REMARKS OF SENATOR BOB DOLE
AMERICAN HEALTH CARE ASSOCIATION
ANNUAL CONGRESSIONAL CONFERENCE
HYATT REGENCY HOTEL
JUNE 15, 1978

MR. LIPITZ, MR. BREWER, DR. BELL, THANK YOU FOR ASKING ME TO JOIN YOU FOR THE ANNUAL CONGRESSIONAL CONFERENCE OF THE AMERICAN HEALTH CARE ASSOCIATION. YOU ARE MEETING IN WASHINGTON AT A TIME WHEN CONCERNS ABOUT OUR HEALTH CARE DELIVERY SYSTEM ARE VERY MUCH ON OUR MINDS.

THIS MORNING I WOULD LIKE TO CHALLENGE YOU TO WORK WITH ME IN ADDRESSING SOME OF THE DIFFICULTIES OUR NATION FACES AS WE ATTEMPT TO PROMOTE BETTER HEALTH FOR OUR CITIZENS. OUR COUNTRY NEEDS YOUR HELP IN ORDER TO FACE SOME OF THE DIFFICULTIES SQUARELY. AS A LEGISLATOR, I WOULD LIKE TO WORK WITH YOU IN ACHIEVING NEEDED AND WORTHWHILE CHANGES.

HEALTH CARE COSTS

YOU KNOW FULL WELL SOME OF THE PROBLEMS WE FACE. LAST YEAR OUR COUNTRY SPENT $163 BILLION FOR HEALTH CARE - ABOUT $737 FOR EACH UNITED STATES CITIZEN. NURSING HOMES SPENT OVER $12 BILLION IN 1977, AND SINCE 1973 THE AVERAGE MONTHLY CHARGE FOR NURSING HOME PATIENTS HAS INCREASED MORE THAN 40%. THIS RATE OF INFLATION IS MODEST WHEN COMPARED TO THOSE IN ACUTE CARE FACILITIES, WHERE EXPENDITURES HAVE INCREASED AT A TERRIFYING RATE.

OUR CITIZENS TELL US CLEARLY THAT SOMETHING MUST BE DONE. AS ONE OF YOUR REPRESENTATIVES, I MUST MAKE EVERY EFFORT TO ASSURE THE APPROPRIATE EXPENDITURE OF THE MANY BILLIONS OF TAXPAYER DOLLARS THAT ARE COMMITTED TO PROGRAMS ON THE STATUTE BOOKS. BUT I DO NOT BELIEVE THAT INCREASING GOVERNMENTAL INVOLVEMENT OR REGULATION NECESSARILY BENEFITS EITHER THE PUBLIC OR THE HEALTH CARE INDUSTRY.

THERE ARE THOSE WHO CHARACTERIZE AMERICAN HEALTH CARE AS BEING IN A STATE OF CRISIS. IN FACT, SOME PEOPLE WOULD LIKE TO SEE OUR ENTIRE HEALTH CARE SYSTEM UPROOTED AND REORGANIZED.

BUT I BELIEVE THAT ANY LONG-TERM POLICY, INSTEAD OF DEVELOPING ENTIRELY NEW RESOURCES, SHOULD LEARN HOW TO BEST UTILIZE AND IMPROVE OUR PRESENT RESOURCES.

BUT BEFORE I DISCUSS WITH YOU SOME OF MY THOUGHTS THAT PERTAIN MOST SPECIFICALLY TO THE NURSING HOME INDUSTRY, I THOUGHT YOU MIGHT LIKE TO HEAR A BRIEF OVERVIEW OF SOME OF THE OTHER MATTERS THAT WE ARE PRESENTLY DEBATING IN THE CONGRESS.

WELFARE REFORM

I WAS HOPEFUL THAT WE COULD SERIOUSLY CONSIDER WELFARE REFORM BEFORE THE END OF THIS CONGRESS. PRESIDENT CARTER HAD CONSISTENTLY LISTED WELFARE REFORM AS A HIGH PRIORITY ISSUE, AND HE PROMISED US A BILL COSTING NO MORE THAN CURRENT SERVICES. NOW WE HAVE SEEN THE PRESIDENT'S BILL, AND HAVE LEARNED FROM THE CONGRESSIONAL BUDGET OFFICE THAT IT WOULD COST ABOUT $17 BILLION OVER AND ABOVE THE CURRENT PROGRAMS.

WE HAVE ALSO WATCHED THE HOUSE SPECIAL COMMITTEE ON WELFARE REWORK THE CARTER BILL, MAKING IT EVEN MORE COSTLY. THE SENATE FINANCE SUBCOMMITTEE ON PUBLIC ASSISTANCE HAS HELD SEVERAL DAYS OF HEARINGS ON WELFARE REFORM, BUT THE ADMINISTRATION HAS SINCE PLACED WELFARE REFORM ON THE BACK BURNER -- SO FAR BACK THAT IT MAY EVEN BE COMPLETELY OFF THE STOVE. UNLESS A SIMPLE, INEXPENSIVE, NON-CONTROVERSIAL INCREMENTAL BILL CAN BE PUT TOGETHER

IN THE IMMEDIATE FUTURE, I'D SAY WE WILL HAVE TO WAIT A WHILE LONGER FOR WELFARE REFORM. IN SPITE OF RECENT MEETINGS BETWEEN KEY REPRESENTATIVES AND THE ADMINISTRATION, THERE APPEARS TO BE LITTLE SUBSTANTIVE PROGRESS.

OLDER AMERICANS ACT

AS MOST OF YOU PROBABLY REALIZE, THE HUMAN RESOURCES COMMITTEE REPORTED OUT THE OLDER AMERICANS ACT OF 1978, S. 1850, LAST MONTH. THIS ACT WAS FIRST ENACTED IN 1965, WITH $7.5 MILLION APPROPRIATED FOR ITS FIRST YEAR OF OPERATION. IN THE FOLLOWING YEARS, FUNDING HAS INCREASED RAPIDLY, REACHING A FISCAL '78 APPROPRIATION OF $697.7 MILLION. OBVIOUSLY, IN ORDER TO HAVE THAT TYPE OF GROWTH, THE LEGISLATION ENJOYS A BROAD BASE OF SUPPORT. I AM PARTICULARLY INTERESTED IN THE NUTRITION PROGRAMS, WHICH NOW SERVE OVER 450,000 MEALS DAILY. ALTOGETHER, MORE THAN 2 MILLION OLDER AMERICANS PARTICIPATE IN THE NUTRITION PROGRAMS PROVIDED IN THIS LAW.

PENDING LEGISLATION

IN THE BILL NOW BEFORE THE SENATE, I AM PARTICULARLY INTERESTED IN THE TREATMENT OF DELIVERED MEALS. PRESENTLY, NUTRITION PROJECTS MAY SERVE BOTH HOME DELIVERED AND CONGREGATE MEALS. THERE ARE NO PROVISIONS DICTATING HOW MANY MEALS OF EACH TYPE MUST BE SERVED, BUT THE ADMINISTRATION ON AGING ESTIMATES ONLY 14% OF THE FUNDS GO TOWARDS HOME DELIVERED MEALS. FROM TESTIMONY RECEIVED BY VARIOUS SENATE COMMITTEES, THERE EXISTS A GENERAL FEELING AMONG SOME MEMBERS THAT HOMEBOUND CITIZENS ARE NOT RECEIVING THE NUTRITION ASSISTANCE INTENDED FOR THEM. THE RECENTLY INTRODUCED KENNEDY-CHURCH-McGOVERN-DOLE AMENDMENT TO THE OLDER AMERICANS ACT WOULD STRENGTHEN HOME DELIVERED MEALS. OUR AMENDMENT ESTABLISHES A SEPARATE AUTHORIZATION FOR MEALS-ON-WHEELS IN ORDER TO ASSURE THAT THE HOMEBOUND PARTICIPATE IN THE OLDER AMERICANS ACT. THE AMENDMENT HAS APPROXIMATELY 25 OTHER COSPONSORS.

ONE FINAL POINT -- I AM PARTICULARLY PLEASED THAT S. 2850 MAKES NON-ELDERLY HOMEBOUND HANDICAPPED CITIZENS ELIGIBLE FOR HOME DELIVERED MEALS. I FIRST PROPOSED THIS CHANGE TWO YEARS AGO, AND TESTIFIED LAST SUMMER BEFORE THE AGING SUB-COMMITTEE THAT THIS CHANGE SHOULD BE ADOPTED WHEN THE OLDER AMERICANS ACT WAS RENEWED. IN THIS INSTANCE, THE NEEDS OF THE HOMEBOUND HANDICAPPED AND THE HOMEBOUND ELDERLY ARE ALIKE.

LABOR LAW REFORM

AS YOU KNOW, FOR THE PAST FOUR WEEKS THE PENDING BUSINESS BEFORE THE SENATE HAS BEEN THE SO-CALLED LABOR LAW REFORM ACT.

ONE OF THE MAJOR TOPICS OF DEBATE HAS BEEN THE IMPACT OF THIS LEGISLATION ON SMALL BUSINESSES. WHILE BOTH PROPONENTS AND OPPONENTS OF THIS LEGISLATION HAVE A GENUINE CONCERN ABOUT ITS POTENTIAL EFFECT ON SMALL BUSINESSES THROUGHOUT THIS COUNTRY. THE BILL, IN ITS PRESENT FORM DOES NOT PROVIDE EQUAL TREATMENT FOR THE SMALL BUSINESSES OF THIS COUNTRY.

WHILE SOME OF THE AMENDMENTS RECENTLY OFFERED WILL MAKE REAL CHANGES IN THE BILL, IT DOES NOT APPEAR TO BE ENOUGH TO CLAIM EQUAL TREATMENT FOR SMALL BUSINESSES.

THE SMALL BUSINESSMAN KNOWS BETTER THAN MOST PEOPLE WHAT THE EFFECTS OF EVEN MORE GOVERNMENT REGULATION WOULD BE. THE INDEPENDENT BUSINESSMAN IS FORCED TO SPEND TOO MUCH OF HIS TIME AND MONEY COMPLYING WITH FEDERAL PAPERWORK REQUIREMENTS. BUSINESS, LARGE AND SMALL, IS BEING STRANGLED BY GOVERNMENT REGULATION. PASSAGE OF THE LABOR LAW REFORM ACT WOULD BE ANOTHER TIGHTENING OF GOVERNMENT CONTROL ON OUR FREE ENTERPRISE SYSTEM.

HEALTH CARE ISSUES

LET US TURN NOW TO SOME OF THE ISSUES THAT PERTAIN SPECIFICALLY TO HEALTH CARE. WHILE MUCH OF THE LEGISLATION WHICH IS NOW BEFORE US DOES NOT ADDRESS NURSING HOMES AS SUCH, THE RAMIFICATIONS FOR YOUR PARTICULAR INTEREST ARE IMPLICITLY THERE. THE TWO LARGEST ISSUES THAT WE FACE ARE THESE: WE MUST DEVELOP A STRATEGY FOR HOLDING DOWN HOSPITAL COSTS, AND WE SHOULD THEN MOVE TO AN INSURANCE PLAN THAT WILL PROTECT ALL OUR CITIZENS FROM THE DEVASTATING CONSEQUENCES OF CATASTROPHIC ILLNESS WITHOUT BANKRUPTING OUR NATION.

COST CONTROL

THE NEED FOR COST CONTAINMENT IS PRESSING. THE MEDICARE AND MEDICAID PROGRAMS WILL COST FEDERAL AND STATE TAXPAYERS MORE THAN $47 BILLION THIS FISCAL YEAR, SOME $9 BILLION MORE THAN LAST YEAR. AS YOU KNOW, THE TYPICAL HOSPITAL RECEIVES ABOUT 40% OF ITS OPERATING REVENUE FROM MEDICARE AND MEDICAID. THUS, THESE PROGRAMS EXERT CONSIDERABLE INFLUENCE IN THE HOSPITAL MARKETPLACE. TOGETHER WITH MY COLLEAGUE, SENATOR HERMAN TALMADGE, I AM A PRINCIPAL SPONSOR OF S. 1470, A BILL THAT WILL DEAL WITH A NUMBER OF MEDICARE AND MEDICAID ADMINISTRATIVE AND REIMBURSE-MENT PROBLEMS.

OUR BILL PROVIDES A STRIKING CONTRAST WITH THE PRESENT ADMINISTRATION'S APPROACH TO MODERATION OF HOSPITAL COSTS. THEY PROPOSE TO LIMIT -- INITIALLY TO 9% -- THE AMOUNT THAT A HOSPITAL'S REVENUE CAN INCREASE FROM YEAR TO YEAR. I HAVE STRONG RESERVATIONS ABOUT THE WISDOM OF SUCH AN OVERALL CAP ON HOSPITAL REVENUES. WHY?

FIRST OF ALL, THAT CAP COULD POSSIBLY BECOME A FLOOR. SECONDLY, WITH ALL THE VARIOUS MECHANISMS FOR EXCEPTIONS THAT WOULD BE PROVIDED, THE CAP MAY ALSO PROVE INEFFECTIVE AS A CEILING. THIRDLY, AND PERHAPS MOST IMPORTANTLY, A CAP BY ITS VERY NATURE HAS TO BE QUITE ARBITRARY, TENDING TO PENALIZE THOSE WHO HAVE BEEN EFFICIENT IN THE PAST, AND FREQUENTLY REWARDING THOSE WHO HAVE NOT. IT IS A BIT LIKE PUTTING ALL HOSPITALS ON A CRASH DIET BECAUSE A FEW, AS SECRETARY CALIFANO HAS PUT IT, ARE "OBESE."

AN ARBITRARY PAYMENT POLICY THAT FAILS TO TAKE ACCOUNT OF REAL DIFFERENCES BETWEEN HOSPITALS AND THEIR UNIQUE FISCAL NEEDS COULD BE DISASTROUS. WHAT IS MUCH MORE IMPORTANT IS THAT WE BUILD INCENTIVES THAT REWARD SOUND MEDICAL AND MANAGEMENT PRACTICES. IN MY VIEW, THE THREAT OF PUNISHMENT SHOULD COME WELL AFTER WE DEVELOP AN INCENTIVE SYSTEM THAT REWARDS THE DILIGENT AND CREATIVE PRACTICES THAT OUR FREE ENTERPRISE SYSTEM HAS NURTURED IN THE PAST.

THE TALMADGE-DOLE BILL ASKS THE FEDERAL PAYMENT PROGRAMS TO PUT THEIR OWN HOUSE IN ORDER BY ADOPTING RATIONAL REIMBURSEMENT REFORMS. IT IS IDEALLY SUITED TO WORK HAND IN HAND WITH THE VOLUNTARY COST CONTAINMENT PROGRAM THAT HAS BEEN PROPOSED BY THE AMERICAN HOSPITAL ASSOCIATION, THE FEDERATION OF AMERICAN HOSPITALS, AND THE AMERICAN MEDICAL ASSOCIATION. THE VOLUNTARY EFFORT, SHOULD, I BELIEVE, BE GIVEN EVERY OPPORTUNITY TO SUCCEED. THE BEST COST CONTAINMENT WILL COME FROM A PROGRAM WHICH ASKS FOR THE LEAST AMOUNT OF GOVERNMENT INTERFERENCE AND ENCOURAGES INDIVIDUAL RESPONSIBILITY AND ACCOUNTABILITY.

THERE ARE, AS YOU KNOW, IN ADDITION TO THE HOSPITAL REIMBURSEMENT SECTIONS, PROVISIONS THAT DEAL WITH OTHER PROBLEMS IN THE MEDICARE AND MEDICAID PROGRAMS, INCLUDING NUMEROUS LONG-TERM CARE PROVISIONS. IN ONE SUCH INSTANCE I HOPE THAT WE SHALL HAVE A CHANCE TO DISCUSS THE PROBLEM WITH THE SPELL OF ILLNESS CRITERIA AND DEVISE AN EQUITABLE SOLUTION SO THAT PARTICIPANTS IN THE MEDICARE PROGRAM SUFFER NO UNDUE HARDSHIP.

I EXPECT THERE WILL BE A GREAT DEAL OF DEBATE, BUT I AM HOPEFUL THAT OUR FINAL APPROACH TO THESE VERY DIFFICULT PROBLEMS WILL PROVE EQUITABLE AS WE TRY TO REACH A CONSENSUS.

NATIONAL HEALTH INSURANCE

WHAT ABOUT NATIONAL HEALTH INSURANCE? YOU ARE PROBABLY AS TIRED AS WE ARE OF HEARING THE RHETORIC AND DEBATE THAT HAS FLOATED AROUND THIS CITY FOR MANY MORE YEARS THAN I CARE TO REMEMBER. NO ONE CAN DISAGREE WITH A UTOPIAN FANTASY THAT BRINGS ALL THINGS TO ALL PEOPLE. BUT WHEN I ANALYZE TODAY'S DELIVERY SYSTEM AND THE COSTS WE ALREADY FACE, I JUST CANNOT BELIEVE THAT AT THE PRESENT TIME WE CAN DEVISE A NATIONAL HEALTH INSURANCE PLAN THAT CAN FULLY COVER THE NEEDS OF ALL OUR CITIZENS WITHOUT COMMITTING MORE DOLLARS THAN OUR COUNTRY CAN AFFORD, AND WITHOUT BRINGING THE HEALTH CARE DELIVERY SYSTEM AS SUCH TO A GRINDING HALT. I WANT TO EMPHASIZE BOTH OF THESE POINTS.

MOST OF THE DEBATE CENTERS ON THE COSTS OF SUCH PROGRAMS, BUT WE TEND TO FORGET ALSO THAT OUR PRESENT DELIVERY SYSTEM IS IN NO WAY EQUIPPED TO HANDLE THE IMPACT OF A COMPREHENSIVE NATIONAL HEALTH PLAN FREE AND OPEN TO ALL. WE REMAIN UNPREPARED FOR THE ENORMOUS INCREASE IN UTILIZATION OF OUR HEALTH RESOURCES THAT WOULD FOLLOW - PARTICULARLY WHEN WE ANTICIPATE THE DEMANDS OF THE AMBULATORY PATIENTS. WHILE WE SHOULD ALL STRIVE TOGETHER TO IMPROVE ACCESS TO OUR CITIZENS AND MAKE MORE RATIONAL OUR SYSTEM OF CARE, PROGRAMS THAT ADVOCATE REVOLUTION RATHER THAN EVOLUTION STRIKE ME AS BEING UNNECESSARILY NAIVE, AND PERHAPS EVEN DANGEROUS TO THE HEALTH OF OUR PEOPLE.

CATASTROPHIC COVERAGE

WITH THIS IN MIND, I JOINED WITH MY COLLEAGUES SENATORS LONG, RIBICOFF, AND TALMADGE IN INTRODUCING S. 3105, THE CATASTROPHIC HEALTH INSURANCE AND MEDICAL ASSISTANCE REFORM ACT OF 1978. WE ARE AGAIN URGING THAT THE CONGRESS DEVELOP A HEALTH INSURANCE PROGRAM THAT PROTECTS ALL OF OUR CITIZENS FROM THE FINANCIAL DISASTER THAT CAN STRIKE THE INDIVIDUAL AND THE FAMILY BESET BY CATASTROPHIC ILLNESS.

SUCH AN APPROACH CAN LET US ALL PLAN MORE RATIONALLY, SECURE IN THE KNOWLEDGE THAT WE HAVE CHOSEN TO PROTECT ONE ANOTHER FROM THE FINANCIAL RUIN ACCOMPANYING ILLNESSES WHICH WE HAVE AS YET BEEN UNABLE TO CONQUER. SUCH AN APPROACH GIVES US TIME TO IMPROVE OUR HEALTH CARE DELIVERY SYSTEM, TO REIN IN OUR RUNAWAY COSTS AND MOVE TOWARD A PROGRAM THAT WILL EQUALIZE ACCESS FOR ALL AND IMPROVE THE HEALTH OF OUR NATION.

I AGREE THAT WE SHOULD NOT STAND STILL. I AGREE THAT OUR PEOPLE NEED A GUARANTEE THAT DEVASTATING ILLNESS NEED NOT DRAIN AWAY ALL OUR SAVINGS. BUT I KNOW ALSO THAT WE MUST STOP PROMISING THOSE THINGS WHICH WE CANNOT DELIVER, AND THAT WE SHOULD MOVE CAREFULLY AND RATIONALLY TO GOALS ON WHICH WE CAN AGREE.

NURSING HOME CARE

LET ME TURN NOW TO YOUR INDUSTRY. MORE THAN 5% OF ALL OUR CITIZENS ABOVE THE AGE OF 65 RESIDE TODAY IN A NURSING HOME. I KNOW THAT THE HOMES IN WHICH THEY REST RANGE FROM MODELS FOR WHICH WE CAN ALL BE PROUD, TO THOSE THAT CONTRIBUTE TO THE SHAME OF OUR NATION. IT STRIKES ME THAT AS OUR COUNTRY MOVES MORE AND MORE ACTIVELY TO DEBATE THE ROLE OF FEDERAL INTERVENTION AND REGULATION, AS OPPOSED TO THE FURTHER DEVELOPMENT OF STATE AND INDIVIDUAL RIGHTS AND ACTIONS,

YOUR INDUSTRY FACES A CRUCIAL JUNCTURE. IT IS TIME NOW FOR YOU TO DEMONSTRATE MORE OF THE CREATIVE AND CONSTRUCTIVE INITIATIVE THAT BUILT SO MANY OF YOUR BEST PROGRAMS. GIVE US CAUSE TO POINT TO YOU AS EXAMPLES OF PRIVATE ENTERPRISE ONCE AGAIN LEADING THE WAY.

WHERE SHOULD YOU START? LET ME GIVE YOU SOME EXAMPLES OF AREAS IN WHICH I THINK YOU CAN TAKE THE LEAD.

THREE DAY ADMISSION REQUIREMENT

THE LAW REQUIRES THAT PATIENTS ENTERING A SKILLED NURSING HOME MUST HAVE STAYED RECENTLY FOR AT LEAST 3 DAYS IN A HOSPITAL, IN ORDER TO BE ELIGIBLE FOR MEDICARE REIMBURSEMENT. WHY DO WE FIND SUCH A STIPULATION AS PART OF OUR LAW? I SUSPECT IT CAME FROM LACK OF CONFIDENCE THAT INFERS WE CANNOT TRUST OUR DOCTORS AND LONG-TERM CARE FACILITIES. THE LEGISLATORS ARGUED THAT WE CAN JUSTIFY A NURSING HOME ADMISSION ONLY IF WE INCARCERATE AND EVALUATE THE PATIENT FIRST IN AN ACUTE CARE HOSPITAL. WHAT IS THE RESULT? OUR PHYSICIANS HOSPITALIZE PATIENTS WHO THEY KNOW FULL WELL COULD BEST BE SERVED BY DIRECT ADMISSION TO A NURSING HOME.

THE HOSPITALIZATION INCREASES HEALTH CARE COSTS, AND INDEED IN SOME CASES MAY COMPROMISE THE HEALTH OF THE PATIENT, AS HOSPITAL ACQUIRED INFECTION MAY INTERVENE, OR AN AGRESSIVE YOUNG HOUSE OFFICER ORDERS ONE TOO MANY TESTS.

SHOULD I ENCOURAGE CHANGE IN THIS PROVISION? IN ASSOCIATION WITH THE PSRO ORGANIZATIONS, CAN YOU DEVELOP TECHNIQUES FOR UTILIZATION REVIEW WHICH WILL SATISFY THE CRITICS, WHILE PROTECTING OUR PATIENTS? ARE YOU WILLING TO DEVELOP STANDARDS AND REPORTING SYSTEMS THAT WILL CONVINCE THE DOUBTERS AND PROTECT THE NATIONAL PURSE?

HOSPICE CARE

WHAT ABOUT THE CARE OF THE PATIENT WHO SUFFERS FROM AN INCURABLE DISEASE AND FOR WHOM DEATH DRAWS CLOSE? THE HOSPICE MOVEMENT IS GATHERING STEAM IN OUR COUNTRY, AND I FEAR THAT ARBITRARY, IMPETUOUS DECISIONS WILL BE REACHED BEFORE WE HAVE A CHANCE TO EXPLORE FULLY THE BEST POSSIBLE APPROACH TO CARING FOR OUR DYING CITIZENS AND THE FAMILIES WHO GRIEVE. I HAVE BEGUN TO EXPLORE THE VARIED APPROACHES TO CARING FOR THE DYING PATIENT. IT STRIKES ME THAT NURSING HOMES MAY WELL PLAY A CENTRAL ROLE IN DEVELOPING INNOVATIVE, COMPASSIONATE PROGRAMS TO BRING DEATH WITH DIGNITY, PREPARING BOTH PATIENT AND FAMILY FOR AN EVENT WHICH CAN IN THE BEST CIRCUMSTANCES BRING FULFILLMENT AND PEACE, MUCH MORE THAN SADNESS. TELL ME HOW WE SHOULD APPROACH SUCH AN ISSUE. THINK ALONG WITH ME, OR THE TRAIN MAY PASS YOUR STATION.

CARING FOR THE AGED

WHAT ABOUT THE GERIATRIC PATIENT? AT LONG LAST, OUR COUNTRY IS AWAKENING TO THE NEED TO DEVELOP BETTER TOOLS FOR DEALING WITH THE HEALTH AND SOCIAL CONSEQUENCES OF GROWING OLD. OUR MEDICAL AND NURSING SCHOOLS ARE SLOWLY DEVELOPING PROGRAMS THAT ADDRESS GERIATRICS AS A DISCIPLINE.

IT STRIKES ME THAT YOUR INSTITUTIONS SHOULD PROVIDE IDEAL LABORATORIES FOR STUDYING OUR ELDERLY AND DEVELOPING WAYS TO IMPROVE THEIR HEALTH. I WOULD URGE YOU TO JOIN HANDS WITH ACADEMIC MEDICINE AND NURSING IN ASKING SOME DIFFICULT QUESTIONS AND COMING UP WITH ANSWERS THAT SHOULD PAY A HANDSOME DIVIDEND.

WHY, FOR EXAMPLE, ARE SOME OF OUR ELDERLY DISABLED, WHILE OTHERS ARE ABLE TO CARRY ON THE ACTIVITIES OF DAILY LIFE? IS IT PERHAPS BECAUSE THERE ARE SUBTLE DEGREES OF DEMENTIA THAT OUR HEALTH PROVIDERS IGNORE? ARE THERE APPROACHES TO OVERCOMING SUCH DIFFICULTIES, SO THAT WE MAY RETURN AN INSTITUTIONALIZED PATIENT TO HIS HOME? WHAT ABOUT THE MEDICINES THAT OUR ELDERLY SWALLOW MORE AND MORE TODAY? WHICH ARE SAFE? HOW CAN WE DEVISE TECHNIQUES TO ENSURE THAT THOSE WHO FORGET EASILY TAKE THE RIGHT PILLS AND RECOGNIZE THAT OTHERS ARE LEFT BEST ALONE?

HOW SHOULD WE BEST UTILIZE THE PHYSICAL THERAPIST WHOSE SKILLS MAY MEAN THE DIFFERENCE BETWEEN A BED-RIDDEN, SUFFERING PATIENT, OR A CITIZEN WHO CAN CONTRIBUTE MEANINGFULLY TO OUR SOCIETY AND ENJOY LIFE IN THE BARGAIN? HOW MUCH OF THE CHRONIC DISEASE OF THE ELDERLY TRULY REPRESENTS A ONE WAY TRACK? CAN WE REVERSE SOME OF THE PROCESSES WE LABEL "DEGENERATIVE" AND TEND TO IGNORE?

HOW CAN WE BRING OUR BRIGHTEST YOUNG PHYSICIANS AND NURSES INTO THE LIVES OF THE ELDERLY, SO THAT THEY CAN APPLY THEIR TALENTS AND CREATIVITY WITH THE SAME DEGREE OF ENTHUSIASM THAT THEY HAVE TRADITIONALLY LAVISHED ON THOSE WHO MAY HAVE FAR LESS NEED?

IT SEEMS TO ME THAT THE NURSING HOME INDUSTRY STANDS AT THE CROSSROADS. JOIN ME IN MOVING FORWARD. WE DEBATE THE MIXED BLESSINGS OF ADVANCING TECHNOLOGY. WE URGE MORE DIGNITY FOR OUR SENIOR CITIZENS. WE HOPE TO CONTAIN COSTS. WE SPEAK OF PROVIDING BETTER ACCESS TO GOOD HEALTH CARE FOR ALL OUR CITIZENS. IN ALL THESE ISSUES, YOU CAN PLAY A CENTRAL ROLE.

I URGE YOU TO JOIN ME IN LEARNING TO IMPROVE THE HEALTH OF OUR NATION AND PREPARING FOR A BETTER TOMORROW.