A new way of thinking about health care systems?

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It is rare in the information age to find an article with an idea so compelling that you reread it time and again to confirm your initial interpretation. I experienced just such a phenomenon after scanning the July 26, 2000, issue of the Journal of the American Medical Association. The article1 “Is US health care really the best in the world?” immediately caught my attention. Knowing the author, Dr Barbara Starfield, fueled my inquisitiveness because her numerous papers and books arguing for the benefits of a strong primary care sector have always been stimulating. Not surprisingly, her answer to the question was a resounding no.

She cited her own work using many health indicators to score population health status in various countries. The United States ranked 12:13 in population health status while Japan, Sweden, and Canada ranked 1:13, 2:13, and 3:13, respectively. A different rating system developed by the World Health Organization found that the United States ranked 15:25 in population health status among industrialized countries.

Given that the United States spends substantially more money on health care than any other country in the world, why is the health status of Americans so poor? Could a sedentary lifestyle with excessive rates of smoking, drinking, and high-fat diets account for the discrepancy between health care funding and health status? Dr Starfield presents convincing evidence that not the lifestyle...
of Americans but a weak and poorly organized primary care sector is responsible for the relatively poor health status of Americans.

She points out that five of the seven countries with the best population health status in the world have strong primary care sectors (Canada is one of them). Other explanations offered are the relative gap between the rich and poor and the well-known deficiencies in health insurance. Although these factors help explain the relatively low ranking of Americans’ health status, they do not account for all differences between the United States and 12 other higher ranked countries.

Third leading cause of death
Dr Starfield quotes the following figures to support her hypothesis:
- 12 000 deaths per year from unnecessary surgery;
- 7000 deaths per year from in-hospital medication errors;
- 20 000 deaths per year from other in-hospital errors;
- 80 000 deaths per year from nosocomial infections; and
- 106 000 deaths per year from non-error adverse effects of medication.

These statistics are based on hospital data only and do not include community numbers, which would add at least another 100 000 deaths. Furthermore, these mortality figures do not include morbidity or adverse effects on quality of life. This mortality, using what Dr Starfield considers to be conservative figures, would make the American health care system the third most common cause of death after cancer and heart disease.

The thought that overusing diagnostic or therapeutic interventions in the United States could account for much of the poor ranking of health status sends a Canadian’s mind spinning. Can our struggling, underfunded, health care system with its line-ups for procedures and slow approval of new drugs actually be protecting the health of Canadians? Think of the National Post’s front-page policy of disparaging the Canadian health care system and solving all problems by bringing on the Americans being abandoned! Imagine Stockwell Day or Prime Minister Jean Chrétien arguing that longer line-ups and fewer health care services are good for the health of Canadians!

More research is needed
Before we get too carried away with these ideas, Dr Starfield argues that first-contact health care provided by well trained primary health care providers might protect health consumers from the excesses of highly trained specialists providing primary care.

Dr Starfield calls for research to confirm her hypothesis and to better understand the consequences of intensive and aggressive health care delivery. Canadians should consider not taking our primary health care sector so much for granted in the politicians’ rush for more magnetic resonance imaging scanners. We all thank Dr Starfield for opening our eyes and causing us to reshape our thinking about how we can achieve optimal health care for our population.

Those of us who support an evidence-based approach to diagnosis and therapeutics should point to this article whenever attacked about the “therapeutic nihilism” of evidence-based medicine.

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