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The American Healthcare system is flawed. It needs reform. The US Healthcare System has been growing in terms of population and cost, but the system has not kept up. Americans consistently pay more for their medical treatments than foreigners, but it is not the doctors or insurance companies that are the problem; it is the system. The best solution is to reform the system by creating a more integrated system, that focuses on quality and quantity while controlling prices.

While the current system is treating more patients with better quality healthcare than it ever has, it is not sustainable. Recently the number of people in the US Healthcare system has increased. The increase is largely due to systems such as Medicare and Medicaid to help those who do not have the ability to pay for their own healthcare. This fact coupled with the declining health of our nation has caused an influx in patients. Additional health insurance programs such as Medicaid and Medicare are vital to keep the nation healthy, however, the healthcare system has not changed with this increase of patients. The system is not able to keep up, and spending more on healthcare is not the answer. The amount of money that the United States is spending on healthcare is the highest in the world, and yet no one would know it based on our system.

The healthcare system is set up in such a convoluted manner that doctors are encouraged to spend more money on tests. This concept is known as defensive medicine. As with any job,

doctors just want to complete their job the best they can. However, if doctors make an error during a medical procedure or have a lapse in judgment, they may be threatened with malpractice suits. For this reason the healthcare system is designed in such a way to encourage doctors to be one hundred percent sure that their patient is healthy when the job is done. To accomplish this task, doctors put their patients through unnecessary tests. For example, doctors may request a CT scan when only an X-ray is needed.

In addition to doctors' need to protect themselves, there is simply a lack of knowledge in the health professions. By no means do doctors lack the training to complete their jobs, but rather their experience in the application of new, more efficient and cheaper procedures is lacking. Therefore, an integrated system would better the current system. An integrated system would allow doctors to consult others who may specialize in a certain field, because a doctor who has more knowledge in a specific area is able to complete the procedure in a safer and more efficient manner, and also has the experience to support it.

“Hip fractures cause the largest portion of injury-related hospitalizations in the nation, and hip fracture repair procedures have a high rate of mortality- state quality-benchmarks are set around five percent. Staten Island University Hospital (SIUH) had met state benchmarks, but was convinced something further could be done... The RCA showed that neither special training nor privilege based on qualifications had been required to work with high-risk patients, so patients were exposed to inadequate preoperative assessment and resulting treatment errors. The hospital promulgated evidence-based guidelines for the use of relevant treatments, specifically addressing the "management of hypertension, use of beta blockers, [and treatment of] deep vein thrombosis prophylaxis,"

which had been problematic. Indeed, in each of the following three years SIUH saw an eighty percent drop in mortality from hip fracture repair procedures” (Avraham 27).

While it is important to update and use new evidence-based experimental procedures, there can be a lot of drawbacks. There are a couple of reasons doctors would not use a fairly new treatment. One, the doctor may not know the new procedure. Two, there are always side effects. Why would a doctor risk a patient if there is a perfectly good procedure that everyone knows works? The answer is because the procedure it is cheaper, more efficient, or more effective. By transferring to better procedures, the quality of healthcare will improve, while the cost will decrease. In most cases, unfortunately, just because a treatment is better it may not mean it is cheaper. Nonetheless, doctors using evidence-based experimental procedures open themselves up to possible malpractice suits and may put their patients in jeopardy, so in most cases the risk is too great.

When trying to build a more efficient and better healthcare system, new procedures may be the answer. They could provide a cheaper and equally effective cure. “Methods of diagnosing Hepatitis B can cost as much as \$500, making them too costly for people in developing nations... Researchers have made strides in reducing the cost by engineering a \$20 test that takes two blood-based screenings to provide people with an accurate diagnostic score for the disease. This new method, called TREAT-B, identifies patients who need treatment for Hepatitis B with 85 percent accuracy”

(<https://www.carecloud.com/continuum/top-20-healthcare-technology-advances/>). New

procedures may also be less time consuming allowing the doctors to focus on more patients, or giving the doctors more break time. As of right now doctors are overworked, the average doctor

works an average of 59.6 hours. Fatigue can lead to medical errors that end up hurting patients and increasing costs. In addition, new procedures could be a less invasive and more comfortable option for the patient. Overall, it is important to implement new procedures when the system permits.

One of the solutions explored has been to write guidelines for medical procedures. These guidelines would be designed to protect the doctors from malpractice suits. If the doctors follow the guidelines, they are protected in a court of law. However, there are two problems with using an instruction manual, if you will, to treat patients. One, depending on who writes the guidelines they can be negatively biased towards a specific side. “For example, liability insurance carriers would require doctors to perform yearly mammograms to prevent breast cancer, even if such a requirement unnecessarily wastes medical resources, because the liability carriers do not bear the costs of extra mammograms but do bear the costs of malpractice lawsuits arising from late diagnosis of breast cancer” (Avraham 28). Two, medicine is practiced based upon the judgment of the doctor. Each case and patient is unique. To properly execute a treatment, doctors need to have the freedom to decide what to do next based on the patient's reaction to the treatment and the patient's unique medical history. If the medical system developed a base guideline for every disease and medical situation doctors would never use their better judgement. More patients could potentially be hurt if doctors followed guidelines.

Therefore, the only logical solution is to reform the healthcare system into a more integrated system. This reformation will allow the entire nation to pool all the resources that are available to where they are needed the most. If certain areas need more hands to help, those areas will receive it. This collaboration will prevent fatigue in doctors, allowing for better quality of

care and fewer errors. Doctors will also have the ability to work collaboratively with other doctors to follow the most up to date and efficient procedures. This teamwork approach would shift the medical malpractice risk away from the individual doctors, and would, consequently, move the nation away from the practice of defensive medicine and avoid expensive and often unnecessary tests.

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