

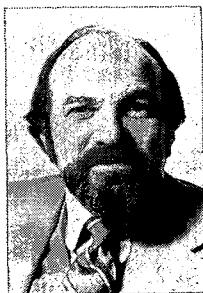
# Editor's Page

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## On Featherbedding, Bedfellows And Putting Oneself In A Sickbed

Physicians have very good reasons to be instinctively suspicious of government and its edicts. Repeated assaults upon our collective dignity and humiliating infringements upon our freedom to practice responsibly have made us understandably suspicious. Many physicians have developed a knee-jerk opposition to anything emanating from that source, which may well be the main reason for our collective response to Secretary Califano's recent announcement concerning the 9% annual limit on the rapidly escalating costs of hospitalization. This was clearly to be only the first step, to be followed by other measures limiting not only the income of physicians but also their freedom to make decisions on clinical, rather than on fiscal, considerations.

Organized medicine rallied in support of the hospitals. This may well prove to be a foolish and short-sighted strategy. Banding with an ally of questionable merit may not strengthen our own just cause, but it may weaken it.



DR. BAR-LEVAV

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IT IS UNDERSTANDABLE WHY THE FEDERATION OF HOSPITALS, A TRADE GROUP, IS PROTESTING . . . THEIRS IS NOT NECESSARILY A PRURIENT VOICE, FOR IT INVOLVES CONTROL OVER HUGE FUNDS AND THE POWER THAT GOES WITH IT. THEIR LOBBY HAS ALWAYS USED THE POSSIBLE PLIGHT OF SUFFERING PATIENTS TO ADVANCE THEIR CAUSE, BUT PHYSICIANS WHO KNOW BETTER OUGHT TO SEE THROUGH IT.

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Hospitals indeed are, as Secretary Califano claims, "too obese." As any observer can see for himself, elaborate and very expensive building programs have been carried out by most major hospitals all over the country in the last twenty years, slowly taking over whole segments of their cities. Many hospitals have literally not had a construction-free day in decades, mostly financed by tax dollars. As physicians we also know that such expansion is often as much dictated by a wish to enhance the prestige, influence and power of the hospital-based bureaucracies as it is to meet the real needs of the community. A great deal of unnecessary duplication of very expensive and highly

sophisticated equipment and facilities is common. So are inefficiency, waste and featherbedding. Indiscriminate overutilization of laboratory procedures and x-rays, weekend admissions for elective surgery, low productivity of personnel on all levels are some of the unjustifiable and very costly practices that do not deserve protection by the medical profession. Government-run hospitals are among the worst offenders.

It is understandable why the Federation of Hospitals, a trade group, is protesting, and why many hospital administrations are deeply concerned. Theirs is not necessarily a prurient voice, for it involves control over huge funds and the power that goes with it. Their lobby has always used the possible plight of suffering patients to advance their cause, but physicians who know better ought to see through it. We are told that any

limitation on government expenditures for hospitals will necessarily shorten the life-span, increase fatal heart attacks, increase infant mortality and worsen the survival rates for cancer patients. "Charitable" foundations and their bureaucracies have used this emotional appeal successfully to maintain themselves in existence, long after they have outlived their usefulness. Why not hospitals?

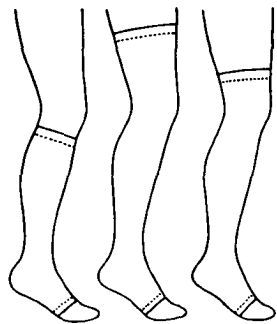
The entire system needs revision. Hospitals are basically financed on a cost-plus basis, a system of accounting that was introduced during World War II, when urgently needed supplies had to be gotten at any price. A fixed percentage for profit was added to the cost, whatever it was, which made it advantageous for the producers to be inefficient. Government and other third-party payers similarly use actual hospital costs as a basis for computing the compensable daily rate, and the rich variety of unnecessary, unjustified and wasteful practices are thus protected, perpetuated and fully paid for by the public.

Largely through Hill-Burton funds and grants for equipment, research and training have given rise to a large group of administrators, many of whom are physicians with a mentality not very much different than that of welfare recipients.

It is a practice that cannot continue forever, even in a country as rich as ours. They expect the never-dry faucet to bring forth its riches without interruption, without diminution, and forever. They are indignant at any attempt to control, limit or altogether stop the flow, as if it were a birthright that is owed them.

Physicians in private practice are not pure, but their abuses are miniscule in comparison to those of hospitals and other public institutions. The rapidly escalating costs of health are not mainly due to increases in the income of physicians, but to abuse by the semi-public sector of medicine. We weaken our own position when we support unjustified claims of others.

R. Bar-Levy M.D.



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