THE HEALTH OF
OUR HEALTH CARE SYSTEM

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As our country struggles to figure out whether we feel that having access to health care is a “privilege” or a “right,”1,2 we here at AJCC wish to share with you some of our thoughts regarding the current status of our health care system and how “healthy” it really is. Though we all take great pride in our country and believe our health care system to be the greatest in the world, the data unfortunately point in a different direction: some components of our vaunted health care system are truly broken and in desperate need of repair. In certain rankings, our country makes the top of the list. Unfortunately, those lists are of cost per patient; of equal concern, those greater costs do not translate into clear-cut benefits for patients, as we routinely come up near the bottom of international lists of quality of care and access to care.3,4

In addition to having a health care system with high costs and limited access, we are simultaneously dealing with a fundamental crisis of drug shortages, specifically in the intensive care unit (ICU).5,6 We are not referring to “fancy” pharmaceuticals such as complex synthesized monoclonal antibodies or other such designer drugs; rather we are referring to what are considered “basic” tools of our trade such as epinephrine, norepinephrine, vasopressin, dextrose, certain antibiotics, and—nearly defying comprehension—sodium chloride and sodium bicarbonate. Given the fact that the United States has the highest gross domestic product at $19.4 trillion in 2017,7 some of these facts should cause great concern.

One of the root causes of these runaway costs without concomitant increases in obviously measurable quality occurs during training of health care providers. Not only is the concept of “value” not routinely taught in nursing or medical school, but some authors point out that, in their minds, it is unethical to incorporate and integrate the teaching of “high-value” health care into routine training.8 Specifically, Decamp and Riggs, in a “Viewpoint” article published recently in JAMA,9 describe how they disagree with the trend toward attempting to assimilate the concept of value into standard health care education.10 Fundamentally, they state that if a clinician is cognizant of the fact that we are ALL practicing in a world where resources are limited, then we are potentially jeopardizing our professional identity with regard to the primacy of commitment to patient welfare. We found this outlook startling and somewhat confusing for multiple reasons.

One can easily find examples in which teaching about the concept of providing health care as part of an integrated systems-based approach is not only...
All members of society should have access to high-quality, affordable health care.
We can think of no better indication for government oversight than to ensure that critical drugs are always available, and for a reasonable cost.

The fundamental manner in which health care is paid for in this country is at a crossroads. Intense philosophical debates are transpiring on a daily basis to determine what our new health care delivery system will look like. Clinician leadership courses emphasize the crucial nature of understanding concepts such as finance, operations management, and institutional strategy—business areas not routinely covered in clinical educational curricula. The harsh reality is—whether we like it or not—the health care industry is, in fact, an industry. We would proffer that the sooner clinicians are introduced to these important “nonnursing/nonmedical” areas of study—and made aware that health care must simultaneously be of high quality while also being efficient and taking limited resources into account—the more likely we will be to have a “seat at the table” when important decisions are being made to shape the future of our health care system. If nurse and physician education does not contain an introduction to these crucial areas, many of us will be left to manage a situation in which we are unable to contribute to the solution because we were never versed in the vocabulary of the problem in the first place.

The statements and opinions contained in this editorial are solely those of the coeditors in chief.

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None reported.

REFERENCES


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