



A “BITTER PILL”: HEALTH CARE COSTS IN THE PUBLIC SQUARE

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In recent months, *Time* magazine’s decision to publish a 24,105 word investigative report by Steven Brill—the longest feature story in the magazine’s history—sparked a vigorous debate about spiraling health care costs in 2013. Brill’s exposé—“Bitter Pill: Why Medical Bills Are Killing Us”—profiled average Americans struggling to pay for hospital care, seeking to “follow the money” to unpack the complexities, and illogic, of hospital pricing. In seeking to answer why hospital care cost so much, Brill presented readers with vivid stories of patients facing financial ruin as they struggled to stay alive or burdened with debt after a brief ER visit. His essay focused attention on the billing practices of nonprofit hospitals which typically charged “self-paying” uninsured patients many times more than those covered by private, third-party health insurance or public insurance such as Medicare or Medicaid. Within days of its publication as the only feature story in the March 4, 2013 issue of *Time*, “Bitter Pill” became a cultural icon. After his exposé appeared, Brill made the rounds of cable news programs such as Charlie Rose and the Daily Show with Jon Stewart, and the cost of hospital care became front page news in the nation’s leading newspapers.

By shining light on scandalous or corrupt behavior, exposés often raise expectations that policymakers will act swiftly to address the problem. Brill’s discussion of hospital pricing chronicled the heavy burden of even a short stay in the hospital for millions of uninsured Americans and their families. Horror stories of unaffordable health care costs are a familiar narrative in policy debates, but despite ongoing public concern, the pursuit of cost containment remains an elusive goal. The heart-wrenching stories in “Bitter Pill” represent only one face of American attitudes toward health care costs; a different diagnosis of health care spending appeared in debates over health care costs in the public square from the 1960s to the present day. Alongside worries about the rising cost of care, policy makers, providers, and the public regard spending on health care as a worthwhile investment in lifesaving cures. High health care costs, in this view, are the price of medical progress. Thus, policymakers and the public regard health care costs with both outrage and optimism.

The dual nature of health care costs has been evident for decades. Four decades before Steven Brill’s exposé appeared in *Time*, Michael Crichton painted a similar portrait of runaway hospital costs in “The High Cost of Cure.” Writing in the *Atlantic Monthly* in 1970,



Crichton—a physician and a writer best known as the creator of *ER* and *Jurassic Park*—described the struggles of John O’Connor, a previously healthy man whose stay in an intensive care unit generated a seventeen-foot long hospital bill. Four decades before Steven Brill introduced readers to the vagaries of hospital pricing, Crichton sounded a now-familiar alarm about how “the cost of hospitalization has skyrocketed” and warned readers that “hospitalization cost has increased much more rapidly than other goods and services in the economy.” President Richard Nixon also reflected the two faces of health care costs in his 1971 State of the Union address. Two years earlier, Nixon declared that the nation faced a “massive crisis” in health care, and he repeated his earlier call to “slow the alarming rise in the costs of medical care.” Moments later, however, Nixon called upon legislators to approve “\$100 million to launch an intensive campaign to find a cure for cancer” and promised to “ask for whatever additional funds can be effectively used” to conquer this dread disease.¹ This now familiar juxtaposition of a cost crisis, coupled with a commitment to medical progress, resurfaced in the weeks after the publication of “Bitter Pill.” A month later, *Time* published an article by Bill Saporito that described new hopes for patients with cancer. Ironically, Saporito heaped praise upon many of the same institutions—such as M.D. Anderson Cancer Center in Houston, Texas— that were pilloried by Brill.

Repeated cries of a cost crisis in health care over the past four decades provide a remarkable sense of déjà vu. Rising costs are a long-term trend in the American health care system. To build a constituency for health care cost containment, policy makers must engage the public in serious conversations about what forms of health care spending generate the most value and what, if any, limits should be placed on the use of new technologies and treatments. Until then, controlling health care costs will remain a “bitter pill” for policymakers and the public.

¹ Richard M. Nixon, Annual Message to the Congress of the State of the Union, January 22, 1971. Accessed online at <http://www.presidency.ucsb.edu/ws/?pid=3110> April 4, 2013.



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