

A · N · N · U · A · L    E · D · I · T · I · O · N · S

# HEALTH



96/97



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# HEALTH 96/97

Seventeenth Edition

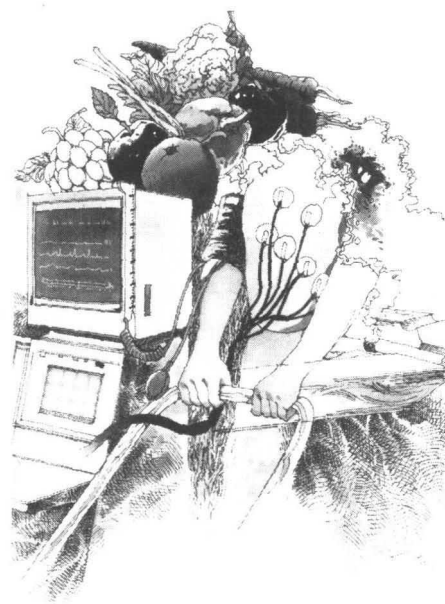
## Editor

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Towson State University

Richard Yarian is a health educator with extensive training in the area of biomedical health. He received his B.A. in biology from Ball State University. Before leaving Ball State University, he also received both an M.A. and an Ed.S. in the area of health education. He continued his academic training at the University of Maryland where he received his Ph.D. in biomedical health. Following completion of his doctoral program, he became an assistant professor at the University of Maryland and taught courses in the areas of personal health, stress management, drug abuse, medical physiology, and cardiovascular disease.

## **A Annual Editions E**

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Seventeenth Edition

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# To the Reader

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In publishing ANNUAL EDITIONS we recognize the enormous role played by the magazines, newspapers, and journals of the *public press* in providing current, first-rate educational information in a broad spectrum of interest areas. Within the articles, the best scientists, practitioners, researchers, and commentators draw issues into new perspective as accepted theories and viewpoints are called into account by new events, recent discoveries change old facts, and fresh debate breaks out over important controversies. Many of the articles resulting from this enormous editorial effort are appropriate for students, researchers, and professionals seeking accurate, current material to help bridge the gap between principles and theories and the real world. These articles, however, become more useful for study when those of lasting value are carefully collected, organized, indexed, and reproduced in a low-cost format, which provides easy and permanent access when the material is needed. That is the role played by ANNUAL EDITIONS. Under the direction of each volume's *Editor*, who is an expert in the subject area, and with the guidance of an *Advisory Board*, we seek each year to provide in each ANNUAL EDITION a current, well-balanced, carefully selected collection of the best of the public press for your study and enjoyment. We think you'll find this volume useful, and we hope you'll take a moment to let us know what you think.

America is in the midst of a health revolution that is changing the way millions of Americans view their health. Traditionally, most people delegated responsibility for their health to their physicians and hoped that medical science would be able to cure whatever ailed them. This approach to health care emphasized the role of medical technology and funneled billions of dollars into medical research. The net result of all this spending is the most technically advanced and expensive health care system in the world. Unfortunately, health care costs have risen so high that millions of Americans can no longer afford health care, and even among those who can there is limited accessibility to many of the new technologies because the cost is prohibitive. Despite all the technological advances, the medical community has been unable to reverse the damage associated with society's unhealthy lifestyle. This fact, coupled with rapidly rising health care costs, has prompted millions of individuals to assume a more active role in safeguarding their own health. Evidence of this change in attitude can be seen in the growing interest in nutrition, physical fitness, and stress management. If we as a nation are to capitalize on this new health consciousness, then we must devote more time and energy into educating Americans in the health sciences so they will be better able to make informed choices about their health.

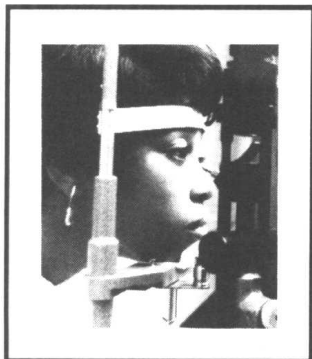
Health is such a complex and dynamic subject that it is practically impossible for anyone to stay abreast of all the current research findings. For this reason Americans have generally come to rely on the public press for information on major health issues. Unfortunately, the information presented in some health articles is questionable at best and, in many cases, it is totally inaccurate. If consumers are to make wise decisions about their health based on information such as this, then they must possess the skills necessary to sort out fact from conjecture. *Annual Editions: Health 96/97* was designed to aid in this task. It presents a sampling of quality articles that represent current thinking on a variety of health issues and serves as a tool for developing critical thinking skills.

The articles selected for this volume were carefully chosen on the basis of their quality and timeliness. Because this book is revised and updated annually, it contains information that is not currently available in any standard textbook. As such, it serves as a valuable resource for both teachers and students. The book itself is divided into topical areas that are commonly covered in introductory health courses. The nine topical areas are: America's Health and the Health Care System, Contemporary Health Hazards, Stress and Mental Health, Drugs and Health, Nutritional Health, Exercise and Weight Control, Current Killers, Human Sexuality, and Consumer Health. Because of the interdependence of the various elements that constitute health, the articles selected were written by naturalists, environmentalists, psychologists, economists, sociologists, nutritionists, consumer advocates, and traditional health practitioners. The diversity of these selections provides the reader with a variety of points of view regarding health and the complexity of the issues involved.

*Annual Editions: Health 96/97* is one of the most useful and up-to-date publications currently available in the area of health. Please let us know what you think of it by filling out and returning the postage-paid article rating form on the last page of this book. Any anthology can be improved. This one will be—annually.



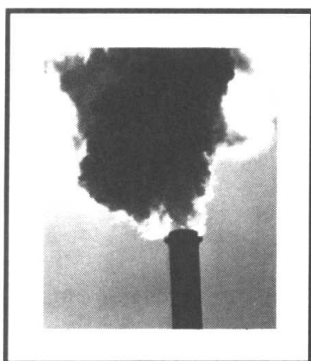
Richard Yarian  
Editor



## Unit 1

### America's Health and the Health Care System

Four selections discuss the current state of health care in today's society by focusing on self-care, health care costs, and the health care industry.

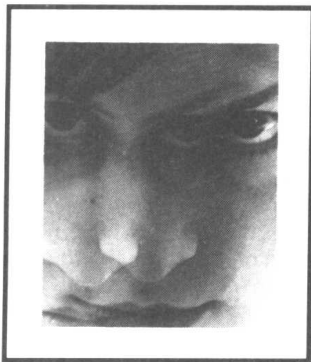


## Unit 2

### Contemporary Health Hazards

Seven articles examine hazards that affect our health and are encountered in today's world.

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1. <b>Wasted Health Care Dollars</b> , <i>Consumer Reports</i> , July 1992.	6
Waste, inefficiency, and greed are the key elements that have created a <b>health care crisis in America</b> . This study explores how these factors have shaped and driven the cost of health care beyond the reach of millions of Americans.	
2. <b>Healthy Habits: Why Bother?</b> <i>Consumer Reports on Health</i> , May 1995.	19
If you don't smoke, don't start, and if you do, stop! Cut your dietary fat intake to 30 percent or less of your total caloric intake! These and other <b>lifestyle recommendations</b> have been the backbone of the movement toward healthier lifestyles. However, there are reports suggesting that adherence to these recommendations may only yield minimal benefits.	
3. <b>Examining the Routine Examination</b> , Marvin M. Lipman, <i>Consumer Reports on Health</i> , October 1995.	22
How often do you need a <b>medical examination</b> , and what tests should you receive in a typical routine examination? This article discusses tests that are unnecessary and others that should be included in a routine physical examination.	
4. <b>The Decline of the Doctor-Patient Relationship</b> , Elizabeth DeVita, <i>American Health</i> , June 1995.	24
The <b>doctor-patient relationship</b> , once the cornerstone of quality health care, has been eroded by technology, the medical education system, and the intrusive demands of managed <b>health care</b> . This article examines the doctor-patient relationship, discusses why it has declined, and suggests how it can be restored.	
Overview	28
5. <b>Quiz: Are You Ready for the Sun?</b> Cynthia Moekle Pigott, <i>American Health</i> , May 1995.	30
Scientific studies linking skin cancer to sunburn have prompted millions of Americans to lather themselves up with <b>sunscreen lotions</b> . But do sunscreens really work? Which ones are best? Who really needs them? This selection tests the reader's knowledge regarding these and other questions concerning <b>UV radiation</b> and provides answers based on the most current information available.	
6. <b>The Bad News Bugs</b> , Peter Radetsky, <i>American Health</i> , September 1995.	32
Movies like <b>The Andromeda Strain</b> and <b>Outbreak</b> dramatize the potential dangers that new <b>viruses</b> can pose to mankind even with all the sophisticated medical technology that we have today. In this article, Peter Radetsky discusses where viruses such as Ebola, Hanta virus, and Dengue came from and assesses the real risk that they pose to the American public.	
7. <b>Antibiotics: Overused and Misunderstood</b> , Richard Salatus, <i>American Health</i> , October 1995.	35
In April 1994, the Centers for Disease Control and Prevention warned that America had entered an era where the spectrum of infectious diseases was expanding, and those once thought to be controlled were becoming drug resistant. This article examines the issue of <b>drug resistant bacteria</b> .	



# Unit 3

## Stress and Mental Health

Five selections consider the impact of stress and emotions on mental health.

8. **Prevent Sexually Transmitted Diseases**, Lauren Picker, *American Health*, October 1995. 40

While the term "**safe sex**" has primarily been used in discussions concerning **AIDS**, it is equally relevant for six other **sexually transmitted diseases (STDs)** spreading at a rate of 12 million new cases each year in the United States, with two-thirds of the victims under the age of 25. This article discusses the six most common STDs.

9. **Is the Modern World Giving Us Cancer?** Amanda Spake, *Health*, October 1995. 45

Over the last 30 years, the incidence of breast **cancer** and several other types of cancer among people age 55 and older has risen dramatically. Some medical experts believe that this increase can be accounted for by improved methods of detection. Others feel that the increase is real and may be the result of synthetic chemicals found in some pesticides, certain cosmetics, and plastic bottles.

10. **Why Is Date Rape So Hard to Prove?** Sheila Weller, *Health*, July/August 1992. 49

The National Victim Center estimates that one in every eight women in the United States has been raped, in most cases by someone she knew. Of all these rapes, only about 16 percent are even reported, and the majority of the cases are dropped by the prosecution prior to a trial. This article examines the issue of **acquaintance rape** and discusses why it is so hard to make the charge of rape stick.

11. **What Every Woman Needs to Know about Personal Safety**, Lauren David Peden, *McCall's*, May 1992. 52

Clearly one of the major health hazards facing Americans is violent crime. Current statistics indicate that a violent crime is committed every 17 seconds, and the majority of the victims are women. This article discusses **safety measures women can take** to reduce their risk of becoming victims of **date rape** or other violent crimes.

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12. **Send in the Clowns**, Amy Finnerty, *American Health*, September 1995. 56

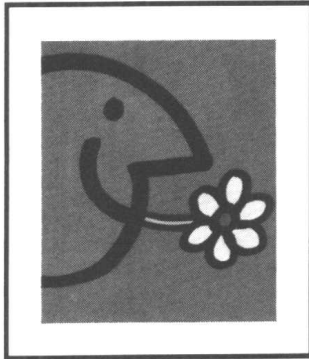
In 1976 Norman Cousins credited laughter with saving his life in a book titled *Anatomy of an Illness*. Since that time, research studies have found that **laughter** not only relieves emotional distress, but that it actually **strengthens** the functioning of the **immune system**.

13. **Does Stress Kill?** *Consumer Reports on Health*, July 1995. 59

Periodically we read reports of heart attacks brought on by extreme emotional **stress**. While few question the lethality of acute stress, the dangers of chronic stress are less obvious. This article examines the impact of chronic stress on both psychological and physiological functioning.

14. **Meditation's Magic**, Mary Roach, *Health*, September 1995. 63

One of the most common recommendations made to individuals suffering from **stress** is to simply relax. Unfortunately, being told to relax is not enough to make it happen. While there are many forms of relaxation, perhaps the simplest is meditation. This article examines the benefits of meditation.



# Unit 4

## Drugs and Health

Six articles examine how drugs affect our lives. Subjects discussed include the dangers of tobacco, alcohol, and the potential hazards of over-the-counter medications.

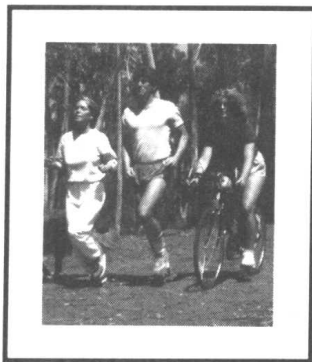
15. **Out of the Blues**, Kathleen McAuliffe, *Walking*, March/April 1994. 68  
For years health experts have told us that walking is good for your heart, muscles, and bones. Now researchers are discovering that **walking may also be an effective form of psychotherapy**, either alone or in conjunction with traditional forms of psychotherapy. Kathleen McAuliffe discusses how walking can be used to help beat **depression** and moodiness.
16. **Depression: Way beyond the Blues**, Sandra Arbetter, *Current Health 2*, December 1993. 71  
Everyone feels blue or depressed from time to time, but **clinical depression** is much more serious and lasts longer than a few days. Each year over 6,000 adolescents commit suicide, and depression is considered the biggest risk factor.
- Overview 76
17. **Clear Choices: How to Find the Pain Reliever That's Right for You**, Patrick Huyghe, *Health*, October 1995. 78  
The most commonly used **nonprescription drug** is classified as an analgesic, and today Americans have four different varieties to choose from. This article examines the differences among these four pain relievers and discusses how to find the pain reliever that is right for you.
18. **OTC Drugs: Prescription for Danger?** *Consumer Reports on Health*, September 1994. 80  
**Nonprescription drugs** can cause serious harm to the user if the manufacturer's recommendations regarding dosage and usage are not adhered to. This article examines several common **over-the-counter (OTC) drugs** and lists the specific risks associated with each of them.
19. **Do You Know What Your Kids Are Doing?** Christine Russell, *Washington Post Health*, July 11, 1995. 83  
A substantial number of youths in the United States are engaging in **risk-taking behaviors** that can lead to chronic disease, injury, and death. The behaviors contributing to the **decline in the health status of adolescents** include violence and injuries, substance abuse, pregnancy, and sexually transmitted diseases (STDs).
20. **Kicking Butts**, Carl Sherman, *Psychology Today*, September/October 1994. 88  
Over the last 20 years, smokers have received many clear messages that tobacco use is hazardous to their health. Why then do so many people still smoke? Carl Sherman examines the process of quitting and discusses some unique aspects of **nicotine addiction** that make quitting this **drug** so difficult for many users.
21. **Alcohol and Tobacco: A Deadly Duo**, Kristine Napier, *Priorities*, Spring 1990. 93  
If you smoke, do not drink! Studies investigating **the combined use of alcohol and tobacco** indicate that, among tobacco users, drinkers smoke more than nondrinkers. Researchers also found that alcohol and tobacco appear to be synergistic in increasing the risk of cancer.
22. **Alcohol in Perspective**, *University of California at Berkeley Wellness Letter*, February 1993. 95  
Alcohol is probably the most widely used of all drugs, and moderate use is generally sanctioned. This article examines the **social and medical problems** that are directly **related to alcohol use**.



## Unit 5

### Nutritional Health

Six articles discuss the effects of diet and nutrition on a person's well-being. The topics include the link between diet and disease, fat in the diet, and the latest on vitamins.



## Unit 6

### Exercise and Weight Control

Eight articles examine the influences of exercise and diet on health. Topics discussed include walking as an effective exercise, how to prevent the most common sports injuries, and dieting myths.

#### Overview

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23. **The Live Longer Diet**, Ilene Springer, *Walking*, July/August 1995. 100

How is your diet? This article includes a diet quiz to expose weaknesses in your diet. It also provides a useful how-to guide for making **dietary changes** that will last.

24. **The New Thinking about Fats**, University of California at Berkeley Wellness Letter, September 1993. 106

Most medical experts agree that the average American diet is too high in **dietary fat**. Research studies have also revealed that not all fats contribute equally to the development of cardiovascular disease and cancer. This study not only discusses which fats are most harmful, but also presents evidence that some fats may actually reduce one's risk of cardiovascular disease.

25. **Fiber Bounces Back**, *Consumer Reports on Health*, March 1995. 110

Does dietary fiber help prevent disease? In the late 1980s, **dietary fiber** was transformed from mere roughage to a potent cholesterol-lowering agent. By the early 1990s, conflicting evidence had derailed the fiber furor, and only the true believers continued to promote its dietary importance. Once again fiber is in the news, but this time around the evidence is based on large population studies.

26. **The Miracle Bean**, Peter Jaret, *Health*, October 1995. 114

If recent research findings are correct, the soybean may become a staple in the diet of millions of Americans. **Isoflavones** (estrogen look-alikes) found in soybeans are being studied for their ability to prevent **osteoporosis**, lower **serum cholesterol** levels, and prevent or retard the growth of many forms of **cancer**.

27. **The B Vitamin Breakthrough**, Michael Mason, *Health*, September 1995. 117

**Homocysteine**, a substance formed in the body during the breakdown of methionine, may pose a greater risk than cholesterol in the development of **cardiovascular disease**. Fortunately, the cure may be as simple as eating a well-balanced diet or simply taking a **B vitamin supplement**.

28. **Snack Attack**, Patricia Long, *Health*, July/August 1993. 121

Americans love snack foods to the tune of over \$13.4 billion a year. Unfortunately, of the 60 top snack foods, only three are not extremely high in either sugar or fat. Patricia Long examines the issue of **eating snacks** and suggests that snacking itself is good—it is just the choices that we make that are bad.

#### Overview

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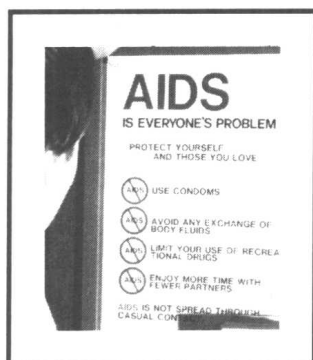
29. **The 10 Most Common Sports Injuries**, Mark L. Fuerst, *American Health*, October 1994. 128

**Nike** coined the motto "Just Do It," and across the country countless **exercise** enthusiasts are doing just that. Unfortunately, for many of them the focus on "just doing it," rather than "doing it right," is resulting in numerous sports injuries. Mark Fuerst discusses the 10 most common **sports injuries**.

30. **Smart Moves**, *U.S. News & World Report*, May 15, 1995. 132

For years we have heard how **aerobic exercise** can strengthen your body and improve your self-esteem, but did you know that aerobic exercise may also make you smarter? One preliminary conclusion is that exercise induces biological changes in the **brain** that enhance its capacity to master new information as well as process old information.





# Unit 7

## Current Killers

Seven selections examine the major causes of death in the Western world. Heart attack, cancer, and AIDS are discussed.

31. **Stretching, the Truth**, *University of California at Berkeley Wellness Letter*, November 1994. 135

When most people think of **fitness**, they generally think of muscular strength and cardiovascular endurance. While these two factors receive most of the attention, a third factor—flexibility—must also be considered. Stretching that promotes flexibility not only enhances athletic performance, but provides relief from muscle tension and stiffness.

32. **Which Exercise Is Best for You?** *Consumer Reports on Health*, April 1994. 138

Most people know that **exercise** reduces the risk of disease, increases stamina, builds strength, burns calories, and relieves stress, but they may not know how to choose an exercise program that best suits their needs.

33. **Fat Times**, Philip Elmer-Dewitt, *Time*, January 16, 1995. 142  
Fifteen years after the **fitness craze** began, Americans are fatter than ever and stuffing themselves with junk food. What went wrong?

34. **The Best Shape of Your Life**, Anne Alexander, *Walking*, January/February 1994. 146

A new approach to **weight control** is emerging, and its focus is on one's **natural ideal body weight** rather than some fanciful and unrealistic image. This study explores why caloric-restrictive diets do not work and explains how **eating smart** and **exercising** regularly will result in weight loss and the maintenance of a healthy body weight.

35. **The Way to Lose Weight**, Peter Jaret, *Health*, January/February 1995. 152

How weight-conscious are Americans? At any point in time, half of all Americans are trying to lose weight and spending in excess of \$30 billion dollars yearly on **weight loss programs**. Why is it so difficult to lose weight?

36. **Body Mania**, Judith Rodin, *Psychology Today*, January/February 1992. 157

Judith Rodin discusses the issue of **body image** and suggests that our preoccupation with our bodies is a manifestation of the chaos and uncertainty that we experience in our daily lives. She argues that our obsession with dieting and exercise provides us with a much-needed sense of control in our lives.

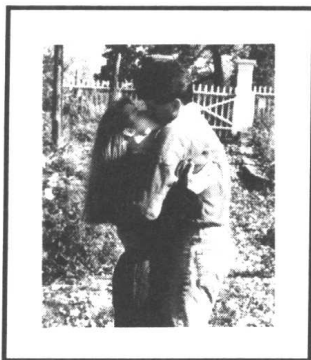
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37. **Trace Your Family Tree**, Ruth Papazian, *American Health*, May 1994. 164

Research has shown that several diseases have a heredity link within families. Some of these diseases are purely "**genetic diseases**"; others, such as heart disease and several types of cancer, are considered "susceptibility diseases." While there are several risk factors for both cancer and heart disease, the one that you cannot change, but should be aware of, is your **family medical history**.

38. **Cholesterol**, *Mayo Clinic Health Letter*, June 1993. 169

This article discusses the various types of **serum cholesterol** and examines how the various risk factors for cardiovascular disease influence the cholesterol level.



# Unit 8

## Human Sexuality

Five articles discuss the most recent research on human reproduction and sexuality. The selections consider sex differences, birth control, and sexual myths.

39. **Rating Your Risks for Heart Disease**, *University of California at Berkeley Wellness Letter*, May 1994. 173

While the number of deaths due to heart attacks has dropped by over 50 percent since 1960, **cardiovascular disease** is still the number-one killer of Americans over 35 years of age.

40. **The Heart of the Matter**, Julia Califano, *American Health*, September 1995. 176

**Exercise** not only helps you look better and feel better emotionally, but it appears to lower your risk of developing **cardiovascular disease**, **diabetes**, and some forms of **cancer**. This article presents the findings of several research studies that have found **aerobic exercise** to be a significant factor in preventing various diseases.

41. **The Race against Breast Cancer**, Shannon Brownlee and Monika Guttman, *Self*, October 1995. 180

Despite the rise in the incidence of breast cancer, the mortality rate has actually dropped. The improvement in longevity statistics is primarily due to early detection and refinement of treatment protocols. Some scientists are optimistic that a revolution is about to occur in the manner in which breast cancer is treated.

42. **Cancer-Fighting Foods: Green Revolution**, *Harvard Health Letter*, April 1995. 186

Evidence is mounting that a diet high in fruits, vegetables, and grains may significantly lower one's risk of developing several types of cancer. Scientists have discovered a variety of **bioactive substances**, such as **phytochemicals** and **carotenoids**, that appear to interfere with the process of carcinogenesis.

43. **AIDS: Where Are We Now?** Jon Hamilton, *American Health*, May 1995. 191

In the 1980s, health officials predicted that **AIDS** would sweep through the U.S. population and that a vaccination to prevent it was just around the corner. They were wrong on both counts. Recent advances in their understanding of AIDS has prompted a new optimism among medical researchers.

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44. **The Lessons of Love**, Beth Livermore, *Psychology Today*, March/April 1993. 198

Do men and women feel differently about **love**? How important is sexual desire to feelings of love? This article examines love and discusses the similarities and differences that exist between men and women when it comes to love.

45. **The Indispensables: 10 Key Reasons Why Love Endures**, Catherine Houck, *Cosmopolitan*, May 1992. 204

Despite numerous social changes, the world is still a couples world. Today, as in the past, the majority of people still view a happy and **successful marriage** as an important ingredient in achieving a meaningful life. Unfortunately, for many, the grim reality is that happy and successful marriages are becoming rarer.

46. **Choosing a Contraceptive**, Joseph Anthony, *American Health*, April 1994. 208

Which contraceptive is best for you? The choice is not always easy, as each has its strengths and drawbacks. Joseph Anthony discusses the **contraceptive methods** currently available in the United States, and he evaluates their effectiveness for preventing both pregnancy and the transmission of STDs.



# Unit 9

## Consumer Health

Six selections examine how food labeling and food and drug interactions relate to consumer health.

47. **Listening to RU 486**, Louise Levathes, *Health*, January/February 1995. 211

RU 486 was developed in France in 1982, and it was hailed by women's organizations and pro-choice advocates as a significant breakthrough for those wishing an **abortion**. It was believed that this drug would make abortions less traumatic and more accessible to all, but the truth may be different. Now some 13 years after its introduction, RU 486 is only available in abortion clinics and is still banned in the United States.

48. **Preventing STDs**, Judith Levine Willis, *FDA Consumer*, June 1993. 215

Most people know that **condoms** have been demonstrated to be effective in preventing the spread of AIDS and other **sexually transmitted diseases (STDs)**, but not all condoms are equally effective. Advice on purchasing, storing, and using condoms to maximize their effectiveness as a prophylaxis is provided.

### Overview 218

49. **How Health Savvy Are You?** *Consumer Reports on Health*, January 1995. 220

Do you pride yourself on staying abreast of health issues dealing with exercise, nutrition, and medicine? This selection is a **quiz** which tests the reader's knowledge **on a variety of contemporary health issues**.

50. **Nutrition in the News: What the Headlines Don't Tell You**, *Environmental Nutrition*, September 1995. 225

What is a **consumer** to believe? This article discusses why there is so much **conflicting information** on nutrition in the media, and it provides guidelines to help consumers make sense of it all.

51. **A Little 'LITE' Reading**, Dori Stehlin, *FDA Consumer*, June 1993. 227

The new food guidelines set forth by the FDA and the USDA have finally specified under what terms and conditions these words can be used on food labels. This article explains what a **consumer** can expect when purchasing a food product with these words on the label.

52. **Something Fishy**, Mark Roman, *American Health*, March 1994. 232

Despite the fact that fresh fish is clearly a health food, concern has arisen over the quality of fish that is being sold to the American **consumer**. This essay examines the problems with the seafood marketing industry and the **potential dangers of eating improperly handled and processed seafood**.

53. **A Clean Drink of Water**, David Sharp, *Health*, September 1995. 236

Are you concerned about the quality of the water you drink? Many consumers concerned about the possible contamination of their drinking water have started buying bottled water, while others have chosen to install water filters in their homes. This article discusses the **pros and cons** of the various types of **water filters** available for home use.

54. **Are Your Shades Good Enough?** Patricia Long, *Health*, August 1995. 239

Sunglasses do more than make a fashion statement, they can protect your eyes from the damaging effects of **ultraviolet radiation** that cause cataracts. Beyond style, what factors should you consider when shopping for sunglasses?

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# Topic Guide

This topic guide suggests how the selections in this book relate to topics of traditional concern to health students and professionals. It is useful for locating articles that relate to each other for reading and research. The guide is arranged alphabetically according to topic. Articles may, of course, treat topics that do not appear in the topic guide. In turn, entries in the topic guide do not necessarily constitute a comprehensive listing of all the contents of each selection.

TOPIC AREA	TREATED IN	TOPIC AREA	TREATED IN
<b>Abortion</b>	47. Listening to RU 486	<b>Consumer Health</b>	1. Wasted Health Care Dollars 2. Healthy Habits 3. Examining the Routine Examination 4. Decline of the Doctor-Patient Relationship 5. Quiz: Are You Ready for the Sun? 17. Clear Choices 18. OTC Drugs 33. Fat Times 48. Preventing STDs 49. How Health Savvy Are You? 50. Nutrition in the News 51. Little 'LITE' Reading 52. Something Fishy 53. Clean Drink of Water 54. Are Your Shades Good Enough?
<b>Addiction</b>	20. Kicking Butts 21. Alcohol and Tobacco 22. Alcohol in Perspective	<b>Depression</b>	15. Out of the Blues 16. Depression 20. Kicking Butts
<b>AIDS (Acquired Immune Deficiency Syndrome)</b>	6. Bad News Bugs 8. Prevent Sexually Transmitted Diseases 19. Do You Know What Your Kids Are Doing? 43. AIDS: Where Are We Now?	<b>Dietary Fat</b>	23. Live Longer Diet 24. New Thinking about Fats 28. Snack Attack 34. Best Shape of Your Life 35. Way to Lose Weight 38. Cholesterol 49. How Health Savvy Are You? 51. Little 'LITE' Reading
<b>Alcohol</b>	17. Clear Choices 19. Do You Know What Your Kids Are Doing? 21. Alcohol and Tobacco 22. Alcohol in Perspective 39. Rating Your Risks for Heart Disease	<b>Dietary Fiber</b>	23. Live Longer Diet 25. Fiber Bounces Back
<b>Birth Control/Contraception</b>	46. Choosing a Contraceptive 48. Preventing STDs	<b>Dietary Minerals</b>	42. Cancer-Fighting Foods
<b>Blood Fats/Serum Cholesterol</b>	23. Live Longer Diet 24. New Thinking about Fats 26. Miracle Bean 27. B Vitamin Breakthrough 38. Cholesterol 39. Rating Your Risks for Heart Disease 49. How Health Savvy Are You?	<b>Dietary Salt</b>	49. How Health Savvy Are You?
<b>Cancer</b>	3. Examining the Routine Examination 5. Quiz: Are You Ready for the Sun? 8. Prevent Sexually Transmitted Diseases 9. Is the Modern World Giving Us Cancer? 13. Does Stress Kill? 21. Alcohol and Tobacco 22. Alcohol in Perspective 24. New Thinking about Fats 25. Fiber Bounces Back 26. Miracle Bean 37. Trace Your Family Tree 40. Heart of the Matter 41. Race against Breast Cancer 42. Cancer-Fighting Foods 49. How Health Savvy Are You? 52. Something Fishy	<b>Drugs</b>	7. Antibiotics 16. Depression 17. Clear Choices 18. OTC Drugs 19. Do You Know What Your Kids Are Doing? 20. Kicking Butts 21. Alcohol and Tobacco
<b>Cardiovascular Disease</b>	2. Healthy Habits 3. Examining the Routine Examination 13. Does Stress Kill? 17. Clear Choices 22. Alcohol in Perspective 23. Live Longer Diet 25. Fiber Bounces Back 27. B Vitamin Breakthrough 33. Fat Times 34. Best Shape of Your Life 38. Cholesterol 39. Rating Your Risks for Heart Disease 40. Heart of the Matter	<b>Environmental Health Hazards</b>	7. Antibiotics 9. Is the Modern World Giving Us Cancer? 52. Something Fishy 53. Clean Drink of Water 54. Are Your Shades Good Enough?
		<b>Exercise and Fitness</b>	2. Healthy Habits 29. 10 Most Common Sports Injuries 30. Smart Moves 31. Stretching, the Truth 32. Which Exercise Is Best for You? 33. Fat Times 34. Best Shape of Your Life 38. Cholesterol 39. Rating Your Risks for Heart Disease 40. Heart of the Matter 49. How Health Savvy Are You?
		<b>Food Poisoning</b>	52. Something Fishy

TOPIC AREA	TREATED IN	TOPIC AREA	TREATED IN
<b>Genetics</b>	16. Depression 20. Kicking Butts 33. Fat Times 34. Best Shape of Your Life 35. Way to Lose Weight 37. Trace Your Family Tree 39. Rating Your Risks for Heart Disease	<b>Omega-3 Fatty Acids</b>	24. New Thinking about Fats
<b>Health Care Costs</b>	1. Wasted Health Care Dollars 3. Examining the Routine Examination 4. Decline of the Doctor-Patient Relationship	<b>Osteoporosis</b>	23. Live Longer Diet 26. Miracle Bean 32. Which Exercise Is Best for You? 40. Heart of the Matter 49. How Health Savvy Are You?
<b>Hypertension</b>	14. Meditation's Magic 22. Alcohol in Perspective 25. Fiber Bounces Back 32. Which Exercise Is Best for You? 38. Cholesterol 39. Rating Your Risks for Heart Disease 49. How Health Savvy Are You?	<b>Radiation</b>	5. Quiz: Are You Ready for the Sun? 54. Are Your Shades Good Enough?
<b>Immunity</b>	7. Antibiotics 12. Send in the Clowns 13. Does Stress Kill? 41. Race against Breast Cancer 42. Cancer-Fighting Foods 43. AIDS: Where Are We Now?	<b>Sexual Behavior</b>	8. Prevent Sexually Transmitted Diseases 45. 10 Key Reasons Why Love Endures 48. Preventing STDs
<b>Infectious Illness</b>	6. Bad News Bugs 7. Antibiotics 8. Prevent Sexually Transmitted Diseases 40. Heart of the Matter 43. AIDS: Where Are We Now? 48. Preventing STDs	<b>Sexually Transmitted Diseases (STDs)</b>	8. Prevent Sexually Transmitted Diseases 43. AIDS: Where Are We Now? 46. Choosing a Contraceptive 48. Preventing STDs
<b>Longevity</b>	2. Healthy Habits 23. Live Longer Diet 37. Trace Your Family Tree 41. Race against Breast Cancer 43. AIDS: Where Are We Now?	<b>Sports Medicine</b>	29. 10 Most Common Sports Injuries
<b>Medical Concerns and Ethics</b>	1. Wasted Health Care Dollars 3. Examining the Routine Examination 4. Decline of the Doctor-Patient Relationship 7. Antibiotics 18. OTC Drugs	<b>Stress</b>	12. Send in the Clowns 13. Does Stress Kill? 14. Meditation's Magic 31. Stretching, the Truth 32. Which Exercise Is Best for You? 36. Body Mania 38. Cholesterol
<b>Mental Health and Stress</b>	12. Send in the Clowns 13. Does Stress Kill? 14. Meditation's Magic 15. Out of the Blues 16. Depression 30. Smart Moves	<b>Tobacco and Health</b>	19. Do You Know What Your Kids Are Doing? 20. Kicking Butts 21. Alcohol and Tobacco 38. Cholesterol 39. Rating Your Risks for Heart Disease
<b>Nutrition</b>	23. Live Longer Diet 24. New Thinking about Fats 25. Fiber Bounces Back 26. Miracle Bean 27. B Vitamin Breakthrough 28. Snack Attack 33. Fat Times 38. Cholesterol 42. Cancer-Fighting Foods 49. How Health Savvy Are You? 50. Nutrition in the News 51. Little 'LITE' Reading 52. Something Fishy	<b>Violence: Assault/Rape</b>	10. Why Is Date Rape So Hard to Prove? 11. What Every Woman Needs to Know about Personal Safety
		<b>Vitamins</b>	23. Live Longer Diet 26. Miracle Bean 27. B Vitamin Breakthrough 38. Cholesterol 42. Cancer-Fighting Foods 49. How Health Savvy Are You?
		<b>Weight Control</b>	23. Live Longer Diet 28. Snack Attack 32. Which Exercise Is Best for You? 33. Fat Times 34. Best Shape of Your Life 35. Way to Lose Weight 36. Body Mania 39. Rating Your Risks for Heart Disease



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# America's Health and the Health Care System

Americans are healthier today than at any time in this nation's history. Americans suffer more illness today than at any time in this nation's history. Which statement is true? They both are, depending on the statistics you quote. According to longevity statistics, Americans are living longer today and, therefore, must be healthier. Still other statistics indicate that Americans today report twice as many acute illnesses as did our ancestors 60 years ago. They also report that their pains last longer. Unfortunately, this combination of living longer and feeling sicker places additional demands on a health care system that, according to experts, is already in a state of crisis. How severe is the health care crisis? What has caused it? Who is responsible? What can and should be done to solve it? This unit will explore these questions and present some possible solutions along the way.

Despite our health care crisis, if you can afford health care, the American health care system is one of the best in the world. However, being the best does not mean that it is without its problems. Each year over 1,000,000 Americans are injured or die due to preventable mistakes made by medical care professionals. In addition, countless unnecessary tests are performed that not only add to the expense of health care but may actually place the patient at risk. While these aspects of our health care system are in need of attention, perhaps the most troubling is the decline of the doctor-patient relationship. This unit will provide the reader with some helpful tips on how to get the best health care for each dollar spent and suggest ways that the individual can improve the doctor-patient relationship.

From the discovery of the smallpox vaccine and penicillin to the first heart transplant, the marriage of modern medicine and science has seemed a perfect match. Over the last 30 years Americans have witnessed some remarkable scientific breakthroughs that have revolutionized the diagnosis and treatment of a variety of illnesses. While these medical advances have served to establish America as the leader in medical technology, waste, inefficiency, and greed have so corrupted the system that despite the advances, millions of Americans can no longer afford basic health care.

To better understand the gravity of the problem, consider this: Americans spent over \$817 billion dollars on health care in 1992 (this figure represents approximately 14 percent of the GNP [Gross National Product]). If health care costs continue to grow at this rate for the next 40 years, they will account for 37 percent of the GNP by the year 2030. Despite spending all this money, 28 percent of Americans have no health care insurance, and another 35 million are underinsured. Although Americans spend more than twice as much per capita on health care than the average for industrialized nations, the United States ranks twenty-first in infant mortality, seventeenth in male life expectancy, and sixteenth in female life expectancy.

Why have health care costs risen so high? The answer to this question is multifaceted and includes such factors as physicians' fees, hospital costs, insurance costs, pharmaceutical costs, and health fraud. It could be argued that while these factors operate within any health care system, the lack of a meaningful form of outcomes assessment has permitted and

encouraged waste and inefficiency within our system. Clearly ours is not the only health care system plagued by waste and inefficiency, but figures as high as 20 percent are outrageous and earn the United States the dubious distinction as the most wasteful and inefficient health care system among industrialized nations. The buzzword within the health care industry lately has been cost containment, and while there appear to be many areas ideally suited to some form of cost containment, little has been done to actually cut costs. The major obstacle blocking this aspect of health care reform is the lack of incentive by health care providers, who view profits as the major goal. Outcomes assessment could provide the missing incentive if we were to reorganize health care around practices and policies that promote health in an effective and efficient manner. Currently there is no plan for instituting outcomes assessment.

Of the total health care bill, physicians' fees account for approximately 19 percent. The fee-for-service that doctors charge has risen steadily in response to reimbursement through third-party payment plans such as Medicare and private health insurance. Prior to this method of reimbursement, doctors charged less because it was coming directly out of their patients' pockets, and they knew that if they overcharged their patients, they would simply shop around for a better deal. It is ironic that the third-party payment plan that was introduced as a way to guarantee affordable health care for Americans has become the major factor fueling the rapid rise in the cost of health care. This form of reimbursement has not only reduced incentives to keep prices down, but has changed the very nature of medicine itself. Today private physicians are having to spend increasing amounts of time and resources on administrative tasks just to cope with the mountain of paperwork brought on by third-party payments.

Another factor contributing to rising health care costs is the number of overused and unnecessary medical procedures that are performed each year. Current evidence suggests that billions of dollars are wasted on unnecessary tests and surgeries, such as cesarean section, hysterectomy, back surgery, and cardiac bypass surgery, that not only add to the expense of health care, but may also place the patient at risk. While each of the aforementioned medical procedures has a legitimate use when conditions warrant, their overuse often can be blamed on physicians' and hospitals' greed. However, the excessive use of medical procedures and technologies by physicians can also be attributed to overzealousness. In many instances, physicians choose to employ all the medical technology and procedures at their disposal, feeling that they should do everything medically possible to help a patient, regardless of the costs involved. This approach to medicine has been termed the "search and destroy" approach. Despite physicians' good intentions, they are nevertheless driving up the cost of health care. It would be interesting to ask these same physicians if they would order as many medical tests and procedures if they knew the patients would have to pay for them out of their own pockets.

Despite all the high-tech medical sophistication that our physicians employ in their battle against disease, there is a growing dissatisfaction with the doctor-patient relationship. This

relationship, once considered the cornerstone of medical care, has been subverted by the combination of economic forces, medical technology, and the restrictive nature of managed care. As the gap between the salary of physicians and the public they serve has grown, so has the public distrust of physicians. One measure of this distrust is the number of malpractice suits filed against physicians. The threat of malpractice has led many physicians to practice what is called defensive medicine, in which physicians order unnecessary medical tests for their patients as a hedge against litigation. In addition to wasting billions of dollars, this approach to medicine subjects patients to unnecessary risks associated with the medical tests. Who is to blame? The answer is, "the system." Over the last 20 years or so, the focus has shifted from the emotional and medical needs of the patient to financial considerations of the doctor and the system. "The Decline of the Doctor-Patient Relationship" discusses why patients are dissatisfied with their doctors and suggests ways in which this relationship could be improved.

Hospitals have also contributed to the high cost of health care in the United States. Statistics indicate that they account for approximately 38 percent of all health care expenditures. Because hospitals account for such a high percentage of health care dollars, reducing hospital costs could significantly reduce the cost of health care. Normally, in a free market economy, the concept of supply and demand usually dictates that as supply exceeds demand, the price drops. Unfortunately, the reverse is true in the case of hospitals. Studies have found that as the number of hospitals increase in a given region, the cost of hospitalization rises. This phenomenon may be explained by two principal factors: (1) with increased competition, hospitals try to attract doctors and patients to their facilities by equipping themselves with state-of-the-art diagnostic and surgical facilities that increase the hospitals' costs, and (2) physicians tend to make their decisions regarding the admittance of patients to hospitals based on the availability of beds. This combination of expensive technology and more hospital beds yields both an increase in the rate of admittance and a higher cost per admittance. It has been estimated that 15 percent to 30 percent of hospitalizations are unwarranted and waste millions of health care dollars. Current estimates also indicate that approximately 20 percent of a hospital's budget is spent on billing and paperwork. This figure could be cut substantially if the United States were to adopt nationalized health care.

The one area of health care costs that is often considered immutable is the cost of medical technology and pharmaceuticals. The plain truth is that Americans pay substantially higher prices for pharmaceuticals and diagnostic tests than in any other industrialized country. The manufacturers argue that this practice is necessary if they are to continue to pour large sums of money into research and development in order to satisfy the stringent guidelines established by the Food and Drug Administration (FDA). One can only wonder why America alone has been saddled with the financial burden of paying research and development (R&D) costs for the rest of the world. Perhaps it is time to let the rest of the world contribute their fair share to the R&D costs.

For years researchers and health care officials believed that high-tech medicine would reduce medical care costs by providing safer, less expensive procedures. Unfortunately, in many cases just the opposite has been true. It could be argued that the reason that technological advances have not resulted in lower health care costs is because our health care system does not include a means for evaluating outcomes and determining which medical procedures are most effective.

While it is easy to find fault with our health care system, the real challenge is to find solutions that can control the costs and yet provide high quality health care for all. Critics of nationalized health care argue that this form of health care limits patients' choices and results in a rationing of services. While the rationing aspect may be true, it is already present in our current system, where more than 28 percent of our population has no health insurance and another 35 million people are underinsured. The article "Wasted Health Care Dollars" discusses why our health care is so expensive and suggests that perhaps the best solution is to scrap our current system and start anew.

Traditionally, Americans have felt that the state of their health was largely determined by the quality of the health care available to them. This attitude has fostered an unhealthy dependence upon the health care system and contributed to skyrocketing health care costs. It should be obvious by now that while there is no simple solution to our health care problems, we would all be a lot better off if we accepted more personal responsibility for our health. While this philosophical shift would help ease the financial burden of health care, it may necessitate more responsible coverage of medical news by the media to educate and enlighten the public on personal health issues. "Healthy Habits: Why Bother?" discusses how medical news creates an environment of confusion and concern and may mislead the public about important health issues. At this time, the future of the American health care system is uncertain, but one thing is clear—change is coming.

### Looking Ahead: Challenge Questions

Is health care just another commodity? Should it be treated differently from other consumer services?

Is quality health care a right or a privilege?

How have third-party payments contributed to the rising cost of health care in America?

What can you as an individual do to help reduce health care costs? Give specific actions that can be taken.

How have hospitals contributed to the rising cost of health care?

What advice would you give someone about making lifestyle choices based on information that they get from the news media?

How could outcomes assessment help reduce health care costs? Do you think there is likely to be much resistance to such efforts? Why?

What medical tests should a patient expect to undergo during a routine medical examination?

# WASTED HEALTH CARE DOLLARS

**The U.S. is spending enough to bring every citizen high-quality, high-tech medical care—if we stop squandering our resources.**

**Less waste, longer lives**  
“Look at the rest of the industrial world. On average, they spend half as much as we do on health care. They cover everyone and live longer. It's waste. There's no other explanation.”  
—Alan Sager, health economist, Boston University School of Public Health

Of the \$817-billion that we will spend this year on health care, we will throw away at least \$200-billion on overpriced, useless, even harmful treatments, and on a bloated bureaucracy. We are no healthier than the citizens of comparable developed countries that spend half what we do and provide health care for everybody. In fact, by important measures such as life expectancy and infant mortality, we are far down the list.

If the wasted money could be redirected, the U.S. could include those now shut out of the system—without increasing the total outlay for health care and without restricting the availability of \$100,000 bone-marrow transplants or \$40,000 heart operations to those relatively few who need them.

“I can't imagine a system that's more dysfunctional than the one we have now—more expensive, not doing the job, with more waste,” says Dr. Philip Caper, an internist and medical policy analyst at Dartmouth Medical School. Although the total amount of waste in our health-care system is difficult to estimate, researchers have now examined

many of the system's components, with consistent results. For a wide range of clinical procedures, on average, roughly 20 percent of the money we now spend could be saved with no loss in the quality of care. By restructuring the system, we could also save almost half of the huge amount we now spend on administrative costs (see “The \$200-Billion Bottom Line”). A more efficient system would also make it much easier to detect health-care fraud—a problem that the U.S. General Accounting Office has estimated to cost tens of billions of dollars a year.

While these facts are well known to students of the health-care system, they've been remarkably absent from the debate that's developing over health care in this election year. Politicians and lobbyists for health-care providers have presented the public with a daunting choice: If we want to provide every American with access to health care, they say, we'll either have to pay much more into the system or accept lower-quality medical services.

However, such scenarios assume that the current price structure for medical care, and the current pat-

terns of treatment and hospitalization, will remain fixed. They needn't, and they shouldn't. Our health-care system is so inherently wasteful and inefficient that a complete overhaul is an option worth contemplating. It may, in fact, be the only option that makes sense.

The waste in the system comes from many sources. We receive a great deal of care that we don't need at all. The care we do need is delivered inefficiently. And the futile effort to control a runaway system has created a huge bureaucracy that by itself sucks up more than a hundred billion dollars a year.

## 30 years of increases

By now, it's hardly news that health costs have spiraled out of control. Health care now consumes about 16 percent of state and local tax revenues. In the years since 1986, private businesses have spent about as much on health care as they earned in after-tax profits. For small businesses, insurance has become unaffordable; three of four concerns employing 10 or fewer people simply don't provide health bene-

This report [Part 1 of a 3-part series] examines the forces behind the current crisis in health-care costs. The next two reports in this special series will look at the possible solutions [see *Consumer Reports*, August and September, 1992].

One approach to cost control, pioneered by health maintenance organizations, is to “manage” medical care in detail. The management can include such practices as restricting patients to a single primary-care doctor who must approve all specialist referrals; penalizing doctors who order too many tests or procedures; and preapproving elective hospitalizations. In our next report, we'll rate HMOs and examine how well managed care actually contains costs.

Another approach is to set overall spending limits and stick to them, while otherwise leaving doctors and hospitals to practice as they see fit. That's what other industrialized countries, including Canada, do in various ways. Part three of our health-care series, [in] the September issue, will take a close look at the Canadian system, among others, and will analyze the criticisms that have been leveled against it by U.S. health-care providers and insurers.

Finally, we'll outline the health-care reform proposal that Consumers Union favors as providing the best combination of universal access, quality care, and cost containment.