PERSONALLY SPEAKING

Special Issue ***July 21, 2009***

ACCESS DELAYED IS HEALTH CARE DENIED

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Everyone familiar with health care knows that the guiding principle is *first do no harm*. The principle derives from the sacred dignity of every human being and the conviction that there is no place in medicine for tinkering with anyone's health as one might do repairing an truck engine or fitting a piece into a jigsaw puzzle.

Do the health reform proposals of the Obama administration conform to that principle? We focus on the one question which reflects Obama's central argument for reform. Do his proposals provide access to quality, affordable care? In raising that question it is necessary to address two others. Do the proposals protect freedom of choice? Do they respect freedom of conscience?

The question of access to quality, affordable care divides into three parts. Does access actually improve? Will the system be able to maintain the current standard of care? Will the cost of care become more affordable? How one answers those questions depends very much on who is covered.

Yes -- access to care improves for those currently denied access for the simple reason that any access is better than none at all. Does access deteriorate for those being served by the system in place? Perhaps -- much depends on how providers react. Serving more persons in need of care means that the current providers will have to work longer hours. Will they? Possibly -- depending on whether they are paid sufficiently for that work. If reimbursement is not sufficient, as has been a complaint against Medicare and Medicaid for years, the supply of health care services will decline forcing patients to wait for care.

This is one of the principal criticisms of the Canadian system. The Canadian Institute for Health Information stated in 2008 that 30 percent of Canadians, versus 20 percent of Americans, reported waiting six days or more to see their doctor. In Canada 22 percent have same-day access to care compared to 30 percent of Americans. The Minister of Health for Canada stated recently that private-pay patients are being seen ahead of others – are queue jumping -- for medically necessary health services. Since free and universal access to publicly insured health care was established in Canada in 1984, total health expenditures not adjusted for inflation have climbed from $36.7 billion to $171.9 billion in 2008.

Following the familiar adage that "justice delayed is justice denied" we conclude tentatively that under the Obama reforms *access delayed is health care denied.*

If reimbursement is not reduced, the supply of health care services presumably is preserved but the cost of care increases making it less affordable, unless that cost is subsidized. If the supply of services is maintained by using providers with less professional

training, such as nurse practitioners in place of board-certified physicians, quality of care suffers.

So how do we provide access to quality, affordable care? By maintaining reimbursement so as not to lose some of the health care providers and by supporting the system through higher income taxes which at present apply to fewer than 60 percent of all income tax filers and thus are a painless remedy for millions of Americans. Or by imposing new or higher taxes on products used by consumers. To illustrate, in order to expand health insurance coverage for children, the administration earlier this year imposed a higher tax on tobacco products. Mayo Research Institute predicts that the administration will impose a similar tax on other products precisely because it is difficult for the typical consumer to know how much of the purchase price is tax, how much is the cost of production, and how much is profits. Then one can always blame the tobacco companies for the high price of cigarettes. By raising the current federal tax on gasoline at the pump the oil companies can be blamed for charging higher prices. Most recently using rhetoric like "boondoggle" and "windfall profits, " President Obama spearheaded an attack on private health insurers for their bureaucratic waste and excessive pay of their senior executives. He also blames pharmaceutical companies for running up the cost of health care.

We turn now to the questions regarding freedom of choice and freedom of conscience. If a public insurance plan is included in the Obama reforms and becomes the law of the land, private health insurers will have to decide whether to continue offering health insurance or drop it entirely. If they decide to continue they will be competing on an uneven playing field because by making use of subsidies the public plan will be able to offer lower premiums than the private plans. Will employers who currently provide private health insurance switch to the less expensive public plan? In the end, a subsidized public plan will crowd out private insurance companies resulting over time in a single-payer plan. The long-standing problems with Medicare and Medicaid financing should give us pause about putting in place a public insurance option which likely will morph into a single-payer plan.

Will the Obama reform package assure freedom of conscience for health care providers? Not if birth control and abortion services are mandated as required under the public insurance plan especially if public funding is withheld from any provider such as a hospital, physician, or pharmacist who for reasons of conscience refuses to provide those services. Down the road, will the public option mandate coverage of assisted suicide as a health-care right? Will it selectively deny coverage of health-care services such as hip-replacement for the elderly because they have less upside potential or brain surgery for cyclists injured while not wearing a helmet because they acted irresponsibly or treatment of the chronic lung disease of persons addicted to cigarettes?

The Obama health care reforms are a two-edge sword which in the end could cut the heart out of the principle *first do no harm*.

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