# Take 'middle path' to universal health care

Two columns ago, I wrote about Toyota's decision to locate a new plant in Canada, a decision driven partly by the fact that health care in that country is provided by the government.

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Wanting to know more about the Canadian health care system, I recently completed a fact-finding tour of British Columbia in western Canada.

OK, it was actually a vacation, but I did find some facts:

Fact: There is a lot of dissatisfaction with the Canadian system (called "medicare" with a lower-case "m"). During my visit, the headlines were filled with reports of a growing movement among physicians and patients to insist that private insurance and private medical services be allowed to exist alongside the government system.

Both physicians and patients have complained that the Canadian government is rationing care (and controlling costs) by means of the very long wait times required to see a physician.

Until recently, the government had full control of the system, but recently the Canadian Supreme Court ruled that it would be unfair to prevent access to private sources of medical care, especially in light of the problems with the government program.

Passionate advocates of a "pure" government-run system say that private sources of insurance and medical care will create a two-class system under which people without private coverage will wait even longer for care while private patients move to the head of the line.

Canadian physicians have mixed feelings about the trend. Many don't want to see this kind of inequality in caring for patients, and they put part of the blame on the government for restricting the number of students entering medical school and creating a shortage of doctors.

That is an issue, by the way, that is also being debated here in our country, where limits on the number of graduating physicians may leave us woefully short-handed as the baby boomer population ages.

There are other issues in Canada not so different from here. There is a great deal of concern about the high cost of sophisticated drug treatments that are unaffordable for many patients and not covered by the government program. And there is also recognition that current funding and incentives to promote high-quality primary care are inadequate.

## Finding the 'middle path'

Here in our country, we don't even pretend that there is a moral obligation to care for all our citizens, rich or poor, leaving us virtually alone among western industrialized nations.

A good argument can be made that our failure as a nation to ensure that everyone has access to health care is both immoral and self-defeating. The only way you cannot care about people without access to health care is to just not think about it (in this predominantly and fervently Christian country, this might be a good time to ask "What would Jesus do?").

Religion aside, tending to the sick, the homeless and the hungry ought to be a shared civic duty of any civil society, especially in the most affluent nation in the world.

If we accept the need to find some way to provide all Americans with access to health care, the burning question is "how?"

The answer, I think, is what I'll call the "middle path"—an intelligent blending of private and public sources of health care funding and services.

In reality, we are already well down this middle path. If you add up all the people insured under every kind of state or federally funded medical plan, it is likely the total equals somewhere around half the population, if not more. Between Medicare, Medicaid and coverage for state and federal employees and retirees (including members of Congress), you have got a big government-funded system in operation already.

Where we fail completely is with the 45 million Americans who are without medical coverage from any source, about 15% of the population. Why leave these people unprotected? It is bad public policy because they'll get sicker without access to primary medical care, and when they're hospitalized, the high cost will be shifted into the rest of the system, to those who pay for private insurance (employers, employees and people who buy individual coverage).

A recent article in *The New Yorker* talked about how health care policy in this country is being driven by policy-makers who view health insurance as the problem, not the solution. To these people, comprehensive health insurance is bad because it gives people incentives to seek care they don't need. The more cost and risk you can throw on the individual, the more cost-conscious they will be.

Well, sure. Unfortunately, that often means they will avoid care they need, and with poor health, they will be less able to work and contribute productively to society.

You know those great "Health Savings Accounts" being touted as the new cost-control solution in the private market. Well guess what? A lot of those who elected or were forced to replace some of their insurance coverage with HSAs are doing cost control by not paying their bills.

Wait until Governor Sanford's proposed "Personal Savings Accounts" for Medicaid patients gets added to the mix.

The author of *The New Yorker* article argues that if there is any situation where we ought to shift uncertain risks away from the individual, it is in the realm of health care. We can incentivize people to try to stay healthy and take better care of themselves, but we can't incentivize them to never get sick or hurt; that is beyond their control, and the personal and financial consequences can be catastrophic.

Bottom line? We need to focus on working with our health care providers to improve the quality, efficiency and consistency of care. We need to work collaboratively to find ways to extend some minimum level of care to everyone (and we're not as far away from doing that as you might think).

Most of all, we need to begin this effort at the state and local levels where we can sit down and talk to each other and move with more speed and less red tape than at the federal level.

Let's fix this—the challenge is huge but so is the payoff.