Correspondence

National News: Why the Hospital Closed in Mexico, Missouri

The massive problems leading to the closure of Audrain County Medical Center (AMC) in Mexico, Missouri, have received national attention including recent publication in *USA Today*.

Read here: bit.ly/3iCZv0K

I live and practice in Mexico. The publicly-owned AMC has for many years been the referral center for a large area of mid-Missouri. In 2013, in response to changing economic circumstances, the hospital was sold to SSM-Health. Later SSMH divested of its mid-Missouri hospitals (AMC and St. Mary's Jefferson City). After numerous pledges and promises of quality and financial stability, AMC was purchased by Noble Corporation. The nationally known problems leading to closure of AMC are extensively outlined in the *USA Today* article.

It is imperative that Mexico and its large referral area have an emergency room and hospital. Our present medical situation was inconceivable to our former physician community. Our critical and emergent care is presently serviced by several ambulances that transfer patients to Columbia. On some ultra-critical occasions, a helicopter is used. This is far from ideal and has created increased morbidity and mortality.

Like most of our physician community, my general surgery practice has been existentially challenged. My patients and I have had to do an inordinate amount of time-consuming travel. I've done surgeries in Jefferson City and Moberly Regional Medical Center, outpatient surgeries at Columbia Surgical Associates and endoscopies at the Surgery Center of Columbia. All have graciously welcomed me and my patients. I am working on surgical privileges at Boone Hospital and the University of Missouri-Columbia Medical Center. I have not been able to expedite the ponderous credentialling process, even given the sudden AMC closure and the needs of our Audrain community.

I presently see patients in my office several days per week. I am one of the last solo, non-employed private practice physicians in Mexico. I refer out radiology, lab work, and subspecialty care if needed.

The few physicians in our community are employed either by the federally funded Arthur Center, or the University of Missouri. Since our primary care physicians are not working and most clinics are closed, surgical referrals are dwindling. With rapidly rising overhead and staff expenses, I have not been taking personal remuneration.

This ordeal has been devastating to our physician community and the patients we serve. It is an economic and quality of life blow to Mexico and surrounding communities. The Audrain medical and civil leaders have unrelentingly searched for a way for our closed hospital to reopen. At the time of this correspondence, we have a highly respected potential buyer. We hope to announce the sale and reopening of AMC in the near future.

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How Much of a Donated Dollar Goes to Healthcare or Research?

As recently as 30-plus years ago, most hospitals were not-for-profit and often run by religious organizations. They were called community hospitals. The public, as well as community and business leaders, financially supported hospitals generously. They served on the board of directors and took great pride in their hospitals. Some community hospitals affiliated with academic medical centers and had internship and residency programs. There was a community spirit which permeated these local teaching hospitals. At the community teaching hospital where I practiced for many years, each patient room had a bronze plaque on the door with the name of a family that donated a significant amount of money to the hospital.

In the 1990s, things began to change and for-profit hospitals appeared. Today there is very little difference between for-profit and not-for-profit hospitals. For-profit hospitals provide about the same amount of charity care as not-for-profit hospitals. Yet not-for-profit hospitals pay no property taxes while for-profit-hospitals pay property taxes. This taxation difference can be a substantial sum and a major financial burden for the cities in which not-for-profit hospitals are located.[1]

For example, in one recent study, not-for-profit and for-profit hospitals had similar unreimbursed

Medicaid costs as a share of expenses. While another study showed that for-profit hospitals actually provided more charity care than not-for-profit hospitals.[2] Yet not-for-profit hospitals often avidly solicit monetary donations from the public. They compensate their fundraisers handsomely. Charity Navigator (www.charitynavigator.org) is an internet source for the amount of money hospitals spend on fundraising salaries versus actual medical care. Incredibly some hospitals' fundraising fees are egregiously as high as 70 to 80 percent of donated money.[3]

St. Jude is the largest health care charity in the country. Pro Publica, a consumer watchdog organization, did a detailed study of St. Jude focusing on its fundraising efforts.[4] Each year the hospital sends out hundreds of millions of letters, many with heart-wrenching photos of children receiving cancer treatment. It advertises heavily on television. It has hired celebrities to endorse the hospital. In 2020, St. Jude's raised a record two billion dollars. It has 5.2 billion dollars in reserve.

Since 2017, only about half of the $7.3 billion dollars St. Jude has received in contributions went to the hospital's patient care and research. Of the remainder, 30% was spent on fundraising and 20% to its reserve fund. It should be noted that although St. Jude advertises that care is free for those who cannot afford treatment, much of the cost of treatment is paid by the families' private insurance or by Medicaid.[5]

Although families may not receive a bill from St. Jude, they still sustain significant financial stress, primarily the loss of income as parents take leave from their jobs to be with their child during treatment. In these cases, St. Jude recommends that families apply to other charities or for government help. The head of one of the charities recommended by St. Jude has stated that St. Jude families have the same money problems as the families of other children's hospitals, even though he said St. Jude's marketing creates the public perception that it alleviates these burdens.[6]

The fundraising and investment arm of St. Jude known as ALSAC has 2,188 employees. More than 400 of its employees are paid over $100,000 annually. In 2020, St. Jude raised a record two billion roughly equal to the total raised by all the nine children's hospitals ranked ahead of it in quality. St. Jude's reserve has grown by 58% over recent years. It has shifted its portfolio to financial products such as private equity funds designed to generate larger returns than stocks, bonds and mutual funds.[7]

Marty Makary, MD, an academic gastrointestinal surgeon and author, in his book "The Price We Pay" notes that hospital charges are notoriously inflated sometimes over 20 times what is paid by Medicare. He cites how his own not-for-profit teaching hospital, Johns Hopkins, sends unpaid patients' bills to collection agencies. How does this practice differ from the practices of for-profit hospitals?[8]

When not-for-profit hospital finances are exposed and the practices and compensation of fund raisers scrutinized, one can reasonably question why the public would donate any money to hospitals.

References

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4. CHARITY NAVIGATOR downloaded November 10, 2022
5. Armstrong, David, Gabrielson Ryan, St. Jude Hoards Millions While Many of its Families Drain Their Savings, Pro Publica, November 12, 2021
6. *Ibid*
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Do Fish Oil Supplements Reduce A-Fib?

Since we debated DiNicolantonio and O'Keefe about the use of fish oil supplements (FOS) to reduce cardiovascular diseases in *Missouri Medicine*,[1,2] new data have emerged regarding a potential side-effect of FOS—atrial fibrillation (AF). Recently, Gencer et al. published a meta-analysis of seven randomized, placebo-controlled clinical trials of FOS that reported AF as an endpoint.[3] This well-conducted meta-analysis revealed a statistically significant increase in AF in subjects receiving FOS, with the greatest risk associated with high-dose therapy (i.e. 4 g daily). However, the AF data were not adjudicated (i.e. rigorously confirmed) in four of the trials included in the analysis. Furthermore, AF was a secondary, tertiary, or exploratory endpoint in all but one of the trials, and bias attributable to informative censoring may have over-estimated effects of FOS on AF.[4] Thus far, the only FOS study that included AF as a primary endpoint was the VITAL Rhythm Study,[5] a large, randomized, placebo-controlled clinical trial which showed that daily treatment with eicosapentaenoic acid (EPA) 460 mg and docosahexaenoic acid (DHA) 380 mg had no significant effect on incident AF among adults aged ≥50 years during a median follow-up of >5 years. However, VITAL Rhythm did not exclude the possibility that high-dose FOS increases AF risk.