Critically ill: the family and health care in America

By Bryce J. Christensen
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Health care has pushed itself to the top of the national agenda in recent months. In January of this year, Democratic leaders convened a "Town Meeting" on health care in 285 sites around the country. At these town meetings, voters saw a specially prepared video depicting current provisions as wholly inadequate. "We need change, dramatic change," House Speaker Thomas S. Foley (D-WA) says in the tape. Sponsors of the meetings presented three different plans for guaranteeing health care to all Americans. In one option, Medicare would expand to cover all citizens; in a second plan, health care for all Americans would be covered under a new nationalized system, comparable to that found in Canada and many European countries; in a third option (called "play or pay"), the federal government would require all employers either to offer health insurance to their employees or to pay into a national government system for caring for uninsured Americans. Proponents of these systems seek not only to provide all Americans with health care, but also to impose some restraint on runaway health care costs.[1] Total national health expenditures rose from $74 billion in 1970 to $604 billion in 1989.[2] Real per capita spending on health care has climbed more than five times faster than productivity over the past two decades.[3] The rise in health-care costs paid by government has been even steeper, from $28 billion in 1970 to $190 billion in 1986. The expenses of a single government program—Medicare—have risen from just $7.6 billion in 1970 to $102 billion in 1989.[4] To date, policy-makers have achieved only meager success in their efforts to contain costs through price controls, health maintenance organizations, and physician review. National health-care costs are projected to rise to $1.5 trillion by the year 2000 and to a staggering $2 trillion by the year 2030.[5]

As pressures grow for a political resolution to the crisis in medical spending, some analysts now believe that the problem cannot be properly understood without considering significant changes in American family life. Although only individual Americans can decide how to order their family lives, a growing body of research reveals that such decisions profoundly affect how much of the nation's wealth must be spent on medical care.

Evidence linking health and family life is not hard to find. Writing recently in *Social Science and Medicine,* Catherine K. Riessman and Naomi Gerstel observed that "one of the most consistent observations in health research is that married [people] enjoy better health than those of other marital statuses." Riessman and Gerstel noted that "this pattern has been found for every age group (20 years and over), for both men and women, and for both whites and nonwhites."[6]

In a paper presented to the American Public Health Association, Charlotte A. Schoenborn and Barbara F. Wilson reported in 1988 that in a national survey, "married persons had fewer health problems than unmarried persons." The researchers further suggested that the "surge in divorces" in recent decades has imposed "hidden health costs on the American population."[7]

A healthy estate

Nor is there anything peculiar to this century or this country about the link between marriage and health. In a genealogical study of upper-class Europeans during the 16th, 17th, 18th, and 19th centuries, Sigismund Peller established that "mortality of married men always has been more favorable— especially in the age below 50—than that of bachelors." Although Peller found relatively high mortality rates among married women during the 16th and 17th centuries (due in large part to deaths in childbirth), he found that mortality rates improved dramatically for married women over the centuries while mortality rates for unmarried women under age 50 improved more slowly.[8] William Farr noted a fairly consistent link between marriage and mortality in a study focused on mid-19th century France. Probably because of deaths in childbirth, Farr did find higher death rates among married women than among unmarried women aged 20-25. Among women over age 30 and among men over age 20, Farr documented a significantly lower mortality rate among the married than among the unmarried. "Marriage is a healthy estate," Farr concluded. "The single individual is more likely to be wrecked on his voyage than the lives joined together in matrimony."[9]

In much more recent studies published in 1987 and 1990, demographers at Princeton University have documented the same pattern. In the 1987 study, the researchers analyzed "a range of cultures (Sweden, Japan, England, and Wales, and United States whites)" and found that "in all cases, despite any differences in marriage behavior that may exist, married persons experience lower mortality rates" than single, divorced, and widowed peers. The Princeton team then broadened their survey to 26 developed countries ranging from Austria to New Zealand to Singapore. Across all of those cultures, the results were similar: "It is clear that in developed countries married persons of both sexes experience a marked mortality advantage relative to single individuals."[10] In the 1990 study, Princeton investigators established that in 16 industrialized countries, unmarried men and women suffered from higher death rates than married men and women. The researchers concluded that their findings "strengthen previous speculations about the importance of marriage in maintaining health and the increased stresses associated with both the single and the formerly married states." These findings may be of growing relevance in the years ahead because "for the majority of countries [studied] . . . as well as for both genders, the excess mortality of each unmarried state (relative to married persons) has increased over the past two to three decades."[11]

Poor health among the unmarried often translates into huge hospital bills, since the unmarried do not have spouses to care for them at home. In a two-year study at the University of Michigan, researchers monitored the health of 165 men and women all aged 55 and over, after their hospitalization for various chronic conditions. The investigators observed that the unmarried men and women suffered from "worse health overall" than the married and spent "far larger fractions of time in the hospital (34.1 percent vs. 16.0 percent)."[12]

And although studies usually find that marriage confers a greater health benefit upon men than upon women, wedlock clearly fosters good health among women, too. In a 1990 study supported by the National Institute of Aging and the National Institute of Mental Health, researchers found that among women ages 40-64, those who were married enjoyed a significant health advantage over those who were unmarried and that those who were mothers were healthier than those without children.[13]

Researchers are still trying to clarify the reasons for the linkage between marriage and good health. In a study published in 1962, Joseph Berkson admitted that "powers of explanation seem to fail" when trying to account for the fact that death rates run consistently higher for singles than for marrieds and higher for the divorced than for singles, not only overall but for "such diverse disease groups as heart disease and cancer, arteriosclerosis and benign neoplasms, suicide and appendicitis, peptic ulcers and tuberculosis, nephritis, accidents, and bronchitis."[14]

Debra Umberson shed more light on the subject in a study published in 1987. She found that mortality rates ran consistently lower for parents than for adults who are not parents and for the married than for the unmarried because marriage and parenthood both exert a "deterrent effect on health-compromising behaviors" such as excessive drinking, drug use, risk-taking, and disorderly living. By providing a system of "meaning, obligation, [and] constraint," family relationships markedly reduce the likelihood of unhealthy practices.[15]

Further evidence of the relationship between divorce and poor health habits comes from John Clauson of the University of California at Berkeley. Clauson's research leads him to believe that both divorce and smoking may be traced to a common personality profile. According to Clauson, young people with "planful competence" (people who are "thoughtful, self-confident, and responsible") tend to avoid both divorce and smoking, while young people evincing little planful competence tend to become heavy smokers early in life and to divorce in subsequent years.[16]

Yet health habits alone cannot fully account for the health-enhancing effects of marriage. In a study recently completed at Ohio State University, researchers compared the health of separated or divorced men with that of married men who were carefully matched in economic and occupational circumstances. Nor were the two groups distinguishable by "even marginal differences in health-related behaviors." Yet the researchers found that the divorced and separated suffered poorer health and had "poorer cellular immune system control" than their married peers.[17]

Living longer

Researchers in Sweden have reported similar findings. Looking at the health statistics for about 8,000 middle-aged Swedish men, the researchers found a mortality rate of 9 percent among married men over a period of approximately ten years compared with a mortality rate of 20 percent among single men during the same period. Even after taking health habits and occupational class into account, the researchers established that "death from causes other than cancer and cardiovascular disease was strongly associated with marital status."[18] These findings deserve particular scrutiny because the Swedish marriage rate is now the lowest in the industrialized world, while the Swedish rate of family dissolution is perhaps the highest.[19]

In a study in 1982, Jukka T. Salonen found the same pattern among Finnish men. Even after results were statistically adjusted to account for tobacco use, cholesterol levels, and blood pressure, this study showed that an unmarried middle-aged man was more than twice as likely as a married man to die from various diseases, including ischaemic heart disease, and cerebrovascular disease.[20]

Clearly, the effects of marriage upon health are not limited to any changes that wedlock may cause in health habits. (Harold Morowitz of Yale University concludes that "being divorced and a non-smoker is slightly less dangerous than smoking a pack or more a day and staying married," adding facetiously that "if a man's marriage is driving him to heavy smoking, he has a delicate statistical decision to make."[21]) Many researchers now explain the health benefits of marriage as a consequence of social support. Evidence from a longitudinal study in Alameda County, California, suggests that marriage is one type—albeit a particularly important type—of "social network tie" affecting health. In their analysis of the Alameda County data, researchers for the National Institute of Aging find that marital status assumes "primary importance" in determining mortality rates among those less than 60 years old.[22]

In 1989, Swedish epidemiologists corroborated the insights gained in Alameda County Study, by finding "an independent association between marital status and all-cause mortality" among Swedish adults.[23]

Social ties also apparently account for the pattern identified by Ofra Anson in a recent analysis of data collected in the National Health Interview Survey. Anson found that single women living alone spend more days sick in bed and suffer more chronic conditions than do women living with husbands. Single women living with unrelated persons likewise suffer worse health than married women, but not as bad as that of singles living alone. But those women reporting the worst health are unmarried mothers: compared to other groups of women, unmarried mothers visit doctors more often, spend more days sick in bed, and are hospitalized more often.[24]

In 1989, researchers at Columbia University classified almost two million deaths occurring in 1986 according to the cause of death and according to the likelihood that such deaths might have been prevented or delayed by "formal" care (the kind of care received from physicians or other professionals), "informal" care (the kind of care received from family members or friends), or some combination of formal and informal care. The results revealed that for both men and women, for both blacks and whites, for almost every age group, marriage provides protection against early death. The protective effect of marriage appeared most pronounced for types of death that can be delayed or prevented chiefly through informal care. Most of the causes of death included in this category were chronic diseases such as diabetes, cirrhosis, asthma, and hypertensive heart disease. For this category, the mortality rate of unmarried white males aged 35-54 ran an astounding 390 percent higher than for their married peers. Among white females, the mortality rate for this type of death ran 200 percent higher for unmarrieds aged 35-44 and 120 percent higher for unmarrieds 45-54, compared to married women of the same ages. A parallel but less dramatic pattern appeared among blacks.[25]

In a recent examination of the relationship between marriage and cancer—the nation's second leading cause of death—epidemiologists at the Michigan Cancer Foundation could find no consistent relationship between cancer and marital status (although a statistical relationship between marriage and lower cancer rates could be discerned for a few specific types of cancer such as cancer of the buccal cavity among black and white males and among black females; lung cancer among blacks of both sexes; and cervical and ovarian cancer for females of both races). However, the authors of this study did note evidence that "marriage influences survivorship among cancer patients," even if it does not prevent its occurrence.[26] Indeed, in a study conducted in 1987 in New Mexico, researchers found that unmarried victims of cancer are more likely to go untreated for cancer than married victims and even if treated are still less likely to survive than married victims. "The decreases in survival [among cancer victims] associated with being unmarried are not trivial," the researchers noted.[27]

Stressing that "married people live longer and generally are more emotionally and physically healthy than the unmarried," Robert H. Coombs of the UCLA School of Medicine laments that "the therapeutic benefit of marriage remains relatively unrecognized."[28]

Most of the research on the physical health effects of divorce has focused on adults, not children. But parental divorce does appear to put children's health at risk. In *The Broken Heart: The Medical Consequences of Loneliness* (1979), James Lynch of the University of Maryland cited evidence that parental divorce not