Terrorism in the Hospital

"Patient <u>or</u> Prisoner"

This is the decade of service-oriented hospitals. The hot buzzwords in the industry are patient satisfaction, guest relations, patient advocates, customer relations and internal marketing; or so I have been told. Upon stepping back a little and taking a closer look, are we inadvertently shooting ourselves in the foot by undermining all the good customer-satisfaction programs accomplish? Are we not creatures of habit, good or bad? Terrorism in the hospital, patient or prisoner, suggests to me that maybe we are a casualty of our own habits and efforts. Patient or prisoner, judge for yourself.

During more than twenty years working in the healthcare industry, my interest in military history (the same basic principles are common to both marketing and warfare) slowly got the better of me and began to change the way I saw the treatment of patients in a typical hospital inpatient setting. Over time, I came to realize a remarkable, if not chilling, correlation between being a patient in a hospital and being a prisoner of war. The customary, every day procedures of admitting, processing and caring for patients in hospitals conjured up the most frightening of analogies, that of being a prisoner of war (POW) in your own hometown. How could this be true of such a caring and concerned profession? Did I read too much Clausewitz and Sun Tzu for my own good? I do not think so. Maybe more than most healthcare providers realized or want to admit, terrorism in hospitals is alive and habitually doing well.

Because of live, on-site media coverage and probing investigative reporting, most people have heard of, or read about, the various atrocities inflicted upon captured soldiers in the Vietnam, Kuwait and Bosnian wars, and the treatment hostages endured under Iranian and Middle East terrorist groups incarceration. The basis for this profound awakening analogy, terrorism in the hospital, patient or prisoner, is the uncanny similarity between the experiences shared by a patient admitted to a hospital and the treatment a prisoner or hostage suffers during captivity. Nonsense you say! What possible connection could there exist between how they treat prisoners of war and hostages, and the way physicians and hospital-employees interface and care for their patients? You espouse that healthcare providers are here to help, to comfort and to heal patients, not to treat them like prisoners of war.

That is what I thought and believed too until the overwhelming assault on my consciousness and the irreversible invasion of my beliefs. No, I am not talking about planned atrocities to our patients, on the contrary, and for the most part, patients leave hospitals better off than on arrival. However, there are some unfavorable and challenging statistics to that statement, considering that according to Public Citizen, a national consumer watch group, of the thirty-three million people seeking medical intervention in a hospital setting, millions receive treatment-related injuries. Researchers estimated that causes unrelated to their initial medical condition kill hundreds of thousands hospitalized Americans each year at admittance. Weekly, they kill more than 1,000 patients in American hospitals due to physician and staff negligence.
Uncanny as it seems, we lose more patients a year than all the military personnel killed in the decade long Vietnam War.

By keeping an open-mind as you read on about the suggested correlation between patients and prisoners, will best enable you to visualize and understand the patient environment encountered at most of today's hospitals. You can decide for yourself, if there is any truth or substance to this soul-searching analogy. To start with, a war is raging across the land, where they are fighting medical battles daily against the rampages and bringing destruction by sickness, disease and accidents.

The battlefields are physician offices, hospitals and other healthcare facilities. The front line warriors are the many healthcare professionals such as, physicians, nurses and other support staff. And there are casualties, the inflicted and dying seeking help, comfort and healing. Yes, we do take prisoners. Upon capturing the enemy, the following battlefield scenario unfolds!

Interrogation

Prisoners are initially searched and undergo an initial ***interrogation*** to gather as much basic information as possible, such as whom they are, their rank, unit and mission. In healthcare, the capture usually takes place in some doctor's office (or an emergency department), where the patient surrenders to the physician and ***interrogation*** starts with their name, means of payment and medical condition. Prisoners are often stripped searched in the quest for more information, not unlike the patient's body being ***interrogated*** via probing hands, tubes and diagnostic tests. Next, they hold prisoners until they can move them to the rear for further ***interrogation*** and ***internment.*** They typically treat a patient (held) by the physician until they arrange to admit the patient to the hospital for further processing and care.

Internment

They ***intern*** all prisoners for the duration of the war and even longer in some circumstances. The ***internment*** camp usually holds many prisoners and as often happens, not a fun place to be. A patient is admitted to a hospital, their place of ***internment*** for the duration of their illness or until discharged. Once ***interned***, prisoners are subjected to renewed and redundant ***interrogation*** by highly trained professionals. The ***interrogation*** process is more intense, structured, and formal as the ***interrogators*** relentlessly pursue securing secret information in the possession of the prisoner and deemed helpful to waging war. Information extracted from prisoners is checked and rechecked to prove its authenticity and passed on to military intelligence for further processing. They may even ask a prisoner (forced) to sign documents important to the ***interrogators*** and war effort. Does the process sound familiar to you? In the hospital, they call our professional interrogators admitting clerks. Their job is not completed until they secure the most valuable piece of patient information necessary to help us fight our reimbursement battles, the patient's medical coverage and policy number. Heaven help the patient that has difficulty producing that highly prized bit of information. The ***interrogation*** process will go on until they divulge their medical coverage and policy number. This vital information is verified and passed along with many signed documents to the accounting office for further processing. Rest assured that most admitting clerks hold their own against the best military ***interrogators***. Surely, you can remember the old war stories about the days when hospitals inappropriately ***interned*** patients for fifteen to thirty plus days.

Isolation

To reduce individual prisoner resistance and increase their cooperation during ***internment,*** captors must quickly establish control over their captives.

They establish control by first ***isolating*** prisoners from all their familiar surroundings, supports systems and the outside world. They plunge prisoners into a totally unfamiliar living (existence) environment that is often alien to them. Enlisted personnel are ***isolated*** from their officers to destroy unity and support. Do we not employ the same tactic when patients are ***isolated*** from family members for extended periods, or when the hospital staff speaks a foreign language, or the moment they diminish their customs and community supports? It is only natural that fears and confusion set in, leading to the prisoner and patient's subconscious dependency on their keepers. The prisoner soon learns that their well-being and future lies in the hands of their captors, and for the patient, the hospital's ***internment*** team, all strangers to both.

Identity

Next in the ongoing process to gain control over prisoners is to remove their self-***identity***, a psychological form of ***isolation*** effective in controlling others. Throughout history, captors have known no better way to dehumanize a prisoner than to take away their self-esteem and ***identity***. They take most, if not all, of the prisoner's personal possessions away, exchange their clothing for a more simplistic, generic garment, and give them and refer to them by a number or degrading name. Over time, the prisoner's ***identity*** is stripped away, one layer after another. Without their personal ***identity***, the prisoner becomes less aggressive and more submissive in nature. When the patient steps through the hospital's glass doors of ***internment***, they are entering a foreign domain, a place filled with the hustle and bustle of strangers, dimly lit hallways and unsolvable mazes. A patient quickly becomes ***isolated*** from their normal life style and cycle, and is thrust outside their personal comfort zone. Soon, fear creeps in from ***isolation***. The fear of the unknown, of losing their ***identity*** and personal control starts the psychological assault, and eventually, undermines the patient's self-confidence.

Intimidation

The prisoner or hostage becomes ***intimidated*** by their captor's dominance, the unfamiliar and stressful environment and the many and restrictive rules. They start feeling inadequate in dealing with the ***intimidating*** situation, losing their will to resist and relinquishing more personal and daily control to their captors, complete obedience shortly follows. When the patient is admitted to a hospital, they gradually find themselves intimidated by the sterile environment. The abundance of preoccupied staff, unfamiliar smells, sounds, unfriendly signage, elevator doors that never open, lonely intimidating hallways that seem to go on unremittingly, the strange equipment with all the bells and whistles going off at once and the endless procession of sick people wandering the corridors only aggravate the situation. The patient starts to feel ***intimidated*** and helpless in this assimilating and confusing world, and wonders ”Who are those strangers who have accepted and placed my life in their hands?”

Interrogation

Prisoners are repeatedly ***interrogated*** to ensure their story is airtight and the collected information is correct, any deviations could bring swift and unpleasant consequences to the prisoner. Our patient finds the going no different. Day in and day out, the patient ***interrogation*** process goes on. Every department verifies the previously collected patient information, medical history and payment plan. The tireless parade of interrogators drills the patient for yet more bits of information. Another nurse, a different doctor, and now a technologist, the parade goes on. When will this ***interrogation*** stop, the patient wonder?

Insecurity

The abrupt changes experienced by prisoners of war, kindles a high degree of ***insecurity*** into them. Building ***insecurity*** is yet another indispensable and well-known factor in gaining control over individuals. It is well known that personal clothing; jewelry and private possessions afford a certain level of security and confidence to prisoners, so they must go. This ***insecurity,*** or loss of control, over their own well being will start generating a high level of anxiety, leaving prisoners to wonder who is looking out for them. Prisoners are forced to trust their captors, who in reality, usually have no deep personal regard for a prisoner's well being. Upon being admitted to a hospital, we strip the patient of nearly all their outer attire and personal things. We will even take their false teeth if the occasion arises. Most patients on experiencing such major and rapid changes in their lives and surroundings find the whole process overwhelming, if not scary. After visiting hours are over and family members go home, a patient is prone to feel ***insecure,*** and start to question that really cares about them now. Is my call-light broken? With so many patients in the hospital, how can I possibly mean much to the hurried staff? After all, I heard the nurse refer to me by my room number to another person, see what 322 wants now. Did they already forget my name? Surely, ***insecurity*** is festering in the mind of the seemingly deserted patient.

Indigestion

Food for prisoners and hostages is expected to be bad. ***Indigestion*** is very common among prisoners, mainly because they feed them foods that they are not accustomed to eating. They feed prisoners only enough to sustain life, to keep them alive until their release. This approach to feeding prisoners also keeps them in a state of weakness, a tactic used to reduce forceful resistance to their captor's demands. You might expect airplane food to be of questionable quality, quantity and digestibility, but hospital food is prepared to be nutritious and healthy for patients. Right? Talk about a bad case of ***indigestion. E***xperts suggest at least 30 percent of patients in hospitals are malnourished. Furthermore, and just as shocking, an estimated 50,000 preventable deaths each year occur in hospitals because of malnutrition. Many patients strongly believe that if it were not for the digestible food visitors smuggled past the nurses' stations (easy to do as most nurses buried in paperwork, seldom raise an eye to see who is there) they would have surely succumbed to starvation. To make matters even more ***indigestible***, hot food arrives cold, cold food may not arrive at all. Most physicians and many dieticians are not knowledgeable about the effects various pharmaceuticals have on food digestion and the absorption of nutrients by the body, especially, every since patient is different.

Intrusion

As a prisoner of war you have no privacy, your captors ***intrude*** on your ***isolation*** at their whim. Patients fair no better it seems. An army of doctors is constantly invading their room (seldom theirs), nurses, phlebotomists, dietary personnel, housekeeping and other support people. Captors frequently ***intrude*** upon your much needed rest and sleep, waking you up to see if you are sleeping well. Prisoners expect crowding together, however, a semi-private room affords a patient little freedom from ***intrusions*** and privacy is out of the question, especially once their cell mate's family and friends start filtering in, and marching out, all hours of the day and night. We make a habit of collecting our patients' bodily fluids and taking their vital life signs ***intrusively*** around the clock. They ask the patient to go when they already went.

Indignities

Because they treat prisoners as an innate object, or just a number, prisoners are subjected to all kinds of intended ***indignities*** while ***interned***. Privacy is an artifact.

Captors can strip you, searching and exploring top to bottom (no pun intended), required to relieve yourself in plain view of others, and worse yet, ignored by your fellow human beings. "You can see my what?" the surprised patient shyly quivered. We start by putting patients in drafty, see through gowns, in which we would not to be caught dead in. They require patients' to wear plastic ID wristbands, so strangers can make sure they have the right body to execute their assigned search and destroy missions on. I barely know you, and you want me to bare it all.

Inflict

Torture is often an integral part of captivity and every prisoner's worse nightmare. Prisoners know that the possibility always exits that the captors will mistreat them, even tortured by their captors out of revenge, frustration or just for sadistic fun. However, most prisoners endure the ***inflicted*** physical pain and do not break under torture. On the contrary, it is when they return the prisoner to their cell or holding area and starts thinking about the hideous acts and painful torture awaiting them, that is when the vast majority of prisoners crack. The mental stress and agony the prisoner's mind conjures up and self-***inflicts*** on its owner, far outweigh any physical pain captors dream up. The uncertainty of the unknown is more unbearable than the foreseeable torture itself. Every voice, each footstep and distant noise that reaches the prisoner's ears produces nerve wrenching anguish, anxiety and fear inside them. Mental torture never stops during the endless hours of waiting for someone to return and take them away. I know you would never intentionally torture a patient, let alone think about ***inflicting*** pain. Besides, it is against the law, right? However, we also ensure our patients have ample time to spend pondering the perceived tortures that await them that afternoon or the following day. After being admitted to a hospital, they offer the perfect opportunity for patients to sit alone and worry what is next. They take him or her in short order to their room to wait, minutes converting to mental hours. This initial ***isolation*** will likely result in the patient unnecessarily ***inflicting*** self-imposed mental anguish on them self. The strange and curious sounds down the hallway, the groaning and moaning of the sick, and the faint, mumbling voices heard outside their door (talking about them?) are long endured until someone shows up to finalize ***internment***. Oh yes, our indirect tortures are well camouflaged behind medical necessities, protocols and procedural names. We redefined and disguised our tortures as exploratory surgery, biopsy, specimen collection (mining veins), IV placement and the good old standby, lower GI series. In the name of medicine (or enhanced reimbursement), we are always ***inflicting*** pain on our patients by probing, sticking and opening their bodies. And we're not done or satisfied until a tube of some kind or another, have been deeply inserted into every unoccupied orifice. To the patient's untrained eye however, we're always trying to place large, square "whatchamacallits" into one or more of their small round openings, or at least that's how it feels. For the patient, their room quickly becomes a holding cell. Their forthcoming tortures our invasive fetish for collecting, snipping, and testing. And don't forget the MRI, a million-dollar claustrophobic tester every hospital has and cleverly disguises and markets as a high-tech diagnostic imager.

Indifference

Gaining control over prisoners and hostages also requires showing them little, if any, personal attention. This ***indifference*** causes many prisoners to further lose their self-esteem and ***identity***. Hence, their captor assumes a friendly status in the mind of the prisoner whenever attention is finally given, regardless of the type and amount shown.

We all want to be liked, loved and shown attention. Unfortunately, this ***indifference*** has crept into the hospital's everyday operations.

Indifference starts in admitting, with the indignant branding (ID wristbands) ritual, the uncommunicative doctors (usually theirs), with the chart- oriented nurses too busy to do what they do best, care for the patient's physical and mental needs. ***Indifference*** permeates the hallways and corridors where passing hospital staff too preoccupied with last nights bowling scores, neglects to smile and say hello to patients and visitors. The *indifference* is like a plague, Employees pushing by patients and visitors to get on the elevator, dietary personnel placing the patient's food tray out of their reach and no one remembers the patient's name without reading the chart at the end of the bed. Am I just another warm body in this cold, ***indifferent*** hospital, the patient self-queries?

Interrogation
Finally, the war is over, the prisoners are released and sent home, but not before one last ***interrogation*** to make sure everything is in order. It is discharge time at the hospital, the patient is going home, but not before being ***interrogated*** again. This time we want to know how the patients rated their hospital stay; was everything to their liking and was the nursing staff nice. In the end, we are likely to hold a post discharge *interrogation* in a couple of weeks to see how the patient really feels about us, and their stay at the hospital. Once home, the patient may receive ***interrogating*** calls from their managed care plan, their employer or outside survey company's representative reviewing their stay at your hospital.

Inappropriateness
The prisoner of war upon returning home is debriefed by military intelligence to gather information on how they were treated while being ***interned***. Should it be determined that prisoners were treatment inhumanly or ***in appropriately;*** criminal war crime charges may be pursued against the captors. Not unlike the prisoner, the patient will also be debriefed. The ***interrogation*** starts at home by family members and friends, the managed care plan may also call and hopefully, the patient will hear from their physician, proactively showing post hospital stay interest. Underneath the caring and empathy, each is searching for any sign of unprofessionally or ***inappropriate*** care. In the event such actions have been determined to occur, a malpractice lawsuit is sure to ensue. Patient or prisoner, the choice is up to you.

Inescapable
When all is said and done, many prisoners of war go on to suffer the ***inescapable*** Post traumatic Stress Disorder, the lingering, intrusive nightmares and mental discord associated with vividly reliving the traumatic event, often PSD brings on chronic anxiety, hyperalertness, and insomnia. Most discharged patients also suffer from the ***inescapable*** Post Treatment Billing Disorder, the sickening endless number of bills for medical intervention and care sent by a host of healthcare providers and professionals that cause the patient to become ill once again, especially, if they have limited or no medical coverage insurance. The patient's life is saved, but they had to sell their house to pay the medical bills-this country's number one reason for personal bankruptcy.

Inference
Remember that the governments of the world have agreed in principle to treat prisoners of war under the Geneva Convention guidelines, and that our Congress is in the process of creating a patient's bill-of-rights that sets the healthcare provider guidelines for treating patients well. Any way you look at it, the prisoner of war comparison is too close a fit for comfort, but you can arrive at your own conclusions.

I only ask that you, regardless of your healthcare profession and provider entity, have the time to reevaluate your patient satisfaction efforts and truly become more sensitive to your patients' physical and mental needs and feelings. You are a creature of habit, and as such, resist change. The biggest obstacle your organization and you have to overcome in an effort to start delivering consistent Ultimate Patient Satisfaction is change. Just by chance, you do not recognize all the facets of terrorism in the hospital, remember, never be satisfied with your patient's satisfaction. ***Inference***, it is most important that you realize all the elements for terrorism in the hospital starts with the letter I, so ask yourself, am "I" that terror?

John O'Malley
President
Strategic Visions Inc.
337 Turnberry Road
Birmingham. AL 35244
205-995-8495
jomalley@mindspring.com
www.strategicvisionsinc.com