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Our Sickness Care System

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The trouble with the American medical care system probably dates to about 1940. That was when the Hospital for the Ruptured and Crippled changed its name to the Hospital for Special Surgery. Until that time, and without physicians or patients being self-conscious about it, doctors took care of the sick. Medical care was sickness care, not health care.

I suppose the reason the hospital changed its name (and that "sterility clinics" became "fertility clinics" and "birth control" became "family planning," and you can think of others), was trouble raising money. Medicine had a merchandising problem. Clearly, the Hospital for Special Surgery sounds better than the Ruptured and Crippled. Which is more appealing, "Mental Health Clinics" or "Mental Illness Clinics"? And where would you rather go when you need a doctor, to a "Health Maintenance Organization" or a "Sick Patient Facility"?

Recently, one of the really fine foundations that funds medical care research announced a program for the "health-impaired elderly." Why could they not be called the "old and sick"? That is what they call themselves. Clearly, the word "health" sounds better and, I suppose, sells better than the word "sickness." And bathroom tissue outsell toilet paper, especially if it is facial quality.

The trouble with good merchandising is that it only works if we come to believe in what it is selling. Really good merchandising convinces the seller as well as the customer. And that is what has happened in medical care.

Health and Illness

Medical care—doctors, nurses, paraprofessionals (another bit of merchandising), hospitals, clinics and so on—is about the care of the sick, not about health. Health and illness are probably hardly related, much less the opposite of each other.

Most people know now that the health of a population is not primarily related to its medical care. Having many doctors and hospitals does not necessarily make people healthy. A healthy population is more likely one in which people do not get sick in the first place, rather than get sick and then better.

We have become steadily healthier along with (and probably because of) the improvements in sanitation, diet, housing, education and general environment that have marked this century. That knowledge has been interpreted as showing that the doctors and hospitals we have are not necessary, much less more of them. A sounder conclusion is that the doctor's job is to take care of sick people, not that we do not need doctors. And taking care of the sick should not be confused with health care—which is different.

By and large, American medicine has done a first-class job of taking care of diseases. We do more—cure more, repair more, return more people to function

from more conditions—than ever before in the world's history. And well-earned praise could go on and on. We have been so effective that we, with the help of our merchandisers — the media, health popularizers, fundraisers and so on—have raised expectations right into never-never land. These days, if someone breaks a leg in an auto accident and limps as a result, most people will blame the doctor for the limp.

The point is that American medicine is not a health care system. It is a *sickness* care system and a very good sickness care system. It is expensive, it is overly devoted to its technology, it cares more about diseases than sick persons, it needs a good hard shove to keep it moving, but it is effective.

Even if you do not agree, every time you see the word health, as in health care delivery, or health insurance, try substituting the word "sickness" and then see what that does to the statement in which the word "health" was used. I think you will see that many issues appear in a different light when things having to do with health are separated clearly from those related to the care of the sick. For example, health care cost efficiency may mean just that—or it may mean not spending money for the care of the sick. Especially the poor and sick.

There would be nothing wrong with merchandising the care of the sick by calling it health care (Lord knows, hospitals have enough difficulty raising money), if it did not interfere with the care of the sick and even more with promoting health.

Often, people point to our disappointing infant mortality rates to show that we are not getting enough for our health dollar. Much research has shown that the death of infants is more related to social class, family income, diet or the educational level of the mother than to the availability of doctors. That is true in countries where national health services are present as well as in the United States. Infant mortality, then, is one measure of the *health* of a society, but it is *not* a measure of the adequacy of medical care, which is where the dollar goes.

We hardly even have a health dollar (much less a healthy one). Sickness care adequacy is measured by things such as the mortality from prostate surgery (very low) to the percentage of people unhappy with the care they got (not so low). Costs of these items can be compared from nation to nation. So, too, can measures of unmet needs. By staying on the subject of the care of the sick, we might better focus on our very real medical care problems and decide how to solve them.

Equally important, we might be able to start working on how to have a healthier population, and how each of us, individually, might promote our own health.

At first glance, it seems reasonable that health is on the same continuum as sickness—that being healthy

is the opposite of being sick. I do not think that health and sickness are more than passingly related. They seem to be part of the same idea: both occur in persons, both have something to do with the body. Knowledge about health and sickness have certain facts in common, and sickness seems an obvious obstacle to being healthy. That is, it would appear that a good step on the road to health would be freedom and from disease.

On the other hand, most of us know people who have disease—a stroke, arthritis, heart attacks — who seem remarkably healthy. Sometimes they even say that since the heart attack they have never been healthier! Clearly, state of mind is important, but, as innumerable new joggers will testify, the state of the body seems to have something to do with it also.

The point is that American medicine is not a health care system, it is a 'sickness' care system and a very good sickness care system.

That health involves body, mind and spirit is an idea that stretches back into antiquity, but considering how modern understanding of those parts of the human condition are divided among so many different specialists, it is small wonder that we know so little about health.

Meanwhile, because of the confusion, we see people whose concern for their health leads to endless consumption of vitamins, frequent visits to doctors (anything doctors know about health they picked up on their own; they certainly received no formal training—who would have taught them?), and to sad scenes such as young runners counting their pulses. Even books about "holistic health" are full of references to alternative medical therapies.

Therapies, legitimate or otherwise, may be good for your sickness but not necessarily for your health. Lester Breslow, dean of the School of Public Health of UCLA, has turned his attention to the problems

of studying health quite apart from sickness, and so have a few others. It was this team that demonstrated that people who eat breakfast, sleep seven hours, do not smoke cigarettes, drink in moderation, exercise, are happy in their work, and so on, live longer than people with other habits. In other words, all the things mothers tell you to do but which are seldom done (even by mothers).

Seaweed by the Ton

The obvious answer, health education, has by and large failed to bring about necessary and sustained changes in lifestyle. People will eat raw seaweed by the ton more easily than change the amount of water they habitually drink.

In fact, our knowledge about what health is and how it is achieved or promoted is woefully inadequate. Even trying to define it is difficult. The research methods that have worked so well for disease do not do the job. The two problems, conquering disease and achieving a healthy population, must be separately addressed. It is probable that different concepts and methods or even different personnel and institutions will be required.

Obtaining sufficient funds for research about health would, in itself, face major obstacles. The sources of money are almost always oriented toward disease. The National Institutes of Health are the National Heart, Lung and Blood Institute, National Cancer Institute, National Institute of Arthritis and Metabolic Diseases, and so on. There is no institute concerned with health. (Except the National Institute of Mental Health and there they have a division for rape prevention but no division for schizophrenia.)

The time has come to recognize that medical care is about the care of the sick and not primarily about health. Realizing that will allow us to continue to pursue the best sickness care system in the world. At the same time, we can turn our attention to understanding what health is and how it can be achieved. When, with the lowest death rate and the most effective medical care in history, the whole nation seems to spend its time fearing the air it breathes and counting its heartbeats, learning what health really is cannot come a moment too soon. Who knows, it may even turn out that a healthy population requires less medical care.

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