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**SPEECH**

**AMERICAN PHARMACEUTICAL ASSOCIATION**

**WASHINGTON DC**

**MARCH 11, 1990**

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**I AM DELIGHTED TO BE HERE WITH YOU THIS MORNING. I FEEL AT HOME WITH YOU. IN MY FORTY YEARS OF CLINICAL PRACTICE I REMEMBER BEING ON THE SIDE OF THE PHARMACIST OVER AND OVER AGAIN. WHEN I BECAME FAMILIAR WITH THE INDIAN HEALTH SERVICE AS SURGEON GENERAL I WAS DEEPLY IMPRESSED THAT WE PUT A HEAVY CLINICAL RESPONSIBILITY ON PHARMACISTS AND THAT THEY BORE IT WELL.**

**RECENTLY I HAVE BEEN TALKING TO PHYSICIANS AND THE PUBLIC ABOUT THE DETERIORATION OF THE OLD DOCTOR-PATIENT RELATIONSHIP. JUST LAST WEEK I LEARNED SOMETHING ABOUT THE REASON,- THE PUBLIC HAS VOTED PHARMACISTS THE MOST TRUSTED PROFESSION.**

**CONGRATULATIONS!**

**NOT LONG AGO, A TALK ON HEALTHCARE IN AMERICA TO THE  
AMERICAN PHARMACEUTICAL ASSOCIATION, A VITAL  
COMPONENT OF THE HEALTHCARE SYSTEM IN OUR COUNTRY,  
WOULD HAVE BEEN A SOURCE OF PRIDE AND COMFORT.**

**WE'D FEEL GOOD ABOUT OURSELVES AND OUR HEALTH CARE  
SYSTEM.**

**NO LONGER.**

**IN A WORD --WE HAVE BIG PROBLEMS.**

**SOMETIMES I USED TO WONDER IF THERE SHOULD NOT HAVE  
BEEN ANOTHER SURGEON GENERAL'S WARNING:**

**"WARNING! THE AMERICAN HEALTH CARE SYSTEM CAN BE  
HAZARDOUS TO YOUR HEALTH!**

**TO BEGIN WITH, THIS IS A TIME IN WHICH WE HAVE VERY HIGH  
EXPECTATIONS FOR MEDICINE AND HEALTH.**

**WE'VE PUT A GREAT DEAL OF FAITH INTO NEW TECHNOLOGIES,  
NEW PHARMACEUTICALS, NEW SURGICAL PROCEDURES, AND SO  
ON, AND WE CONTINUE TO HAVE FAITH IN WHAT I LIKE TO CALL  
THE MAGIC OF MEDICINE.**

**WE ROUTINELY EXPECT MIRACLES TO HAPPEN -- EVEN THOUGH  
THE REAL WORLD OF MEDICINE ISN'T ALWAYS ABLE TO DELIVER.**

**WE HAVE THAT SITUATION RIGHT NOW WITH AIDS.**

**FOR THE PAST 8 YEARS, SCIENTISTS AND CLINICIANS HAVE BEEN WORKING AROUND-THE-CLOCK TO UNDERSTAND AND CONQUER THE DISEASE OF AIDS.**

**THE PUBLIC EXPECTS US --EXPECTS YOU-- TO DELIVER THE MIRACLE DRUG, THE MAGIC BULLET TO STOP THIS DISEASE.**

**BUT IT STILL REMAINS SOMEWHAT OF A MYSTERY AND I DOUBT THAT WE'LL GET FULL CONTROL OVER THE AIDS VIRUS BEFORE THE TURN OF THE CENTURY.**

**BUT, AS FAR AS THE GENERAL PUBLIC IS CONCERNED, THE AIDS SITUATION IS THE EXCEPTION AND NOT THE RULE.**

**THE AMERICAN PEOPLE STILL MAINTAIN HIGH HOPES FOR WHAT  
MEDICINE AND HEALTH CARE CAN DO FOR THEM.**

**BUT I THINK IT'S ALSO BECOMING CLEAR THAT THOSE HIGH  
EXPECTATIONS ARE FAST OUT-RUNNING OUR ABILITY TO PAY  
FOR THEM.**

**IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY  
TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN  
HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN  
HEALTH CARE.**

**AND SO THE AMERICAN PEOPLE ARE ENGAGED IN A DEBATE IN  
RESPECT TO ASPIRATIONS VERSUS RESOURCES.**

**THIS IS A DEBATE THAT TOUCHES ON MANY ASPECTS OF  
AMERICAN LIFE... BUT I'LL FOCUS JUST ON HEALTH CARE, WHICH  
IS PROFOUNDLY AFFECTED BY THAT GROWING TENSION  
BETWEEN ASPIRATIONS AND RESOURCES.**



**MANY OF OUR GREAT EXPECTATIONS COME FROM OUR ABIDING  
FAITH IN EVER-IMPROVING MEDICAL TECHNOLOGY.**

**BUT NOW, I BELIEVE THE PUBLIC WONDERS IF MEDICAL  
TECHNOLOGY MIGHT BE A MIXED BLESSING.**

**THANKS TO AN EXPLOSION OF NEW KNOWLEDGE IN SCIENCE  
AND TECHNOLOGY OVER THE PAST SEVERAL DECADES, WE KNOW  
HOW TO DO MANY NEW AND FASCINATING THINGS:**

**BUT KNOWING HOW TO DO SOMETHING HAS NEVER BEEN  
ENOUGH.**

**PEOPLE ALSO WANT TO KNOW WHY ... OR WHY NOT?**

**AND TODAY, AS THE COST OF OUR MAGIC TECHNOLOGY SOARS,  
WE'RE ASKING "WHY?" MORE OFTEN AND MORE INSISTENTLY.**

**IN REGARDS TO PROLONGING LIFE, FOR EXAMPLE, BOTH  
THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE EVEN NOW  
DEBATING THE WISDOM OF USING SO-CALLED "EXTRAORDINARY"  
MEASURES TO SAVE OR PROLONG THE LIVES OF PERSONS  
PROFOUNDLY TRAUMATIZED OR TERMINALLY ILL.**

**FOR MANY PEOPLE WHO MUST DECIDE THE FATE OF LOVED  
ONES, HIGH-TECH MEDICINE SOMETIMES ACTS LIKE A FRIEND ...  
AND SOMETIMES IT ACTS LIKE AN ENEMY.**

**HENCE, SOME PEOPLE ARE TURNING TO LEGAL INSTRUMENTS  
LIKE THE SO-CALLED "LIVING WILL" AND THE "DURABLE POWER  
OF ATTORNEY" TO PROTECT THEMSELVES FROM RUNAWAY  
MEDICAL TECHNOLOGY, IN THE EVENT THEY ONE DAY HAVE A  
TERMINAL ILLNESS OR INJURY.**

**HENCE, IN MANY REAL-LIFE SITUATIONS, TECHNOLOGY IS A MIXED BLESSING ... AT BEST ... AND CAN BE A CURSE, AT THE WORST.**

**IS OUR SOCIETY STILL READY AND WILLING TO DELIVER HIGH-QUALITY, TECHNOLOGY-INTENSIVE MEDICAL CARE TO EVERYONE, REGARDLESS OF COST?**

**I'D HAVE TO SAY THE ANSWER I GET AS I TRAVEL AROUND THE COUNTRY IS, "PROBABLY NOT."**

**WHAT WE HAVE, THEN, IS A RISE IN THE NEW TECHNOLOGIES  
AVAILABLE TO PHYSICIANS ...**

**BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR  
A SUBSTANTIAL NUMBER OF PATIENTS.**

**IN ONE OF HIS PLAYS, GEORGE BERNARD SHAW ASKED WHY WE  
PAY DOCTORS TO TAKE A LEG OFF BUT WE DON'T PAY THEM TO  
KEEP A LEG ON. NOW, ALMOST 80 YEARS HAVE PASSED AND WE  
STILL HAVEN'T COME UP WITH A GOOD ANSWER.**

**OUR TECHNOLOGY-DRIVEN REIMBURSEMENT SYSTEM --  
WHETHER BY GOVERNMENT OR OUT-OF-POCKET -- IS STILL  
PREDICATED ON TAKING THE LEG OFF.**

**AND TO FURTHER COMPLICATE THE ISSUE, THE STRUGGLE  
BETWEEN OUR ASPIRATIONS AND OUR RESOURCES HAS ALSO  
COME AT THE WORST POSSIBLE TIME,  
A TIME WHEN DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US.**

**TODAY, FOR EXAMPLE, FOR EACH PERSON WHO IS OVER THE AGE OF 65, THERE ARE 5 YOUNGER, TAX-PAYING WAGE-EARNERS TO PAY FOR THAT ONE PERSON'S MEDICARE COVERAGE.**

**IN ANOTHER 20 YEARS, HOWEVER, FOR EACH PERSON OVER THE AGE OF 65, THERE WILL BE ONLY 3 YOUNGER, TAX-PAYING WAGE-EARNERS CONTRIBUTING TO MEDICARE.**

**THAT MEANS THAT IN A CLIMATE OF SCARCITY, AMERICANS WILL  
HAVE TO WORK OUT AN EQUITABLE SHARING OF NEEDED  
MEDICAL RESOURCES BETWEEN ONE POPULATION GROUP THAT  
IS GROWING -- THAT IS, THE ELDERLY, PEOPLE OVER THE AGE OF  
65 -- AND THE POPULATION GROUP THAT IS COMPARATIVELY  
SHRINKING -- THAT IS, CHILDREN UNDER THE AGE OF 18.**



**OVER THE PAST 8 YEARS I'VE DEALT WITH ADVOCATES FOR CHILDREN AND I'VE DEALT WITH ADVOCATES FOR THE ELDERLY. THEY ARE BOTH VERY DEDICATED AND VERY PERSUASIVE GROUPS. AND BOTH WILL BE QUITE RIGHTLY COMPETING FOR A LARGER PIECE OF A SMALLER PIE.**

**THIS HAS CHILLING ETHICAL IMPLICATIONS, AND WE MUST GUARD AGAINST LETTING OUR ETHICS BE DETERMINED BY OUR ECONOMICS, AND NOT THE OTHER WAY AROUND.**

**I'M SURE YOU PEOPLE WHO DEAL WITH THE EVERYDAY ISSUES  
OF HEALTHCARE PROVISION LOOK DOWN THE ROAD AS I DO AND  
SEE THE PROBLEMS ON THE HORIZON.**

**SOME CRITICS WILL SAY THAT THE CHIEF CAUSE FOR THE  
CRUNCH IS THE BUDGET DEFICIT. ONCE WE GET RID OF THE  
DEFICIT, SAY THESE CRITICS, WE WILL ALSO GET RID OF THAT  
GAP BETWEEN ASPIRATIONS AND RESOURCES ... BETWEEN  
DREAMS AND REALITY.**

**MAYBE ... BUT I DON'T THINK SO.**

**WELL BEFORE WE TALKED ABOUT A BUDGET PROBLEM, WE  
ALREADY HAD A HEALTH CARE ECONOMY THAT CONSISTENTLY  
RAN AT AN ANNUAL INFLATION RATE THAT WAS 2 TO 3 TIMES THE  
INFLATION RATE FOR THE REST OF THE AMERICAN ECONOMY.  
BUT WE DIDN'T SEE IT ... OR, IF WE DID SEE IT, WE PREFERRED  
NOT TO WORRY ABOUT IT.**

**TODAY, WE STILL HAVE AN INFLATED HEALTH CARE ECONOMY ...  
BUT WE ALSO HAVE INFLATED HEALTH CARE ASPIRATIONS. AND  
WE SIMPLY CAN'T AFFORD ANY INFLATION AT ALL.**

**WHEN I OR OTHER PEOPLE TALK LIKE THIS, OUR CRITICS COME  
BACK AT US AND SAY THAT THINGS REALLY AREN'T THAT BAD ...**

**THAT ALL WE NEED TO DO IS PUT A REIMBURSEMENT CAP ON**

**THIS ... OR CHANGE THE ELIGIBILITY REGULATIONS FOR THAT ...**

**OR CUT BACK A LITTLE HERE ... OR PRUNE BACK A LITTLE THERE.**

**DURING 8 YEARS AS YOUR SURGEON GENERAL, I LISTENED TO  
THESE DEBATES AND I'VE THOUGHT ABOUT THE TRUE HUMAN  
COSTS ASSOCIATED WITH THAT KIND OF A PATCHWORK  
APPROACH.**

**AND TODAY I'M MORE CONVINCED THAN EVER THAT OUR WHOLE  
HEALTH CARE SYSTEM NEEDS TO BE STUDIED WITH AN EYE TO  
MAKING A NUMBER OF VERY MAJOR CORRECTIONS.**

**NOW, I CAN ALREADY HEAR THE CRITICS SAYING, "WAIT A MINUTE, DR. KOOP. THE SYSTEM AIN'T BROKE, SO DON'T FIX IT."**

**TO WHICH I WOULD REPLY, "YOU'RE WRONG. THE SYSTEM IS BROKEN ... AND IT MUST BE FIXED." BAND-AIDS WON'T DO.**

**HOSPITAL COSTS ARE STILL CLIMBING ... AND NO ONE CAN PROVE TO THE AMERICAN PEOPLE THAT THE QUALITY OF HOSPITAL-BASED CARE IS UNIFORMLY GOING UP AS WELL.**

**ON THE CONTRARY, OUR PEOPLE COMPLAIN THAT THEY ARE  
PAYING MORE AND MORE FOR MEDICAL CARE, AND ARE GETTING  
LESS AND LESS.**

**WORSE STILL, AS THE COST OF HOSPITAL-BASED CARE  
INCREASES, SOME HOSPITALS THEMSELVES ARE TRYING TO  
NARROW THEIR PATIENT POOL ... FOR EXAMPLE, ELIMINATING  
THE NEED TO PROVIDE IN-PATIENT MEDICAL CARE FOR POOR  
AND DISADVANTAGED AMERICANS.**

**I SAY THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF  
HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE  
FEWER AND FEWER PEOPLE.**

**AND WE HAVE MUCH THE SAME PROBLEM IN RESPECT TO  
PHYSICIAN SERVICES AND FEES.**



**I CAN TELL YOU THAT MANY OF MY FRIENDS AND COLLEAGUES  
IN MEDICAL PRACTICE ARE TRYING TO DO WHAT THEY CAN TO  
INCREASE THE QUALITY OF CARE THEY DELIVER WITHOUT  
INCREASING THEIR COSTS.**

**BUT THEY ARGUE THAT THEY HAVE LITTLE OR NO CONTROL  
OVER SOME OF THE INFLATIONARY THINGS THEY DO.**

**AND THAT'S TRUE.**

**I'VE BEEN THERE -- SO IT'S NOT JUST GIVING THEM THE BENEFIT  
OF THE DOUBT.**

**BUT THE FACT STILL REMAINS THAT PHYSICIAN FEES ARE GOING  
UP, AND THEY DO ADD TO A BURDEN ON THE PUBLIC THAT IS  
BECOMING INSUPPORTABLE.**