



**Can We Better the *Better Health Care Concept?*
(Commentary by Kenneth V. Dodgson MD)**

Part 3

This is the second of a seven-part series on personal responsibility as a part of churches' response to the health care crisis. Kenneth V. Dodgson MD is a retired general surgeon, who spent 24 years with the Board of International Ministries, American Baptist Churches USA, serving at the Jorhat Christian Medical Centre, Jorhat, Assam, India. Dr. Dodgson is a graduate of Franklin College of Indiana, Colgate Rochester Crozer Divinity School, and Temple University School of Medicine. Upon returning from India, he became the Director and Staff Surgeon of the Occupational Medicine Program of the University of Rochester Medical Center. He and his wife, Sally, reside in Rochester, New York.

3. Our National Body Mass Index

As early as 1994 it was estimated that 60% of American males and 50% of American women were overweight. This is interesting because it is generally conceded that males can lose weight easier than women because their body metabolism is more related to muscle metabolism, whereas female metabolism is more related to fat metabolism. Today we are not an overweight society—we are rapidly becoming an obese society. A recent study reveals that 20% to 30% of five-year-old children are obese—not just overweight—obese.

What is known is that patients who are significantly overweight, such as the generation of children referred to above, will have an increased incidence of heart disease, hypertension, stroke, Type II diabetes, gall bladder disease, esophageal reflux, restricted respiratory capacity, depression, osteoarthritis, and a host of musculoskeletal problems involving hips, knees, ankles, and backs related to the increased weight bearing and impact stress from carrying non-essential excessive weight. The list is far from exhaustive. The future of a medically dysfunctional and disabled society is not bright.

The combined expenditure for the treatment of all of the resultant medical conditions is what has the potential to bankrupt the system. What is less well known is the amount of savings that could accrue if enough non-smoking people maintained an ideal weight and participated in regular exercise regimens, thereby decreasing the necessity for heart and vascular surgery, back stabilizations, joint replacements, and a host of medical and surgical problems that now usurp health care dollars.

More utilization of the **Body Mass Index** (easily had from Google or other Web sites) from childhood might possibly result in corrective measures being taken before illness intervenes. The BMI is a calculation that combines height and weight as a rough estimate of body fat, cholesterol being a major component. The BMI does not specify any given weight for an individual, but provides a range of "ideal weights" for any given body type. More importantly, it divides individuals into weight groups—underweight, ideal, slightly overweight, overweight, obese, and morbidly obese—with separate categories for males, females and children.

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Weight control programs stress diet regimens but also recognize exercise as a necessary component of weight loss. It is not merely a matter of eating fewer calories. It is also a matter of burning off calories more quickly. The problem with obesity is that it tends to make individuals sedentary, and the problem with morbid obesity is the problem of virtual immobility. One merely needs to observe the lucrative—and growing—business in motorized wheel chairs.

Regular regimens of exercise are not only a necessary part of weight control but also a necessary part of preventive medicine. The musculoskeletal system is a dynamic transportation system that is constantly being revised and renewed according to the demands placed upon it. We either use it or lose it.

There is understandable concern about hip fractures when older people fall. In actuality the fall is most often the result of the hip fracturing, rather than the commonly assumed reverse. As older people become less active, their bones begin to de-mineralize—a condition known as osteoporosis. Hip fractures are of two types, which we can refer to as the “twist” and the “sheer.” The “twist” occurs when the individual catches a foot or stumbles, the resulting rotational torque causing a spiral fracture through the trochanteric portion of the hip and resulting in a fall. The “sheer” occurs when the small neck of the femur gives way due to the weight bearing or impact stress placed upon it, the fall again being secondary to the fracture. Exercise of any type—the more regular and the more vigorous the better—programs the body to maintain strength in all bones, especially in the weight bearing one



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