The Social Beauty of Children's Hospitals

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I have had the privilege of spending my 50 year Pediatrics career working in Children's Hospitals---seven children's hospitals, in four countries, on three continents: IWK Hospital for Children (Halifax, Nova Scotia, Canada) , Cincinnati Children's Hospital (Cincinnati, Ohio), Columbus Children's Hospital (Columbus, Ohio), Alberta Children's Hospital (Calgary, Alberta, Canada), Cleveland Clinic Children's Hospital (Cleveland, Ohio), Beijing Children's Hospital, and Saint Petersburg State Pediatric Medical University and Children's Hospital (St. Petersburg, Russia).

I mention this because it is the Social Beauty[1] that I have experienced in Children's Hospitals that gives me confidence that it is possible to create increased Social Beauty in the larger society and in the world as a whole. The social philosophy, organization, social behavior, and economic modus operandi of Children's Hospitals, individually and collectively, can serve as an inspirational and practical model for society at large.

The Children's Hospital economic model is not just an idealistic pie-in-the-sky idea. It has already been developed, implemented, and successfully practiced by pediatricians for many decades, to the great benefit of society. It has already proven to be practical, affordable, and realistic. In fact, as I will explain in a moment, it is impractical and unrealistic to expect Children's Hospitals to optimally serve children if those hospitals embrace and practice a corporate social and economic model. I say that because my pediatrician colleagues and I have personally experienced how Social Beauty has been sacrificed and children have ceased to be optimally served, when altruistic Children's Hospitals have been transformed into corporate institutions, governed by corporate principles, directives, and behaviors. Our experience in Children's Hospitals has, by extension, strongly suggested that it is impractical and unrealistic to expect Humanity and general economies to be optimally served by a corporate social and economic model.

It is, therefore, proposed that Humanity could create and enjoy much more Social Beauty if the world were to implement and emulate the social philosophy, social behaviors, and economic model of Children's Hospitals. As explained in accompanying articles, the Children's Hospital model could be called the Children's Hospital Public Economy Model (CHPEM).[2]

Children's Hospitals during two different eras:

During the first 25 years of my pediatrics career, Children's Hospitals were bastions of altruism. During the last 25 years, or so, many of these hospitals have increasingly become bastions of corporate activity. I have personally experienced both phenomena, including transitions from one to the other. In the process I have learned much about human nature, economic models,

moral incentive, social duty, monetary incentive, corporate behavior, and what I came to value as "the most precious freedom"[3] (at least for me and for many pediatricians, pediatric nurses, and health care workers).

First I will share what I noticed, felt, and learned during the 25-year "Social Beauty Era;" then I will share what I learned and felt during the "Corporate Era."

The Social Beauty Era:

I call it an honor and privilege to work in children's hospitals because, during the Social Beauty Era, the social philosophy of children's hospitals (in all of the countries and continents in which I have worked) was based on a positive understanding of human nature---an understanding that upregulated and gave practice to the best capacities of our human nature.[4-7] The motivating force in children's hospital was a moral incentive to meet the health needs of children. Physicians, nurses, technicians, administrators, clerical personnel, janitorial staff all worked and contributed out of a willing sense of social duty. They did not need or want monetary incentive. They simply expected an appropriate salary. Great creativity and innovation naturally occurred out of a commitment to increasingly serve children better. Altruism was the naturally assumed behavioral practice—so natural, so assumed, and so beautifully practiced that the word "altruism" did not need to be uttered or written—it just naturally flowed through the hospital, inspiring best behaviors and lifting spirits of everyone, including, most importantly, the children and their parents. I was able to enjoy what for me is the most precious freedom.[3] Our work was an intellectual and social pleasure.

Beijing Children's Hospital (BCH), under the leadership of Dr. Zhu Fu Tang, exemplified the Social Beauty Era. One of the greatest experiences I have ever had as a pediatrician were the 2 months I worked at BCH in 1981. Dr. Zhu Fu Tang had invited me to help BCH develop the subspecialty of pediatric rheumatology. I have never met more knowledgeable, more altruistic, more dedicated, or kinder pediatricians than those I met in 1981. I have never worked in a more admirable hospital than the BCH of 1981.

Dr. Zhu Fu Tang (1899-1994) founded BCH in 1955. He was the first Chairman of Pediatrics at BCH and is the most highly respected and revered pediatrician in China's history. In 1943 he published China's most important Textbook on Practical Pediatrics.

Dr. Zhu exemplified a pediatrician who was not only a brilliant clinician, teacher, and researcher, but also demonstrated extraordinary character, social insight, and wisdom. Among Dr. Zhu Fu Tang's many gifts was his ability to accurately recognize which pediatricians at BCH had an abundance of empathy, were particularly kind and altruistic, and were natural leaders---in addition to being excellent clinicians. He possessed the wisdom to make sure that positions of leadership (at BCH and at other children's hospitals in China) were populated by excellent clinicians who demonstrated exemplary empathy, humility, unselfishness, kindness, honesty, and incorruptibility. He was very careful to not put physicians in positions of leadership or

power if they tended to be opportunistic, arrogant, egotistical, short on empathy, dishonest, or unprincipled, even if they were otherwise very intelligent and academically accomplished. He fully appreciated the importance of altruism. He purposefully created a culture that fostered unselfishness and transformed behavior in the direction of altruism. He fully appreciated how a culture of opportunism, one that emphasized monetary incentives and revenue generation, could transform physicians to become less empathetic, less altruistic, and less effective. At the same time, however, he strongly and wisely warned against the overzealous and intolerant insistence on altruism that, later, often occurred, often abusively, during the Cultural Revolution (1966-76).

During the Social Beauty era, **Cincinnati Children's Hospital, Columbus Children's hospital,** and **Alberta Children's Hospital** also exemplified the Children's Hospital Public Economy Model (CHPEM). During the Social Beauty era Cincinnati Children's Hospital was one of the most highly respected children's hospitals in the world and proved that great innovation and creativity could occur under the CHPEM. For example, it was at Cincinnati Children's Hospital that Albert Sabin, a salaried academic physician, developed the oral polio vaccine.

To this day, pediatricians at the **Children's Hospital at Saint Petersburg State Pediatric Medical University** still exemplify the spirit and behaviors of the Children's Hospital Public Economy Model (CHPEM).

The Corporate Era:

Unfortunately, over the past 25 years, the Social Beauty model (the CHPEM) has increasingly been replaced by a corporate model (sometimes gradually and insidiously, sometimes precipitously, sometimes partially, sometimes wholly) in many Children's Hospitals, particularly in the USA. The characteristics of the corporate model, and the transition towards that model is exemplified by what transpired at Columbus Children's Hospital (since renamed Nationwide Children's Hospital), where I worked from 1986-2008:

This transition started in the late 1990s. The hospital's Board of Directors (which consisted predominantly of current or former corporate leaders, wealthy entrepreneurs, and philanthropists) decided that the hospital could become better and more efficient if it adopted a corporate philosophy and corporate behaviors and business practices. The idea was to run the hospital like financially successful corporations have been run. Advice was sought from a powerful international corporate consulting firm. Services that were not generating revenues (for example, social work support for families of ill children) were markedly downsized. Services that had greatest potential for revenue generation were expanded. Monetary incentives were greatly emphasized. Physicians were expected to increase their generation of revenues, by seeing more patients, maximizing billing, and reducing activity for which they could not bill (for example, spending extra time explaining diagnoses and treatments to parents). Educational sessions were devoted to learning how to "maximize billing opportunities."

Notably, a new policy was developed regarding the scheduling of outpatient visits. This scheduling policy was based on the fact that payment (by health insurance companies) for a 60 minute evaluation of a "new patient" was greater than the payment for three 20 minute "follow-up" visits. This meant that a physician could generate more revenue by loading his/her daily clinic schedule with many "new patient" visits, rather than many "follow-up" visits. Physicians were encouraged to schedule as many new patients as possible and reduce follow-up appointments, so that their daily clinic schedules could increasingly become populated by new patient evaluations. This policy does not honor the great need for and importance of follow-up visits. The Chief of one of our pediatric subspecialty divisions was highly praised as an institutional "hero" for optimally implementing this scheduling policy in his division. All other subspecialty divisions were strongly encouraged to emulate the "hero's" subspecialty division.

Another measure to increase revenue generation was to discourage physicians from spending time doing research, if that research was not funded by a grant. Unfunded research could be done, but only on a physician's own free time, not on "company time." This policy failed to honor the principle that research is an essential part of academic pediatrics, whether it is funded or not. Furthermore, there is no funding available for many worthy research projects. This policy resulted in a significant reduction in unfunded research activity.

Columbus Children's Hospital is a teaching hospital associated with the Department of Pediatrics at Ohio State University School of Medicine. The physicians employed by the Department of Pediatrics and the Children's Hospital are academic pediatricians. One of their responsibilities is to teach pediatric medicine to medical students and residents. Although there was no specific policy to reduce the amount of time physicians spent teaching medical students and residents, the academic pediatricians quickly realized that it was very difficult to meet onerous revenue generation expectations if they spent a generous amount of time teaching. (Teaching is a "non-billable" activity.) As a result, teaching suffered. Teaching the next generation of physicians is an extremely important responsibility of a medical school and department of pediatrics.

Another policy change was that naturally altruistic leaders, who were not inclined to emphasize monetary incentive and revenue generation, were supplanted by leaders who were very enthusiastic about implementing corporate practices and policies. Altruistic leaders were not a good fit for the new corporatized institution. Leaders with business savvy who were particularly excited about revenue generation were desired, and they elevated like-minded individuals to positions of power. Soon, the majority of leadership positions throughout the institution were populated by those who were most committed to revenue generation and a corporate culture. Those who were most altruistic were increasingly marginalized, even punished.

One particularly altruistic pediatrician was sent to a clinic in Kansas that is devoted to evaluation of impaired physicians. That pediatrician's "impairment" was difficulty adjusting to change and resistance to change---the change being the transition from an altruistic culture to a

corporate culture. After an intensive week-long evaluation, the Kansas clinic's final diagnosis for this pediatrician was "pathological altruism."

Another revenue-generating policy was that the hospital preferentially invested most heavily in subspecialty programs that had the greatest potential for increasing revenues (i.e., procedure-oriented programs whose procedures were generously reimbursed by insurance companies), while the hospital invested less in subspeciality programs whose activities were not so generously reimbursed by insurance companies. This policy failed to honor the principle that all ill children need help regardless of how much revenue their care might generate.

Because of policies like those explained above, there was a change in how physicians were viewed and evaluated. Prior to the late 1990s academic pediatricians were **physicians who served patients.** We then became **medical providers who served clients.** Then, even worse, we became **revenue generators who served the corporation.**

Incidentally, another corporate decision was to change the name of the hospital. Since the Nationwide Insurance Company, which is based in Columbus, was providing a large amount of funds for the corporate transformation of the hospital, it was decided to change the name to Nationwide Children's Hospital.

To be fair, it is true that during the corporate era, the new Nationwide Children's Hospital grew tremendously, regarding the size of faculty, size of physical plant, quantity and breadth of clinical services, amount of research (funded) activity, and national and international prestige. This was due to the enormous infusion of money from corporate entities and philanthropists. **However, it is important to realize that even better improvements could have been accomplished, <u>without sacrificing fundamentally important principles</u>, if the same amount of money had been made available to improve and expand the original, non-corporatized Columbus Children's Hospital under the leadership of altruistic pediatricians**. It was not the corporatization of the hospital that improved its size, scope, and prestige---it was the enormous infusion of money that made that possible.

<u>Conclusion</u>:

Altruistic pediatricians, pediatric nurses, and children's hospital workers know how well the Children's Hospital Model worked during the Social Beauty Era. We have thoroughly experienced it; we have lived it; we have practiced it, with great success, internationally, at an affordable price for society. We have confidence in it.

We also know what happens when the Social Beauty Era Children's Hospital Model is replaced by a Corporate Era Model. We have experienced that transition. We can predict with confidence and accuracy what will happen.

We also know the root cause of the corporate model's side effects and its hold on power. For these reasons we should feel confident in proposing that the Social Beauty Era Children's

Hospital social and economic model (the CHPEM) is a practical and realistic model for creation of Social Beauty in society as a whole and that the corporate social and economic model is not. Indeed, the corporate model has failed in health care and is increasingly failing to create widespread Social Beauty in the world as a whole (look at all the wars, as just one example).

FOOTNOTES FOR FURTHER READING:

[1] Social Beauty: https://notesfromthesocialclinic.org/social-beauty/

[2] The Children's Hospital Public Economy Model (CHPEM). (Soon to be posted on www.notesfromthesocialclinic.org)

[3] A Most Precious Freedom: https://notesfromthesocialclinic.org/a-most-precious-freedom/

[4] On Human Nature
https://notesfromthesocialclinic.org/human-nature/

[5] Upregulation and downregulation of the Expression of Human Behavioral Capacities.
https://notesfromthesocialclinic.org/the-concept-of-up-regulation-and-down/

[6] Human Nature---A Graphic Depiction---Sowing the Seeds for Public Economy and Social Beauty:
https://notesfromthesocialclinic.org/human-nature-a-graphic-depiction-sowing-the-seeds-for-public-economy-and-social-beauty/

[7] Little Economic Story: To What extent Should Capitalism be Practiced in a Public Economy?
https://notesfromthesocialclinic.org/little-economic-story-to-what-extent-should-capitalism-be-practiced-within-a-public-economy/

Also, for more articles on Social Beauty and social philosophy, please see the following website:
www.notesfromthesocialclinic.org