

The Health Threat

by

Dan Ben-David

A nation with a future requires leadership with vision, caring, integrity and the ability to plan ahead. The decline – in relation to the western world – of Israel's economy, society and educational system since the seventies speaks for itself as to the caliber of our elected officials (though there were a few exceptions) over this period. A country's inner strength, upon which its defensive might is based, is determined by its living standards, the degree of its internal gaps, and the quality of life of its citizens.

In this latter realm, the health threat to Israel is serious. This is a country that allows its first world doctors to be overshadowed by a third world managerial culture that abandons our loved ones to subsistence as vagabonds in hospital corridors during their weakest hours, that condemns them to premature death because of budgets that move intensive care and national medicine baskets downward on the budget prioritization ladder, that creates large gaps in the quality of medical equipment around the country. This is a country that, given the amount of money that it spends on health, should have looked substantially different at the dawn of the 21st century.

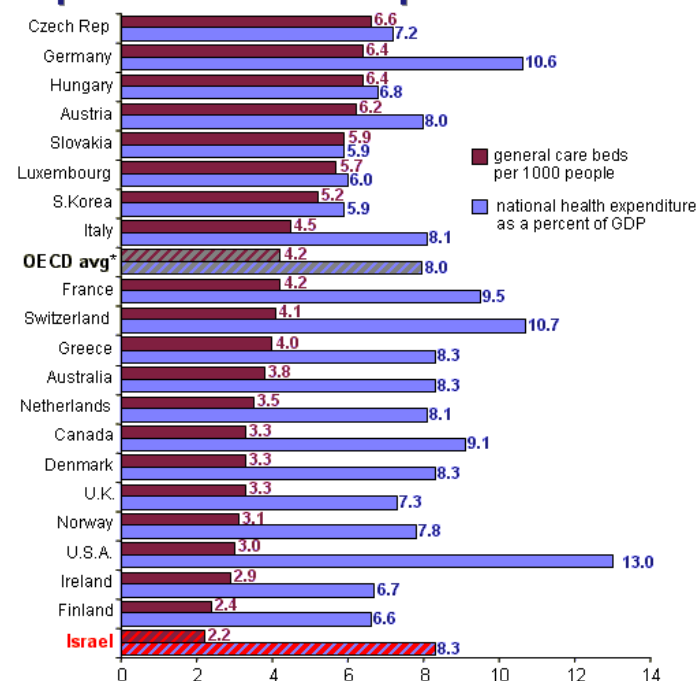
Israel's national health expenditure as a percentage of its GDP puts it in 8th place among 29 OECD countries. On the other hand, the number of general care hospital beds per 1000 persons is just 2.2 – below all of the western nations. While bed occupancy in internal medicine units abroad is 65-75%, the annual Israeli average was 106% in 2003, and during winter the occupancy rates reach 150-200%! As if this were not enough, investment's share of the national health expenditure fell from 6% in 1980 to 3.7% in 1990, reaching 3.9% in 2000, so don't hold your breath for any improvements any time soon.

Since the national health law was enacted in the mid-nineties, private spending rose from a quarter to a third of the national health expenditure. We pay more, but the waiting periods for medical specialists just get longer and longer. The wait to see a cardiologist can reach 4 months – but this only regards an evidently minor organ such as the heart, so there is no rush to get a diagnosis.

About 5% of the general care beds in Europe are in intensive care units (ICU's). In the United States the proportion is 10%. There are 1,600 beds in the Sheba medical center at Tel-Hashomer, one of Israel's premier hospitals – but just 10 of these are in the intensive care unit. In Ichilov, another first tier hospital, there are 1,000 beds, and (according to the Bulldozer TV program) only 9 in the ICU. Even when the equipment is donated and reaches the hospital at no expense to Israeli taxpayers, someone still prevents budgeting for the medical team that could operate it.

Beds in intensive care units are three times more expensive than regular hospital beds. Therefore, our

Relationship between health expenditure and hospital beds



* The average is for all 28 OECD countries with expenditure data and all 22 countries with data on beds.

Source: Dan Ben-David, Tel-Aviv University
Data from health ministry, originally from CBS and OECD.

managerial wizards prefer giving us less beds in the ICU's (with fatality rates of 15%) and transfer our nearest and dearest to intensive care rooms located in the internal medicine units (with fatality rates of 65-85%). Even though the actual differences are not quite that large since the lack of space in the ICU's forces them to transfer to the intensive care rooms patients with lower chances of survival, the inferior equipment and the substantially more diluted staffing with less intensive care experience seals the fate of the majority of those who are transferred.

The problem of the health system is not a lack of money, though my personal preference would be to increase the health budget at the expense of the nationalistic preferences of the current health minister. But first, there is a need to know where the money that we spend on health is actually going. As is common in these parts, no one is accountable, there is no transparency – and there is no one that can be relied on in our national leadership. It is time for the prime minister to appoint a national task force, as he did with education, comprising blue ribbon professionals specializing in health, social work, management, economics and law in order to rejuvenate a sick health system that literally affects our quality of life.