The Bigger Picture: How Much Is Too Much?

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By Pamela Moore, PhD [1]

You didn’t cause America’s poverty problem. So why are you being asked to fix it?

Late last year, Los Angeles’ city attorney filed charges against Kaiser Foundation Hospitals. In all, 10 hospitals in the Los Angeles area have been accused of dumping discharged homeless patients on the city’s Skid Row.

Sounds terrible. But according to press reports, most of the patients were stable at discharge and had listed shelters as their most recent addresses. In several cases, the hospitals even called the local shelters to advise them that these patients were returning.

No one can condone tossing disoriented, unstable patients into rough neighborhoods. But the case raises interesting questions that shouldn’t get lost in moral outrage. For example, how much is too much to require of physicians and hospitals? How far should you have to go to help the disenfranchised?

Hospitals and physicians are required by standards of professionalism and simple decency to act as compassionate caregivers. However, allowing yourself to be used as a tool by a society unwilling to address the holes in our country’s social safety net isn’t in your job description. America’s social problems need real solutions, not demands by local governments that healthcare providers shelter and feed the homeless in addition to treating patients.

What is a hospital supposed to do with a patient whom it has treated, free of charge, but who has nowhere to go after being stabilized? Should the hospital give an expensive bed to a patient who is no longer in need of acute care?

Doctors and hospitals should not have to carry the weight of a broken social system. That the homeless have nowhere to go is heartbreaking — but it is not the fault of our healthcare system. And it should not be our healthcare system’s problem to solve.

The same rationale applies to private practice. I speak all the time to physicians who’ve been caring for indigent patients, free of charge, for many years. The uninsured and underinsured fill your waiting rooms, taking up slots in your schedule that may have gone to paying patients. But you see them because you know they don’t have anywhere else to go. There is an unwritten code that physicians are supposed to do this sort of thing, and many of you have been doing it your entire careers without telling a soul outside of your immediate family.

That’s great. See them. I’m all for charity care. But please don’t make it a personal burden you carry in secret. Go ahead and “tithe,” say, 20 percent of your patient slots to patients you are pretty sure won’t pay, if you’d like. But make sure you let your local city council person, your mayor, and your governor know the value of what you are doing.

Or work with others to seek funding from your community to establish a clinic in which you will volunteer a half-day a week.

Get involved in giving micro loans to or hosting benefits for local clinics already serving the poor. Your patients’ poverty should not be your private problem. Providing healthcare to the disenfranchised is a public problem, and your entire community should be involved in solving it.

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