

Anlyan Warns U.S. Hospitals

Don't Get Stuck with 'Halfway Technologies'

By Joe Sigler

American hospitals: Don't get rigid and locked into "half-way technologies." Your survival may depend on your flexibility.

That was part of the message prepared for an American Hospital Association symposium in Warrenton, Va., yesterday and today by Dr. William G. Anlyan, vice president for health affairs.

Anlyan said that changes in attitudes and habits by the American people, coupled with better health education, also could have a significant impact on tomorrow's hospitals.

Half-Way Technologies

Anlyan calls the whole collection of expensive patient maintenance and repair programs, such as kidney dialysis and cardiac by-pass surgery, "half-way technologies" because they are high-cost, aftermath treatments of disease that neither prevent nor control the disease itself.

For illustration, Anlyan noted that before research produced a vaccine for polio and antibiotic control of tuberculosis, polio and TB were both half-way technology diseases. If hospitals in the 1940s had been so inflexible as to have planned only for iron lungs and sun rooms, he said, much time, money and personnel would have been wasted.

Hospital programs, he cautioned, "should be reviewed annually with a five-year roll forward for constant updating." With rapidly developing changes such as ultrasound and

computerized tomography, Anlyan said, "no plans should be set in concrete."

Health Education Needs

In health education, Anlyan said the United States needs programs on a national basis, "tailored to the needs of every age group." The country, he noted, "is spending a mere \$1-\$3 million in federal expenditures this year in public education in health."

Touching on some of the areas where education is needed, Anlyan said that "alcoholism, drug abuse, obesity and accidents prevail at the same time as we spend millions of dollars on cirrhosis of the liver, crime resultant from drug addiction, managing arteriosclerosis-hypertension-diabetes resultant from obesity and accepting premature death or major disability as a result of accidents."

Changes in health habits, attitudes and behavior through education could alter the hospital patient makeup of the future, he said.

Who Does What

One of the key issues facing hospitals is what Anlyan calls "the at least 225 different categories of health care personnel who interface with the patient." It raises the question, he said, of "who does what to whom, where and when?"

Cost also is a factor because as each "new, ill-defined health profession" is organized, Anlyan said, "a new guild is born to protect

it. New associations, academies, societies, certifying boards and accrediting groups emerge and the cost is ploughed somewhere into the health care system."

Certifying the competence of these groups as well as physicians will increasingly affect hospital costs in the future, he predicted.

Continuing Evaluation

"With the rapid turnover in pertinence and validity of medical information," Anlyan said, "it becomes imperative that continuing evaluation of competence become a way of doing business, similar to the recertification of airline pilots."

Hospitals will have to provide facilities for expanding continuing

education programs to meet those needs, Anlyan said, and health professionals may have to spend as much as a month a year in advanced clinical study.

In his symposium paper, Anlyan lamented the absence of a separate cabinet-level Secretary of Health and the absence of a long-term national health policy which has resulted in "180-degree swings of the pendulum in directional guidance."

A strong supporter of research, the doctor advised that "the best prescription for good health and cost containment of health care will be a continued modest investment of public and private monies in biomedical research."

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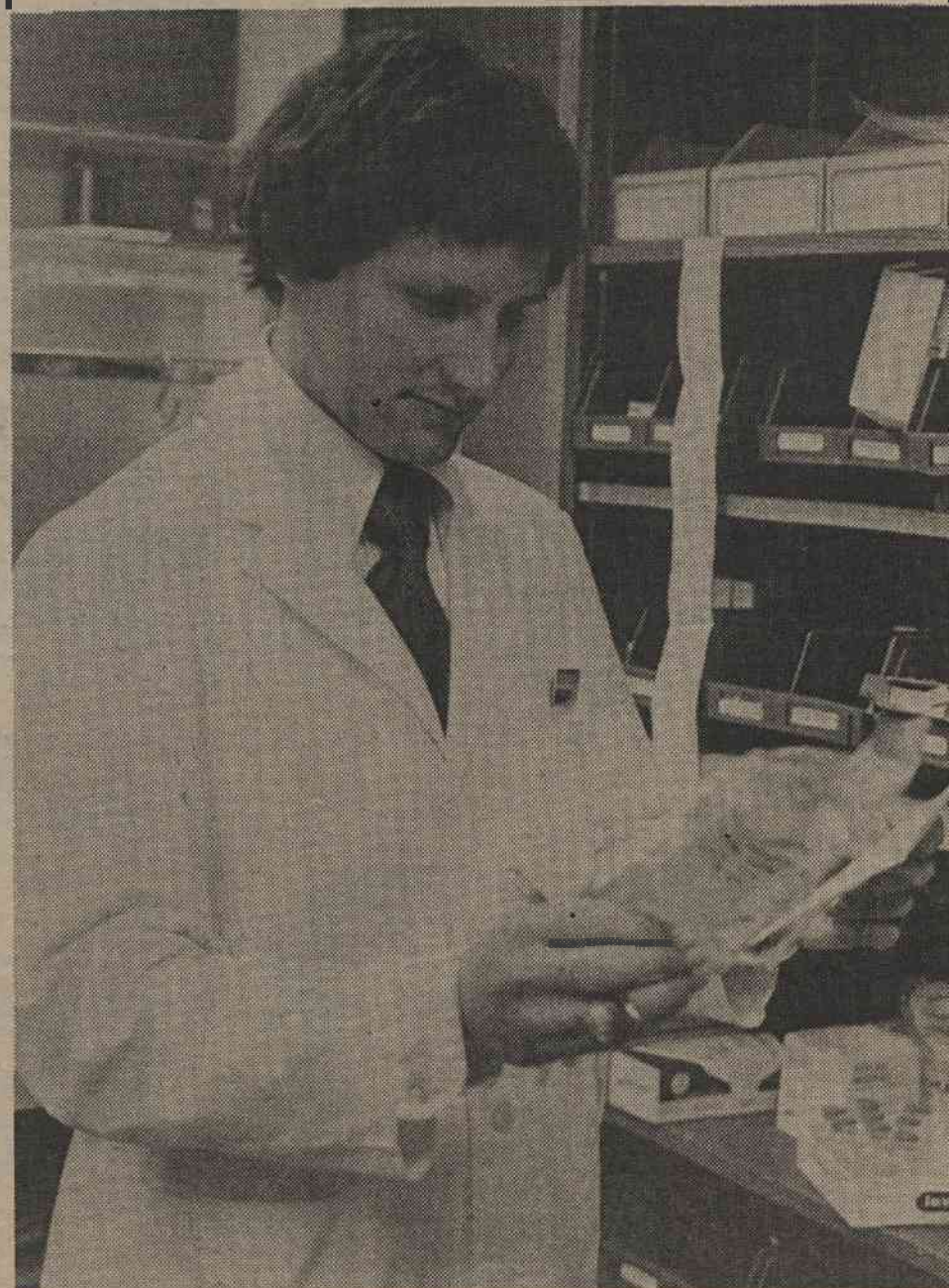
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by the Camera



LIQUID LUNCH—Pharmacist Daryl Blackburn checks the prescription for a Total Parenteral Nutrition (TPN) intravenous (IV) solution. "A pharmacist and surgeon can decide what formula to be used on each individual patient to provide complete nutrition," he explained. Blackburn rotates with other personnel in the Central Pharmacy in checking regular and TPN IV's, filling and checking unit dose carts with patient medications and staffing a drug information service. A graduate of the pharmacy school at the University of North Carolina at Chapel Hill, Blackburn has worked here for two years. He and his wife enjoy traveling, camping, fishing and playing tennis. (Photo by Ina Fried)

Intercom

is published weekly for Duke University Medical Center employees, faculty, staff, students and friends by the medical center's Office of Public Relations, Joe Sigler, director; David Williamson, medical writer; William Erwin, Comprehensive Cancer Center medical writer; Miss Annie Kittrell, secretary.

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