

Vertical integration

This exceptional idea came to me during a lecture on vertical integration of health care resources under managed care. The first seeds, however, were sown by a certain professor of medicine who would repeatedly tell his less gifted students that even the elevator (lift) driver knew the answers to such easy questions. Why not, thought I, vertically integrate everything in the elevator? Already elevator drivers are upwardly mobile, careful, and not afraid of repetitive work, always saying "watch your step," just as dermatologists always ask "does it itch?" and refractionists "is it better or worse?"

To my surprise I received an overwhelmingly enthusiastic response. One hospital administrator even suggested that we should use only the freight elevator for patients and leave the front elevator for more files, offices, and meeting rooms.

He also thought we should put casualty on the first floor and primary care on the second, there being no secondary care or at least nobody knowing what it is. Tertiary care would be on three. With preventive medicine always in our thoughts, this scheme would attract millions who never bother to visit a doctor but are too lazy to climb stairs. They could be educated by loudspeaker while waiting, and history taking might be omitted because they talk so loudly in elevators that there would be nothing left to tell.

A clinical instructor suggested that physical examinations could be carried out discreetly between floors. A hypertension expert sent me a copy of the official guidelines as published in *Medicine for Elevator Drivers*:

"Start with the least expensive drug but use something more pricey if the client looks wealthy or appears to get his medicine free from welfare. Don't bring the elevator down too quickly, nor the blood pressure. Stop for hypertensive emergencies but not for urgencies, if you can tell the difference.

"Always measure the blood pressure accurately. Think of pseudo hypertension if the mercury hits the roof of the elevator. Do not cannulate the brachial artery while in motion or in case of fire. Stop at two for secondary causes of hypertension. Always get three readings on three different floors with the patient at ease. Don't worry if the other clients complain. They too may have hypertension, and climbing stairs may do them good.

"Do not forget life style modification. If the patient is too fat or eats too much salt do not stop at the restaurant floor. Take him to the health club instead. Tell him it is for his own good and hit him with statistics.

"Diversify as much as you can in these competitive times. Recruit patients suffering from fear of heights, agoraphobia, motion sickness, blunt trauma to the kidneys; and offer weekend specials for crushed toes or penetrating eye injuries from umbrellas. Be prepared for emergencies if the elevator gets stuck between floors, but do not kiss that pretty girl if the lights go out (at least not without written consent), however tempted you may be."--