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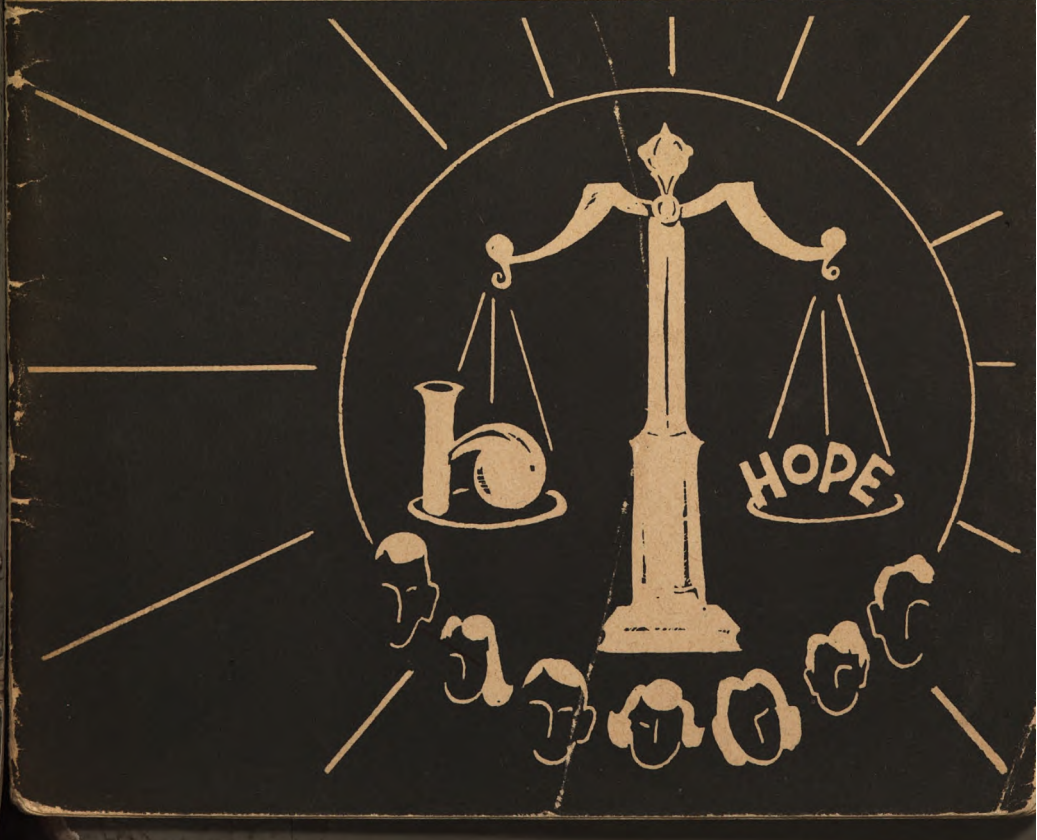
PUBLIC AFFAIRS PAMPHLET No. 176

SOMETHING CAN BE DONE ABOUT CHRONIC ILLNESS

By Herbert Yahraes

THE COMMISSION ON CHRONIC ILLNESS



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There is wide agreement that the major medical care problem in the country is chronic disease. One of every six people is chronically ill; three of four hospital beds are occupied by victims of long-time illnesses. Many of these patients are chronically ill because they did not seek the attention of doctors early enough. Some are crowding hospitals who would be better off at home, if professional supplementary home care were available. And still others are incapacitated who could learn to take care of themselves and lead useful lives with proper rehabilitation. As a result, the chronically ill are taking a disproportionate amount of time of doctors, nurses, and welfare workers, and are overloading hospitals and other medical facilities.

This is a problem that can be solved only with the full cooperation of the medical profession and public health and welfare officials working together. It is the problem to which the Commission on Chronic Illness, founded by the American Public Health Association, the American Public Welfare Association, the American Hospital Association, and the American Medical Association, is giving its attention. It is also a problem that needs to be understood by the public. Its solution is dependent not only on the professions, but on the community leadership that in this country is responsible for producing such medical care facilities as hospitals, diagnostic centers, and home care programs.

To inform the public, Herbert Yahraes has written *Something Can Be Done About Chronic Illness* for the Public Affairs Committee. This pamphlet gives a rounded picture of the problems of prevention, treatment, and care that are common to most chronic diseases. It shows how these problems are being wisely tackled, and suggests what else can be done.

Leonard W. Mayo

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SOMETHING CAN BE DONE ABOUT CHRONIC ILLNESS

By HERBERT YAHRAES

BILLY, five years old, has just recovered from an attack of polio, which left him with partial paralysis of the right leg. He has to learn to walk all over again. Mary, 14, has been doing all her school work in bed since a second attack of rheumatic fever eight months ago. Seventeen-year-old Michael looks fine but is subject to epileptic seizures.

Tom Henderson, young lawyer, applies for more insurance and is surprised to learn he is mildly diabetic. The days that Mrs. Clifford isn't behind her counter in the department store, she's home suffering from arthritis. Friends laugh when thin Jane Perkins says she has to watch her diet, but she's right; she has high blood pressure.

After thirty years of helping other people, Dr. Martin has gone to the hospital to be operated on for cancer. Some people say it was a stroke old Mr. Fuller suffered a few days ago; others call it apoplexy. Anyway, it's left him with his right side paralyzed.

All these people—from young Billy with poliomyelitis to old Mr. Fuller partly paralyzed by a sudden stroke—have some-

This pamphlet has been prepared in cooperation with the Commission on Chronic Illness and the U. S. Public Health Service. The Commission was founded by the American Hospital Association, the American Medical Association, the American Public Health Association, and the American Public Welfare Association.

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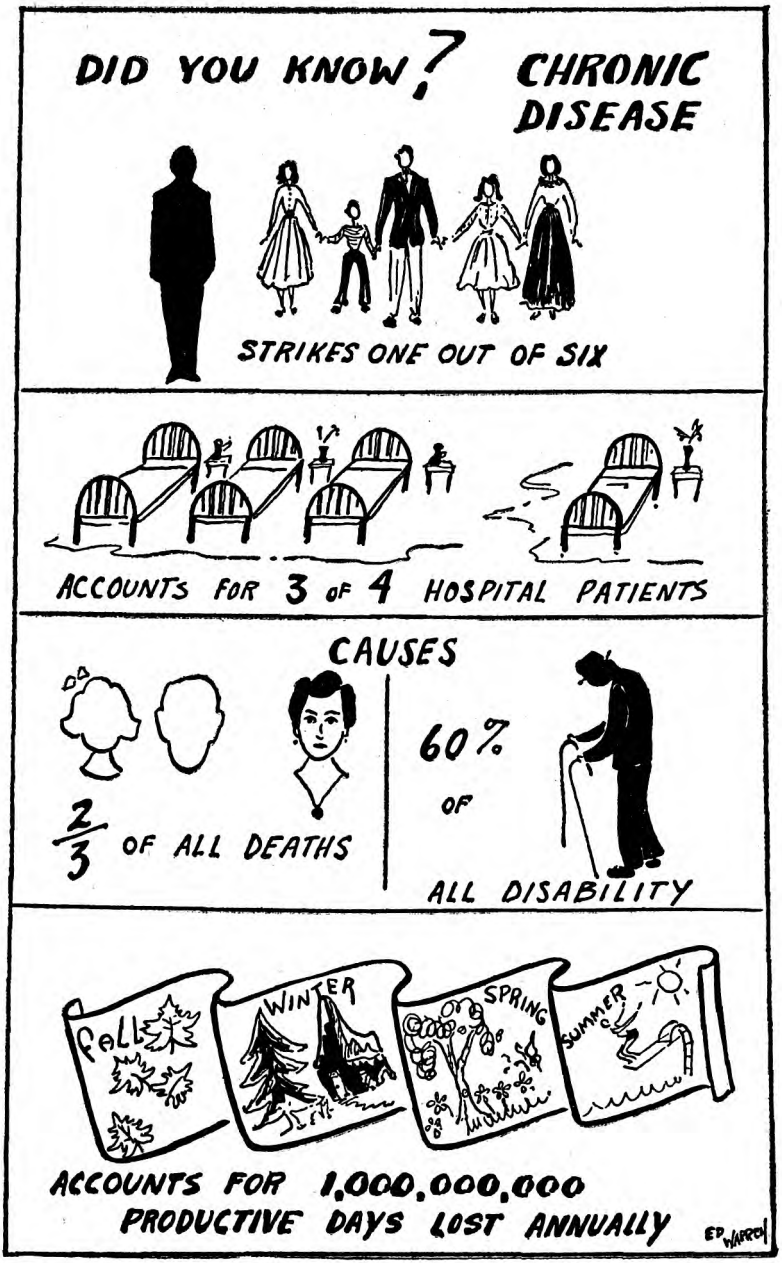

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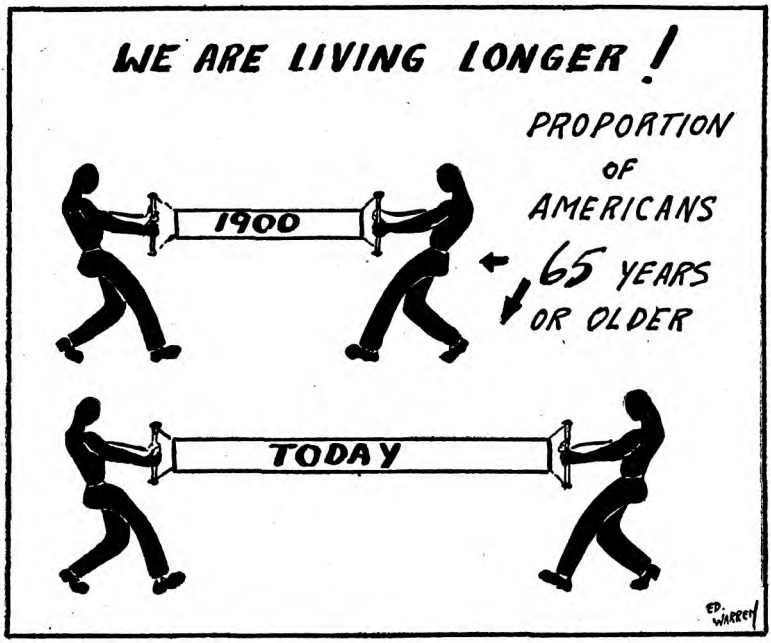
gists and economists—in fact, to everyone—because more of us are living longer. In 1900, only one American in 25 was 65 years old or older; today the proportion is about double that and, statisticians tell us, is bound to increase. Now some 12,300,000 Americans are at least 65; within the next fifty years the figure is expected to become 25,000,000.



The Problem in Brief

Fifty years ago only about one death out of three was due to chronic disease. Today, however, two out of every three deaths are caused by such diseases.

The change has come about, not because we have more chronic diseases or more severe ones, but largely because we have learned to deal with the acute diseases that used to kill so many of us. Since man still has to die of something, the difference may not seem significant. But look at it this way:

An acute disease lasts for days or weeks; a chronic disease for months, years, or decades. A physician's care is essential in the

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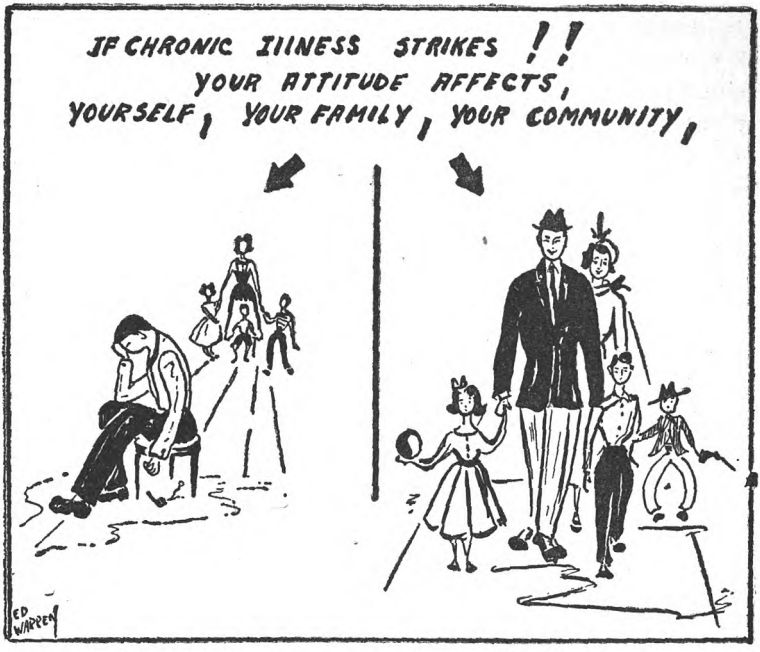
ficult responsibility for accident prevention rests on the parents; no amount of money or moaning will ever produce a single, easy, accident prevention injection.")

Obesity is associated with several chronic diseases and, in ways not yet fully understood, cuts down a person's chances for longevity. Prevention of obesity is likely to mean better health.



Secondary Prevention

Our progress in preventing chronic disease, however, has been far overshadowed by our progress in preventing, ameliorating, or postponing its effects. Discussing this advance, two New York physicians, Drs. David Seegal and Arthur R. Wertheim, early in 1951 listed 17 chronic diseases that could be either cured or largely controlled. They listed 27 others that could be partly controlled so that, in many cases, the patient could lead an essentially normal life. They listed seven chronic diseases or groups of diseases as "largely uncontrolled"—and these included hypertension and arteriosclerosis, the effects of which can be partly

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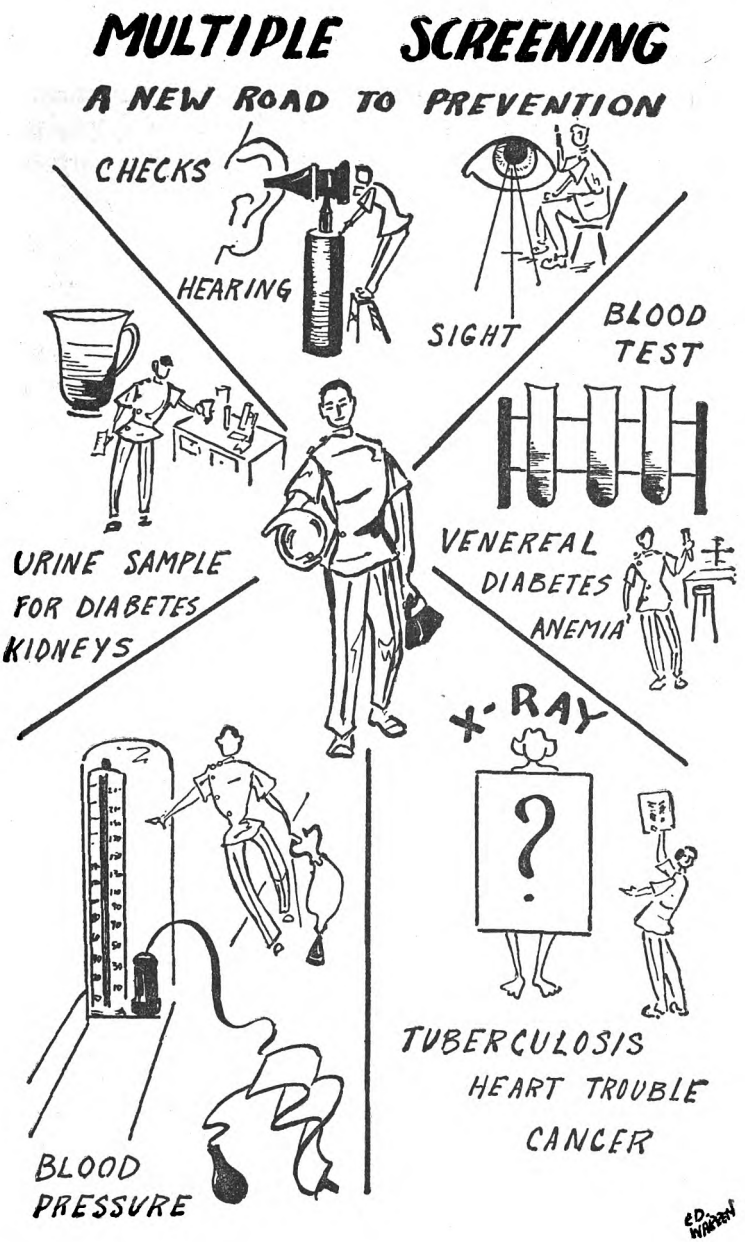

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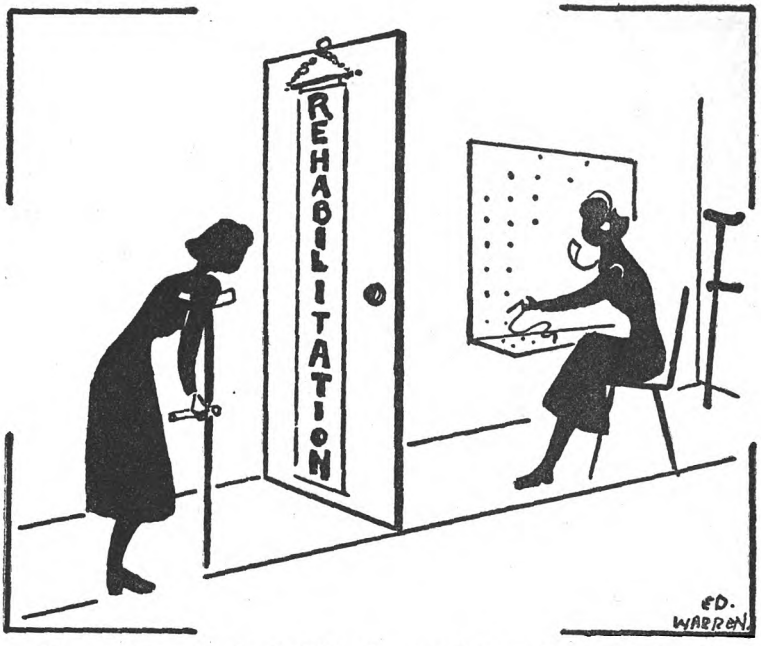
Rehabilitation's Worth

Each of the 48 states, the District of Columbia, Alaska, Puerto Rico, and Hawaii, operates a rehabilitation program in cooperation with the Office of Vocational Rehabilitation of the Federal Security Agency. Under this federal-state plan, a handicapped person may apply for whatever help he may need to become self-supporting. About 60,000 men and women a year are being rehabilitated by this system. In most cases their disabilities come from illness.



The real worth of rehabilitation can't be calculated, for there is nothing like the dollar, ounce, or other unit to measure individual and family happiness when a disabled person finds he can still be useful. Nevertheless, rehabilitation is justified even on a pure dollars-and-cents basis, as witness these statistics on the 1950 group:

Earnings: Before rehabilitation, these people were earning at the rate of $17,000,000 a year; afterward, at the rate of $95,000,000, not counting the earnings of 12,000 rehabilitated farm-

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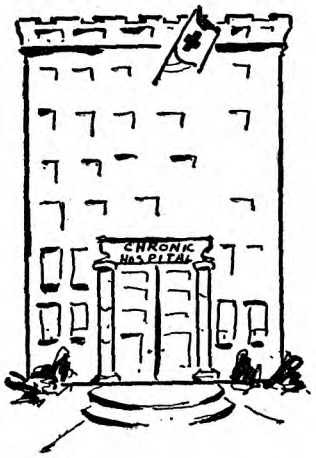
However, health authorities are divided on whether these additional facilities should be chronic-care wings of general hospitals or should be new hospitals exclusively for chronic cases. All agree, however, that they should not be isolated but should be near a medical center or other hospitals. The arguments can be summarized this way:

New Hospitals or New Wings



For Chronic Hospitals

A chronically ill patient is usually medically indigent; he has exhausted his resources during the early stages of his illness. The general hospital can't afford to carry this burden and shouldn't be expected to do so. Anyway, if there are to be more facilities in a general hospital, they are more urgently needed for acute patients. Besides, the medical staff of a general hospital is used to handling acute illness, which is more dramatic, so it might tend to neglect the chronic cases.



For Chronic Wings

It's much cheaper to install and maintain a "Department of Continued Care" in a general hospital than to put up a new hospital, which would need a new staff and new equipment. A general hospital can select its staff so it will always have some doctors who are especially interested in chronic disease. Anyway, a general hospital needs long-term patients so that doctors, nurses, and administrators can learn how to handle a problem that will be even more important in the future than it is now.

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