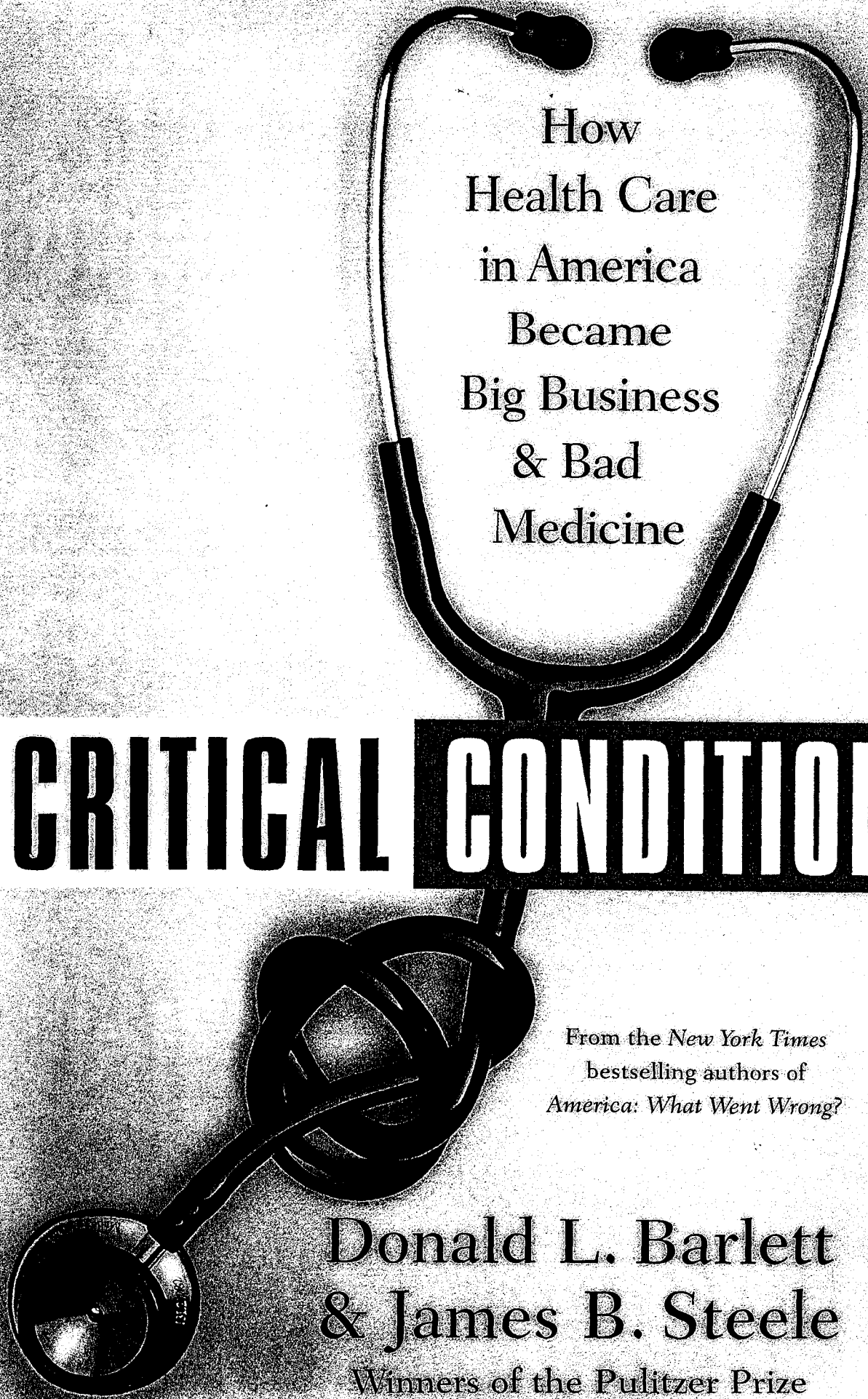


• HOW
HEALTH CARE
IN AMERICA
BECAME
BIG BUSINESS &
BAD MEDICINE

CRITICAL CONDITION

Donald L. Barlett
& James B. Steele



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From the *New York Times*
bestselling authors of
America: What Went Wrong?

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Winners of the Pulitzer Prize

the number of privately insured people during this period,” the Center noted.

Insured patients are flocking to emergency departments as a last resort—because they can’t get appointments to see their own doctors, or because they face long waits to be seen. The Center confirmed that “more physicians report having inadequate time to spend with their patients and are increasingly closing their practices to some new patients, despite spending more time in direct patient care activities. With extended hours and no appointment necessary, emergency departments increasingly may be viewed by many patients as more convenient sources of primary care than their regular physicians.”

ER overload is further compounded by the demands of managed care. Because of the reduced reimbursements they often receive from health insurers, more and more doctors are sending patients to emergency rooms for routine medical needs that they once provided in their offices. Which is why ambulance diversions, while they may wax or wane from season to season and city to city, will be with us for a long time to come.

AMERICA'S UNKNOWN KILLER

Because Washington fails to assure that all citizens have basic health care coverage and are protected from catastrophic medical bills, other breakdowns within the system are allowed to fester, priorities are mis-ordered, and taxpayer dollars are not allocated where they will achieve the greatest return.

Over the decades, presidents and lawmakers from both parties have spent more than one hundred billion dollars on a never-ending war on cancer.* For politicians, celebrities, and entertainment personalities who lend their names to the cause, it makes for great photo opportunities. After all, everyone supports apple pie, motherhood, and a cure for

cancer. Lawmakers recognized the potential back in 1937 when, in a rare display of Capitol Hill unity, they voted unanimously to create the National Cancer Institute. Some three decades later, in 1971, President Richard M. Nixon called for a War on Cancer, and Congress again responded by opening the doors to the U.S. Treasury.

At first glance, it might seem that all those billions have bought substantial progress. Special-interest groups, from the American Cancer Society to leading cancer-research institutions, routinely issue press releases touting the achievement of the week. The news media trumpet the latest advances and profile the victims who have managed to survive. But there is much less to the progress than meets the eye. To be sure, people with some types of cancer who once would have died now lead productive lives thanks to modern treatment. Yet the inescapable fact is that the death rate is unchanged: In 1950, the death rate from all cancers was 194 out of every 100,000 people. A half-century later, in 2001, it was 196 out of every 100,000 people. When assessed by the only yardstick that counts—the overall death rate from all cancers—progress has been nonexistent.

More than a half-century ago, cancer was the second-leading cause of death in the United States. It remains so today. In 2001, according to CDC data, the deaths of 553,800 persons were attributable to cancer. Heart disease, long the No. 1 killer, claimed 700,100 lives. The third and fourth causes were strokes at 163,500 and chronic low respiratory disease at 123,000.

Yet one of the deadliest killers is not even on the list. It attracts little or no attention from Congress. No celebrities rush to Capitol Hill to testify for more funding to wipe it out. No television entertainers proselytize for a cure or urge more testing. The anonymous killer? Mistakes—the kind that are another symptom of a failed system.

Benjamin Jones Jr., a fifty-nine-year-old retired toolmaker, entered the Osteopathic Medical Center of Texas in Fort Worth in July 1991

times the mistakes are classed as a “medical misadventure,” such as when a patient dies from a heart attack “due to dissection of left coronary artery during catheterization” or “peritonitis due to perforation of the ascending colon during colonoscopy.”

The FDA has extensive rules covering the reporting of “adverse events.” The agency also suggests how much information can be submitted without violating the federal government’s privacy rules, which are designed to protect the system rather than public health. From the patient’s point of view, it’s all irrelevant semantics. He or she is either suffering from a condition that did not exist before they came in contact with the health care industry, or they’re dead. We will use “mistake” and “error” as broad, inclusive terms to mean that someone did something they were not supposed to do. It’s not a matter of casting blame. Many more mistakes can be attributed to systems errors than to human frailties. Fix the system, and those mistakes and deaths that follow are prevented.


Health care has become impossibly fragmented. Patients, especially those who are older, often see multiple doctors, each of whom may write prescriptions unaware of what his colleagues are doing. To make timely and correct decisions today, doctors must absorb information from many sources—information that changes by the day. As one medical professional explains, “the amount of knowledge necessary to practice high-quality health care is just too large and changing too rapidly to be carried around in any person’s brain.”

Consequently, mistakes occur everywhere—in the nation’s most prestigious university teaching hospitals, in community hospitals, in for-profit and not-for-profit hospitals. The precise number is unknown. Death certificates never list “mistake” as the cause of death. A widely quoted study by the Institute of Medicine placed the number between 44,000 and 98,000. Another study, which counted prescription drug deaths and was more inclusive, put the figure at 225,000,

possibly as high as 257,000. As for the drug-death mistakes alone, more than five times as many people die from drugs prescribed by physicians than from street drugs like cocaine, heroin, and Ecstasy.

The real number of deaths is almost certainly much higher than these estimates. One reason is the natural instinct to conceal fatal errors, when possible, to escape the potential for malpractice awards. Second, and more important: No independent authority examines the records of hospitals, doctors, and drug companies to detect such deaths. No autonomous agency coordinates ongoing surveillance, conducts interviews, reviews charts, and orders autopsies. When lawsuits are filed and settled, the documents that recount events leading up to death are sealed. This practice guarantees the mistakes will be repeated elsewhere, causing still more deaths. A study at one hospital sums up the attitude of the medical profession toward finding out why things happen. When requesting an autopsy, physicians must give a reason from a menu of options. One of the choices: "Evaluation of therapeutic or diagnostic procedures or devices." Of 387 forms completed over six years, that item was checked on 1 percent—or four forms, to be exact.

In case there is any doubt about the need for independent oversight, consider the story of Charles Cullen, a health care worker who deliberately committed mistakes. For sixteen years, Cullen, a registered nurse who last lived in Bethlehem, Pennsylvania, wandered from one hospital to another across eastern Pennsylvania and New Jersey, killing as many as forty patients under his care. No one noticed until the very end. This even though he all but had "killer" tattooed across his forehead. Although several nurses questioned his behavior to superiors, no one in authority thought it important enough to warn other hospitals that hired him. Indeed, the health care system seemed to go out of its way to make it possible for Cullen, a critical-care nurse, to continue his killing spree.



Exposing the most controversial, little-known practices of America's most flawed system, *Time* magazine's Pulitzer Prize-winning investigative team pulls back the curtain on the health care industry to explain exactly how things got so out of control.

More than 100 million people with inadequate or no medical coverage . . . Dirty examination and operating rooms in doctors' offices and hospitals . . . Health care executives pulling in millions in bonuses for denying treatment to the sick . . . This may sound like the predicament of a third-world nation, but this is America's health care reality today. The United States spends more on health care than *any other nation*, yet our benefits are shrinking and life expectancy is shorter here than in countries that spend significantly less per capita. Meanwhile, HMOs, pharmaceutical companies, and hospital chains reap tremendous profits, while politicians—beholden to insurers and drug companies—enact legislation for the benefit of the few rather than the many, and the entire system is on the verge of collapse.

In *Critical Condition*, award-winning investigative journalists Donald L. Barlett and James B. Steele expose the horror of what health care in America has become. They profile patients and doctors trapped by the system and offer startling personal stories that illuminate what's gone wrong. Doctors tell of being second-guessed and undermined by health care insurers; nurses recount chilling tales of hospital meltdowns; patients explain how they've been victimized by a system that is

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meant to care for them. Drug companies profit by selling pills in the same manner that Madison Avenue sells soap, while Wall Street rakes in billions by building up and then tearing down health care businesses. And politicians pass legislation perpetuating the injustices and outright fraud the system encourages.

By analyzing the industry and offering an insightful prescription for getting it back on the right track, *Critical Condition* is an enormously compelling investigative work that addresses the concerns of every American.



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DONALD L. BARLETT and JAMES B. STEELE are America's most widely acclaimed investigative journalism team. They have worked together for three decades, first at the *Philadelphia Inquirer*, and, since 1997, as editors at large for *Time*. They are the only journalists in history to have won two Pulitzer Prizes and two National Magazine Awards, as well as dozens of other national awards. They are the coauthors of six books, including *America: What Went Wrong?*, which spent eight months on the *New York Times* bestseller list.

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