Commentary: Compressing Morbidity, Expanding Quality of Life

- Michael H. Samuelson

"The superior doctor prevents sickness; the mediocre doctor attends to impending sickness; the inferior doctor treats actual sickness." ~ Chinese Proverb

Invariably, when discussing prevention, someone will present the argument that disease is inevitable, that you can *manage* but you cannot *prevent* all disease. Assuming a "natural" death, something—heart disease, stroke, cancer—is going to get you in the end. No argument. The issue isn't *eventual* disease. The issue is *avoidable*, early *onset*, or *premature* disease associated with elected lifestyle behavior. An extension of that is expanded quality of life for the individual and, if you are an employer, enhanced worker productivity.

There was a time when disease had a predictable and fairly uniform path. In 1935, when President Roosevelt signed the Social Security Act, a newborn baby girl could expect to live until the age of 63, a baby boy, 59. As for infectious illness and disease, once it struck, there was little science to combat the quick advance of tuberculosis, cancer, diabetes, pneumonia, hepatitis, polio, influenza, and heart disease. Same for life-extending/saving organ transplants. The first, a kidney transplant, didn't occur until 1966.

Today, science and technology are such that—foregoing certain cancers, congenital catastrophes, and dramatic events such as war, homicide, and accidents—a child born in the U.S. can expect to live to 79 or 80. Even with a lifetime of unhealthy habits, most people can expect to live well past the age of 70. Organ transplants, kidney dialysis, bronchial dilators, insulin, gastric bypass surgery, a full spectrum of antibiotics, chemotherapy, and other assorted machines, drugs, and procedures can counter or delay much of the damage caused by tobacco, poorly managed stress, poor diet, obesity, and a sedentary lifestyle.

The result is a life characterized by compressed quality and expanded morbidity. On the other hand, wise lifestyle choices fostered and practiced in healthy work, home, school, and community environments result in expanded quality of life and compressed morbidity. Not a great deal of difference in years but how about in the cost of sustaining those years gained since 1935? Huge.

So, who pays for the $300,000 lung transplant, the $200,000 liver transplant, the $250,000 heart transplant, the $20,000 gastric bypass, the $100,000 specialty drug bills, and the $28,000,000,000 (billion) annual cost of type II diabetes in the U.S.? Of course, you know the answer: all of us, independent of how we live our lives.

It's time to reverse the trend of compressed quality of life and expanded morbidity (and cost) to one of expanded quality of life and compressed morbidity. Enough is enough!