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### Finances

**COST OF MEDICAL CARE AND SURVIVAL** The author has collected and correlated information on the 702 patients admitted to the Surgical Intensive Care Unit (SICU) at Massachusetts General Hospital during 1970, the first complete year of its operation. Approximately three-fourths of the admissions were postoperative cardiac surgical patients, while the rest were critically ill general surgical patients. Mortality rates and costs were considered in relation to length of stay in the SICU. The mortality rate for cardiac surgical patients discharged from the SICU within one week of surgery (comprising about 90 per cent of such patients) was 6 per cent, whereas those discharged after one week suffered 30 per cent mortality. Of the general surgical patients, 45 per cent of those discharged from the SICU in the first week and 60 per cent of those discharged after one week died. The median SICU stay of the cardiac surgical patients was 2.8 days, and that of the general surgical patients, 5.2 days. The estimated daily cost of SICU care was \$761, including all drugs, tests, and procedures, and the daily cost was \$187 for the rest of the hospitalization. Although the total hospital stays averaged 20.3 days for patients who died and 32.3 days for survivors, those who died stayed an average of 11 days in the SICU, as opposed to 5.6 days for the survivors. Therefore, the total hospital bill was only slightly higher for patients who died. Since the longer stay in the SICU implied more severe disease and less chance for survival, it would appear that cost of medical care is inversely related to survival. In order to effect more efficient utilization of the facility, patients in the SICU were considered to be in one of three classes according to the intensity of care needed. Monitoring, professional case, and laboratory studies were then utilized in relation to the severity of illness. (Civetta, J.: *The Inverse Relationship between Cost and Survival. J Surg Res* 14: 265-269, 1973.)