
Commentary

The Socialization of Health Care, Slice by Slice

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This past holiday season, I watched with pride as my 15 year-old son carved our Christmas turkey, golden brown and steaming from the oven. Now, in the cold light of a new year, that bird has become a metaphor for health care in the United States. It was the greatest system in the world — warm, succulent and nourishing. Now, slice by slice, the meat is being cut away, the stuffing scooped out, and soon only a bare carcass will remain.

The problem is the increasing socialization of health care. Ever since he took office, President Clinton has floated plans for different degrees of socialized medicine. The battle is far from finished. Just two years ago, in his State of the Union address, Mr. Clinton proclaimed, "The era of big government is over." Yet his recent actions prove once again that the basic agenda is still to put the entire health care industry under the control of the federal government.

Under new federal rules that went into effect on January 1, 1998, if a doctor treats even one Medicare patient during a two-year period, all of his or her other Medicare-eligible patients must also be treated under myriad federal Medicare rules and regulations. It is a felony to do otherwise or to even make an error in attempting to comply with those regulations.

As I will be 65 in a few months, I find that my ability to choose a physician and my physician's ability to choose my treatment have been suddenly and severely curtailed, and the situation is about to worsen.

In early January President Clinton called for Medicare to be expanded to cover people as young as 55 years old. The concept is to develop a new entitlement to the "near elderly" who risk losing their health insurance through layoffs or early retirement.

Unfortunately, history has shown that if this taxpayer-funded program is enacted, it will be another costly cut into the fabric of free enterprise and individual responsibility that has made the United States of America the envy of almost every nation on earth.

I am old enough to clearly remember the day Medicare legislation was first enacted. Although I agreed with the concept of quality, affordable health care for the elderly, I was outraged that it would be done through a government benefit program when so many private alternatives were available.

In my first published letter to the editor, I predicted that Medicare would cost much more than the amount forecast and, like the veterans' health care system, it would lead to a rationing of services and a decline in the quality of care.

Sadly, the costs of Medicare and Medicaid have grown astronomically. There also has been a decline in the quality of medical care and a rationing of services. Doctors are told to spend less time with individual patients, order fewer laboratory tests and x-rays. If hospitalization is required, they admit patients for the least amount of time, almost without regard to comfort, convenience and sometimes safety.

Not as evident, but probably of more concern, is that the best and brightest are no longer choosing medicine as a career, and many others are leaving the profession in droves. Physicians my age would normally have 10 or more highly productive years. Given today's health care environment, my medical school classmates from the 1960s are closing their offices. They cannot and will not put up with the bureaucratic nightmare that faces younger physicians today, let alone face the chance of a felony charge and jail for failing to comply with the complex federal rules and regulations. Those who remain are depressed, overworked and making daily compromises that are not in the best interests of their patients.

There is a simple remedy. Change federal laws to let all employees and Medicare/Medicaid eligible citizens receive cash into a Medical Savings Account, backed by a high-deductible private insurance policy. Patients can then choose their own physicians and the appropriate treatment. It is a simple concept that will break the government monopoly on health care.

A limited, pilot Medical Savings Account plan passed Congress and is being tested in 49 states. Unfortunately, here in the People's Republic of Hawaii, it is next-to-impossible to implement a Medical Savings Account, although there is some state legislative action possible. Bills HB 576, HB 1967, HB 2259, HB 2261, SB 204, SB 1817, SB 1818, and others designed to facilitate MSAs in Hawaii failed to pass last year, but remain alive and can be acted upon in the current legislative session.

When, if ever, will the American people realize that the finest medical care system on the planet is being dismembered and cut up slice by slice. Soon only the bones and memories will remain. Will Bill Clinton then say, "Let them eat soup!"

Richard R. Kelley is a graduate of Harvard Medical School. He practiced medicine in Hawaii for a decade before joining Outrigger Hotels & Resorts.

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