

What is Really Wrong with Healthcare?

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair,” Charles Dickens could have been describing healthcare in America today. Two conflicting examples of healthcare today will hopefully suffice.

Dr. Eric Topol, in his book *The Creative Destruction of Medicine* describes, as best as one can, the wonders of current and future technological advances that will take the practice of medicine into the 21st Century. The wonders of Modern Medicine keep on giving, but unfortunately to a non-system with no organizational structure.

Sadly, and at the same time, John James, PhD, describes the ever-increasing estimates of needless hospital deaths that he calculates to currently be quadruple the original 1990 estimate used in *IOM To Err Is Human* in 2000. That’s four times more in two decades! Unfortunately, both examples are accurate descriptions of the Yin and Yang of the current healthcare non-system. (Links to referenced articles on last page)

So more patients are estimated to be needlessly dying in hospitals now than the estimates over twenty years ago, and all of the healthcare news is focused on how to save money in that system. Perhaps our national healthcare priorities need to be reexamined, but only if people’s lives are considered more important than money.

Our healthcare system is actually made up by two equally important, but completely different parts; how to pay for healthcare after-the-fact (ObamaCare, etc.), and the healthcare delivery system, (hospitals and patients). Even if ObamaCare was eventually proven to be beneficial, which I personally doubt, patients would continue to die needlessly in our unorganized and dysfunctional healthcare delivery system. Why?

Reasons: Because quality of healthcare and patient safety experts who have been trying to improve the healthcare delivery system for over twenty years have made two major mistakes, and the fact that more patients are estimated to be needlessly dying in our hospitals now than so estimated over twenty years ago confirm those mistakes.

First Mistake: Those experts have failed to recognize or chose to ignore the two basic fundamentals of medical care:

All medical care is local.

States license doctors to practice medicine.

Second Mistake: Those experts continue to try to incrementally change an enormous system that none of them can first describe, and which has been recognized in the quality of healthcare literature more than once as actually being a non-system. Yet throughout the

quality of healthcare literature that major organizational structural flaw continues to be ignored, thus providing life to Einstein's definition of insanity.

Compounding Issues:

State Medical Examining Boards: Every state's medical examining board was created to regulate the practice of medicine in that state, and every state examining board is over 100 years old. Therefore some states had medical examining boards long before they had statehood, i.e., Alaska, Hawaii. Those experts who have been seeking to improve the quality of healthcare rarely even mention state medical examining boards, and those boards can demonstrate little, if any evidence of having the ability to fulfill their stated mission to regulate the practice of medicine in their state.

Estimates: Even use of the word *estimates* further illustrates the failure of the quality of healthcare and patient safety activists' efforts to decrease the annual rate of needless hospital deaths. The continuing need to accept highly speculative *estimates* of needless hospital deaths demonstrates that no segment of the world's greatest healthcare delivery system can provide even a semi-precise count for those constantly occurring tragedies in their specific area of patient care, and there are clearly evident reasons why that is so.

In **Find The Black Box** I identify the reasons why the huge cost in lives needlessly lost in hospitals has continued during the past two decades, and I outline a logical and doable process for how to begin to completely reorganize (finally organize) the healthcare delivery system in every state, but first a healthcare history lesson.

A lesson in history regarding greater patient safety:

Dr. Ignaz Semmelweis (maverick) 1818-1865

Semmelweis was a Hungarian physician who was employed as an assistant to the professor of the maternity clinic at the Vienna General Hospital in Austria in 1847. During that year he noticed that a close friend of his had cut his finger while he was doing an autopsy, and that friend soon died of symptoms like that of puerperal fever.

That event caused Semmelweis to connect two disparate epidemiological facts; the death rate at his hospital of women who gave birth and/or their infants was 13% due to infections highly similar to the recent cause of death of his colleague, and yet at a nearby hospital run by nuns their death rate was 2%. He also had observed that medical students were going from the anatomical dissection room to the delivery room without changing their outer garments soiled with blood, or washing their hands.

These observations led Semmelweis to become a medical maverick. He began a study that first merely caused doctors to wash their hands in a chlorine solution when they left the anatomical dissection room. The mortality rate from puerperal fever rapidly dropped to 2%. However instead of reporting his success at a meeting, Semmelweis said nothing. Finally a friend published two papers on the method, but by that time Semmelweis had started washing medical instruments in a sterilizing solution as well as their hands.

The hospital director felt his leadership had been criticized by Semmelweis' studies, and he was furious. He blocked Semmelweis' promotion and the situation continued to deteriorate. Viennese doctors turned on their Hungarian maverick. The medical leaders in Vienna said that IF they were to accept his findings and his methods, they would be forced to admit that they, and their now recognized outdated patient care methods were, and long had been, the cause of their much higher death rate. That they would never do, in spite of his overwhelming evidence in greater patient safety.

Facing rejection by his medical colleagues in Vienna, he returned to Budapest; and there he brought his methods to a far more primitive hospital. Those methods allowed him to cut the death rate by puerperal fever to less than 1%. He continued to expand his studies into the need for greater hygiene by physicians until finally, in 1861, he wrote a book on his methods. However the medical community in Budapest was no more receptive than his colleagues in Vienna had been. His book and his methods were given poor reviews, and his response unfortunately grew from anger into rage and frustration.

In 1865 he suffered a mental breakdown and friends committed him to a mental institution. There he ended his brief 47-year life by cutting his finger and within days he died of the very infection that had killed his friend previously and from what he had saved thousands of mothers and newborn babies.

Joseph Lister (1827-1912)

The "Father of Antiseptic Surgery" gained the attention Semmelweis had earned and deserved, but Lister always acknowledged that he had stood on the shoulders of a Hungarian doctor who had been vilified by the leadership of the profession he had so loved and sought to serve.

The full details of Semmelweis, his contributions, and his complete rejection by his profession's leadership, do not contribute to a story one can expect to hear at a medical presentation. Semmelweis offered one of the most fundamental necessities of quality healthcare; doctors must wash their hands and instruments, but his offer was rejected by those in a position to determine its acceptance.

Dr. Semmelweis did not create the facts that doctors, by washing their hands and instruments could save lives. He recognized the positive results in patient safety that nuns, a few blocks away, were achieving, tested his theory, and proved the patient safety value that would result in many lives saved.

I did not create the facts regarding our healthcare delivery system; all medical care is local, state's license doctors, and every state's medical examining board is over 100 years old. I did recognize those indisputable facts, and have devised a logical and doable process suitable to test the validity of those facts.

Sadly, even quality of healthcare and patient safety experts who should know better continue to give the credit for one of healthcare's greatest early achievements to others, equally renown, but undeserving of Semmelweis' monumental contribution.

Dr. Atul Gawande, in his article, SLOW IDEAS, THE NEW YORKER, July 29, 2013, mistakenly credited Louis Pasteur with the patient safety measures for which Semmelweis paid for with his life. Semmelweis, and not the equally important Louis Pasteur, was the first to recognize, and publish, on the importance of hand and instrument hygiene and antiseptic methods in patient care.

Joseph Lister, using Semmelweis' achievement, was led to initiate the dual accomplishments of making antiseptic methods acceptable within most medical communities of that era, and openly recognizing Semmelweis as the original source of that life-saving innovation. The medical profession continues to be reticent to acknowledge Semmelweis because the medical leadership, first in Vienna, and late in Budapest, in Dr. Gawande's own words, "closed their ears, shut their eyes, and folded their hands" to the well-documented proof of the patient safety value that could be provided patients by using his methods.

Dr. Gawande did correctly credit Lister with fortunately having sufficient professional standing to persuade the medical professions throughout the world to begin to recognize how adequate hand hygiene and instrument sterilization could save lives.

Today's tragedy is that the same needless killers of Semmelweis' day, inadequate hand hygiene and instrument sterilization are the same killers for about half of the needless hospital deaths today; or as Yogi Berra would say, "It's de-ja vu all over again."

Question: Will today's quality of healthcare and patient safety experts consider the well-intended challenge in Find The Black Box, or will they emulate the medical leadership in Vienna and Budapest in Semmelweis' day? Indisputable facts regarding the fundamentals of healthcare deserve to be recognized and accepted. Patients' lives depend on that.

My next Open Letter will illustrate how each state's medical examining board has been sitting on their state's healthcare Black Box while patients continue to die needlessly in every state's hospitals, and how surgery centers, and medical examining boards are rarely even mentioned in the quality of healthcare literature.

Reference links:

<http://is.gd/LTnBli>

Brennan, Leape, et al, 1990

<http://is.gd/2MSBhR>

To Err Is Human IOM, 2000

<http://is.gd/GzKOg3>

John T. James, PhD, 2013

<http://is.gd/UIAc8x>

Gawande (THE NEW YORKER) 2013

<http://is.gd/wdU2CM>

Open Letters, findtheblackbox.org

<http://is.gd/UK4Uk0>

findtheblackbox.org