

The Growing Costs of Medical Care

DURING 1983 my wife and I enjoyed reasonably good health. Each of us underwent a physical check-up and took prescribed medication for chronic ailments but were not hospitalized or bedfast.

Still, when we added up the costs for income tax purposes we found that we had spent \$3,467 — nearly \$300 a month — on doctors, medicines and health aids. That's too much!

We wondered about those who experienced serious illness, costly surgery or prolonged recuperation. The only way out for many — perhaps most — is socialized medicine in the form of Medicare, Medicaid or public welfare.

The cost of hospital rooms in Oklahoma has gone up 85 percent in the past five years. Medical bills took more than 10 percent of our gross national product in 1982.

The high cost of medical care has attracted the attention of the legal profession, whose members seem to have an uncanny sense of direction as to where the big money is.

An article in U.S. News & World

Report begins: "The courtroom is rapidly supplanting the operating room as a place where some of today's toughest medical decisions are being made."

Damage suits that sometimes assess costs in millions of dollars against doctors and/or hospitals are one reason that medical care costs are soaring like an outer space rocket.

Cost of malpractice insurance is passed along to paying patients, to taxpayers through government programs, or to insured patients through higher premiums.

The sympathetic feeling that people should be provided necessary health care whether they are able to pay for it or not is prevalent and often is abused. Some apparently interpret it to mean their health care should be paid for by government or by someone else regardless of their own ability to pay.

A star actor on television plugging "insurance to cover what Medicare does not pay" pleads that if you don't buy a policy from the com-

pany he represents "you will have to pay part of your hospital costs right out of your own pocket!" Why not?

Thus we are coming to a point where severe illnesses are becoming legal matters. Should a hospital force-feed a patient who has an incurable illness and wants to die? Should the state require medical care for people whose religion forbids it?

Or what about terminal cases where the cost of keeping a patient alive amounts to a small fortune weekly? Such instances have been identified as "prolonging death" instead of "prolonging life."

The question has been phrased as a matter of determining who shall receive treatment and who shall not, in the reconciliation of available resources and needs of society as a whole.

Good health often is evaluated as something worth more than gold, but when you get sick you may find that there are people in the health care business who think otherwise.