

Chapter 1

Introduction: The Big Picture

Chapter Outline

Learning Objectives	1
Key Terms.....	1
What Is Health and Health Care?.....	1
The “Iron Triangle” of Health Care	3
Types of Health Care Services.....	4
Types of Care.....	4
Types of Medicine	7
Traditional or Conventional Medicine.....	7
Complementary and Alternative Medicine (CAM)	8
Major Stakeholders in the U.S. Health Care System	9
Illness and Disease, the Sick Role	9
Medicalization of Social Problems	10
Vignette: Anna lives with her boyfriend of 9 months.....	10
Your Opinion Matters: Should the Health Care System Be Responsible for Treating Social Problems?.....	12
Yes	12
No.....	13
Principal Problems in the U.S. Health Care System.....	14
The Culture War—Polarization of the Nation	16
Your Opinion Matters: Should We Have a Right to Health Care in the United States?	19
Yes	20
No.....	20
Environmental Change and Restructuring	21
Public Image of Health Care Entities.....	22
The Authors’ Intentions	23

© 2013 Cengage Learning. All rights reserved. No distribution allowed without express authorization.

Summary	24
Review Questions	25
Additional Resources	25
References	26

Learning Objectives

- Describe an overview of the U.S. health care system, including the relationships among quality, cost, and access; stakeholders; and types of health care services.
- Discuss key medical care and health care designations and definitions.
- Identify and discuss the principle problems in the U.S. health care system.
- Describe the major forces that have shaped the delivery of health care services, and cite examples of each.

Overview of Your Opinion Matters

Your Opinion Matters: Should the Health Care System Be Responsible for Treating Social Problems?

Yes

- Health includes social and psychological health as well as physical health.
- If child abuse is suspected, health care providers are required to notify authorities.
- It is in the patients' and public's interest to prevent abuse and crimes when possible.
- All patients must provide informed consent for treatment.
- By law, health care providers have to provide translators for those who do not speak English and informed consent forms written in other languages.
- To treat the whole person, providers have to be prepared to address patients' entire needs: medical, social, psychological, and spiritual.

No

- The U.S. health care system is truly a medical care, or illness-driven, system.
- Doctors are not trained to deal with a host of social issues.
- Social services exist and should be used in conjunction with the health care system.
- For translation and literacy issues, patients should bring someone to translate.
- Placing translation burden on providers drives up costs, resulting in higher premiums and taxes.

Instructor Talking Points

1. What role should the health care system play in addressing social issues?

- YOM addresses the “medicalization” of social issues and the role the health care system should or should not play in addressing them. Students should appreciate that there is always a cost for placing a medical label on a social issue. Costs may include shifting resources that are dedicated to treatment and rehabilitation to “heal” the person who is “sick.”
- However, there are real societal issues that place patients in danger, such as child abuse, child endangerment, eating disorders, drug and alcohol abuse, and prescription drug misuse. Many of these conditions have a social component, but place the health of patients in substantial danger.

2. Can the health care system effectively engage in the holistic assessment and treatment of patients to address such issues as lack of employment, domestic abuse, and spiritual needs?

- Emphasize tension between the high cost and the appropriateness of dedicating resources to holistic assessment and treatment of patients to address a litany of contributing factors such as lack of employment, domestic abuse, and spiritual needs.
- Students should appreciate that many societal issues, such as unemployment and underemployment, may be root causes of lack of health insurance. Lack of insurance and usual source of care may lead to poorer health status for patients and society as a whole.
- However, it is not the responsibility of the health care system to treat employment status and unmet spiritual needs.

3. Where does the health care system draw the line between treating a condition or episode of care and dedicating resources to address other societal issues?

- Societal issues may include poverty, child abuse, alcoholism, illiteracy, and domestic abuse.
- The U.S. health care system focuses on curative treatments and interventions because the reimbursement structure focuses on payment for the delivery of tests and procedures.
- These other societal issues, such as poverty, child abuse, and illiteracy, require much broader societal initiatives and strategies to combat.

4. What are the unintended consequences of diagnosing societal issues as medical conditions?

- Resources may be diverted to treat conditions that have nonmedical origins as their root cause. As a result, clinicians may only be addressing the symptoms rather than the underlying causes. For instance, lack of education and training may be the root causes of unemployment and lack of health insurance and the underlying cause of tobacco addiction for a patient. Treating the addiction does not get to the root of the problem and may waste health care resources.

5. Does the health care system have sufficient resources to treat patients holistically or should clinicians concentrate on the physical “disease”?

- Students should appreciate that the answer may be dependent on severity of symptoms and diagnosis of the patient. In other words, if the patient presents with an immediate life-threatening condition, the priority is on stabilization, not necessarily the holistic approach.
- Ultimately, it may depend on whether there are sufficient sources of reimbursement to compensate for the time and expertise that holistic therapies entail.
- In the best possible circumstances, holistic treatment is preferable, but it does require resources to train clinicians to recognize the nonphysical human dimensions and incorporate alternative therapeutic interventions.

Your Opinion Matters: Should We Have a Right to Health Care in the United States?

Yes

- The U.S. Constitution does not enumerate all personal rights, only minimal rights that the Founding Fathers sought to protect at the time.
- Human and civil rights have evolved from liberty rights to include the right to vote, the right to education, rights of disabled persons to education, and the right to health care.
- When the Constitution was ratified in 1789, only property-holding white men over the age of 21 were permitted to vote.
- Other barriers such as religious tests, racial restrictions, literacy tests, and poll taxes were implemented and then abolished over time.
- In 1920, women were also given the right to vote, and in 1921, adults between 18 and 21 years old were afforded this right.

- Almost all other industrialized nations have established a right to health care and provided systems for universal access to health care.
- As a founding nation and member of the United Nations, the United States should do the same. No one should be deprived of basic necessities such as food, housing, and health care.

No

- There is no explicit right to health care in the U.S. Constitution.
- Citizens have the rights of life, liberty, property, and the pursuit of happiness, but such rights do not translate into government providing food, clothing, or housing.
- Similarly, we have the right to pursue health, but it is our responsibility to maintain our health by engaging in healthy behaviors.
- Conversely, we also have the right to be destructive toward our own health. It is the government's duty to protect those choices.
- As part of the right to pursue health, we can choose to purchase health care services.
- When government does for individuals what individuals should do for themselves, a dependent class is created that only widens socioeconomic inequalities and inhibits some from pursuing the American dream.

Instructor Talking Points

- 1. Why does the right to health care fall into the category of the right to vote, free speech, speedy trial, and assembly?**
 - It has been included in the Economic Bill of Rights and the Universal Declaration of Human Rights, and other economically developed countries have identified health care as a basic right.
 - However, it has never been included in the U.S. Constitution or Declaration of Independence and was never passed as a piece of legislation by the U.S. Congress.

2. Is the right to health care more important than all of the rights in the United States Constitution, since one cannot exercise those rights without being healthy?

- There is no correct answer to this question, but it does provide students with an opportunity to appreciate the need for taking personal responsibility for their health care.
- Being healthy is a prerequisite for enjoying many of the other explicit rights such as life, liberty, and the pursuit of happiness, but government does not take responsibility for guaranteeing the health of its citizens.

3. Did the writers of the Constitution embed the right to health care in the phrase “life, liberty, and the pursuit of happiness”?

- This is an open-ended question for students and will depend on their worldview and the paradigm through which they see health care.

Overview of Vignette(s)

Vignette: Anna lives with her boyfriend of nine months.

- Anna lives with her boyfriend of nine months; she does not work and is dependent on him for shelter and food.
- Her boyfriend drives her to the local emergency room, where she states that she fainted from a fall.
- Mary, the nurse, notices that Anna has a black eye that is healing.
- Mary suspects that Anna is a victim of domestic violence.
- The doctor then examines Anna and has the same suspicions.
- Mary tells Anna that she believes Anna is being abused by her boyfriend, and Anna denies it.
- There is a social worker in the ER who handles cases of suspected child abuse, and a police officer is stationed there for the employees' and patients' protection. Mary wonders if she should contact either of these people on Anna's behalf.

Discussion Questions and Suggested Solutions

1. What should Mary do?

Students should be made aware of the professional and moral obligations of clinicians in this position. States require that health care professionals report such incidents.

2. Does Mary have a moral responsibility as well as a professional responsibility to report the incident of suspected abuse to the social worker as well as to the appropriate authorities?

Mary has both a moral and professional obligation to report the incident to appropriate authorities. She cannot force Anna to press charges or to testify, but she can educate her on the likely results of her inaction. She can provide Anna with resources such as women's domestic abuse shelters, anonymous help-lines for victims of abuse, and crisis hotlines if Anna finds herself in a life-threatening abuse situation.

3. Is it the responsibility of health care clinicians to intervene in cases of domestic spousal or child abuse or to merely treat the patients that may be injured from such cases?

Students should be informed that it is not the obligation of health care workers to personally intervene in abuse cases, but it is their professional and moral obligation to report suspected cases to appropriate authorities. The justice system and social services authorities have the legal authority to intervene to prevent loss of life or physical harm.

Chapter Review Questions and Suggested Solutions

1. List and describe the four inputs to health and how these factors influence a person's health. What factor has the largest impact? What factor has the smallest impact?

(1) Heredity, or genetics, (2) the environment, (3) lifestyle, and (4) organization and delivery of medical care services. Lifestyle and personal choices (e.g., diet, nutrition, exercise, maintaining health) have the greatest impact.

2. Explain the “iron triangle” and how these factors are interrelated.

The pillars of a health care system are access, cost, and quality. Like a balloon, changes in funding or infrastructure in one sector of the triangle will produce opposing changes in the others (see Figure 1–3). If government mandated that everyone had some form of insurance, it would reduce the price of care for some patients at the time of service and increase their access. However, costs to the balance of society would increase as well. Moreover, with fixed resources in the health care system, access and quality for others would shrink.

3. What are the differences between personal health care and community or population-based services? Give three examples of each.

Personal health care services focus on the provider–patient relationship (e.g., when patients visit their family doctors, their dentists, or receive care from nurse practitioners in the emergency room).

Community-based, or population-based, health care services are provided to prevent disease for large groups of people living together (e.g., childhood vaccinations, screening programs, and sanitation strategies that develop proper sewage and waste disposal mechanisms or ensure water and air quality). Local or state public health departments provide most of these services.

4. Describe the different types of care and give two examples of each.

- *Health education/prevention* focuses on changing attitudes and behaviors to prevent or lessen impact of disease (e.g., immunizations, hypertension control, cholesterol control, smoking cessation, exercise, stress management, breast cancer screening).
- *Primary care* is often referred to as “first contact” care (e.g., care received from the family doctor, hospital outpatient department, community health center, or university health service).
- *Secondary care* is typically specialty care provided in hospitals, outpatient testing centers, and specialists’ offices (e.g., referral to specialist, surgical consults, and MRI and CT scanning).
- *Tertiary care*, or “super” specialty care, is often delivered at large medical centers, referral hospitals, and teaching hospitals (e.g., complex medical procedures such as transplants, open heart surgery, neurosurgery, and advanced cancer treatment; care in intensive and critical care units such as neonatal intensive, cardiac intensive, and burn units).

- *Emergency care*, chiefly provided to stabilize patients, can be provided at the scene of an accident, en route to the hospital, or at the hospital emergency department (e.g., transport by fixed-wing aircraft, helicopters, and ships to provide basic and advanced life support).
- *Long-term care* focuses on the treatment of chronic illnesses and disability (e.g., nursing homes, home health care, assisted living facilities, and hospice care).

5. What are the differences between traditional medicine and complementary and alternative medicine? Give examples of each type of medicine.

Doctors trained in traditional or allopathic medicine use drugs, devices, and surgery to treat diseases to produce alterations in paths of diseases. Complementary medicine uses alternative therapies in place of conventional medicine. Although some scientific evidence has demonstrated effectiveness of some alternative therapies, most of the practices that constitute complementary and alternative medicine still have not been proven as effective and/or safe.

6. What are the elements of Parson's Sick Role?

According to Parsons (1951) there are four components of the Sick Role:

- (1) Individuals are not held responsible for their disease.
- (2) Individuals are exempt from normal social responsibilities and role obligations.
- (3) The state of illness is undesirable, and patients want to recover.
- (4) Sick people are obligated to seek help from medical experts.

7. Explain the principal problems of the U.S. health care system.

Principal problems include rising costs of health care, access barriers for uninsured, exploding growth in cost of entitlement programs such as Medicare and Medicaid, and preparedness for war against terrorism. All current problems should be discussed in terms of access, cost, and quality and the dynamic interaction among them.

8. Discuss the elements of the culture war in the U.S. health care system.

Those who believe strongly in egalitarianism and government programs to improve the common good are often at odds with those who believe that personal responsibility and freedom will lead to the common good. Moral struggles over entitlements and welfare, abortion, stem cell research, gun ownership, homosexuality, and size of government (see Figure 1–6) are often fought in the health policy arena.

There is a struggle over the role of federal government versus the role of state government. Some believe that equitable access to care requires the federal government to provide health care or health insurance for all Americans. Others believe that states have different needs and priorities, so citizens of each state should determine whether that state should require health insurance and how much.

9. Discuss the major changes in the U.S. health care system over the last century.

From	To
Fee for service	Prospective payment
Mainline medicine	Multiple discrete subdisciplines
Private practice	Corporate medicine
Direct payer	Third-party payer
Inpatient	Outpatient
Intervention	Prevention
Medical model	Socio-medical model
Length of life	Quality of life
Absolute trust in physicians	Trust in several or no authorities
Confidence in institutions	No sense of obligation for institutions