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Silent revelations about the American Way:

Impatient with this annoying universal-health-care thing? Exhibit A: Patient dumping

By Janice Kennedy

People can be so darned inconvenient, can't they?

There you are, a gigantic American hospital corporation just trying to make a decent few billion bucks or so, and the riffraff insist on showing up in your emergency rooms all dirty, in distress and, worst of all, penniless.

What's a forward-thinking megacorporation to do?

Why, dump 'em, of course.

Although it's not a term with which Canadians are overly familiar, "patient dumping" is an actual phenomenon in the United States, where some patients are apparently more inconvenient than others. But it's a phenomenon with which Canadians should make themselves acquainted, since it contains the seeds of interesting lessons for those among us who have grown impatient with this annoying universal-health-care thing.

Canadians clamouring for private or two-tier systems to replace our undeniably flawed single one might want to think about the phenomenon, or at least what causes it. It should also strike a cautionary chord with anyone who has begun to be alarmed by the ongoing and mostly unpublicized discussions Canada, the U.S. and Mexico have been having within the "Security and Prosperity Partnership," which seeks to harmonize untold aspects of our continental life.

So far, references to harmonization in health have been peripheral, although it's early days yet.

A year ago, after Prime Minister Stephen Harper, President George W. Bush and then-president Vicente Fox met in Mexico to keep the trilateral conversation going, their joint statement celebrated the partnership as "a framework for us to advance collaboration in areas as diverse as security, transportation, the environment and" -- here it comes now -- "public health."

So the cautionary note embedded within patient dumping in the U.S., and why it happens, should sound alarm bells north of the border.

Details of a particularly horrific case emerged last week when the Associated Press reported that a 41-year-old paraplegic man wearing a soiled hospital gown was left on a Los Angeles skid row sidewalk by the driver of a hospital van. According to police, the man -- disoriented and trying to propel himself along with his hands -- was carrying a plastic bag of his belongings in his teeth and trailing a broken colostomy bag.

The man was still wearing his wristband from the Hollywood Presbyterian Medical Center, the name on the van that dumped him.

But as shocking as this case is, it's far from isolated. The Los Angeles Times has been covering the issue extensively and reported on the growing phenomenon last March, when a disoriented 63-year-old homeless woman wearing a hospital gown and socks was found wandering a sidewalk after being dumped by a taxi -- the whole scene caught on a security video. According to the paper, Los Angeles police officials "have said that they often see people with hospital wristbands on skid row, often appearing ill and sometimes wearing colostomy bags."

The woman had been a patient at a hospital run by Kaiser Permanente, one of 10 area hospitals the Times said was under investigation for the practice. In November, California-based Kaiser Permanente (which had also been accused of it the previous year) became the first to face criminal prosecution for patient dumping.

The barbaric practice is not confined to California, though, and it's not even new. It's been 21 years since the U.S. Congress hoped to put an end to it with its Emergency Medical Treatment and Active Labor Act. But every time a case hits the news, everyone is properly shocked all over again and hospital spokespeople immediately express their horror and bafflement at how such a thing could have happened (invariably because "it's not how we do business"), promising an immediate investigation.

And yet with every new case, it is worth remembering that real human beings were involved in the sequence of decisions that left a fellow human being dumped like trash, suffering and vulnerable, on the streets. Some doctor signed a discharge, some administrator arranged for a van or taxi and gave instructions, some driver made the delivery -- how else can you put it? -- and drove away, presumably without a backward glance.

How can this happen? It's not that Americans are intrinsically uncaring people -- far from it, if you check the figures for charitable giving. And it's not that Canada, which doesn't have a patient-dumping problem, is so morally superior. (Far from it, if you consider our own tales of criminal cruelty. You can start with the death 17 years ago of aboriginal teen Neil Stonechild, last seen handcuffed and bleeding in the back of a police cruiser before he was found frozen to death in a remote snowbank.)

So how can it happen? The answer may lie buried somewhere in fat corporate books.

Go to the website of the Hollywood Presbyterian Medical Center, and you'll be greeted with flashes of its motto: "One World. One Hospital. One Patient at a Time." It doesn't add "As Long as He Can Pay," but that could be the subtext.

The hospital, formerly owned by healthcare giant Tenet, was acquired in 2005 by CHA Health Systems, the company founded by physician Kwang Y. Cha, who owns and operates acute-care hospitals in Korea, other clinics and a fertility centre in L.A. (In fact, Dr. Cha was at the centre of a controversy a few years ago as one of the authors of a subsequently discredited study on the impact of prayer on in vitro fertilization success rates.) His new Hollywood property had revenues of more than $55 million U.S. for 2005.

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Kaiser Permanente, whose hospital dumped the videotaped woman, maintains a complex structure of for-profit and not-for-profit statuses for its health insurance and healthcare operations. But it does quite well, especially under forward-thinking CEO George Halvorson, who got a $5.5-million package when he left Minnesota's HealthPartners five years ago to move to Kaiser. Among other things, Halvorson is concerned about branding, which is why he's enlisted the help of people who have worked with Starbucks and Nike.

The financial profile of Kaiser Permanente -- which had operating income of $31.1 billion in 2005 -- was listed as "solid" by Fitch Ratings, the global analysis agency that also found "the recent negative publicity surrounding the kidney transplant program and litigation over improper discharge of a homeless patient to be isolated incidences, which should not have a material impact on the organization."

That fiscal optimism is foreign to the Canadian health care system which, if it isn't completely broken, is certainly badly battered. But here's the crazy thing: whatever flaws it has, they do not reside in the system's single greatest asset and its one genuinely shining virtue. Unqualified universality.

Certainly we have to find new ways of doing things, especially by listening to the doctors and health care professionals who know with their hearts and souls what must be done. There are countless ways for our federal and provincial governments to start healing our ailing system -- but none of those ways lie in attacking its universality.

Dr. Howard Ovens, director of the emergency department at Toronto's Mount Sinai Hospital, sounded an alarm five years ago in his submission to the Romanow Commission.

"Although the U.S. situation seems distant to us," he wrote, "'reforms' -- like de-listing, co-payments, private alternative clinics, hospitals and imaging centres -- are all beginning to hack away our universality."

He reflected on the core value so many Canadians feel is inviolable. "As humans, we all face the prospect of illness, injury, pain and suffering. The Canadian health care experiment was based largely on the fundamental idea that each of us, regardless of income, race or status, is treated the same."

Not all U.S. hospitals engage in patient dumping, it goes without saying, and the country probably boasts as many dedicated health professionals as any other civilized place on this planet. But there's a wedge here with a thin edge. And when profit-making is the bottom line in the delivery of health care, the most vulnerable people end up paying the price.

Those Canadians who envy the U.S. model -- if you have the money, why shouldn't you be able to buy the care you want? -- might want to think about the silent revelations all those inconvenient patients make about the American Way.

Imitating such a system would cost us dearly.

As long as we cast covetous eyes southward, we should remember the lengthening shadows of those giant corporations. And as long as we keep discussing harmonization, the image of a patient dragging himself along a skid row sidewalk should continue to trouble our talks.

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