The bulk of this book is a passionate, bare-knuckled attack on the health care delivery enterprise in the United States. It focuses on the multitude of devices which have been developed to maximize income without regard for the financial concerns of patients and taxpayers. No sector is spared. There are chapters on hospitals, physicians, allied health providers, the pharmaceutical industry, and the insurance industry.

The author’s style is descriptive, mainly of patients who have been presented with unexpected, exorbitant bills and of income maximizing practices that she considers egregious. The reader is bombarded with example after example. The technique is effective; even this long-hardened reviewer found his anger rising more than once.

This is not a scholarly book. There are virtually no data or trend analyses. There are multiple descriptions of people being driven to the financial brink by health care expenses, but there are no descriptive statistics on trends in health care-related bankruptcies.

It is not even-handed. In only a few scattered sentences does the author admit that there are still some caring and honest providers. In describing the Affordable Care Act she focuses on the ways various providers and payers have sought to subvert its purpose rather than on what, in retrospect, was an almost heroic attempt to mitigate many of the excesses of the health care industry.

Part Two seeks to advise patients on navigating these treacherous waters. It consists mainly of checking bills and comparison shopping, which may be beyond the capacity of most patients. There are also some suggestions for reforming the “system,” which are well-taken but not comprehensive or unique.

The chapter on hospitals is more compelling than others because it is only here that the author tries to understand how an enterprise long characterized by mission-oriented religious and professional leadership quickly morphed into “an industry...[in which] at every point there’s a way to make money.”

The author focuses on the ubiquitous and influential business school-trained consultants whose only goal, she says, has been to optimize the bottom line. Interestingly, this view parallels that of the recently published book The Golden Passport: Harvard Business School, the Limits of Capitalism, and the Moral Failure of the MBA Elite, by Duff McDonald, which lays a significant portion of the blame for our purely bottom line-oriented business climate at the foot of the Harvard Business School. McDonald points out that the Harvard Business School was established to train businessmen who “will handle their current business problems in socially constructive ways,” but has morphed into one where the prevailing ethos is that the only obligation of the corporate manager is to shareholders’ profits. Similar to Rosenthal, McDonald opines that this ethic was widely and rapidly disseminated through the enormous influence of key consulting entities, which were typically populated by Harvard Business School graduates.

What is the relevance to readers of The Pharos? On the one hand, we can believe that what is going on in health care is merely part of a broad societal shift in business and professional morality, and there is little that can be done. However, we hold ourselves to be the elite of the profession, and many of us are, or have been, in leadership positions. I believe that collectively, and as individuals, we can do more than has been done to advance an ethic that emphasizes service and compassion, not remuneration, as the foundations of health care.

Reference


Dr. Edelman is Professor of Medicine; Physiology and Biophysics; Family, Population and Preventive Medicine at Stony Brook University in New York. His address is: norman.edelman@stonybrook.edu