

Bad medicine: Health care can cause harm when focus is on providing services instead of improving health

July 1 2009

Are individuals, families, communities and employers getting their money's worth from US healthcare? That's the big question in the news today, pushed further into the spotlight by the Obama administration.

Charles M. Kilo, MD, MPH, CEO of GreenField Health in Portland, Oregon, and co-author Eric B. Larson, MD, MPH of Group Health Cooperative in Seattle, Washington, explore this important question in their article *Exploring the Harmful Effects of Healthcare* in the July 1 issue of the *Journal of American Medical Association (JAMA)*.

In their commentary, Drs. Kilo and Larson distinguish health from healthcare. One can never have too much health, but with overuse of medicine, one can get so much healthcare that it causes harm. They look at the potential harms of healthcare, both direct and indirect, and suggest that investigators study health harm further. "Although healthcare's objective should be to improve health, its primary emphasis has been on producing services," they write. "Fee-for-service" payment encourages using more treatment, new technology, and extra testing. These additional services, and their attendant extra costs, may harm health.

Drs. Kilo and Larson lay out the aggregate collective harm that healthcare does to our communities. The cost pressure that healthcare places on employers, individuals and families has become so significant that they suggest that healthcare may well be inducing aggregate harm to

the health of our communities when one considers the cost shift involved in funding healthcare.

In addition to direct harm from healthcare, which includes adverse physical and emotional effects, they address indirect harm from the collateral effect of the opportunity cost of healthcare spending. That means healthcare expenditures increasingly divert resources away from education, jobs, and environmental quality, all important determinants of health. They conclude that formally exploring health harm will allow a more explicit consideration of the tradeoffs involved in healthcare interventions and expenditures and will help guide healthcare reform efforts. They argue that although it is important to give more people access to healthcare, that is not enough. Healthcare reform should also improve how medicine is practiced: centering it on patients, organizing it around primary care, and curbing health harm, including excessive healthcare use and spending.

Source: Group Health Cooperative Center for [Health](#) Studies

Citation: Bad medicine: Health care can cause harm when focus is on providing services instead of improving health (2009, July 1) retrieved 19 April 2024 from <https://medicalxpress.com/news/2009-07-bad-medicine-health-focus.html>

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