



## **Q & A with John Hockenberry, Series Host**

**Q. You are known as a thoughtful and aggressive reporter and you have covered health care stories before. Was there anything that surprised you about the stories within *Remaking American Medicine*?**

A: The idea that there would be the kind of lapses documented in this series was, alas, no surprise to me. The real surprise comes from the amazing access and the way in which these films take you way inside the medical system and show the exact moments where mistakes are made, and more importantly, where corrections can and have been made.

**Q. What do you consider the most compelling story within the series and why?**

A: There is no single compelling story to me. The comprehensive way in which this problem is portrayed and the heroic way people are shown to be dealing with it make these films important for every medical consumer.

**Q. What do you think viewers will learn from this series?**

A: I hope they will learn how to be more intelligent and aggressive advocates for their own health care services in hospitals. If we were doing a four-part series on the nuclear industry killing 100,000 people per year due to errors and infections, or the meatpacking industry, or the water treatment industry, this would be a full-scale emergency. It would simply not be tolerated.

**Q. Do you think the public is aware of the serious problems that exist with the quality of health care in America?**

A: I think they do not know. I think, for instance, people will be shocked to see how uninsured chronically ill people like diabetics have a direct impact on available services for all Americans. Congress and industry have allowed a creeping chaos to threaten the entire system. We're closer to midnight in this crisis than to noon, I'm afraid.

**Q. In the series, health care professionals speak candidly about the shortcomings in the system. Were you surprised at their candor?**

A: There have always been candid, responsible, heroic people in medicine. That their views represent something outside the mainstream is what is surprising. I think this series profiles the real possibility of change as doctors and health care policy experts realize that the present system is unsustainable.

**Q. You've read the statistics on the level of care provided today -- doctors provide appropriate preventive care only 50 percent of the time, effective chronic care 60 percent of the time, and evidence-based acute care only 70 percent of the time. What do you think prevents doctors from delivering the right care 100 percent of the time?**

A: It's different things in different cases. I think there is an uneasy mix between what we think of as the human elements of medical care that require subjective careful personal consideration, and the systematic industrial elements that demand standardization and precision. All too often the human elements of health care are reduced to an industrial style examination mill where overloaded doctors get little time with individual patients, while those processes that could benefit from strict oversight and standardization are kept loose to give doctors a traditional sense of being individuals. This curious reversal is frustrating to doctors and ultimately dangerous to patients.

**Q. How much responsibility do individuals have in ensuring the quality of health care for themselves and their families?**

A: Individuals should take total responsibility, in a fundamentally informed and aggressive way to get the maximum quality of health care. That doesn't absolve the responsibility of health care professionals to do their jobs correctly. Aggressive consumers are the first step toward a truly accountable system.

**Q. The business sector has become far more active in health care issues in general. Are you surprised at the level of their engagement and what do you think motivates their interest?**

A: The good news is that profit-oriented businesses are running the numbers and seeing that an ability to control and project quality transparency in health care delivery is a selling point for their facilities. The bad news is that businesses are largely lagging reactive agents in this kind of change. As these programs show, aggressive leadership from renegades profiled in our stories combined with solid foundation and business support lights the way forward.

**Q. Some of the stories in the series address the growing involvement of families within care settings. What do you think is an appropriate role for families in the care of their loved ones?**

A: As someone who nearly experienced the death of his mother from a medical mistake at one of the premier hospitals in the world, I can only say that the family should have no limits of either humility, fear, or aggression in seeking answers and making sure doctors are held to task. We refused to accept that this mistake would result in the death of my mother and our informed aggression and advocacy as a family kept the doctors on task and certain that we were watching their every move. Our family even did its own policing of cleanliness in the ICU to make sure people (including hospital staff) were fully scrubbed down when they came to see my mother. Each of us carried a bottle of betadine scrub to hand to anyone who suggested they might be an exception to our rules. We handed them the bottle and pointed them to the sink. Due to our efforts and also to a medical staff invigorated by our informed advocacy and passion, my mother made a full recovery after 44 days in intensive care, for most of those days in a coma when we had no idea if she would ever wake up.

**Q. How accepting do you think the health care community will be of the move for family involvement?**

A: It's unclear to me how accepting they will be. What is clear to me is that this industry should have little or no choice in the matter. As many as 100,000 people are dying unnecessarily each year. The status quo is not acceptable.