

RALPH NADER REPORTS

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If you were one of the 33 million Americans hospitalized last year, you may still be recovering—not from your illness, but from what it cost you.

Nine years ago, you paid an average of \$45 a day for a stay in a hospital. Today you pay an average of \$105 a day. (In some areas it's much more; the average hospital cost in Washington, D.C., for example, is \$137 a day.)

You will also pay an average of 25 percent more from your own pocket to cover your hospital expenses, even if you have insurance. Although most hospital insurance plans have expanded their coverage, hospital charges have risen even more. And, of course, insurance premiums have gone up, too.

Much of your hospital bill has little to do with the treatment you require, or with the quality of care you receive. There are four reasons why you are probably paying so much.

1. **Hospital overbuilding.** Many hospitals are never more than three-quarters full, and Americans are paying \$3 billion a year for vacancies—this according to Stewart Altman, a deputy administrator for health of the Cost of Living Council. The oversupply of hospital beds has been estimated at 300,000. Hospitals base their costs on staffing and maintaining all their beds, even empty ones, and also include the cost of X-ray equipment, special care units and other expensive facilities designed to serve all beds, regardless of the occupancy rates. These costs are reflected in patients' bills.

2. **Unnecessary tests.** A recent American Medical Association study found that more than 70 percent of the doctors interviewed order extra tests to protect themselves against malpractice suits. A study by a radiologist at M.I.T. found that one of every three X-rays is not needed for the patient's treatment, but is taken for the doctor's protection. One physician who has studied the problem, Dr. Michael Halberstam of Washington, D.C., said recently that hospital tests ordered primarily for doctors' protection may account for as much as 15 percent of the patient's bill.

Lack of coordination in many hospitals may also result in extra tests. In one case, both the attending physician and an intern ordered the same X-rays for a patient. The doctor failed to inform the intern of his order, the intern did not bother to check, and the hospital had no system to prevent the duplication. Only \$20 or \$30 was added to this patient's bill, but it could have been much more.

Some hospitals encourage extra tests as a money-making device. A graduate student at the University of Arizona who surveyed hospital practices during 1971-72 was told by 20 percent of the administrators interviewed that they encouraged extra tests to bring in more revenue.

3. **Duplication of services.** You may also be paying more because your hospital installed expensive new equipment that is already available nearby. Open-heart surgery units, for example, cost about \$700,000—and hospitals actively seek them, regardless of a community's need. In Philadelphia, 15 hospitals offered open-heart surgery in 1971, although four hospitals did most of the work and were sufficient for the need, according to Pennsylvania Insurance

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Commissioner Herbert S. Denenberg. Similar situations have been documented in New York City and Washington, D.C. Compounding the overall cost, glamorous, high-priced equipment may be installed at the expense of services that could treat more patients at less cost through outpatient facilities. The problem is one of quality care as well as cost. Former U.S. Surgeon General Jesse L. Steinfeld has noted: "We have more hospitals equipped for heart surgery than the rest of the world combined, but males over 40 have longer life expectancies in a dozen other nations."

4. **Unnecessary hospitalization.** Dr. John Knowles, former head of Massachusetts General Hospital and now president of the Rockefeller Foundation, has warned that "incredible amounts of unnecessary surgery are going on." Other medical experts estimate that as many as two million unnecessary operations a year are performed in this country. One reason is an excess of surgeons; even AMA officials have called for a reduction in the number of surgical residencies. Another reason is the lack of alternatives to hospital care—such as outpatient and ambulatory medical facilities. But one of the biggest reasons is the lack of control over a doctor's decision to hospitalize a patient, for surgery or any other reason. Even if an insurance company rules that hospitalization was medically unjustified, it is the patient, not the doctor or hospital, who is penalized by having to pay the bill.

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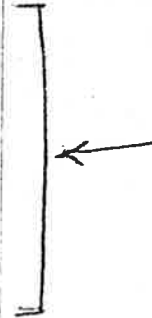
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Delfen* Contraceptive Foam Eliminate 6 real worries about birth control.

Delfen is a "natural" form of birth control to be introduced into your system to be able to change your hormonal balance.)

Many women find Delfen the least interruptive of birth control you can buy without a prescription. It's up to an hour before. There's nothing to mess up.

Delfen is foam. Just foam. It can't shift around or dry later. It's "self-fitting"—that is, it spreads to your own contours, neatly and easily. In fact, you probably won't even feel it. Delfen is light and pleasant. It lubricates. It enhances your pleasure or his.

One reason so many women use Delfen is its simple, unconfusing form of birth control. It can be measured and no prescription. There's only one device is the applicator. There's nothing to count and nothing to wonder about every time. If you follow the instructions, no mistake.

While no contraceptive is guaranteed foolproof, a study conducted in ten separate centers found Delfen to be highly effective. Out of a total of 100 women who became pregnant when using Delfen, 88 became pregnant when using Delfen. When used irregularly, only 10 more became pregnant.

The entire cervix with one of the most effective ingredients known. Delfen Foam is recommended by doctors.



Delfen. A natural approach to birth control.

The world's largest laboratories
devoted to family planning research.

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At 30, I got
and went to



Over the past few years
I've gotten a little
fatter and a little
older by year. Maybe because
I've loved me too much. But
I knew. And here I was



I didn't want to use a
tanning lotion, though. I wouldn't
till I found out about
this lotion. It's not a per-
fume dye. It's a gentle color

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Things continue to be easier (though it may not seem so at the time) as arrangements have them talking with sympathetic friends, reflecting upon moments shared, giving testimony to the life that was lived on earth.

Another thing the funeral does—whether the choice is made for a traditional, a contemporary or a humanist service—is to reaffirm the faith, the creed, or philosophy by which one's life was guided.

As the poet John Donne said: "No man is an island . . ." His death touches his world. A funeral considers the feelings of all those who shared his life. It is a moment when grief shared is grief diminished.

It is truly a unique moment of sharing . . . for the family . . . for friends . . . for society.

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Questions, tell you "what to do" when
die. Tells how to write sympathy notes
and consoling poems. Millions of copies
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Blue covering
quality inner
construction

The Locked Door

My husband and I have taught our children that when we are in our bedroom with the door closed or locked they are not to intrude except in case of emergency—and they must knock first. My mother-in-law says she always slept with the door open, that we are rejecting our children. What do you think?

All mothers, even through a locked door, can hear a child cry or a tiny knock on the door. The lack of bedroom privacy can be deeply disturbing to one or both partners. Children should respect their parents' need for privacy just as parents should respect the same need in their growing children.

Bedroom Smoking

I quit smoking years ago. My wife smokes two packs a day and says she can't quit. I now find cigarette smoke offensive, especially in our bedroom. Her first cigarette upon awakening and that last one before she goes to sleep are hurting our otherwise good marriage. What can I do?

Tell her just that. Say that smoking when you are awake is dangerous, but

when you are sleepy it can be suicide. If she can give up these two cigarettes, perhaps she can one day give up the rest. If she can't modify her smoking habits, ask her if she will smoke that first and last cigarette elsewhere in the house. Above all, don't be self-righteous. Remember your own smoking days.

Late Calls

My husband gets angry if any women friends call me after we have gone to bed, around ten o'clock. He is usually reading or watching television, so I feel he is being unreasonable. He says this is a private time for us and shouldn't be interrupted. Who is right?

Surely he should make an allowance for an occasional call at this time, especially from somebody who doesn't know your retiring habits. If a friend is just phoning to talk, say, "We are in bed." If she has any sensitivity she will keep the conversation short. And you should, too, unless it is something important such as changing plans that can't be taken care of in the morning. I agree that this pre-sleep period should be a private and very special time between husbands and wives, free from interference from the outside world, if possible. If your husband, instead of you, got these calls from his friends, how would you feel?

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BAD NEWS FOR PEOPLE WHO DON'T SHINE COPPER WITH TWINKLE®

Tests show, of all the leading copper cleaners in the United States, none gives a shine that lasts longer than Twinkle.

Know why? Twinkle contains Chronite (no other copper cleaner has it). It really holds back retarnishing. Repeat—it holds back retarnishing.

Isn't Twinkle the copper cleaner you've been dreaming about?

Should you throw out your present brand and get Twinkle right away? That's your decision. But if you've been using Twinkle all along, you know what a long lasting shine means.

