

Our overused, underfunded hospitals are dying

FRESH VOICES

The Final Report to the Governor of the Commission on Rationalization of Health Care Resources is due on Dec. 1. It will make recommendations for closures of some New Jersey hospitals.

Our hospitals are dying.

Much of our health-care crisis is seen at our hospitals. An estimated 16-to-31 percent of our country is uninsured, most in working families. Nationally, about 60 percent of health care is paid by taxpayers. Much of this is Medicare and Medicaid, with shrinking reimbursements. In New Jersey, 58 percent of hospital patients are covered by these subsidy programs. Funding for hospital physician training programs, where many uninsured and subsidy recipients receive health care, is also shrinking. Those of us with insurance also see reductions. Many hospital patients also have untreated mental-health problems, which further increase costs.

There are already hospital staff layoffs, clinical program reductions and closures. As this continues, who will take care of us? Who will train future physicians? Where will we



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go? How many of us will die or become sicker during transports to distant hospitals?

Health-care crisis details are unseen by most of us. As a psychologist and researcher, I pay attention to the crisis. But until I started working with my own patients who work in hospitals, I didn't see the gravity of our ailing hospitals.

When I was a child, my mom went to the hospital for three weeks with pneumonia. Later, the father of a boy down the street spent months in the hospital after a heart attack. Since then, I held onto the belief that hospitals are for sick and post-surgical patients. Somehow, I never reconciled remarkable medical advances with that belief.

Now, much surgery is day-surgery, patients go home or to rehab, recovery is often outpatient and quicker. There are still accidents, heart attacks, strokes, acute

infections, newly diagnosed chronic illnesses, etc. requiring hospitalization. However, these days our hospitals are mostly a combination of nursing home, mental health center, drug rehab, specialty clinic and primary-care drop-in center.

It's killing them.

As a decent society, we have a moral obligation to help those of us who are less fortunate, but responsible. There are also those who are mentally retarded or permanently disabled, whom decent people naturally want to help because they cannot be responsible for themselves.

The problem is those who refuse to work, refuse regular health care, do things that harm the rest of us, and consistently make destructive decisions. What about medical tourists, who come from other countries, receive health care, and leave without paying? Our hospitals can't absorb these costs and survive.

We all have to see that health care, like every other commodity, costs money. We are each responsible for that cost. We have to stop pretending that it's everyone else's responsibility.

The French have health care for everyone. That is, everyone who works and

pays taxes. Massachusetts requires everyone to buy health insurance, like car insurance. Those genuinely needing assistance get partial subsidies. We could refuse health care to people who refuse to pay. Or, should we continue to pay for everyone when our hospitals are suffering?

Providing medical health care reduces taxpayer costs, never mind helping responsible people who can then better contribute to our society. Insisting that people take more responsibility for themselves leads to increased pride and productivity. Treating mental-health problems reduces medical health care costs.

Rather than being angry and resentful about universal health care, we need to see that we are already paying for it at our dying hospitals. We need a more efficient, cost-effective plan for health care for everyone. It will work better for all of us.

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