

Twelve Dangerous Trends of Public Healthcare

by Giuseppe Gori

Trends in a large bureaucratic system are not apparent initially, when new policies are set in place. People cannot easily fathom the long-term repercussions of a public “one payer” insurance system. Trends become apparent several decades later, when it is essentially impossible to “uninstall” the system. Here are some dangerous trends, seen from the point of view of a person who lived and raised a family within such system in Ontario, Canada.

The redirection trend

This trend is dangerous to people’s lives. It happens in periods of high demand for health care, when hospitals cannot respond to emergency cases any more because of scarcity of emergency beds. An ambulance comes into a hospital with a patient who needs urgent care, such as a patient with a heart attack, but the hospital does not have any more emergency beds and re-directs the ambulance to another hospital. When this other hospital is experiencing the same conditions, the ambulance is re-directed again, and again. We read of these cases in the papers only when someone dies because a hospital with available beds was not reached in time. The issue may be discussed at the political level and perhaps a politician will propose to open another hospital wing with a few more beds. No apologies to the family of the dead. The system worked as it could, under the overcrowded conditions.

Why does this trend develop? Businesses survive by attracting customers. In the US private hospitals and clinics generally do their best to attract customers from each other and compete to provide the fastest and best service they can. However, for a public hospital the opposite is true: Accepting new patients is not an incentive, but a burden draining their limited resources, thus in some cases, hospitals outdo each other in maintaining the appearance of “overcrowding”. To show overcrowding and long waiting times at their facility is a way for a public bureaucracy to receive more government money and grow in “importance” and size.

The waiting requirement

Waiting for health care services is not only a trend, but has become a requirement.

When you show up at the emergency room you are moved from waiting room to waiting room. First you get a number. Then you are called for registration. Then you wait again for acceptance. Here you’d better show your health card, or you may not receive any service. This happened, for example, to a young man who had forgotten his card at home. He had a perforated appendix and was sent home to pick up his card. He collapsed and died before he could make it back to the hospital (The Canadian Press Apr. 23, 2004).

After acceptance you are sent to a general waiting room. When you are called again, you are sent to a specific department waiting room and from here to an observation room, where you wait for the doctor. Often you have enough time between these trips to share your life experience with fellow

patients or to read several issues of National Geographic. If you need an X-ray, in the best case scenario you can make it in four hours, but if you go during the day, be prepared to take the whole day off work.

Why is waiting required? Essentially the reason is to discourage people from using the system too often and "Let them pay". Payment is a requirement for the system to work. If people do not pay money, then another payment is required to prevent the system from getting jammed. To be absolutely precise, you are required to pay money as well: for procedures "not covered" by the public insurance plan (see below). In addition, you pay for parking at most "public" hospitals. This parking fee is a contradiction: If these hospitals have been built with public money on public land, why should one pay for parking? But these fees accomplish the same: they discourage people from using the system too easily.

What would happen if anyone who wants a check-up could go to a hospital during their lunch break, or before work or after work without disrupting their working day? The amount of work for hospitals would increase significantly. That's unacceptable, thus having people take days off work, and pay with their time is a requirement.

A private healthcare system is geared for people who work and have the ability to pay for their health insurance. A public healthcare system however punishes people who work. In addition, a public healthcare system punishes people who are so sick and cannot afford to wait. If you are very sick, either you may not be able to get to the hospital, or you may die during redirection, or you may die waiting for "service".

The appointment requirement

A corollary of the waiting requirement is the appointment requirement. For the same reasons addressed earlier, if you need tests or specialist treatment, you cannot be provided streamlined service "on the spot". You are first required to see your physician (by appointment), who refers you to a specialist (by appointment), who orders some special tests (by appointment) until you are called back when the test results are complete (by appointment). Then you go through different appointment paths for the actual treatment. The result is that by the time the process is finished you have lost people along the way: those people whose problems were not very serious and those with very serious problems. The first have possibly missed an appointment or lost hope to be treated, the second have died. The result is a system that is very busy with appointments, but provides less care than it could potentially deliver with the same resources.

The specialization trend

Only certain hospitals are equipped to handle specific problems. If all the hospitals in the country are owned by the same entity, with no competition, then why spend money on duplicate resources? In this case re-direction is required by the scarcity of resources. For example, my niece who faced a premature end of her pregnancy, was flown from the North West Territories, where she worked, to Calgary, Alberta. After a while, she was flown again from there to a highly specialized children's hospital in Toronto, Ontario. She received the best of care under the public system, about three thousand miles away from where she originally was. We will never know the real cost of her travels to taxpayers (The cost of imposed equality), but we know that she was offered the same care as any millionaire would.

The higher cost trend

This trend includes: more bureaucracy and growth, higher cost and higher taxes. In Ontario, for example, health care is the largest item in the budget and is three times the cost of public education. It is now (2009 budget) over 40% of the total budget expenses, including the interest paid on Ontario's debt. This means that if a public health care system is instituted in the US, you must be prepared to pay almost twice as much taxes on everything you pay taxes for: (income, property, sales, corporate, capital gains, etc.)

Why does this trend exist? All the effects of a monopoly (lack of competition) concur in raising costs and raising requirements for more resources. At the same time there are no incentives for individuals (medical personnel or bureaucrats) to find more efficient solutions or provide faster and better service. Healthcare workers are all paid by the hour and on the basis of seniority, just as any other government bureaucrat. The provided service remains in high demand and there is only one provider for the service. Bureaucrats can escalate in their career by acquiring and controlling more bureaucracy and more resources. Why would costs NOT raise?

The reduction of services trend

Do raising costs imply better services? No. On the contrary, the opposite is true. By the time health care is the highest item on the budget, people start complaining from all sources. Politicians must ask bureaucrats to reduce costs. The only way to save money that bureaucrats know, without cutting their own job, is to cut services. In Ontario dental care and eye care for children, which used to be covered under all private insurance plans are not covered any more. Of course it is more important to cover the elimination of unwanted babies through abortion than to care for children's teeth or eyes. Oh, there is no age discrimination: Adults are not covered for dental care or eye care either. Physiotherapy was never covered, and Chiropractor services are not covered any more.

At the same time the Ontario Premier announced the cut of the above services a few years ago, he also announced the creation of a new "health care tax" averaging \$900 per person per year, to cover for the higher cost for the (reduced) health care services. That's the trend.

The Under-served Areas trend

Within a private system, an under-served area may provide the opportunity for young doctors to build up a patient base and for health care providers to build or expand their facilities in the area by providing more options to the residents. While the levels of service to the population may continue to have some differences, especially differences in cost, the trend is towards providing more services across these areas, which are seen by health providers as opportunity markets.

However, when health care workers are remunerated by the public purse according to criteria that do not include performance, sacrifice and personal responsibility, they find no reason why to try harder than others to make a living. The result is that health care workers will choose to live in populated areas, close to services and entertainment. As a result, remote rural areas remain constantly under-served. The government then has to entice physicians and other health care workers to these remote areas, for example by requiring new graduates to start their practice in one of these areas, or requiring immigrant physicians to practice in these areas. The problem cannot easily be solved by a central government or Medical Associations, because doctors cannot be forced to stay in a particular location and many doctors move away from these areas as soon as they can.

The intrusion trend

This is possibly the most serious effect of public health care. The government has a very good case for intruding in every aspect of our lives. For example, if the government pays for the treatment of obesity, people start asking why they should pay for something that is not clearly an illness. If abortions or sex change operations are provided with tax money, if each person with AIDS costs hundreds of thousands of dollars to tax payers, do governments not have the duty to control certain lifestyles? In reality almost any behaviour can affect our "health", including healthy behaviours. Thus the regulation of people's behaviour becomes the business of government. The implications on the loss of freedom are enormous. Government intrusion becomes the law. A family in Ottawa (Ontario) suffered a year of government control after an incident between siblings that left a six year old girl with a black eye (a health care issue). The teacher was **forced** by law to report the black eye and things escalated from there. Six children were removed from their parents and assigned to foster care the very same day the Childrens Aid Society (as it was then called) paid a visit to the home and determined that it was too dirty (a health care issue). A banana peel on the kitchen floor was the proof. It took this family a year of expenses, lawyer's fees and psychological assessments to have their children back. In the process, their two year old son suffered physical abuse at the hand of his "foster parents".

That's the type of government intrusion which may be triggered by any health care "issue". The secondary effect of intrusion is fear. Few people seem to have the courage to protest against government agencies, as these have the power to legally harass your family next.

The no choice trend

A private healthcare system implies choice. You choose the insurance, the plan that you need, the location and doctors you come to trust. But choice is not seen as a good thing for public healthcare: Choice implies a difference in treatment, while public health care stands on the foundation of "equal

care". In the public health scenario, the patient has no choice of where to be treated. He is at the mercy of chance. He needs to put his mind at ease, since he has no saying in the whole process. He just "has to" trust the government. Furthermore, when people are provided with inadequate or poor service, they have little chance to redress by "suing the government" and no chance of choosing a different provider the next time they are in need.

The euthanasia trend

A public healthcare hospital is not paid more if it is successful in maintaining people alive. On the contrary, people with chronic, incurable illnesses are seen as a burden and the hospital will be happy to get rid of them. My father in law had advanced Alzheimer. His wife went to the hospital every day for over a year to stay with him. One day she was sick and could not go. You guessed it: her husband died that day. Coincidence?

The mediocrity trend

Health care workers that want to work hard and pursue a career are out of their elements in a public system. The system pushes doctors towards mediocrity and lower personal involvement. Once you pass all the hurdles mentioned earlier and a doctor sees you, he will spend very little precious time to tell you what your problem is. Since you are in some kind of discomfort, you probably are not bright and quick enough to ask all the possible questions to the doctor before he disappears outside the observation room.

Why would doctors behave in such an uncaring fashion? They are busy (scarcity of resources) and they are paid the same independently of their performance. Nobody, far less the patient, evaluates their performance. Their salary is based on seniority and is limited within government brackets. Doctors and healthcare workers have no incentive for good work (apart from their own conscience). They are generally unsatisfied. If they really want to achieve, earn more or do better, they move to the US.

The good doctors remaining in the Canadian system tend to hide within the system and provide good service to their friends and extended family. They do not want to be "discovered", because that would mean more work for the same remuneration.

In a public system you may receive good service, if you happen to be treated by a good doctor and responsible nurses, or you may receive lousy service. Thus the price for "equal service" for all is: unpredictable, unequal service.

The one way trend

Once the public system is in place, inertia is created in favour of maintaining the system in place. People who already have paid for public insurance with their taxes when they were young are reluctant to "go back" and pay probably higher premiums for private insurance in their older age. Once you "try" public care (by paying into it with your taxes), it becomes your interest to cash in on the "free" service.

Furthermore, once you include health care as part of government, you reach a critical mass of people who work for the government directly or work for companies who profit indirectly from government

contracts. These people represent a large percentage of the electorate and will not be willing to rock the boat, unless the system reaches the point of collapse.

On the political side, health care represents a large opportunity for power and control. During elections health care is always the number one issue, allowing politicians to overdo each other with promises. Most politicians become very reluctant to release this emotional lever that allows them to gain control and assume more power.

I would be very weary of these dangerous trends when considering a public health care system for the US.

***Giuseppe Gori** is a business person with many interests. He has a doctorate degree in Computer Science and has been the leader of the Family Coalition Party of Ontario for ten years. He is the President of the Self Government Foundation and is the president of Central Dynamics, Inc. which manufactures swimming treadmills in Guntersville, Alabama.*