**On Parasites to Hospitals**

According to Frank Gluck, Bruce Rueben, president of the Florida Hospital Association likened surgical centers and related facilities to parasites whose very existence damages their host.   Would he include outpatient physician offices as "related facilities"?   He appears confused as to why a hospital exists.  It doesn't exist solely for doctors (the apparent parasitic competitors), it exists for patients.  How is improving cost and access of care for patients "parasitic"?  I, for one, am truly weary of the deceptive statements, ads and tactics expressed by the national and state hospital associations. The hospital lobby in consortium with the health insurance lobby are running away with irresponsible cost runs and insisting that the present laws and institutions continue to offer special protections and barriers to impede health industry progress, improvements and competition.

So what is a hospital anyway?  The Shorter Oxford English Dictionary offers many definitions. The very old definition is***: a house for reception and entertainment of travelers or strangers*.** Also: ***A charitable institution for the housing and maintenance of the needy, destitute, infirm, or aged*.** More contemporary: ***An institution or establishment providing medical or surgical treatment for the ill or wounded.***  A hospital bed is defined as: ***a bed for a patient in a hospital usually higher than a normal bed to facilitate nursing; an available place for an inpatient at a hospital***.  What appears to be in debate and what Representative Heather Fitzenhagen is proposing in the state house chamber is: should 24 hours define a hospital bed or can that arbitrary designation be reviewed in order to alleviate a major choke point in patient care?

Mr. Gluck's article provided us with some pricing differences between a hospital and a surgical center- the differences are astounding. The excuse that hospitals are entitled to gouge the users of their services as justification for their fulfilling their obligation to treat the poor and uninsured is also wearisome.  It is true that society and our state have developed safety net hospitals that are obligated to be the "last stop" for individuals, insured, destitute or otherwise.

The public needs to keep in mind that these safety net locations receive major tax breaks.  They are allowed volunteer workforces, litigation protection (sovereign immunity status), state and federal monies and massive charitable donations to fulfill that obligation.  I would suggest that their crying about competition should fall on deaf ears.

Market legislation that allows more cost-effective and improved care delivery will lower the incidence of poor and destitute hospital arrivals. That is a good net effect for society.  The truth is the hospitals (naturally and justifiably so) are afraid of losing market share and hence the rhetoric. Economic forces if allowed to work freely will assure this outcome. That is what capitalism is based upon. It is a net benefit to society and resource allocation.  We should break down competition barriers not build them.

Mr. Rueben also suggested competition from such "parasites" would threaten the hospital's ability to finance the full continuum of services.  Notice the word parasite- it suggest the subconscious hostility that Mr. Rueben apparently harbors for competition. Such rhetoric is an attempt to trick the public into believing that hospitals have been mandated to offer "a full continuum of services" which apparently includes surgical centers and outpatient physician practices and services?  If hospitals would truly stay in the hospital business (as opposed to its self-imposed mandated vision of being the end all answer to all things related to health care services), we wouldn't be having a conversation or debate about the recommendation for a new class of non-hospital "recovery care centers".

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