

Nursing experts speak out against the disaster of managed care

The November 1996 issue of the *American Journal of Nursing* reports on the results of a Patient Care Survey it commissioned in March, in which nurses responded to questions about changes that have occurred in their profession in the past year. The survey results (see box) have shaken the medical world, because they confirm what *EIR* and other critics of “managed care” have been warning about—that serious damage is being done by the practices of managed care, not only to the nursing profession, but to a large percentage of patients who are forced to comply with its strictures.

EIR interviewed the lead author of the survey, Dr. Judith Shindul-Rothschild, about the effects she has seen in the nursing profession as a result of managed care. We also interviewed Dr. Lorraine Wilson, author of the leading textbook on patho-physiology and a professor of nursing at Eastern Michigan University, about what she sees happening among nursing students as a result of the imposition of managed care nationwide. Both experts told us that managed care is wreaking havoc and must be stopped. Here are excerpts from those interviews.

Interview: J. Shindul-Rothschild

Judith Shindul-Rothschild, R.N., C.S., Ph.D., is Assistant Professor at Boston College School of Nursing, and a member of the American Nurses Association Congress on Nursing Economics. The interview was conducted by Marianna Wertz on Nov. 22.



EIR: What has been the response to the publication of your study on managed care’s effects on nursing?

Shindul-Rothschild: I’ve gotten a lot of press inquiries, and people are asking me to come and address various groups of nurses.

From the nurses’ perspective, the results are sort of ringing true with their personal experience, and they want to hear more about this firsthand. When I speak to nurses, they think they want to try to improve quality of care so patients can get

well quicker and out of the hospital, back to their families and their work lives or social lives, as quickly as possible.

I think what the nurses are struggling with, is how to take a stand without risking their careers. That is something that the nurses at Brigham and Women’s Hospital [in Boston] did quite effectively. They were organized for collective bargaining through the Massachusetts Nurses Association. They had been in negotiations for a year and a half, and, during that entire period of time, the chairperson and the other members of the collective bargaining board, who were elected by the 1,900 nurses in that institution, leafletted their colleagues about the issues that they thought were critical and had to be included in any contract.

Those practice issues included the right to determine what sorts of nursing tasks would be delegated to unlicensed assistive personnel; the demand that there be training and orientation when nurses were floated to another area of the hospital that wasn’t within their specialty area; and a number of issues like that. Eighty-five percent of them voted to go on strike, when management refused to meet their demands around these professional practice issues and insert some of this language in the contract. That’s unheard of, when you look at strike votes, to have such an overwhelming number.

When I go around the country, what I say to nurses, when they say, “We’re helpless in the face of this trend toward corporatization and the rationing of patient care and the threats to professional nursing practice,” I say frankly, I don’t want to hear it. Not that I don’t want to hear it, but that’s not true. No group of nurses were at greater risk than the nurses at Brigham and Women’s Hospital. The unemployment rate for registered nurses is highest in Massachusetts. That hospital is merged with Mass General, which is not unionized, and the nurses were told by management that if they took a strike vote, they would simply be replaced by strikebreakers from Mass General. That’s frequently used as a reason why nurses say they can’t take a stand, because the hospital has merged and they’ll be replaced.

But at some point in time, what I say to nurses is, you have an ethical and moral duty.

I’m not saying anything to nurses that I haven’t done myself. I was a new graduate in 1975. I had my license three months when our governor, then-Gov. [Michael] Dukakis, decided to balance our state budget by freezing all state worker positions. And that included health care workers. At that time, I was a staff nurse in the Department of Mental Health.

What happened then, in a practical sense, was that we had two nurses, myself and another nurse, to manage 40 acutely psychotic patients during the day-shift. The nurses at Mass Mental decided to go on strike. The nurses at Boston State decided to have a sick-out. They were going to transfer all those patients to us, and we all got together. We all decided we would have a vigil on the steps of the State House and notify people that in 48 hours, we were going to terminate our employment. We brought our patients up with us from the various health clinics. Billy Bolger had an emergency legislative session and unfroze those positions, and we got the nurses that we needed to take care of those patients. It was unsafe for the patients, too, just as it was unsafe for the nurses.

Patient care survey indicts managed care

The November 1996 issue of the *American Journal of Nursing* reports on the results of a Patient Care Survey it commissioned in March, the largest survey of its kind, conducted by Dr. Judith Shindul-Rothschild. In it, 7,560 nurses, from every state and territory in the United States, responded to questions about changes that have occurred in their profession in the past year. The survey's major findings include the following:

- Almost half of the nurses surveyed reported that part-time or temporary registered nurses (RNs) have been substituted for full-time RNs, and two out of five reported the substitution of unlicensed assistive personnel for RNs.
- Over half the nurses reported less continuity of care and an increase in unexpected readmissions.
- Most geriatric nurses and two out of five intensive care unit (ICU)-critical care unit (CCU) nurses reported increases in complications secondary to admitting diagnosis.
- Most psychiatric-mental health, orthopedic, neurology, operating room-post anesthesia care unit (PACU), primary care, and emergency nurses reported increases in work-related injuries.
- Only three-quarters of nurses stated that they would remain in nursing, with the fewest being in the Pacific region, where managed care has the heaviest penetration. In Massachusetts, the state hit hardest by recent cutbacks in RNs, the number of nurses saying that they plan to leave the profession has increased fivefold in less than two years.
- Nearly two out of five nurses said they wouldn't want a family member to receive care at their organization.

EIR: So the bottom line is, if you fight, you can win?

Shindul-Rothschild: The bottom line is, you have two choices. In my research, what we saw, a trend which we think is very worrisome, is an increase in the number of nurses who are saying they're going to quit the profession altogether. Not leave their jobs, [but] leave nursing, in percentages that are higher than we've ever seen before, and we've been asking that question to nurses for almost 20 years. So that's a very, very disturbing trend.

The nurses can either put up and shut up, put their licenses in jeopardy, and their patients in jeopardy; they can walk away. Or, they can take a stand, like the nurses at Brigham and Women's did.

I think we're going to get universal health care eventually, because corporate health care, as more and more of our population becomes aged and gets sick and dies—and that's when you really need medical care—they're going to find that managed care is a complete disaster.

Managed care sounds fine on the surface, as long as you're not very ill. You only pay a dollar or two when you go in for preventive care, and you get your prescriptions covered, and things like that. In fact, managed care does provide 30% more primary care services. But when you're really sick, they provide 30% less care. The problem has been, to date, that a very small percentage of the voting public can identify with the problems that some Americans are encountering with managed care, because you have to be very sick, and maybe even dying, before you realize they're really cutting you off at your knees, in terms of access to all sorts of services.

EIR: The cover story of *EIR*'s recent report on managed care is titled "Managed Health Care Is a Crime Against Humanity."

Shindul-Rothschild: That is what's happening. It's so sad, because health care is being transformed from a humanitarian service model of caring for people, into this corporate, commodity-driven, profit-maximizing industry, that shows complete disregard, I think, for the most valuable asset, if you want to call it that, which we all have, and that's our life. It is stunning, the disregard people have for the dignity of human life.

EIR: That leads me to my final question. I don't know if you're familiar with Lyndon LaRouche, the founder of our news service. He spoke at a recent forum and said that this is going to come down to a question whether people are willing to say what is really going on. And he quoted the count against the Nazi doctors in the Nuremberg tribunal, and their treatment of the Jewish victims of the Holocaust, which included "inadequate provision of surgical and medical services" as a crime against humanity. He said that unless we begin to say that this is really Nazi practice that we're getting in this country, we will not be able to stop it.

Shindul-Rothschild: I heard secondhand at the Society of Law and Ethics meeting a few weekends ago, Dr. Stephanie Woolhandler [a Cambridge primary care doctor], who is

very well known for her progressive views on health care, did just that, and was really resoundingly booed and hissed. [Dr. Woolhandler noted that doctors in Nazi Germany had made arguments for rationing health care similar to those made today by managed care supporters.]

EIR: I called her after the incident, and she was frightened. She must have really gotten hit hard for saying the truth.

Shindul-Rothschild: She has a lot of courage to put it right out there.

EIR: We're trying to keep this issue right up front, particularly going into the next Congress.

Shindul-Rothschild: Good. I'm glad somebody is. I hope you do manage to put people's feet to the fire.

Interview: Lorraine Wilson

Lorraine Wilson, Ph.D., R.N., professor of nursing at Eastern Michigan University, is co-author of Patho-Physiology, Clinical Concepts of Disease Processes, published by Moseby. The interview was conducted by Marianna Wertz on Nov. 22.

EIR: You mentioned that you had some discussions with your graduate students about managed care.

Wilson: At the University of Michigan Medical Center, I have in my graduate class a number of critical care nurses. And some of them are saying that it's not safe to be in the hospital, because what they have done in the critical care units is put in some unlicensed assistive personnel, in place of professional nurses who have four or five years of education, and many years of experience. So, they have to evaluate their patients by the minute, titrate their drugs, and they're responsible for their patients' lives, in fact. If you are spread so thin that you cannot take care of your patients, you cannot assess them to know if they're getting into trouble or how they're responding to the drugs or whatever, then you can't give safe care, and that's extremely frustrating to professional nurses who are critical care nurses, who are trying to care for the patients.

Some of the students told me that some nurses were leaving the critical care unit crying. They were crying because of the fact that they were not able to take care of their patients properly, in a safe manner. This is not correct; this is fraudulent. People go to the hospital, paying \$900 a day. They expect to get professional care by professionals, not by somebody who was a cleaning lady last week, or somebody who worked in McDonald's last week and had five days of training, who doesn't know anatomy, physiology, chemistry, pharmacology, and all the other things that we study for four or five years, as a minimum, to be able to safely take care of people.

That's what managed care is doing. They are forcing

the hospital administration to cut their costs, and they're doing it by firing professional nurses all over the place, so that the patients are not receiving the kind of care they need. And then they're trying to obscure the fact of who's taking care of them.

I have about 20 graduate students from Jackson Foot Hospital. First they fired all thousand of them, and then put them on the "opportunity list." Then, they have to bid back for their jobs and they call people by different names, and I think that's illegal—like "patient associates." They fired the vice president of nursing services, and they have a new position called vice president of services. It doesn't necessarily have to be a nurse. In other words, *they're attacking our profession and trying to destroy it*, so that you don't have any nursing.

They think that you can reduce nursing to a bunch of tasks that you can allocate to technicians, and that is not true, because that is not what we do. You can't reduce nursing to a bunch of tasks any more than you could take an orthopedic surgeon and reduce that to a carpenter's role.

EIR: It's what Lyndon LaRouche has called the accountant's mentality taking over.

Wilson: They just don't have any understanding of what our role is. I have the feeling also, that sexism plays a role in this, in that they think they can attack nursing because it's mainly a women's profession.

I think that this is a national crisis. I read *EIR* about the history of how managed care has gone, and I guess I knew parts of it, but it's nice to see it in a sequence there, so you can get an overall picture of it.

These people are moving across the country like a blitzkrieg, and stomping over everybody's lives. I think something has to happen at the national level. Clinton needs to appoint a commission to investigate this, and we need to do something so that they can't take over all the community hospitals and force this thing. Because, when they get it all under their umbrella, we will have nothing to say whatsoever. They'll be looting the system till it is nothing. It will eventually destroy the whole health-care system that we have in this country, which is based on having knowledgeable health-care professionals taking care of people, guarding their life and their safety and their health.

I think we have to do something on the national level, because these people have got billions of dollars, and how are you going to stop them? The attorney general can't even stop them.

EIR: Yes, it's going to be a real political fight and we hope to be in the leadership of that. Mr. LaRouche is absolutely committed to stopping this.

Wilson: I think this should be one of the highest priorities in the country, because this is going to be a terribly devastating thing, not just for nurses losing their jobs, but we're talking about patients and their lives. We're talking about people getting killed!