Distributing Health Care

A Case Study

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Grandview's Story

This article says what it says primarily by way of illustration rather than demonstration. By extensively illustrating a case study of one community, it points to some of the complexities facing contemporary American society in its efforts to distribute health care. Because it is illustrative, the conclusions and recommendations found in this article are suggestive only. One would hardly want to draw any hard and fast conclusions from a sample of one (community). Nonetheless, the case study approach has some advantages. It avoids the error, commonly made by philosophers and theologians, of applying abstract and partisan principles to problems whose existence, seriousness, and nature have as yet to be determined. It also avoids the error commonly made by those who are more empirically oriented of studying one phenomenon (e.g., total health-care expenditures) in many communities and thereby missing out completely on how one fact on the health-care scene impinges upon another.

Since the case study approach requires that description precede explanation, the first half of this article is devoted to a description of the health-care scene in a community that I shall call Grandview. The second half is divided in two parts. The first of these parts is devoted to making some general comments about the lessons to be learned from this description; the second to defending a position about how health-care should be distributed.

Before telling Grandview's story, some preliminary comments are in order. The background data reported in this paper were gathered in 1978 by means of telephone interviews (400 residents of Grandview...
and 200 in the surrounding area), two focus groups (composed of 15 residents each), personal interviews of hospital administrators and physicians (30 and 35, respectively) from Grandview and the outlying areas. I conducted all the personal interviews in the capacity of research director of the study. As will be related shortly, starting in 1979 my role as researcher changed to that of consultant.

Grandview is an old, blue-collar river town of about 60,000 residents. It is not particularly affluent, although extensive poverty is not common either. ABC Industries, the largest employer in town, with approximately 6000 employees, produces heavy farm equipment. The union at ABC is strong and has used its strength to give its members good wages and a health benefits package that even includes dental care. Following the lead of ABC, other unions have helped their members achieve reasonable wages and health-care coverage. What with employers helping to provide health-care insurance to some, and Medicare and Medicaid providing coverage to others, and still others buying their own health insurance, approximately 95% of the population in Grandview has at least some health insurance coverage.

With such extensive coverage, it might be supposed that people would be happy about the health-care scene in Grandview. In fact they are, but not just because third-party payers help ease the burdens of medical costs. They are quite satisfied with their health-care delivery system as such. Grandview has over 120 physicians, most of them specialists, to serve both the resident population and an equal number of people living in the outlying areas who regularly come to Grandview for medical care. Both groups believe that Grandview’s physicians are well-trained, conscientious, and caring.

They are satisfied with the hospital facilities as well. Grandview has three hospitals (Maxi, Meso, and Mini; 400-, 160-, and 130-bed units respectively), and all three are well-equipped and well-staffed. The people are particularly pleased because, as many of them put it, “we have a choice” of where to go for treatment.

The physicians have a similar reason for being pleased. They like the choices they have of where to treat their patients. If they receive less than satisfactory service from one hospital, they can express their disapproval very effectively by admitting patients at one of the other hospitals. Quite understandably, the hospitals do what they can to supply the physicians with good services and high-technology medical equipment. In addition, the physicians are generally happy with their lot since, with the exception of surgeons, there is no oversupply of physicians in Grandview; nor is there an undersupply. So Grandview’s physicians make a good living by conscientiously treating their pa-