

Government Run Healthcare

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"Let them discover the kind of doctors their system will now produce. Let them discover, in their operating rooms and hospital wards, that it is not safe to place their lives in the hands of a man whose life they have throttled. It is not safe, if he is the sort of man who resents it—and still less safe if he is the sort who doesn't."

Ayn Rand from Atlas Shrugged, 1957

Government has no authority to be in the business of healthcare, period! The Constitution allows the government to provide for the common defense but only promote the general welfare. Those that would have the government be our parents have used this word, "promote", to justify government interloping into areas never imagined by our founding fathers. Support nursing and medical schools, yes but don't run them. Even the playing field for the participants in the healthcare game but stop short of owning the teams. Encourage healthy lifestyles and medical research but leave the doing to the private sector. Micromanaging healthcare from Q-tip to Cat Scan is not what governments should be doing. The knee jerk reflex of turning to government to solve problems and crises in health care will never solve the problem in a way that will improve it. I am not an expert on the minutia of constitutional law but have a keen capacity to learn from observation what works and what certainly doesn't. It really is all about common sense! Hopefully, those who make public policy will someday soon learn from history.

I would propose that government intervention into healthcare, from the inception of Medicare in 1964 onward, has done nothing to improve the delivery or quality of that service and, in fact, just as a clairvoyant Ayn Rand wrote in 1957, has begun to inhibit the distinctive characteristics that we would like to see in our doctors. Those traits that make them instill confidence in us: strength under pressure, ability to make decisions along with assuming responsibility for those decisions and possibly a bit of arrogance, are all disappearing under a tidal wave of regulations and restrictions. No individualist wants to work under such conditions. And so, they are becoming angry or they are quitting. Either way, the best and brightest are leaving the practice of medicine. Where governments intervene there is a legacy of waste and fraud. So as not to exclude anyone the rules and regulations of government programs like Medicare are immensely cumbersome, adding significant costs in the compliance and removing scarce dollars from the care itself. Incentives to be resourceful are often replaced by frustrating obstacles that would die out in the private sector for their inefficiencies.

A common scenario plays out every day in your doctor's office. A patient comes for her annual checkup. During the history and physical exam the doctor discovers she

has a lump in her breast. This is clearly worrisome for the patient and something that needs evaluation almost immediately even if only for peace of mind. The office has the capability of doing a mammogram or an ultrasound and even a needle biopsy if indicated. Seems simple enough to do what is both expeditious and prudent and perform the appropriate tests, right? Well, Medicare rules state that if you do all these on the same visit you will have the value of your services reduced as compared to making the patient return two or three times. There is no logic here to explain this. The rules state that for doing the same work and the same procedures Medicare will pay you less for making it convenient for the patient. Go figure! With ever diminishing reimbursement rates from Medicare (another 9% decrease in 2003) the government seems to be squeezing the physician between doing the best for the patient and making a living. For nearly forty years this squeeze on the physician has gradually tightened to the intolerable situation facing many private practice physicians today. Compromise your values to pay your overhead or compromise your practice to keep your values. Not much of a choice. One could always commit fraud or quit medicine but that isn't much of a choice either.

Another example of the bureaucracy and folly of Medicare was shared with me by one of my associates. He performed a hysteroscopy for abnormal bleeding in a postmenopausal woman. This is a relatively simple procedure using a small fiberoptic scope to look inside the uterus for abnormalities, which could include cancer. Well established as the standard of care this procedure takes just a few minutes and can be done under local or general anesthesia. Many gynecologists perform this short test in their office because it is safe and, quite truthfully, is reimbursed so poorly that it isn't worth the time taking the patient to the hospital and all the extra work a hospital admission requires. Medicare has denied him payment, not because the work was inappropriate but because the procedure code describing his work does not allow payment in an office setting. In other words, had he performed this very same procedure in the operating room setting at a much greater cost to the taxpayer, the government, in their wisdom, would have then paid him.

In their words, "The Contractor has requirements on establishing appropriate place of service codes for procedures. Place of service codes are determined by feedback from the medical community on what is recognized as the standard. These standards ensure quality of healthcare. Performing code xxxxx in an office setting is not recognized as one of these standards. Therefore, payment can not be made for this procedure in an office setting." What? Who decided it matters where an indicated test is done?

My comment to this is simple. New and exciting technologies are being developed all the time. They often make diagnosis and treatment faster, safer and at less cost. Enabling patients to have testing done in the familiar surroundings of their doctor's office rather than the more frightening experience and time-consuming event of a hospital operating room or radiology department. Government regulations are arduous and usually lag way behind the cutting edge of medicine. They do not prevent negligence or fraud but simply get in the way of good physicians trying to do the best for their patients. Can you imagine the red tape of a government run system? Who do you prefer making decisions

for your health? I repeat myself when I say, “Government, whether state or federal, has no business in the decision making and distribution of healthcare.”

Another example arises often with screening procedures such as bone density studies. Medicare authorizes payment for this test once every 24 months. I suspect some panel came up with 24 months after some study performed at taxpayer expense from the one size fits all research institute. When a patient is found to have osteoporosis and placed on medication, according to Medicare regulations, she must wait two years to see if the medication is helping. To individualize care it almost takes paperwork equivalent to an act of God. This increases the doctor’s costs as the office argues with Medicare to get coverage for a medically indicated test. Of course, the patient can always pay out of pocket and if it benefits her health to have more frequent testing then she should. This puts the patient in the similar position of the doctor in the first example: only she has to choose between her own health and her own money. The decision here should be a no-brainer but, sadly, for many it is not. This just shows that personal responsibility is, ultimately, the most important theme in this essay. Ironically, if the doctor wins the appeal to Medicare he actually loses because he is paid less than if the patient paid his office directly. But the rigidity of these rules removes common sense and physician judgment from the process and is a perfect illustration as to why governments should not be involved in the process. And, now in 2009, there seems to be a new policy decision that Medicare will only pay for one bone density test in your lifetime. Responses to treatment must be monitored by less specific urine tests.

Government meddling into our lives can sometimes be obvious and at other times insidious. It creates and fosters a dependency that enables us to be careless with our health. Medical Savings Accounts (MSAs) are a good idea that has yet to pick up much traction in Congress. This is a proposal where you or your employer can put away tax-sheltered savings on your behalf for that rainy day when illness strikes. The MSA promotes the idea that your health has value. For as long as you remain healthy you can watch the dollar amount in your account grow increasing your family’s security. The perplexing problem here is that it takes a government tax break to motivate us to do what is in our best interest. We should do these things because they are good for us not because of a tax deduction. They promote self-reliance and that is a healthy attribute. We save for college or to buy a new home without expectation of handouts from the government. A great change in our expectations and less dependency on government would benefit us all. Parents should begin to save \$10 per week beginning on their child’s first birthday in a health savings account of their own making. It is a start at teaching our children the value of good health and the dignity of independence from government.

Sometimes, in order to accentuate a point, an example from outside of the healthcare field is poignant. This is one of those times. In the aftermath of September 11th our government decided to give the families of the victims a lump sum of cash. As to why this was done, there are theories and rumors galore. Even if we assume it was simply compassion, and not to save airlines from extinction at the hands of the Trial Lawyers of America, there is an insidious lesson here. For those families with the foresight to buy

their own life insurance policies with their own after tax dollars the government proceeded to deduct those benefits from the lump sum that family received. In other words penalizing those that planned ahead and in essence rewarding those that were less responsible. Removing the emotion from the event and simply looking at what message the government is sending here is quite alarming. “No need to plan for the future. If you are in trouble, not to worry, we will take care of you.” We must be reminded that this enabling is neither desirable nor plausible. This mistake is being repeated vividly in today’s mortgage bailout for the irresponsible at the expense of the responsible.

Socialized Medicine

“Those who would administer wisely must, indeed, be wise, for one of the serious obstacles to the improvement of our race is indiscriminate charity.”

Andrew Carnegie

Socializing is a good and pleasurable experience. We are by nature a social species and enjoy a sense of community. Social gatherings help promote our inner well-being. Americans and their social organizations are a most charitable people always rising to the occasion. I say these things because they are true and have absolutely nothing to do with the concept of ‘Socialized Medicine’. Here the word socialized is synonymous with rationing. Do not be fooled into thinking socialized means universal or equal, for not everyone can have everything and certainly not equal access or quality. There will always be several tiers of healthcare and history has shown that those who propose otherwise are the first to exclude themselves from what is supposedly good for the rest of us. Ask your elected representatives which HMO they subscribe to. The theory of socialized medicine defies not only the laws of economics but also the laws of human nature. Here I will hope to explain why this will not work in America as things now exist and hopefully provide the foundation for provocative debate in the public square.

In 1994, Hillary Clinton and Ira Magaziner put together a panel to develop a national healthcare system. On that panel were economists, politicians, lawyers and businessmen. Notably absent were any practicing physicians. Their goal was to come up with a government run single payer system that would supposedly cover all citizens. A bold effort doomed to failure because these very smart people underestimated the nature of the American people and the lessons of history.

“I observed that in all the discussions that preceded the enslavement of medicine. Men discussed everything—except the desires of the doctors. Men considered only the ‘welfare’ of the patients, with no thought for those who were to provide it. That a doctor should have any right, desire or choice in

the matter, was regarded as irrelevant selfishness; his is not to choose, they said, only 'to serve'."

Ayn Rand, from Atlas Shrugged, 1957

Now our current administration is ready for another go. Let us look at the Canadian system of healthcare. Many supporters of socialized healthcare in the United States often espouse the virtues of that system. Let's see if their arguments hold up under scrutiny. Canada has a population of 25 million people. This is approximately 10% of that in America. They have a fraction of the welfare and illegal immigration problem seen in the U.S. They have been accustomed to a system that rations healthcare for more than a generation and are therefore more accepting of it. They have a legal system, which discourages the filing of frivolous lawsuits. A system we call "Loser Pays" where in a lawsuit the losing side pays both sides legal fees. The government insures Canadian doctors and hospitals, keeping premiums extremely low. Patients in Canada know that if something is needed quickly or is rationed they can come across the border and have it done. All these things make any argument proposing a similar system in the United States disingenuous. Proponents of a single payer system here would have to argue for a loser pays tort system and government run liability insurance system to make their line of reasoning consistent. But you will not here a peep from any politician supported by the trial lawyer or insurance lobby. Which, of course, is essentially all of them.

There are many amongst us who would advocate for the single payer system. They rail against our current system and its expense and inequities. They cite comparisons between countries and the amount of gross national product each spends on healthcare. The United States is clearly among the highest with about 14% of its GNP spent on the health care industry. The single payer advocates say this is related to excesses in the private sector and big business at the expense of the little guy. What they fail to mention in their rhetoric is that a significant reason it costs more in the U.S. is because people actually get better health care in this country.

Take the example of the 63-year-old grandmother who develops renal failure from an accidental ibuprofen (Advil) overdose. She may need dialysis for a few weeks and with it will likely fully recover. In the United States she gets this treatment and visits her grandchildren at Christmas. In Canada she dies unless she comes across the border to America and we provide it for her. We spend more on healthcare per capita exactly because we get more health care. Does the 72 year-old executive with chest pain receive an angiogram and a coronary bypass or balloon angioplasty in England's national health system? Not likely and certainly not timely. He pays privately or travels to America. Even more disturbing is the reality that in Canada it sometimes takes six months on the waiting list to get an MRI of your knee in their socialized system. However, if your dog is found limping you can pay for an MRI and have it today!

Why do the simple rules of economics, 'You get what you pay for', appear to be disregarded in the debate? The motives behind those that advocate such a system may be emotionally driven but defy common sense. It feels good to wish for such a utopian ideal and pandering to subsets of voters makes it appetizing subject matter to politicians. Never

mind that what they preach defies logic and experience. Impassioned do-gooders never let facts get in the way of their cause. So to all those that run for public office and those already there I propose an open, honest debate on this issue. Journalists and interviewers must not act like cheerleaders and press agents but must expose the flaws in the single payer argument with challenging questions of our president and legislators.

Where will the providers of this massive government run system come from? As Ayn Rand says, nobody ever considers this in all the discussions about a universal program. Going to college and medical school and residency is no picnic. Doctors give up a major portion of their youth for study with tortuous hours and at huge cost in dollars and loans. A government run system is going to remove the autonomy, the individuality and the rewards that have historically drawn the best and brightest into the field. Who is going to give up 12 years of their life to come out in their mid-thirties as a debt-ridden, servant to a monstrous bureaucracy with no real hope of being free to use all the skills they learned and a target for the enrichment of trial lawyers. Hey, where can I sign my kid up for that? Might as well be a teacher in the LA Unified School District. At least they will get a guaranteed pension plan!

For a moment, let's assume that Congress has just passed the new Universal Health/ Tort Reform/ Government Liability Insurance Bill into law. Does anyone for one moment think that healthcare in this country will improve? Will giving health coverage to people make them suddenly become healthier? Will it be free and thus as we have shown undervalued or will there be a surcharge or co-payment which will discourage some from seeking care? Will access to facilities and technology become easier or more difficult? Will there be increased enrollment in medical and nursing schools? Will research and development of new medicines and technologies flourish? Will people begin to accept that maloccurrences are not malpractice and suddenly stop suing everybody? Will trial lawyers and insurance companies graciously walk away or will there be endless Supreme Court challenges to the new law?

Congressman John Conyers D-MI complains that segregation is alive and well in the United States. As one of his examples he cites the "discriminatory health care system". In his circle it is a given that the health care system is a subjugate of the Equal Rights Amendment. That somehow this system is actively practicing discrimination and if only the government had more control of it we would be better off. I would submit that the current government run portion of the health care system is just the opposite. There is easier access for lower socioeconomic groups, welfare recipients and even illegal aliens than for middle and upper class Americans. To Representative Conyers and other democrats, who have access to privilege beyond the dreams of most of us, it is unfair to have differing echelons of medical care. It would seem he believes middle and upper income citizens are not entitled to the best care their own money can buy. Industrious work ethic, planning for the future and saving for that rainy day are behaviors to be rebuked rather than rewarded. I would submit that those who believe such nonsense are the real discriminators. They discriminate against those reaping the fruits of hard work and success. They are socialists. They are elitists who believe they know what is best for you and your family and that only they can achieve it for you. Don't you believe it!

Many on the political left would argue that if some larger entity, meaning the government to them, doesn't step in and mandate coverage for minor ailments, elective screening procedures and routine exams then costs will rise because people will not seek prevention. They will just get so sick that emergency rooms and hospitals will be overwhelmed. Everyone will demand expensive, high tech intervention to treat terrible diseases born of their own neglect. These politicians inherently assume many of us are irresponsible and need to be cared for. The sad truth is they are right to some extent as we now live in the golden age of entitlement. Anyone who would suggest that it is wrong to enable those who are irresponsible, usually conservatives, are subject to personal attacks and labeled as mean spirited. **No one denies it is noble to try to care for those who cannot care for themselves. However, this does not mean we need to care for those who can, but refuse to, care for themselves.** There should always be a safety net for the truly unfortunate and, as what may come as a surprise to those who believe the rhetoric of the left, that net already exists.

Statistics can be a useful tool in making an argument as they can be twisted to support just about any contention. As an example let us say that Disease X has an incidence of one in ten million persons in 2001. Now in the year 2002 there were two cases in ten million for an incidence of one in five million. Reason would dictate that there is essentially no statistically significant difference between the years 2001 and 2002. In fact, the chance of not having disease X in 2001 is 99.99999% and in 2002 is 99.99998%. Nothing to concern ourselves with, right? Well, not if you are a member of an advocacy group seeking funding for research into Disease X. For them the headline would be, "Epidemic! The number of cases of Disease X doubled this year!" Their agenda dictates their distortion of statistics. This technique was used to raise awareness and funds to battle heterosexual aids and second hand smoke. These activists believed their cause to be so noble that stretching the truth was acceptable. The lesson here is to beware and not blindly follow those that throw out statistics to support their cause. Do your own math and use your own powers of reason.

"Compassion is not weakness, and concern for the unfortunate is not socialism."

Hubert Horatio Humphrey

There is a safety net out there already. There are free clinics, religious and other charitable organizations and laws that protect anyone from being turned away from emergency rooms. There may be as many as forty million people without health insurance but there are not forty million people without healthcare. Politicians on both sides of the isle use the forty million Americans without health insurance as a rallying cry and justification for more government intervention. They are being disingenuous with their use of this statistic. Some truly believe they must legislate to solve this problem others are just pandering for votes. Either way, they have lost sight of the innate goodness of the American people. Many families would be more than willing to care for their elderly and sick if only freed from the financial burden of taxation used to support

government programs far less effective and compassionate. Many doctors and hospitals would be delighted to provide charitable care, surgery and medication if only Good Samaritan laws would free them from the threat of litigation. I'm not a big fan of tax incentives but just maybe there is a place for them here. The role of good government should be to remove the shackles and allow the gracious people in our country these freedoms.

Too much compassion, however, when government ordained, is quite simply not desirable. In the "What's wrong with this picture?" category is the following example. I just discharged a 23 year old, mentally retarded ("intellectually challenged" for those of the PC genre) woman who delivered twins, her 4th and 5th babies. For all of her deliveries she had state support, Medi-Cal in California, and all of her children live in state supported foster homes. She delivered at a Catholic Hospital so tubal sterilization could not be performed or, for that matter, even discussed. Many would say it is reasonable for her to keep right on reproducing at taxpayer expense and any suggestion that she should be prevented from doing so would violate her civil rights. Of course the person that would even suggest such a thing would immediately be labeled with some insulting adjective. So, in a state as broke as California in 2009, we should go right on enabling people with government sponsored compassion until we are financially and morally bankrupt. Can you say, "Octomom"? When does it stop? When do reasonable people rise up and say "enough"? Are there any visionaries and leaders left? Has the wisdom of Ayn Rand been forever lost?