

Office Visit: Is Our Health Care being Rationed?

The Journal Record

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07/29/09



Last week, the Government Accounting Office (GAO) stated that the current health care plan of the Obama administration will not curb the rise in health care expenditures. This is not welcome news on Capitol Hill.

There is a misconception that hospitals and doctors charge fees for care and these are just paid by Medicare and private insurance companies, and that if physicians lowered their fees, the costs could be controlled. The truth is that insurance companies and Medicare dictate to physicians what they can charge. They have been lowering fee reimbursements for more than a decade now. This raises a painful question – by continuing to lower costs through decreased reimbursements, is the rationing of health care in the U.S. unavoidable? Because of today's economic climate, has it become imperative that we ration? Although the notion of rationing health care in American society is a taboo subject, we already may be heading down that path.

As long as we have systems that create centralized pools of money, some controlled by government and some controlled by insurance companies – from which most health care expenditures must be paid – the potential for rationing increases. Although these centralized pools of money may be very large, they are still limited in size, whereas the cost of buying all the potentially useful health care for everyone who may benefit from that care is fundamentally unlimited.

Those we have designated to ration our health care, including the government and private insurers, have primarily one way to do so – applying coercive pressure to the focal point of all health care spending, the physician-patient encounter. The systematic destruction of the doctor-patient relationship may eventually become the common pathway for the rationing of health care.

According to tradition, ethics and law, within the classic doctor-patient relationship, doctors are expected to (and desire to) always place the needs of their individual patients first, above all other considerations. But with the direction health care coverage is now heading, doctors must instead place the needs of government agencies or managed care organizations first in order to remain viable as practitioners. These entities are demanding that practitioners reduce health care spending as much as possible, regardless of the best possible outcomes for patients.

Today's physicians have been systematically and deliberately compromised and we are frustrated with what is happening to the noble profession of practicing medicine. And patients are consequently being left in a position of feeling like they cannot rely on their doctors or their insurers to guide them through the health care system. Health care rationing by its very nature has the potential to place any patient needing medical care at imminent risk.

Rationing currently is being done by price. Most Americans are insured according to what they, or their employer, can afford to pay. Our system of employer-financed health insurance exists only because the federal government encouraged it through tax-deductible premiums, making it a billion-dollar government subsidy. Those receiving Medicare and Medicaid have their health care rationed

by long waits in the emergency room, high copayments and low reimbursements to doctors and hospitals that end up discouraging some of them from serving public patients.

No matter how politicians try to spin it, health care reform will be all about rationing care in the end. The debate over health care reform in the U.S. should start from the premise that some form of health care rationing is inescapable and desirable. But then we should ask, what is the best way to do it?

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