

## **The Health Care Dilemma – Or Is It?**

Confusion reigns over the health care debate. The most extreme position was that expressed by a physician who is a close relative of mine. “Everyone should have to pay out of their own pocket for medical and hospital bills and if they are too poor, we would accept a government check but why should we give anyone discounts?” The other extreme is that the government should supply universal health care at prices it deems fair and sufficient. If doctors are not happy with that, let them do something else for a living.

The future of health care does not resemble either point of view. There will be some combination of a public and private health care system that subsidizes the cost of health care and at the same time provides treatment for those most in need. The question is how to make this happen without bankrupting the country, who should get a subsidy and how much, and who is entitled to free health care provided by whom?

Most discussions start out with the question as to whether people should get a tax break for the cost of health care which they have to pay, or whether those who receive health care benefits should be taxed on those benefits. Another initial question often asked is whether the benefits should be employment based. Unfortunately, all these approaches are like the blindfolded man trying to describe an elephant by touching its tail.

The real question is, what are health care costs made up of? Once we come up with a budget for what health care should cost and where that money should go, we can have an honest debate about how to raise those funds, from what sources, and in what amount. Why is health care so expensive, and are those expenses justified?

Customarily, we are told that health care in America is the best in the world. Sadly, that is not correct. Most studies of industrialized nations put American health care at the bottom of the quality pile. Our death rate at birth and our longevity tables do not approximate most of the other nations with whom we trade and deal on a daily basis.

Pharmaceuticals are a major problem. Samples of drugs, for example, are said to account for slightly more than half of the total promotional dollars spent by industry. One study indicates that the amount of money the pharmaceutical industry spends on free samples sets the retail value of samples at approximately \$16 billion U.S. dollars. One analysis showed that in a single year, the 50 most heavily marketed drugs accounted for nearly half of the increase in retail spending on prescription drugs.

The medical profession is under intense scrutiny for the use and prescription of unnecessary and sometimes dangerous drugs. Physicians are

wined and dined to prescribe drugs that are frequently unneeded. Pharmaceutical company sponsored studies result in physicians writing prescriptions for expensive drugs of marginal utility. John Abramson, MD, in his book Overdosed America, The Broken Promise of American Medicine, is must reading for anyone interested in this subject.

Most health policy experts suggest that between 42 percent and 50 percent of doctors in the United States should be primary care physicians. Instead, 31 percent of doctors in the United States practice primary care and 69 percent are specialists. It is for this reason that the United States has such an abysmal record of prevention.

The Food and Drug Administration is a toothless tiger which frequently enables rather than regulates abuses in the health care industry. High ranking officials at the National Institute of Health receive consulting fees from the drug industry. United States consumers subsidize the cost of overpriced drugs, allegedly so that the pharmaceutical companies can maintain research while medical devices are approved with a minimal of study. The dangerous drugs and medical devices which make their way into the market have their own high cost in terms of treating patients who are injured by them and hence require additional care.

The medical and pharmaceutical industry were also taken on by Jerome P. Kassirer, MD, On the Take, How Medicine's Complicity With Big Business Can Endanger Health, and Marcia Angell, MD, The Truth About Drug Companies, How They Deceive Us and What They Do About It. It is no accident that these important volumes were written by physicians, who know the system inside out.

Working up a budget for health care bills in the United States will necessarily involve understanding what pharmaceuticals should cost, the appropriate need for drugs and medical devices, and how they can be prescribed without industry incentives to overuse.

The budget also needs to account for the fact that medical schools restrict and discourage primary care physicians and encourage the high paying specialties who frequently reward their *alma maters*.

Medical errors continue to haunt the United States, with the National Institute of Health and other physician groups suggesting that the number of deaths due to preventable errors are the equivalent of two 747's crashing and killing all aboard every month. The people who are injured by medical errors must receive additional treatment. That is an expensive proposition since many of the preventable errors are due to pharmaceuticals, infections, simple falls in hospitals, and unnecessary surgical complications.

A focus on what unhealthy people and the elder population really need will also be necessary in order to work out a proper budget.

Finally, it is absolutely correct that people need to have an incentive to take care of their own health needs. Perhaps there should be a surcharge on those who fail or refuse to begin smoking cessation programs or meet weight loss goals.

One proposal that has some merit is to create the equivalent of the federal reserve board for medical care. The federal reserve is capable of pumping money into the system or contracting the money supply depending upon economic conditions. An agency could be responsible for assuring free or subsidized health care if certain criteria are met by our patients in the health care system or to contract and incentivize those outlays. The problem with such a bureaucracy, of course, is that the history of the federal reserve has not always been great but it has prevented numerous recessions and outright depressions.

Merely debating who should or should not receive health care or who should pay for it continues to miss the mark. A realistic budget must be established based upon attainable goals of patient safety, reasonable pharmaceutical and medical device costs, and appropriate preventative primary care. Developing those responses through a combination of private and public funding will then be easier and more likely to be successful in the long term.

The discussion will continue.

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