Why the US Government Should Not Adopt a Universal Health Coverage Program

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Doctors know government and politics like lawyers know medicine—enough to really make a mess of things. Thus, physicians loath to recommend major surgery (especially of debatable benefit) for their patients, eagerly advocate for radical "reform" of our health care system, even though the body politic also bears lifelong scars after disfiguring interventions. Why do doctors, so distrustful of the federal government which brought us the Abu Ghraib prison debacle, the CIA, the IRS, and the erstwhile INS, paradoxically support handing over health care to these same politicians and bureaucrats?

What do they mean by "Universal Health Coverage Program" (UHCP)?

Start with the *JAMA* "Proposal of the Physicians' Working Group for Single-Payer National Health Insurance."[1] This startlingly sophomoric, markedly vague, utopian socialist vision, rests on a basic proposition, purportedly supported by four "principles." Two of those principles are erroneous, one is irrelevant, and one actually shows why we should *not* strive for UHCP.

The basic Socialist proposition

The quote from *JAMA*: "The United States alone treats health care as a commodity distributed according to the ability to pay, rather than as a social service to be distributed according to medical need." This of course should sound familiar: "from each according to his abilities; to each according to his needs."[a] In this case, however, the appeal to medical professionals is clear: make *them* the all-powerful bureaucrats, rationing out benefits, since only doctors will be qualified to judge "medical need."

The concept of objective "medical need" is hogwash. There are only endless health conditions (and endless abilities to treat them) ranging from abysmal disease-ridden malnourished impoverishment through bizarrely "health conscious" California fitness-freaks, to asymptomatic illegal Guatemalan workers digging drainage ditches, to asymptomatic Silicon Valley magnates wanting yearly whole-body scans during their "executive" physicals. The "needs" of those individuals is—and always will be—an entirely subjective matter.[b]

Principle #1 that I disagree with: "Access to comprehensive health care is a human right."

Our Founding Fathers have already spoken on this subject.[c] Our country was founded on the rights of "life, liberty and the pursuit of happiness," rights such as the free exercise of religion, freedom of speech and the press, freedom of assembly, the right to bear arms, the right against unreasonable searches and seizures, etc.[d] Frustratingly, in California, state prisoners have more rights to—and probably receive better—health care, than many of our non-incarcerated inhabitants, because of court holdings that failure to provide comprehensive health care in prison is equivalent to cruel and unusual punishment! Thus we have examples of felons in prison receiving $2,000,000 heart transplants (which failed)—a good example of how the so-called "right" to comprehensive health care goes awry.[e] Or consider our national dialysis policy....

I accept that access to basic health care is an important human need, and major steps towards realizing these health care needs include provision of: 1) sanitary sewer/potable water systems; 2) adequate nutrition; 3) vaccinations/immunizations; 4) contraception and sexually transmissible disease control; 5) prenatal and childbirth care. These essential public health matters remain far more cost effective than the boutique "comprehensive health care" most California doctors provide and the *JAMA* article belabors us about. The elitist creation of "comprehensive health care" "rights"

in the USA while millions die of malaria/malnutrition/AIDS/etc. in the rest of the world due to lack of basic health care access, represents the kind of elitist isolationism conservatives like myself disdain.

Virtually all Americans agree we have less "right" to "comprehensive health care" than to comprehensive education. While all residents—including illegals—have rights to some education, our school system stands out for its degree of local independence and plethora of choice.[f] Public, religious, and private profit and non-profit educational choices abound at all levels, and no one claims that the Federal Government should take over our schools. No one thinks everyone can attend Harvard, but we all desire non-prejudicial opportunity to compete for admission.[g] Likewise, not everyone *needs* admission to the Mayo Clinic, but all can compete for the best care available to them.

Principle #2 that I disagree with: "Pursuit of corporate profit and personal fortune have no place in caregiving."

Right. So doctors, nurses, x-ray techs, clerks, maintenance personnel, and the CEO should all get paid the same so no one amasses a personal fortune. And none of those individuals should be allowed to invest their pension funds in drug company stocks to improve their retirement conditions, because that would be sinful. And of course we have reached the perfect moment to stop all corporate-financed work on pacemakers, genetics, bioprostheses, etc. And we had better sever university-corporate connections too. Will some one tell me why medical academics are so holier-than-thou, so self-righteous and filled with hubris, that they believe their struggle for fame/fortune in the academic world is morally acceptable, while others who struggle for fame/fortune in the business world are evil/harmful to our health care system, or to the world?

Principle #3 (which shows UHCP is not for now): "In a democracy, the public should set health policies and budgets."

The *JAMA* article's Harvard snobs avoid acknowledging many uncomfortable facts regarding this idea. Here are a few:

1. The public already sets health policies and budgets, through public and private mechanisms, including federal and state programs, private insurers' activities, employers' and patient enrollees' individual choices, etc.[h]
2. The public is mostly satisfied with current health care coverage issues (remember, *most* Americans have health "insurance") and is more concerned with cost.[i]
3. UHCP promoters want to curtail "special interest" lobbies. But since my "public interest" is your "special interest", what they really mean is Harvard and the government know best, and our rough and tumble democracy cannot be trusted.

The fundamental issue in health care in the US today is rising costs, not coverage.

U.S. health care mostly funnels huge resources to the elderly and chronically ill, who only benefit mildly.[j] Health care constitutes 15% of the *entire* GDP; this constitutes the greatest transfer of wealth/services from a large productive societal group to a tiny non-productive group in history.[k] It dwarfs Social Security because of the narrow spectrum of the recipients. Though perhaps charitably Christian, it is a bad idea.

This cannot continue. Alan Greenspan notes our current fiscal problems precede the first wave of baby boom retirements. "We have legislated commitments to our senior citizens that, given the inevitable retirement of our huge baby-boom generation, will create significant fiscal challenges in the years ahead." Rather than expand federal budgetary commitments via UHCP, Greenspan has suggested *trimming* the benefits of future retirees! Two proposals include raising Social Security retirement age and reducing annual cost of living adjustments.[2]

Conclusions

Our citizens—even at the bottom of the economic ladder—enjoy better health and live longer than ever before. Teary-eyed do-gooders lamenting the lack of "comprehensive" health care for some ignore this and many other facts. More health problems now are related to life-style issues or aging. Retail provision of

health services by doctors today is not very cost effective. Trying to define, let alone guarantee, a "just" distribution of retail care via a distant federal bureaucracy will bog us down in a quagmire that will make Iraq look simple. A decent democracy with even vestigial traces of market forces has far greater capacity to deal with these issues than does a bunch of academics and their buddy politicians.

References

1. The Physicians' Working Group for Single-Payer National Health Insurance. Proposal of the Physicians' Working Group for Single-Payer National Health Insurance. *JAMA* 2003; 290: 798-805.

2. Andrews. *NY Times*, May 7th, 2004.

Endnotes

[a]Karl Marx, Critique of the Gotha Program, 1874. Also please note: "From each according to his abilities, to each according to his work" was the phrase in the Soviet Constitution of 1936. This phrase was amended from an article of the first Russian constitution which had been enacted after the revolution around 1918. The original article stated "he who does not work, neither shall he eat"!

[b]Likewise eternally indeterminate is the value, or worth, of the medical services provided to those individuals. Its fiscal cost (the money necessary to fund it) corresponds neither with its value to the patient, nor to the provider who funded it. A $1,000 CT scan demonstrating no pulmonary embolism may calm a wealthy, anxious movie mogul, but for an honest single working mother intending to pay the bill, the reassurance of a negative study comes at an enormous price. Furthermore, the indigent patient, who already pays nothing, might value the CT scan highly because he also got a meal and a warm dry place to sleep. Socialists cannot solve the problem that different people value the same thing differently; furthermore, our society explicitly accepts that different lives have different economic values. Presumptions inside health care to the contrary lead to absurdities we physicians witness daily, like spending an inpatient fortune on an indigent patient, and then discharging him back to the street.

[c]I accept that given the uselessness of health care back then, it was no more relevant to their proposals than, say, aeronautics. A better parallel would be to education, of which they recognized the paramount importance. But they left it out of our country's written charter as better dealt with on other levels—a belief we still adhere to.

[d]Over united opposition by Democrats, Republicans legislated more rights in the Fourteenth Amendment, and our courts have recognized some additional rights, such as the right to privacy.

[e]Because of this ridiculous situation, I have proposed a California Constitutional Amendment:
"Persons deprived of their liberty by the State of California following proceedings in court shall have, during the period of their custody, the following enumerated health care rights:

> A. The right to complete health care for any pregnancy related condition, for any injury sustained or transmissible illness acquired during their custody, or for any condition caused by the negligence of the State;
> B. The right to palliative health care for any terminal or chronic illness or condition;
> C. The right to preventative health care for any medical or psychiatric condition which would otherwise pose a risk to others;
> D. The right to curative health care for any transient condition— the successful treatment of which should result in complete recovery."

[f]Over 8,000,000 illegal aliens—3% of the population (including my sister-in-law) currently reside in the USA; will they get UHCP? (http://www.cis.org/articles/2001/censusrelease1001.html) Will UHCP cover the 50,000,000 foreign residents who visit the USA yearly? (http://tinet.ita.doc.gov/view/f-2000-04-001/index.html?ti_cart_cookie=20040510.141237.17717)

[g]An example of such political sloganeering: Congresswoman Barbara Lee's article "Comprehensive Health Care is a Basic Right, Not a Privilege" *Berkeley Daily Planet* May 14, p 11.

[h]What the *JAMA* authors really mean is they don't like *how* the public currently does this.

[i]And rightfully so. With health care at 15% of GNP, we outspend our nearest competitor Switzerland by 150%. We engage in clinically unnecessary, even counterproductive activities (burdensome administrative requirements imposed by government and JCAHO; the costs of "defensive" medicine's "standard of practice"). Costs skyrocket because doctors, no longer empowered to exercise responsibility and clinical judgment, acquiesce to patients' demands. However, only a naif thinks improvement lies in Washington—in fact, the problems come from Washington, Sacramento, and their minions.

[j]1% of the population consumes 30% of the annual health-care expenditures, while approximately 50% of the population consumes 2%! Asplin,B. *Annals of Emergency Medicine* 2004;43:174.

[k]I suspect that actually the sickest 1% is not the main beneficiary of these expenses. Rather, the real beneficiary is the health care system itself, now comprising the second largest (after education) enterprise in America. As the only sector with rising employment throughout the recent economic downturn—ever more Americans are "gainfully" employed taking care of the chronically ill and aged.