HEALTH, ILLNESS AND SOCIETY

By Dr. Frank Elwell
ACUTE DISEASES

DISEASES WITH FAIRLY QUICK, AND SOMETIMES DRAMATIC AND INCAPACITATING ONSET AND FROM WHICH A PERSON EITHER DIES OR RECOVERS.
CHRONIC DISEASES

PROGRESS OVER A LONG PERIOD OF TIME AND OFTEN EXIST LONG BEFORE THEY ARE DETECTED.
U.S. Death Rates per 100,000: 1900

- INFLUENZA
- TUBERCULOSIS
- GASTROENTERITIS
- HEART DISEASE
U.S. Death Rates per 100,000: 1991

HEART DISEASE
CANCER
CARDIOVASCULAR
PULMONARY
ACCIDENTS
INDUSTRIAL SOCIETIES

WITH INDUSTRIALIZATION, THERE HAS BEEN A DRAMATIC INCREASE IN LIFE EXPECTANCY.
INDUSTRIAL SOCIETIES

TODAY, FOUR OUT OF THE FIVE LEADING CAUSES OF DEATH ARE CHRONIC DISEASES.
INDUSTRIAL SOCIETIES

THE FIFTH BEING ACCIDENTS.
CHRONIC DISEASE

Acute infectious diseases have become relatively unimportant in terms of mortality, and chronic diseases confront society with a different set of problems.
CHRONIC DISEASE

EFFECTIVE TREATMENT OF CHRONIC DISEASE CALLS FOR CONTINUAL RATHER THAN INTERMITTENT HEALTH CARE AND MAY REQUIRE THAT PEOPLE CHANGE THEIR LIFE-STYLES.
CHRONIC DISEASE

FURTHER, THE MOST EFFECTIVE AND LEAST EXPENSIVE WAY OF DEALING WITH MOST CHRONIC DISEASES IS PREVENTIVE MEDICINE, CHANGES IN LIFE-STYLE OR OTHER STEPS THAT HELP AVOID THE OCCURRENCE OF DISEASE.
CRISIS MEDICINE

Yet modern medicine is not organized around prevention but rather toward curative or crisis medicine: treating people's illness after they become ill.
CRISIS MEDICINE

WITH CHRONIC DISEASES, HOWEVER, MUCH DAMAGE HAS ALREADY BEEN DONE--AND OFTEN CANNOT BE REVERSED--BY THE TIME SYMPTOMS MANIFEST THEMSELVES.
CRISIS MEDICINE

TO DATE, PREVENTIVE MEDICINE HAS HAD CONSIDERABLY LOWER PRIORITY IN TERMS OF RESEARCH AND PROGRAM FUNDING, AND THE ALLOCATION OF HEALTH CARE PERSONNEL.
CRISIS MEDICINE

SO ONE OF THE MAJOR PROBLEM AREAS IN THE HEALTH-CARE SYSTEM TODAY IS THAT OUR HEALTH CARE ORGANIZATION HAS NOT ADAPTED TO THE CHANGING NATURE OF DISEASE.
SOCIAL FACTORS IN ILLNESS

- SOCIOECONOMIC STATUS (SES)
- SEX
- RACE
- LIFE-STYLE FACTORS
SOCIOECONOMIC STATUS

THE EFFECT OF SES ON HEALTH IS VERY CLEAR: THOSE WHO ARE LOWER ON SUCH THINGS AS INCOME, EDUCATIONAL ACHIEVEMENT, AND OCCUPATIONAL STATUS HAVE SUBSTANTIALLY HIGHER DISEASE RATES AND DEATH RATES THAN DO THEIR MORE AFFLUENT COUNTERPARTS.
SOCIOECONOMIC STATUS

INCREASED SUSCEPTIBILITY TO DISEASE: THE POOR LIVE UNDER LESS SANITARY CONDITIONS, HAVE LESS NUTRITIOUS DIETS, AND ARE LESS LIKELY TO TAKE PREVENTIVE HEALTH ACTIONS.
SOCIOECONOMIC STATUS

REGARDING INFANT MORTALITY, POOR WOMEN ARE LESS LIKELY TO HAVE PRENATAL CHECKUPS AND MORE LIKELY TO HAVE POOR DIETS THAT RESULT IN INFANTS WITH LOW BIRTH WEIGHTS.
FINALLY THE MEDICAL CARE THAT THE POOR DO RECEIVE IS LIKELY TO BE OF LOWER QUALITY. NOT ALL ELIGIBLE FOR MEDICAID, STILL SOME OUT OF POCKET COSTS.
SOCIOECONOMIC STATUS

They are more likely to be treated in a hospital emergency room where continuity of care, follow-up treatment, and patient education are less common than in a physician's office.
Infant Deaths per 100,000

JAPAN
SWEDEN
CANADA
SPAIN
ENGLAND
ITALY
U.S.
SEX

IF WE CONSIDER LONGEVITY AS THE KEY MEASURE OF HEALTH, WOMEN APPEAR TO BE HEALTHIER THAN MEN.
SEX

THE LIFE EXPECTANCY OF WOMEN TODAY IS SEVEN YEARS HIGHER THAN THAT OF MEN, COMPARED WITH ONLY THREE YEARS MORE AT THE TURN OF THE CENTURY.
Sex

WOMEN ALSO HAVE LOWER RATES OF MOST SERIOUS CHRONIC ILLNESSES. WHAT ACCOUNTS FOR THESE DIFFERENCES?
First, it may well be that women are biologically more capable of survival than men. Males have higher death rates than females at every age, including deaths of fetuses.
SEX

HIGHER MORTALITY RATES AMONG MALES IS ALSO DUE TO TRADITIONAL SEX-ROLE DEFINITIONS THAT ENCOURAGE MALES TO BE AGGRESSIVE AND TO SEEK MORE STRESSFUL AND DANGEROUS OCCUPATIONS.
Sex

In addition, the life-styles of American men have traditionally been less healthy than those of women. They smoke more, drink more, eat more.
AFRICAN AMERICANS ARE AT A SERIOUS DISADVANTAGE WHEN IT COMES TO HEALTH, HAVING CONSIDERABLY HIGHER DEATH RATES, SHORTER LIFE EXPECTANCIES AND MORE LIFE-THREATENING HEALTH CONDITIONS.
Race

ONE MAJOR REASON FOR THIS IS SES. YET EVEN WHEN SES IS CONTROLLED, SOME RACIAL DIFFERENCES PERSIST.
Race

ONE HYPOTHESIS IS THAT THE COMBINATION OF YEARS OF RACIAL OPPRESSION, POVERTY, AND PHYSICALLY DEMANDING OCCUPATIONS PROBABLY WORKS TO CAUSE ILLNESS.
Race

ALL OF THESE ARE RELATED TO STRESS, THIS STRESS, IN TURN, PRODUCES GREATER SUSCEPTIBILITY TO DISEASE.
Race

NATIVE AMERICAN, ESPECIALLY THOSE ON RESERVATIONS, HAVE DISPROPORTIONATELY HIGH MORTALITY RATES.
Much is due to high rates of accidents, suicide, alcoholism caused by problems of poverty, unemployment, and cultural disintegration.
Life-style Factors

It is estimated that between 70 and 90% of all human cancers are caused in part by environmental conditions, such as pollution in the water, soil and air.
Life-style Factors

Industrialization has unquestionably improved our lives, but it has also created health hazards largely unknown in preindustrial societies and that contribute to death and misery.
OCCUPATIONAL STRESS IS LINKED TO HEART DISEASE AND HYPERTENSION. UNEMPLOYMENT, OR EVEN THE THREAT OF IT, IS ASSOCIATED WITH MANY PHYSICAL AND MENTAL DISORDERS.
Life-style Factors

THE USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS CAN ALSO CAUSE SERIOUS HEALTH PROBLEMS.
Life-style Factors

THERE EVEN APPEARS TO BE AN ASSOCIATION BETWEEN HEALTH AND THE QUALITY OF A PERSON'S FAMILY LIFE.
Life-style Factors

PEOPLE WHO ARE MARRIED AND HAVE CHILDREN ARE HEALTHIER THAN PEOPLE WHO ARE SINGLE AND HAVE NO CHILDREN.
Life-style Factors

ANY OVERALL SOLUTION TO HEALTH PROBLEMS MUST TAKE INTO ACCOUNT THE WAYS IN WHICH PEOPLE'S LIVES CAN BE CHANGED TO IMPROVE THEIR HEALTH.
Life-style Factors

WE COULD GO ON AT LENGTH ON THIS TOPIC, BUT THE POINT SHOULD BE CLEAR: THERE ARE MANY ELEMENTS OF OUR LIFE-STYLE THAT ADVERSELY AFFECT OUR HEALTH.
Problems in the Health Care System:

- RISING COSTS
- A LACK OF ACCESS TO HEALTH CARE FOR MANY
Health Costs as % of GNP
Health Care Expenditures

- United Kingdom
- Italy
- Japan
- Germany
- Sweden
- United States

% of GDP and % Public Sector comparison among these countries.
Health Care Expenditures

PER CAPITA EXPENDITURES FOR HEALTH CARE HAVE INCREASED OVER 30 FOLD SINCE 1950.

WE NOW PAY OVER $5,000 EACH YEAR FOR HEALTH CARE GOODS AND SERVICES FOR EACH MAN, WOMAN, AND CHILD IN THE U.S.
Per capita health care spending, 2003:

- Australia: $2,886
- Austria: $2,958
- Belgium: $3,044
- Canada: $2,998
- Denmark: $2,743
- Finland: $2,104
- France: $3,048
- Germany: $2,983
- Iceland: $3,169
- Ireland: $2,465
- Italy: $2,314
- Japan: $2,249
- Luxembourg: $4,611
- Netherlands: $2,909
- Norway: $3,769
- Sweden: $2,745
- Switzerland: $3,847
- United Kingdom: $2,317
- United States: $5,711
Cost of Health Care

It is astonishing that countries such as the U.K. and Denmark achieve a similar level of life expectancy with approximately half the cost compared to the U.S. And then there is Japan that has 4-5 more years in life expectancy for half the cost of the U.S. as well.
Health Care Expenditures

INFLATION ACCOUNTS FOR SOME OF THIS INCREASE, BUT INFLATION DURING THE SAME PERIOD INCREASED OVERALL PRICES ONLY ABOUT FOUR TIMES.
RISING COSTS: DEMAND

First, our population is larger, more affluent, and older, and these factors tend to increase the demand for a finite amount of health care goods and services.
RISING COSTS: DEMAND

OLDER PEOPLE HAVE MORE HEALTH PROBLEMS AND REQUIRE MORE HEALTH-CARE SERVICES. AFFLUENT PEOPLE CAN AFFORD MORE AND BETTER HEALTH CARE.
RISING COSTS: TECHNOLOGY

SECOND, IS THE AVAILABILITY OF DIAGNOSTIC AND TREATMENT PROCEDURES THAT WERE UNHEARD OF FIVE, TEN, OR TWENTY YEARS AGO.
RISING COSTS: TECHNOLOGY

THESE PROCEDURES CAN BE VERY COSTLY. PREMATURE BABIES WHO WOULD HAVE DIED TWO DECADES AGO ARE NOW SAVED IN EXPENSIVE NEONATAL INTENSIVE CARE UNITS (BUT AT A COST FROM $200,000 TO $1 MILLION FOR AN INFANT WHO WEIGHS ONLY ONE POUND AT BIRTH).
RISING COSTS: TECHNOLOGY

THE HEALTH CARE FINANCING ADMINISTRATION ESTIMATES THAT NEW TECHNOLOGIES ACCOUNT FOR 37% OF THE RECENT RISE IN HEALTH CARE COSTS.
RISING COSTS: LABOR

THIRD, HEALTH CARE IS A LABOR INTENSIVE INDUSTRY--IT REQUIRES MANY PEOPLE TO PROVIDE HEALTH CARE--AND THE COST OF HEALTH CARE RISES WITH THEIR WAGES.
RISING COSTS: LABOR

ALSO, SAVINGS THROUGH AUTOMATION ARE NOT AS EASY TO ACHIEVE IN THE HEALTH FIELDS AS IN OTHER INDUSTRIES,
RISING COSTS: COMPETITION

FOURTH, ECONOMIC COMPETITION AND THE CHECK ON COSTS THAT THIS CAN AFFORD ARE WEAKER IN THE HEALTH FIELD THAN IN OTHER ECONOMIC AREAS.
RISING COSTS: OVERUTILIZATION

FIFTH, THERE IS A TENDENCY TOWARD OVERUTILIZATION OF HEALTH-CARE SERVICES AND EVEN TO PERFORM UNNECESSARY DIAGNOSTIC AND TREATMENT PROCEDURES.
RISING COSTS: OVERUTILIZATION

THE SURGERY RATE IN THE UNITED STATES GREW MORE THAN TWICE AS FAST AS THE POPULATION BETWEEN 1979 AND 1987. BY ALL ACCOUNTS, TODAY IT IS THE HIGHEST IN THE WORLD.
RISING COSTS: OVERUTILIZATION

IN 1992 CONSUMER REPORTS PUBLISHED A STUDY CONCLUDING THAT AS MUCH AS 20% OF ALL SURGERIES AND MEDICAL SERVICES PROVIDED IN THE U.S. ARE UNNECESSARY. WITH DEFENSIVE MEDICINE ON THE RISE, IT IS MUCH HIGHER TODAY.
RISING COSTS: OVERUTILIZATION

"There's nothing really wrong with you but I think a little surgery would make us both feel better."
RISING COSTS: INSURANCE

David Balto, former policy director of the Federal Trade Commission and now senior fellow at the Center for American Progress, writes: “Simply put, the private insurance companies have secured monopolies or tight oligopolies and exercised that power to put profits ahead of patients….”
HEALTH CARE EXPENDITURES

THERE ARE MANY POWERFUL INTEREST GROUPS BENEFITTING FROM RISING COSTS: PHYSICIANS, HOSPITALS, INSURANCE, THE PHARMACEUTICAL INDUSTRY, AND SO ON.
Health Care Expenditures

HEALTH-CARE CONSUMERS BENEFIT MOST FROM CONTROLLING COSTS, BUT THEY HAVE YET TO ORGANIZE INTO A POWERFUL LOBBY GROUP.
Access

WE HAVE SEEN HOW EXPENSIVE HEALTH CARE IS TODAY, WHICH MEANS THAT ONLY THE WEALTHIEST CAN PAY OUT OF THEIR OWN POCKET FOR MEDICAL SERVICES.
Access

MOST AMERICANS RELY ON HEALTH INSURANCE PROVIDED BY EMPLOYERS AS PART OF THEIR COMPENSATION FOR THEIR LABOR. HOW LONG CAN AMERICAN COMPANIES CONTINUE TO PAY EVER HIGHER RATES AND REMAIN COMPETITIVE IN THE GLOBAL ECONOMY?
Access

SINCE MEDICAID BECAME AVAILABLE IN THE 1960s, THE HEALTH CARE USE RATES AMONG THE POOR HAVE INCREASED. HOWEVER, CONSIDERABLY LESS THAN ONE-HALF OF THE POOR ARE ELIGIBLE FOR MEDICAID.
Access

AS A CONSEQUENCE, FULLY ONE-THIRD OF THE POOREST AMERICANS UNDER THE AGE OF 65 HAVE NO HEALTH INSURANCE AT ALL, ACCESS TO MEDICAL CARE IS QUITE LIMITED.
Access

IN ADDITION TO THE POOR, THERE ARE OTHERS WHO FIND THEMSELVES WITHOUT HEALTH INSURANCE: LAID-OFF EMPLOYEES; PEOPLE WHO RETIRE BEFORE THEY ARE ELIGIBLE FOR MEDICARE; YOUNG PEOPLE WHO ARE TOO OLD FOR COVERAGE UNDER THEIR PARENT'S PLAN, WIDOWS, WIDowers, AND DIVORCED PEOPLE WHO HAD DEPENDED ON THEIR SPOUSE'S HEALTH INSURANCE.
Access

ALL TOGETHER, ABOUT 47 MILLION AMERICANS, OR 20 PERCENT OF OUR POPULATION UNDER THE AGE OF 65, ARE WITHOUT HEALTH INSURANCE.
Access

ANOTHER DIMENSION OF ACCESS TO HEALTH CARE IS THE AVAILABILITY OF SERVICES.
Access

IN THIS REGARD IT HAS BEEN RESIDENTS OF THE INNER CITY AND RURAL AREAS WHO ARE UNDERSERVED.
Access

Physicians prefer to practice in locals where they would like to live and can find a profitable clientele, and neither the inner city nor rural areas can satisfy this preference.
Access

ACCESS TO HEALTH CARE IS ALSO AFFECTED BY THE AVAILABILITY OF "PRIMARY CARE" PHYSICIANS WHO SERVE AS A PERSON'S FIRST CONTACT WITH THE SYSTEM.
Access

WHETHER FOR THE MONEY, OR THE DESIRE TO LEARN WELL A SMALL PART OF THE FIELD, PHYSICIANS OF THE PAST FEW DECADES HAVE OPTED FOR SPECIALTY TRAINING.
Access

PRIMARY CARE WAS A TASK PERFORMED BY GENERAL PRACTITIONERS IN THE PAST, BUT GPs ARE NOW ON THE DECLINE, WITH ONLY ABOUT 12% OF PHYSICIANS NOW ACTING AS GPs.
CONCLUSIONS

AMERICA BADLY NEEDS TO REFORM ITS HEALTH CARE SYSTEM. THE STRUGGLE IS NOT IN FINDING SOLUTIONS—MANY COUNTRIES HAVE ACCESS FOR ALL AND THEIR COSTS CONTROLLED. THE PROBLEM IS PASSING REFORM OVER THE OBJECTIONS OF POWERFUL GROUPS THAT BENEFIT FROM THE STATUS QUO.