



Code Blue: HEALTHCARE IN CRISIS

by J. Raymond Albrektson

It was a quiet night in the ward. Nurses sipped coffee and thumbed through *People* magazines when a patient's monitor jolted them to instant alertness. Code Blue! A patient had only minutes to live, and everything would depend on a doctor applying the correct procedures in a timely way.

Sadly, that wasn't going to happen—the doctors had, like Elvis, mysteriously left the building. The nurse in charge was forced to call 911, and when the paramedics arrived it was too late for the patient. While this true story resulted in the closure of the hospital involved,¹ there are those who would say that this episode is merely a

prophecy of the large-scale catastrophe awaiting the American healthcare system.

Is our system of healthcare, in fact, circling the drain? Is the weight of staggering medical costs and uninsured patients going to bankrupt our system? Hospitals in many communities are in trouble: Over budget, understaffed, with emergency rooms either full to overflowing or closed in hopes of halting the financial hemorrhage.

The United States, while the world leader in innovative surgical procedures and pharmaceutical research, is no longer viewed as the last word in health services. According to the World Health Organization, we rank 37th in over-

all health system performance, down around Slovenia and Costa Rica.² What happened? Why are Canada and Sweden touted as countries on the leading edge in health services, and what can the U.S. do to catch up?

Doctor—There's a Fly In My Ointment!

But first, it's time for a reality check. While moaning about our healthcare crisis, we must recognize that healthcare services in the U.S. have never been more competent. More treatments are available for more diverse disease conditions than at any time in history. Surgical procedures have become bolder and more effective while at the same time becoming safer and less invasive. Imaging technology has progressed beyond the wildest dreams of the pioneers of the X-ray. It is virtually routine for a prospective patient to be scanned, transformed into an open book, with heart, bones and assorted innards³ on display in a three-dimensional false-color model that can be explored at will by the surgical team.

The preventive side of healthcare has been even more staggeringly successful in the last century. Clean water and sanitary sewers have saved more lives than all the doctors in history.⁴ Immunizations have prevented far more cases of disease than have ever been cured. Efficient

ILLUSTRATIONS BY RUSSELL THURSTON—ARTVILLE AND MARV WEGNER—PTM

agriculture has not only banished hunger but also helped to maintain a population of fully-fueled immune systems. Once omnipotent diseases have been forced to struggle mightily to gain even a footnote in the annual statistical report from the Center for Disease Control, let alone promote themselves into full-fledged epidemics.

So why is there a widespread perception that our healthcare system is teetering on the brink? According to a survey of popular media, the once-soothing aroma of our healthcare ointment has turned foul, the blame being laid at the feet of *three ointment-spoiling flies*: The skyrocketing costs of healthcare; the mounting number of Americans without health insurance and the stratospheric cost of prescription drugs.⁵

Skyrocketing Healthcare Costs



The first fly is a gluttonous wretch indeed. If one of the characters in Steinbeck's *The Grapes of Wrath*, Pa Joad, for example, had needed hospitalization during his Depression-era cross-country trek, state-of-the-art technology would have consisted of a hospital bed, a bedpan and a white-uniformed nurse paid at the low end of the wage scale. Even surgery required little more than paying the doctors involved, and post-surgical recovery consisted of the aforementioned hospital bed, bedpan and nurse.

In fact, it just *wasn't possible* to spend very much on personal healthcare during the first half of the century.⁶ After World War II that situation changed. Surgical innovations developed in battlefield hospitals brought a whole new order of complexity to the surgical toolbox. Antibiotics arrived and were hailed as the first wonder-drugs, causing pharmaceutical firms to scramble for more and better products for a wide range of ills.

Perhaps the watershed moment in modern surgery was when Dr. Christiaan Barnard made medical

history by successfully performing the first human heart transplant in 1967. The expectations of the common man were revolutionized overnight: "If they can put a man on the moon; if they can transplant a human heart—*then why can't they fix my bunion?!?*"

In the last few decades the potential for spending money for medical care has increased almost beyond comprehension. In 1960 a paltry five percent of the GDP (Gross Domestic Product) was spent on health care. By 2002—the last year for which there are complete statistics—that had become a gargantuan 15 percent, and the rate of growth may even be accelerating.⁷

Why? Think back to the time of Ma and Pa Joad. Few persons born around the turn of the 20th century could have expected to see the shady side of fifty. Those born in the mid-century may have experienced the Depression as kids, but they generally exceeded their parents' life expectations. The Boomers, Busters, Tweeners and whatever generations that followed have set ever higher records for longevity.⁸

This record-breaking trend of non-dying has led to a healthcare double whammy: Older folks need lots more medical services than healthy younger ones, but the passing decades have also brought hordes of new and expensive treatments to the healthcare buffet. The bottom line: As the present population grows older, their consumption of healthcare services is absolutely certain to increase.

More people—not fewer—will need healthcare purely on the basis of changing demographics. The bigger question becomes, "Then who will pay for it?" In an ideal world, everybody would demonstrate wisdom and prudence in living their lives. They would wear their seat belts, eat and drink moderately, not smoke at all, make sure

their kids were fed and educated and would save for the healthcare needs of their old age. Right? And pigs would fly.

Since we live in a world curiously devoid of flying pigs, there is no doubt that the bill will be paid, and we'll be paying it—one way



Infants born in the U.S. in 1900 had a life expectancy of 49.2 years. The Boomers, Busters, Tweeners and whatever generations that followed have set ever-higher records for longevity.

or another. In the worse case, the prudent taxpayer who buys health insurance will wind up paying for the medical needs of those who don't. This leads us to consider what is being promoted in many political circles as an all-encompassing swat against the flies stinking up our healthcare system: Just get everybody insured.



Health Care Insurance

One of the most widely quoted health crisis factoids is the notion that forty million Americans have

no access to healthcare.⁹ The reality is more complicated. At any point in the year, approximately that many Americans are not enrolled in any formal insurance program. Is this, in fact, a crisis? The flip-side of that statistic is that about 240 million Americans *do* have health insurance; a remarkable fact considering that the entire notion of “health insurance” is a post-WWII development.¹⁰ Even those who are not insured participate widely in the health infrastructure. They have access to clean water, life-saving immunizations and relatively safe

To muddy the waters even further, those within the 85 percent block of the insured have widely divergent access to health services. At the very top of the list would be the private plans provided as perks to the CEO’s of Fortune 500 corporations and the government-funded plans provided to members of Congress. At the bottom would be those with access only to government-subsidized insurance—

Several leading members of Congress support a Canadian-style “single-payer” health care system¹³ which would, at a stroke, convert our mediocre “C+” grade of 85 percent into a Swedish-style “A.” If this comes to pass, what could

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writing in reaction to a \$116 million verdict against Aetna U.S. Healthcare of California.

we expect? It’s reasonable to look at those countries who have adopted single-payer government-mandated health care to get a glimpse into what might very well be-

come our own future, and—as the hippies used to say—you don’t have to be a weatherman to know which way the wind is blowing.

The forecast: Shortages, rationing, brain-drain and tax hikes up the wazoo.¹⁴ When a citizen of the UK or Canada needs, for example, a new hip joint, they go on the waiting list. When their number comes up, they get their new hip joint in a government-run hospital that some have compared to the health counterpart of the Department of Motor Vehicles. But the price is right! And if you don’t like the idea of DMV-standard of healthcare and can afford better, you could always arrange for surgery in a private hospital and pay the medical staff yourself, right?

Actually, no. The whole idea of “single-payer” tends to require the

and abundant food. The emergency rooms of our large public hospitals turn away no one, regardless of ability to pay, immigration status or any other reason.

We don’t see self-congratulatory articles in our news media announcing, “Good News—Over 85 Percent Insured!” Why not? Several prominent countries (usually seen as progressive) have made access to uniform state-funded healthcare the right of every citizen, including Canada, the United Kingdom and Sweden. Our national “grade” of 85 percent seems to imply that we deserve a “C+” in healthcare while Canada, Sweden, et.al. have set the “A” standard at 100 percent coverage.

Medicare. This inequality of access is one reason why the World Health Organization ranks us so far down on its listing of countries ranked by quality of healthcare systems.

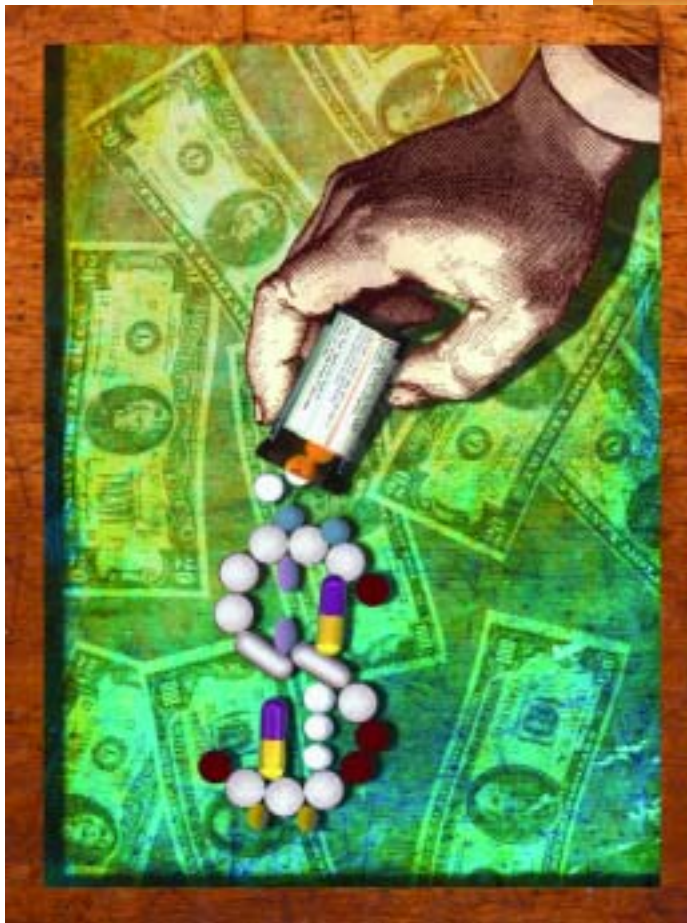
And it’s not only patients who are unhappy with our current health insurance situation. Likewise, most doctors are furious that bureaucratic bean-counters now have the authority to make medical decisions in “managed care” forms of insurance.¹¹ Virtually all physicians would echo the declaration of one California doctor: “Medical decisions, especially life or death decisions, should not be made by managed care officials.”¹² Patients are left with the difficult choice of accepting whatever treatment is offered or coughing up the cash for treatment out of their own pockets.

elimination of multiple payers, and that generally means that the single payer will set the rates for all medical procedures. Canadians who don't want to go under the knife in their homeland have only one choice—to go abroad. The U.S. has not only benefited from health-tourists who come South for surgery, but also from Canadian doctors who have left for greener pastures as well.

The typical Canadian—or Swede, or citizen of the UK—faces few barriers to see a primary care physician. But if the diagnosis should be serious, the limitations of the system become clear. While the typical Canadian pays over 35 percent of his or her income into the healthcare system, the wait to see a specialist (let alone receive specialized treatment) runs from weeks to months.¹⁵

The sad reality is that if the present healthcare system is nearing the breaking point, then adding forty million non-paying members will “solve the problem” in the same way that a well-placed torpedo would have fixed the *Titanic*. It's undeniable that those forty million need appropriate access to basic healthcare, but at what cost? We need to keep the system afloat, and making healthcare an entitlement isn't likely to provide much buoyancy for our sinking system.

The rising costs of potential treatments combined with an aging and uninsured population is certainly a prescription for trouble. But politicians all around the country have discovered a particularly fat and friendless fly to blame for the odorous state of our healthcare system. “It's those blood-sucking pharmaceutical companies! We need to put an end to their obscene profits, make prescription drugs



affordable again and then all will be fine.”

Prescription Drugs— Obscenely Profitable?



Complicated problems don't have simple solutions, but it's all too easy to find the bogeyman behind the high cost of prescription drugs. “Pharmaceuticals Rank as Most Profitable Industry, Again!” trumpeted the literature distributed by a citizens' group seeking to pressure the Ohio legislature into enacting price caps on drugs. Yes, those “evil drug companies” and their obscene profits are responsible for the high cost of prescriptions.

But let's be fair—we also have those same drug companies to thank that we even *have* prescription drugs. And developing a new prescription drug is an insanely difficult process that takes between ten and fifteen years, consumes

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hundreds of millions of dollars and even then many drugs never become available because of unforeseen dangers or side effects. Every pharmaceutical company *must* recoup their many losers on the backs of

those drugs that actually make it to market.¹⁶

“But why are drugs so much cheaper in Canada?” The short answer is that the Canadian Ministry of Health simply says, “We'll pay so much for XYZ drug—and not a penny more.” The drug companies can take it or leave it. The result is that many drug companies choose not to sell every drug in Canada—including some of the newest, best and most effective—leaving the ordinary citizen out of luck should their pharmaceutical needs not mesh with the requirements of the state.¹⁷

American drug companies can afford to make those high-volume/low-profit deals north of the border because the lion's share of their income comes from U.S. customers. And how did we get stuck carrying the financial burden for the rest of the world? Because we have managed to whip the major threats to health (epidemics, famine, war in our own backyard, etc.), we've had the luxury of developing pharma-

ceutical solutions to ever less-immediate problems of surviving.

Just think of the immensely profitable mood-altering drugs, such as Paxil, not to mention Viagra, which have increasingly entered the category of “recreational drug.” Imagine some miserable Third-World villager, racked with dysentery from drinking out of the local polluted stream, living on the edge of starvation in a war-torn country, thinking, “This would be so much more bearable if I could only get my hands on a few tabs of Zoloft.” Only a wealthy society could afford to develop and market the vast variety of drugs that we have come to take for granted—with more always on the horizon!

Drug companies are driven by the iron hand of

of Paxil.¹⁸ It is possibly only the first shot in a legal assault that will suck billions away from the research and development of new and effective drugs—drugs that could possibly cure cancer, prevent Alzheimer’s, heal malaria and even the common cold.

“But what about those *obscene* profits?” mutters the critic of the pharmaceutical industry. God bless

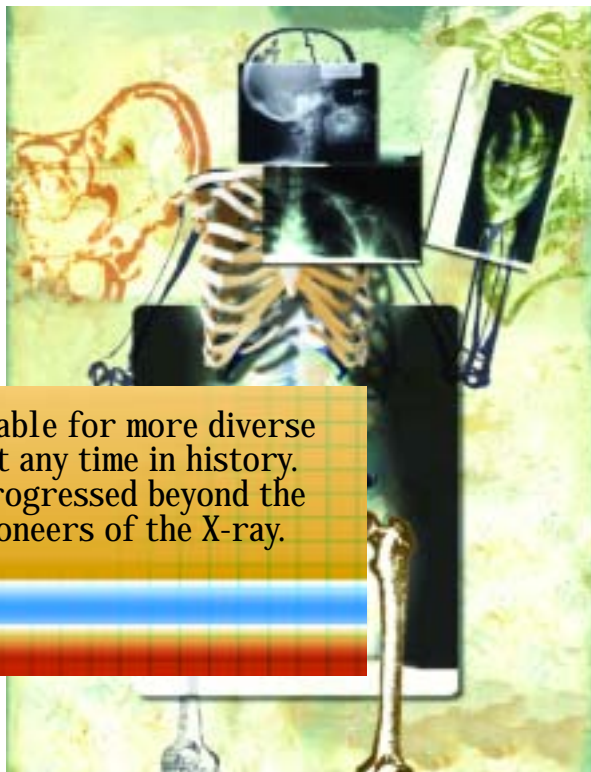
When healthcare is bundled into a comprehensive package that we pay for in monthly premiums (or taxes) we don’t feel the pain quite as acutely as when required to hand over hard cash for a tiny bottle of absurdly expensive pills. If the day ever comes that government becomes the single purchaser of pharmaceuticals, then the profitable days of the drug companies are over. The golden-egg-laying goose will have been caught, trussed and its neck stretched across the chopping block.

Before we take axe in hand, however, we should think twice. It might not be wise to cut the profit motive out of prescription drugs until the day dawns when some other incentive is discovered sufficient to cause people to risk their time, labor and fortunes in the risky business that is the pharmaceutical industry.

The Good Old Days—
What Would Jesus
Have Done?

Our modern healthcare system, with all its woes, causes us to long for the “good old days,” doesn’t it? But remember that those “good old days” were without the benefit of modern dentistry, aspirin, x-rays, life-saving surgery and immunizations. For most of human history the best medical care in the world involved low-cost products like olive oil, cow dung, cobwebs and honey. A gangrenous leg in the nineteenth century was cured (or not) with a quick hand on the bone saw and a few cents worth of hot tar. A handful of maggots came in handy to scrounge dead tissue from the recovering wound. Nursing care was provided by well-meaning amateurs, and survival often owed surprisingly little to the presence of physicians. Do we really want to go back to the “good old days” of health care?

When confronted with a baffling situation Christians often ask, “What would Jesus have done?”



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economic necessity to create products for the most profitable market, and that market is primarily the most affluent country on Earth—our own United States. The real victims of this situation are the impoverished multitudes who could really benefit from, for example, new anti-malarial drugs, but there is no economic mechanism by which the victims of that disease could possibly pay the costs of their development.

Sadly, those development costs are not merely the costs of research, testing and manufacture. Pharmaceutical manufacturers have become easy targets for lawsuits so apocalyptic that hundreds of millions of dollars must be set aside for legal defense and potential settlements. The Attorney General of New York has filed a lawsuit against the manufacturer

those profits, is my response. And everyone who has benefited from a safe, effective and affordable prescription (yes, even those \$5/pill allergy tablets) should echo with a hearty, “Amen!” It is to those profits alone that we owe the vast majority of the pharmaceutical triumphs of the last forty years. To those who suggest that we convert our drug companies into not-for-profit corporations for the public benefit, let me ask this question: Name a *single drug* developed by a non-profit pharmaceutical firm.¹⁹

What makes pharmaceuticals easy targets in the effort to find quick fixes to a complicated problem is that Americans still pay a majority of the cost of prescriptions out of their own pockets.

We might get a clue from one of Jesus' best known stories. He once described a situation in which a traveler was robbed and mercilessly beaten. Finally, a Samaritan²⁰ came to his assistance and provided for him the finest medical care available in his society: The safety and hospitality of an inn. The world in Jesus' time had no safety net for its unfortunate citizens, but the early followers of Jesus recognized their duty to help meet the fundamental needs of those in need, both of believers and those "not of the household of faith."²¹

In modern times the government and its many agencies have become society's safety net. Does that relieve the modern follower of Jesus of the responsibility so clearly felt by the Good Samaritan in Jesus' story? Let us temporarily don the robe and sandals of that Samaritan and look around us. What do we see?

We see a world of incredible abundance blended with unbelievable self-indulgence. On the one hand, our churches are packed with overfed souls who are literally eating themselves into an early grave. We see a barrage of motivational messages exhorting us to consume alcoholic beverages. Even our own government floods the airwaves with exhortations to achieve our wildest dreams—by playing state-run lotteries!

When seen through the eyes of Samaritan-vision, our world is crying out for a common sense approach to healthcare, one that begins by taking responsibility first for our own lives, then helping our

brothers and sisters to do the same with theirs. When we have followed another scrap of biblical advice—"Physician, heal thyself!"



(Luke 4:23)—we will be in a much better position to be agents for positive change in our own society.

As card-carrying agents for positive change, we can lend our political muscle to movements that encourage wise personal choices. Do we really need state-funded encouragement to put our hard-earned money on sucker bets? There may be valid reasons for imposing financial penalties on unhealthy lifestyles (e.g., tobacco and liquor taxes) purely as a means of encouraging people to live more wisely. Perhaps it makes good sense to provide the most basic level of medical care (first-aid, prenatal



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care, treatment of infectious diseases, immunizations, etc.) absolutely free for the simple reason that paying small amounts for items like these prevents huge costs later.

"Wait just a minute here," cries the skeptic. "How can what amounts to a *philosophy* check the cost of an ever-increasing number of costly medical treatments or reduce the health needs of an aging population, or keep prescription drugs affordable without strangling the system that devised them?"

A sound philosophy at least recognizes that one can't have a picnic without drawing a few flies. The picnic is the amazing standard of healthcare offered to the multitude of residents in the developed world; those flies are the societal stresses that accompany such a sea-

change in lifestyles as the last century has brought.

We need to recognize that we can't put the genie back in the bottle. High-tech (and remarkably effective) treatments are here to stay, cost what they will. While the cost of some may come down (such as laser eye surgery), new cutting-edge procedures will probably take their

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We who are followers of Christ are also citizens of “another Kingdom,” and—regardless of the warped messages of our society—we have an obligation to live wisely, not only for our own benefit, but for the benefit of anyone willing to accept our help.

Famine, War, Plague and Death. Our present system is hardly

likely to expire simply because medical science has some persistent and deadly enemies on the run.

likely to expire simply because medical science has some persistent and deadly enemies on the run.

If we could look down the road another 30 years, we would probably see the same screaming headlines: “Medical system in crisis!” There’s every chance that we’ll muddle through this one, and the next, and the one after that. But keep your eyes on those flies in the ointment. The persistent little critters will probably be around for many years to come, and besides, it’s ointment—not Chanel No. 5. It’s supposed to stink! □

place. Barring some devastating catastrophe (the return of the Spanish flu, for example), our senior citizens will continue to occupy an increasingly larger wedge of the pie-chart of humankind. And if we know what’s good for us, we won’t muzzle the drug companies to the point that, faithful oxen though they are, they’ll quit grinding our grain for us.

In short, society will just have to adapt to the blessing of long life-spans with the assistance of costly medical technology. Yes, it’s going to be expensive. And yes, we’re going to wind up paying for it. Certainly our society will lurch about as it seeks to find a way to fund what is increasingly seen as a right of citizenship.

But for those who follow Christ, we know that we are all called to be Samaritans—in whatever way we can, in whatever situation in which we find ourselves. Like the original Samaritan, we who are followers of Christ are also citizens of “another Kingdom,” and—regardless of the warped messages of our society—we have an obligation to live wisely, not only for our own benefit, but for the benefit of anyone willing to accept our help.

So is the best healthcare system ever devised in danger of cardiac arrest? Is it time to declare Code Blue and drag out the crash cart? Probably not. Every era has had its medical challenges. For most of history they were the Four Horsemen of the Apocalypse:

the Congressional Budget Office by Douglas Holtz-Eakin, director. (ftp://ftp.cbo.gov/49xx/doc4989/01-28-HealthTestimony.pdf)

11 The term “managed care” means that insurers will pay only for specific doctors, hospitals and treatments.

12 Thomas W. LaGrelus, M.D., writing in reaction to a \$116 million verdict against Aetna U.S. Health Care of California. (http://www.indoc.com/op-eds/release1.htm)

13 Congressmen Jim McDermott and John Conyers, for example. While Al Gore endorsed a “single-payer” plan, John Kerry has declined to make this an explicit component of his platform.

14 Another anatomical term inexplicably absent from medical dictionaries.

15 Canadians waited an average of 16.5 weeks in 2001-2002 according to Canada’s Fraser Institute (http://www.fraserinstitute.ca/shared/read-more.asp?sNav=nr&id=479). Senator Kerry’s wait was negligible.

16 Even modern accounting systems struggle to encompass the multi-year development costs for new pharmaceuticals. Assessing a single year as profitable or not is strictly a guessing game, at least according to the authors of “Costing Issues in the Production of Pharmaceuticals” (http://www.biopharm-mag.com/biopharm/article/articleDetail.jsp?id=86832)

17 Research by Frank Lichtenberg at Columbia University seems to support the idea that the newest and best drugs result in the greatest savings in overall hospital care. See http://www.nber.org/cgi-bin/author_papers.pl?author=frank+lichtenberg

18 “New York Attorney General Sues GSK (GlaxoSmithKline).” Reuter UK, June 2, 2004.

19 The list of top 200 prescriptions for 2003 (see http://www.rxlist.com/top200.htm) is dominated with names like Pfizer, Wyeth, Lilly and GlaxoSmithKline. Most of the rest were also developed by pharmaceutical heavyweights but have slipped into the status of generic with the expiration of key patents (or a similar right called “exclusivity” that is granted by the FDA).

20 The parable of the Good Samaritan (Luke 10:25-37). Modern readers would be surprised to know that Samaritans were considered hated and despised outsiders by Jesus’ contemporaries.

21 From the apostle Paul’s letter to the Galatians: “As we have therefore opportunity, let us do good unto all men, especially unto them who are of the household of faith” (Galatians 6:10, KJV).

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