first time a person relapses and smokes, all care should be withheld.

Nonetheless, in the case of this patient (and the many like him I have seen over the decades), I believe that he has to cooperate in his health as well as the system. If he wishes to smoke, fine, he's free to do so, but philosophy of care for him should be towards comfort, not expensive and futile interventions such as pacemakers, angiography, angioplasty, vascular bypasses, etc. If he suffers chest pain, he should receive full pain relief. If he's short of breath, that too should be addressed. However, the tens of thousands of dollars which he no doubt required over the next months could be instead allocated to childhood vaccinations, prevention of illness, early intervention of illness, sensible attempts at addressing and even reversing chronic diseases, and the like. Only if patients and the medical system work together can we reduce the extraordinary numbers cited above. I truly believe this. Otherwise, if patient's behaviors remain uncoupled from any incentive to help oneself, the system will continue to implode.

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