

READER BEWARE: HEALTH STATISTICS CAN BE MISLEADING

There was a recent article “Patients More Likely to Die While in ICU in U.S. than in England.” <http://The> lead sentence of the article states that: “dying hospital patients in the U.S. are nearly five times more likely to spend their last days in the ICU than are patients in England.” The article goes on to say that “the death rate among patients who received intensive care in England was nearly three times higher than in the U.S.”

There seems to be a contradiction here. Information extrapolated from a study done by Columbia University researchers who compared data from England to data from seven states in the U.S. points out the need for further investigation to evaluate why so many elderly Americans end up in the ICU and what that says about our approach to end of life care. It is a valid issue that goes right to the heart of how we spend money in healthcare. It also points out how sensational and misleading headlines can affect public perception about the real story. Reading through this article tells us that although more Americans than Brits spend their last days in the ICU, the death rate for intensive care patients in the UK is higher, (in fact three times higher).

There was a similar situation when the World Health Organization rankings of health performance in countries around the world were made public. WHO ranked the United States 37th, in health performance behind nations like Morocco, Cyprus and Costa Rica. Finishing first and second were France and Italy. U.S. citizens reading these headlines were astonished. What was not stated in the media stories is that health performance from country to country is not measured on the same yardstick. Healthcare quality is affected by many things including delivery systems, payment systems, lifestyle choices among the population – even injuries resulting from criminal acts and accidents. Additionally, different countries have vastly different reporting and legislated requirements that change the statistics based on what is revealed and what is ignored. In other words the publicity promulgates an evaluation that does not consider structural, cultural and philosophical differences among countries as well as the scope of the healthcare infrastructure.

Statistics that compare the U.S. and other countries are meaningless and neglect to inform us that national health systems portion out care with restraint that the American public might not feel is an acceptable standard. Let us not be lulled into believing that our standards of care are either beyond reproach or are so low that we deserve the media dispersions. We have a lot of work to do to improve care access and quality of care. We also, in most instances, are not as bad as the media would have us believe.