Just As Fragile As A Patient

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The American hospital has evolved greatly over the past 100 years, from the almshouse once visited mainly by the desolate and poor as a last resort to that enigmatic, cutting edge institution which today forms the foundation of modern American health care. Advances in technology and medical science have transformed what were once terminal illnesses into minor health inconveniences, with the real battles against serious health threats typically occurring inside the four walls of a patient’s local hospital. The modern hospital has become such a beacon of hope that in 1986 Congress passed laws granting nearly everyone an unrestricted entitlement to emergency medical treatment at most acute care facilities.

Placing the modern hospital on such a pedestal can be a dangerous move if we fail to recognize that the institution can be just as fragile as the patient, including a patient with Ebola hemorrhagic fever. The last few decades have seen the financial condition of America’s health care institutions take a marked turn for the worse, and in many of the country’s rural areas the fate of the community hospital is now as tenuous as the prognosis of an early almshouse patient. Yet even as the plight of these recently lost hospitals gains national attention, few would consider seeking important health care treatment anywhere else. When faced with matters of life and death, a hospital is simply the best place to be.

Such is the confidence instilled in patients by the past half-century of medical, scientific and technological developments, the modern hospital is now faced with little room for error, and society’s dependence on hospitals to address important health care issues can create the perception of catastrophic results with even a single transgression. The nation’s response upon learning that health care workers in Dallas, Texas had contracted Ebola in their workplace provides us an opportunity to examine our understanding of, and trust in, America’s current health care system.

There is no viable alternative to the hospital, and so it must be treated with the respect it deserves and bolstered accordingly. Whether responding to the outbreak of an epidemic, natural disaster or act of terrorism, the hospital plays an essential role in the nation’s ability to protect its own, and any failure to embrace and fortify the emergency health care system in such times of need may prove devastating to its integrity. While isolated, unintended occurrences may steal the public spotlight from time to time, it is incredulous that a single isolated event could cause Americans to distrust the institutions into which the nation has recently poured billions of dollars, not to mention incalculable amounts of energy and resources in the form of promulgated regulations, a historical restructuring of the entire health care system, and countless hours of amusing public debate.

The historical measure of any disaster is not derived from its force, the number of casualties or even the resulting damage, but rather from an obscure and often
unpredictable merging of statistical information combined with public perception. This dynamic can be illustrated by comparing the 7.0 magnitude earthquake near Port-au-Prince, Haiti that killed 316,000 in 2010, the 8.9 magnitude earthquake off the coast of Tōhoku, Japan that killed nearly 20,000 in 2011, and the 6.7 seismic event in Northridge, California that killed 57 in 1994. The widespread devastation in Haiti underscored the dangers of a society that has limited means to develop an infrastructure, while in Japan the world questioned a nation’s ability to create but not control, or at least contain, its advanced infrastructure. In California, the legacy from 20 years ago continues to resonate, through seismic safety legislation costing billions of dollars, although the price tag is of little concern when reminded that the effects of this catastrophe rendered 11 hospitals partially or wholly useless.

Our modern health care system exists due to an inextricable dependence on cutting edge technology, yet such progress comes at a price, and now more than ever the American hospital faces mounting financial challenges that from a business standpoint do not always reconcile with its fundamental purpose, that of saving lives. Rather than focus on random, often isolated events that command much in the way of news coverage, we as a nation must focus on the real epidemic at hand — the growing number of hospitals across the country that have closed after losing long, protracted financial battles. Widespread failure at this level demands a different response from well-publicized instances of isolated confusion, as access to care is of primary importance, epidemic or no. Whatever the threat faced by our health care system, today’s patients have little choice but to trust the past century of epic improvements and fight to keep their local medical institutions available to serve in times of need. Everything else is beside the point.

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