



The Doctor Is In

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Hospital Closure Disaster

NEW YORK, N.Y., Feb. 17 (PinoyGlobal) - St. John's Hospital is closing on Feb. 28, 2009. To say the least, this is painful for more than a thousand employees who will be losing their jobs. A lot of Filipinos are employed in this hospital - as well as at Mary Immaculate, which is also said to be closing. Some are husbands and wives working together. There are those who worked in the hospital for as long as 20-30 years. I know how these employees feel because I experienced unemployment as well when the Parkway Hospital closed due to financial difficulties.

It was just after Election Day and my boss told me that I did not need to go to work. I asked why. He answered, "The hospital is closing at 12 midnight. The department of health ordered the evacuation or moving out of the patients, to transfer them to other hospitals."

The following day we were supposed to get our last paycheck at the cafeteria, which was crowded with hospital employees. We were also surrendering our picture IDs. We were smiling and hugging each other but behind our smiles were tears. These were the people I worked with. Sometimes I spent more time with them than with my family. The way we all felt was that we had lost our parents, and each of us were orphans who would be given away to different foster parents.

A co-worker showed me her ID, which she was about to surrender. She said "This is me when I was 26 years old. Now I am 56 years old. In my condition

and age, who do you think will accept me if I apply for a job?"

As for me, I had no problem submitting my ID because mine was relatively new, therefore my face was still the same. I don't think I would be able to keep my ID for 30 years. Just like my ATM card, it would always be lost. I might also mention here that I had a rice cooker in that Emergency Room. I worked nights and I had it to cook rice, peanuts, and sweet potatoes because everybody ate at midnight with me.

To boost up the morale of everybody I used to say that as long as I had my rice cooker in the Emergency Room the hospital would never close. But I was dead wrong! My rice cooker however, is still in the ER. I just hope things will change and I can use it again if the hospital re-opens.

St. John's Hospital has been struggling with financial woes for several years. It used to be under Catholic Church management. Then it became private several years ago. But it had problems under the private operator too until Wyckoff took over. Two years ago, Wyckoff got into some difficulties as well, and so the original St. John's is being given up.

Now the government has taken over, but it cannot sustain the payroll. This hospital has tried its best to survive and used several methods to achieve this goal. It cut down on the number of nurses, doctors and employees. The ER used to have two doctors, but now it's down to one and physician assistants are used in place of the other. The nurse-to-patient ratio has increased, which means that

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nurses are overburdened. Consultants were also hired and paid millions of dollars a year to figure out what was wrong at St. John's. Obviously they didn't figure very well.

The bottom line is that hospitals are not paid appropriately for the services they render to patients. A lot of people who go to the ER don't have insurance. Their chart says "self-pay" but actually most patients listed under "self-pay" cannot pay. Usually they wait 10-12 hours in the ER lobby just to be seen because they have no insurance. They cannot pay cash to see a private doctor.

The government mandated that anybody who comes to the ER should be seen even without insurance. The ER is a public service, like a police station. But a police station gets subsidies from the government while hospitals don't.

Years ago when the economy was good the hospitals were able to give charity because there were many people with good insurance. The private insurance companies were charged a little bit more so that the hospitals could sustain people without insurance. But now things have changed. People are losing their jobs and cannot afford health coverage. So charity patients are a burden and have become hard to handle.

Another big cost to hospitals is litigation. Millions of dollars go to the garbage bin because of this. For example, a doctor will order hundreds of dubious CT scans and expensive tests to avoid being sued by patients who might later obtain an ambulance-chasing lawyer and claim that they weren't thoroughly examined.

Even a regularly intoxicated person who goes to the ER virtually every day due to alcohol sickness and falling down will still have CT scans of the head ordered for him repeatedly to rule out even the slightest chance of bleeding in the brain. This is so even though in the doctor's mind the examination is not necessary because the same drunkard comes to the ER every day.

A medical resident was impressed with me when he showed me a film of a cat scan of the head and I identified the patient by his head CT. I knew him because he was in the ER every day and his CT was as familiar as a family picture to me.

A test is done on a patient for several reasons: 5% of the time because the patient really needs it; 15% of the time because the patient wants it; and 80% of the time for the lawyers who are watching us with an eagle's eye. Each doctor wants to avoid being a victim of the "lotto scheme" because some patients sue to become millionaires overnight, although only a small percent goes to the patient because most of the money goes to the lawyers. Only in America is this possible.

Hospitals are vital to the community and they are disappearing as the ice caps in the North Pole during global warming. When Pres. Obama was talking of the financial crisis he said "let us act fast and decisively to avoid a downward spiral of the economy." I hope he will say the same with the health crisis before it becomes a catastrophe.

All we need is a drop in the bucket from the economic stimulus bailout money!#