

**PASSAGE V**

This passage addresses the debates that surround healthcare.

Since World War II, considerable advances have been made in the area of healthcare services. These include better access to healthcare (particularly for the poor and minorities), improvements in workplace safety, and increased numbers of physicians and other healthcare personnel. All have played a part in the recent improvement in life expectancy. But there is mounting criticism of the large remaining gaps in access to
5 healthcare, the unbridled cost inflation, the further fragmentation of service, the excessive indulgence in wasteful high-technology “gadgeteering,” and the breakdown in doctor-patient relationships. In recent years, proposed solutions and new programs—small and large—have proliferated at a feverish pace, and disappointments have multiplied at almost the same rate. This has led to an increased pessimism—
“everything has been tried and nothing works”—that sometimes borders on cynicism or even nihilism.

10 It is true that the automatic “pass through” of rapidly spiraling costs to government and insurance carriers, which was set in a publicized environment of “the richest nation in the world,” produced for a time a sense of unlimited resources and allowed a mood to develop whereby every practitioner and institution could “do his own thing” without undue concern for the “Medical Commons.” The practice of full-cost reimbursement encouraged capital investment, and now the industry is overcapitalized. Many cities have hundreds of excess
15 hospital beds; hospitals have a superabundance of high-technology equipment; and structural ostentation and luxury are the order of the day. In any given day, one-fourth of all community beds are vacant; expensive equipment is underused or, worse, used unnecessarily. Capital investment brings rapidly rising operating costs.

Yet, in part, this pessimism derives from expecting too much from healthcare. It must be realized that care is,
20 for most people, a painful experience, often accompanied by fear and unwelcome results. Although there is vast room for improvement, healthcare will always retain some unpleasantness and frustration. Moreover, the capacities of medical science are limited. Humpty Dumpty cannot always be put back together again. Too many physicians are reluctant to admit their limitations to patients, and too many patients and families are unwilling to accept such realities. Nor is it true that everything has been tried and nothing works, as shown by
25 the prepaid group practice plans of the Kaiser Foundation and at Puget Sound. In the main, however, such undertakings have been drowned by a veritable flood of public and private moneys that have supported and encouraged the continuation of conventional practices and subsidized their shortcomings on a massive, almost unrestricted scale. Except for the most idealistic and dedicated, there have been no incentives to seek change or to practice self-restraint or frugality. In this atmosphere, it is not fair to condemn as failures all
30 attempted experiments; it may be more accurate to say many have never had a fair trial.