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Are Hospitals Hazardous to Your Health?

By [TERRY J. ALLEN](#)

Margaret Jannetti and David Cohen were victims of a lax and secretive medical system. Both underwent surgery and both died, not on the table, and not from the disease the operation was meant to correct.

Although they had little in common in life, Jannetti and Cohen shared a cause of death with the estimated 90,000 people who are infected every year by the life-threatening bacteria that cling to clothing, walls, food trays, stethoscopes, catheters and other surfaces in every hospital in the country. But the main culprit is a practice condemned in the 19th century: Hospital personnel going from patient to patient without properly washing their hands.

Cohen, an affluent New York lawyer, was a vigorous 83-year-old when he entered Mount Sinai, a prestigious New York City teaching hospital. (Cohen is a pseudonym at his family's request.) Before laproscopic surgery to remove a colon polyp, he received broad-spectrum antibiotics. While knocking out most of the bacteria in his gut, they created a paradise for potentially fatal *Clostridium difficile* bacteria. Despite a dramatic nationwide increase in *C. diff.* infections—the great majority acquired during hospital stays—Cohen's flourishing infection went undiagnosed and untreated until it was too late. After two months, most of it in a coma, he died of what the hospital called "natural causes."

Margaret Jannetti, 79, a former piece worker in a Philadelphia garment factory, was the warm center of a large, working-class Italian-American family. Using present tense, Andrew Jannetti affectionately describes his short, stout mother as a "five-by-five." After successful heart surgery at Our Lady of Lourdes Hospital in Camden, N.J., Jannetti began a precipitous slide. A month later she was dead. "We didn't know there was an infection until the day she died," says Andrew, recalling the doctor's vague diagnosis of an antibiotic resistant infection. Largely because of antibiotic overuse in humans and livestock, many bacteria have mutated into strains affected by only a select few drugs—or increasingly, none at all. Because her death occurred within 90 days of surgery, Andrew was told it was automatically ascribed to "surgical complications."

The medical profession, which pledges "First, do no harm," did harm to Jannetti and Cohen. In addition to 90,000 killed by hospital-acquired infections, some one in 20, or 2 million patients survive but require longer, more expensive stays. In 2002, the journal *Clinical Infectious Diseases* put the annual U.S. price of *C. diff.* alone at "more than \$1.1 billion in healthcare costs."

The numbers around hospital infections are all nicely rounded because the Centers for Disease Control (CDC) estimates them; only six states require hospitals to report their rates. And only in Florida can the public meaningfully compare hospitals. Even there, the count is based on billing statistics and “Everybody knows hospitals lie about what is on billing data to get most favorable payment from insurance companies,” says Lisa McGiffert, a senior policy analyst for Consumers Union.

So Americans with no way to check infection rates must bet their lives that their hospital conforms to the safe practice standards set by the CDC.

Believing that the medical system had failed them, Jannetti and Cohen’s children turned to the legal system.

But lawyers are reluctant to sue over hospital-acquired infections. Since all hospitals are full of sick people and sick people are full of nasty communicable germs, the way to establish that a particular hospital is negligent is to show that it has an unusually high infection rate. It’s like proving that tobacco causes cancer by documenting that smokers disproportionately contract it. No reporting, no statistics. No statistics, no case.

A lawyer would also have to show that the hospital violated its own infection control protocols, but in some states both the protocol and any investigation of lapses are closed—even to a court subpoena. “You can’t determine if hospitals follow their own procedures if you can’t find out what the procedures are,” says Cohen’s son.

In death, Jannetti and Cohen, from very different socioeconomic worlds, had another critical factor in common: Neither’s life was worth a damn, or rather, the cost of a lawsuit that might inspire hospitals to clean up their acts—if not from conscience, at least from concern for the bottom line. Since both the ex-attorney and former factory worker were past their earning years, even a successful suit would garner too little compensation to tempt a trial attorney to take the case.

With hospital-acquired infections epidemic in America and litigation unlikely to spur hospitals to monitor procedures and institute vigilant infection control practices, some activists look to legislation. Spurred by a vigorous campaign by Consumers Union, numerous states are introducing legislation requiring hospitals to track and report infection rates.

“Good reporting is one of our goals,” says McGiffert. “The other is for hospitals to stop infecting people. The first line of defense is wash those hands, clean the stethoscope, clean the food tray, where you know bacteria are living.”

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