Re: Productivity – Norway leads the table.

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- *From*: MooseFET <kensmith@xxxxxxxxx>
- *Date*: Sat, 08 Sep 2007 09:28:12 –0700

On Sep 8, 7:35 am, Joerg <notthisjoerg...@xxxxxxxxxxxxxxxxxxxxx>
wrote:

> MooseFET wrote:
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> > On Sep 7, 9:09 am, Joerg <notthisjoerg...@xxxxxxxxxxxxxxxxxxxxx>
> > wrote:
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> > > MooseFET wrote:
> > >
> > > [...]
> > >
> > > > > Overall,
> > > > > people
> > > > > actually
> > > > > tend to live
> > > > > longer lives
> > > > > in Europe.
> > >
> > > Any links? But you may be
> > > right, many people in the
> > > US have a problem
> > > with obesity and lack of
> > > exercise.
> >
> > http://www.rand.org/pubs/research_briefs/RB9053–2/index1.html

> > > Quote "They developed specific standards, or quality
> > > indicators, ...".
> > > Hmm, pretty vague here. For me, outcome is more important.
> > > For example
> > > if someone gets cancer, what the survival rate is.
>
> > Things like survival rates also have problems. Do you include
> > everyone who got cancer or do you only take those who had it
> > detected. Do you look at the average life after cancer or the
> > percentage of people still alive one year later.
>
> In the medical world they have pretty good worldwide standards.
> Professionally I only know them for ultrasound and mostly coronary stuff
> but AFAIK for cancer it is cases who have been detected and had to be
> treated (surgery, chemo, radiation, the works), then five–year survival
> (when you are officially declared cancer free for most cases, whatever
> that really means).

The health care system's policy on looking for various cancers in the
elderly can have a big impact of the survival rate number. If nobody
finds the cancer and a heart attack kills you, it may never be known
of. This improves the cancer survival number.

Cancer is a fairly narrow measure of health care quality. Infections,
injury and heart disease would have to be included if you wanted a
wider view.

http://www.who.int/whr/2000/media_centre/press_release/en/index.html

> > > I was hoping to find a list of average life expectancies by
> > > country but
> > > I am sure it exists somewhere ;–)
>
> > It may exist but I didn't find clean numbers.
>
> Someone posted numbers, don't remember the source though. However, they
> are not very indicative of HMO quality because, for example, the eating
> habits in many poor countries are actually quite good while more and

> more people in Western countries flock to fast food places. And we all
> know where that leads.

The eating habbits in poor countries are not very good. It is the countries with a modest economic system that generally have a good diet. The poor tend to eat way too much of things like corn that are super cheap.

Of the richer countries, the US was near the bottom of the list.
There has to be more at work than having the money to buy junk food.

The US spends half again as much as most of those countries on "health care" and doesn't seem to gain from it. Even that number is a little suspect. We know that the insurance companies take a little over 20% off the top so there is a question of which side of the insurance company the numbers should come from. There is also a bunch of extra office work at the provider because of the system. Should this also be counted.

Some months back, I heard the suggestion that if we standardized the system and did all of the paper work as computer transactions etc to get rid of the extra paper work cost, the savings would be enough to buy the health insurance for the fraction of the population that doesn't have any. It may be worth looking up the numbers to see if it really is likely. It sounds posible but not certain.

[....]

> We live near Sacramento and we also
> had one case where a hospital dumped a patient, paid for a cab from somewhere near Tahoe to wherever skid row is in Sacramento. However, hospitals are not hotels so they won't tolerate if people "hang out". If you don't have a place to go home to it's your problem, usually.

The one case in LA was certainly not that. The person had a home such as it was. Their mental state made it such that they didn't know where it was or how to get to it. It was not a condition in which the person could be let loose on the street and be expected to go home.
It was the cases like that and not the merely homeless that turned it into a national story.

The one case where they dumped a paraplegic man without a wheelchair or a walker, certainly wasn't just an issue of him not having a place to go.

[....]

> I know lots and lots of people who scream for the doctor the millisecond
> they have a fart that doesn't come out. There is abuse, beaucoups of it.
> Then I have seen cradle–to–grave covered folks (courtesy of us
> taxpayers, of course) whose pill cabinet is exploding.

The large number of pills may be an indication of a problem with how
the hospitals get paid. If you can shut the person up by feeding him
a pill, the hospital is better off than if you spend the time to
figure out what the real problem is. Someone my mother knew used to
go to the doctor because she was lonely. The doctor's aid caught on
and eventually she was pointed at the local "center".

[....]

> > In–vitro is a high profit sort of health care. I think part of the
> > high cost is because nobody dies without it. The providers use part
> > of the profit to pay for the cases without insurance.
>
> They didn't have to pay those $20k+ but they did. So they can't be super
> greedy.

Sure they can. They just have to be smart and super greedy. They
know that if they refused to pay for IVF, they would be a small
increment more unpopular. Right now the public in the US is about at
the point of giving up on a private insurance based system. Having
about 17% of the total economy taken out of your grasp is a huge
threat.

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