

Money In Healthcare

Americans are going through a paralysis of agony concerning how we are going to get affordable and available healthcare in the United States. We hear about the horrors of the Canadian and British systems. Others tout the benefits of the Australian and Israeli systems. It does not hurt to look around the world and see how other countries provide healthcare which are **not** doing it through a government approach.

The first and toughest question is whether it is ever possible to have uniform medical healthcare for everyone at an affordable price. Some argue that if we tax the rich, we can provide healthcare to the poor. The failure of that approach is that it does nothing about the unreasonable cost of healthcare. Taxes would have to be increased never-endingly if we do not do something to reduce the need for healthcare.

Anyone who has been in and around the patient safety movement in this country will appreciate that we have enormously expensive projects, such as proton machines for prostate cancer treatment, costing tens of millions of dollars to build. Relatively few people need this treatment. How many of these fantastical machines do we need in this country? Would it be a lot less expensive to put patients on a plane and fly them to one facility in the center of the country? Yet, medical centers around the country want to build these devices for a reason. Somebody makes money doing it.

The same could be true of many pharmaceuticals that are outrageously expensive, when generics will do just fine. We were visiting our daughter in Israel when I developed an abscess in a tooth. The cost of the antibiotic, which included a painkilling gargle solution and some over-the-counter anesthetic to suck on, was the equivalent of approximately \$14 US. I noticed that the antibiotic was, of course, generic.

The pharmaceutical industry defends its crazy pricing structure in the United States by claiming that these high prices subsidize research. Should Mr. and Mrs. John Q. Public, earning \$35,000 per year, subsidize some of the largest industries in the world?

Medical devices are another area where the American healthcare industry receives a bonus. Some of the medical devices are unnecessary, and others are so highly priced that government or nonprofit support is necessary to equip a patient in need.

It is also true that we do not take care of ourselves. We depend upon our doctors and healthcare providers to pick up the pieces for our own bad behavior. Should people who smoke or will not watch their weight pay an excess premium?

Everyone seems to agree that we should break down the barriers which limit healthcare insurance to particular states. We spend money on bricks and mortar, when in fact more and more patients are treated outside the environment of big expensive hospitals. The reason? Money is available to hospitals to build big, impressive structures that they name after important donors. Are they really necessary? For years, experts have been talking about the

need for prevention and looking at the most efficient way of treating the most frequent medical problems. Nevertheless, we continue to spend outrageous amounts of money unnecessarily.

Look at the electronic medical records industry. The Affordable Healthcare Act and other government subsidies have enriched the computer industry enormously as a result of the introduction of electronic medical records. We now know, through work by the Institute of Medicine and many other studies, that electronic medical records are so difficult to use that they may actually enhance the number of preventable medical errors in hospitals. The computer industry, however, has now become entrenched in its illicit marriage with healthcare. Electronic systems of differing hospitals and healthcare systems cannot communicate with one another, are not fully accessible to patients, and are driving doctors totally crazy. As a Founder and Board Member of Pennsylvania's Patient Safety Authority, I hear many complaints from doctors and patients, but none more loud than the problem and expense caused by the failure of electronic medical records to simplify the system or reduce costs.

If we were starting from scratch, the system that would work the best is one where prospective patients can choose the healthcare system they want to be part of. They pay their premium to that system and receive medical care from the same provider. They are treated by the provider's doctors and experts. Countries that utilize this approach make it possible for patients to go outside the system when it is reasonably necessary. This concept will not work so long as the pharmaceutical, medical device and computer industries maintain their stranglehold over American healthcare. The systems that provide the healthcare must be freed from the requirement to purchase useless products and medicines under the U.S. pricing system. If patients can go to a Canadian website to buy the pharmaceuticals they need, certainly the healthcare providers ought to be able to do the same.

Finally, patients must be given a choice. Not every patient needs every imaginable service that could be provided by the healthcare system.

What to do about those who cannot afford anything? That becomes a policy decision outside of the healthcare system. If voters want to provide through taxes, tax abatements or health savings plans for a way that those below the poverty line can have the funds to purchase healthcare, that would certainly be an appropriate approach. We simply cannot confuse the delivery of healthcare with how it should be affordably provided. Without honest competition between healthcare systems providing care to patients, there never will be a patient-oriented approach to care and pricing.

Any healthcare system must empower patients and recognize that they are consumers. Patients are entitled to know which are the safest institutions and the doctors with the least complications. Reduction of avoidable medical errors will reduce costs throughout the system. In most states, there is so little information available to patients that they simply cannot choose wisely.

Florida recently enacted a constitutional requirement to provide data to patients about medical errors. Guess what? The medical healthcare industry is appealing that to the United

States Supreme Court, claiming that it conflicts with a federal statute, the purpose of which is to keep information about medical errors from patients! How much sense does that make? How could consumers choose if they are denied the basic information they need to know what is safe and what is unsafe?

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