

POINT/COUNTERPOINT Friends Chris Millson-Martula and Mike Cobb tackle a variety of topics in The News & Advance each month ... from the left and from the right.

IN NEED OF REFORM, NOT OVERHAUL

By Mike Cobb

Exactly what is our national health care problem President Barack Obama needs to spend \$1 trillion over the next 10 years to fix? As we currently have a national debt of \$11 trillion, shouldn't we be asking what we'll get from Obama's plan that costs \$1.5 trillion more over the next decade?

We already spend more per capita on health care than any other country and have one of the fastest growth rates in health spending among developed nations.

Is change needed because of a 2000 World Health Organization Report that ranked our health care system as 37th? If that indicates substandard care, why do countries ranked as having better systems send people here? Italian Prime Minister Berlusconi came here and Operation Ozkids works to get Australian kids sent here for treatment. Canada spends more than \$1 billion each year to send people here. (Where would we go with a Canadian system?) Despite European countries often being ranked higher, a 2000 study stated that survival for most major cancers was worse in Europe than the U.S., especially for older patients.

But some people don't have health insurance. What if it's by choice? Those making more than \$75,000 a year were the fastest-rising group of uninsured, increasing by 117 percent from 1996 to 2005. Since the overall number of people with health coverage rose by 22 million during that period, something seems to be working. The number of chronically uninsured on whom we should focus is closer to 8 million than the 46 million number commonly used.

Is health care a right?

Demanding free medical care is claiming a right to someone else's money to pay for your costs. The 1986 EMTALA law gave people a right to emergency care regardless of ability to pay. Why not add a right to get insurance from another state if it's cheaper, or a right to get insurance without potentially unnecessary mandated coverage?

Without changes in the current government health care and retirement programs, Medicare's hospital-insurance reserves will be depleted by 2019 and Social Security will exhaust its own by 2041. Detroit's Riverview Hospital likely had to close because it couldn't afford to stay open when roughly 90 percent of its 11,000 annual in-patients were covered under Medicare or Medicaid. Government health care is unsustainable budgets and provider shortages.

Models to be avoided

Some of the countries that supposedly have enviable care have issues that should give us concern.

Judges ruled this year in Great Britain to kill a chronically ill nine-month-old baby over the wishes of his parents. Britain has a habit of keeping patients waiting in ambulances before admitting them into the hospital so the hospital can meet targeted waiting times.

The British system once had a policy (since changed) on macular degeneration that stated you had to go blind in one eye before being treated in the other. A 2004 study stated that each year in Britain's hospitals, more than 100,000 patients contracted infections and illnesses after being admitted. A 2008 article indicated that the number of patients leaving hospital malnourished had almost doubled in a decade

Several Canadian journalists gave Michael Moore a "mauling" after their review of his film for the "large liberties "Sicko" takes with the facts.

The death of actress Natasha Richardson highlighted that Quebec doesn't even have a medical helicopter system. In Canada, a 56-year-old person was considered too old for hip resurfacing. More than 10,000 breast cancer patients needed to file a class action lawsuit because of delayed care. A mother of quadruplets needed to deliver her babies in Montana because Canada didn't have the resources. (Then again in Sweden, the natural delivery of a healthy newborn delivery is an outpatient procedure allowing six hours of hospital care.)

A model worth studying

Both Business Week and the Cato Institute give modest praise to France's system. France has a practice of direct payment from patient to doctor, payment for medical school and a legal system described as "fairly tort averse" — all worthwhile European health care models.

Though the French system runs a debt, their citizens don't go bankrupt on medical costs. For France to have year after year of repeated doctor strikes, though, is problematic. And lest you consider it "free" care, most everyone in France purchases supplemental insurance on top of their 18.8 percent payroll tax to cover costs.

Current improvements

Competition, when available, has driven some stores to offer \$5 generic drugs, or free prescription antibiotics.

One study found that people in consumer-directed health plans (like health savings accounts) were more cost conscious regarding their care, which can be a good trend.

Conclusion

Health care changes are being shoved through with very little discussion. That's likely to ignore what should be kept for the sake of advancing an insufficiently studied plan, to achieve a not necessarily agreed upon goal. (AIG bonuses anyone?)

If our goal is reduced costs, I'd argue for more competition, fewer mandates, and more options.

If our goal is to require people to purchase insurance, that hasn't worked for automobile insurance and won't work for health care.

What does work is informed users being able to make informed decisions in a free market with companies competing for their business.

Cobb is a resident of Lynchburg.