

# AMERICAN HEALTHCARE – THE WINNER TAKES IT ALL

By Dr Toh Han Chong, Editor



Recently, Republicans have been flinging verbal mudpies at President Barack Obama (healthcare reform failure could be President Obama’s Waterloo), labelling his health reform plans as “Orwellian and Nazi-like”. Sarah Palin called it “downright evil”. For many Americans, the term “Socialised Medicine” is as spine-chilling as horror films such as *The Shining*, *Nightmare on Elm Street*, or *Friday the 13<sup>th</sup>*. In their eyes, if the National Health Service (NHS) ever came to America (“I’m coming...”, Jack Nicholson hissed in *The Shining*) there would be bloodshed, dead bodies piling up from long waiting times, and dirty scalpels plunging into hapless patients who cannot choose their doctors. The Horror.

In a January 2004 issue of the *SMA News*, I likened the NHS to a kind, creaky English tea lady who tirelessly pours tea for everyone who needs a cup. Over sixty years ago, when the NHS was introduced by Labour Prime Minister Clement Atlee and Welsh socialist Nye Bevan, then-Secretary of State for Health, many within Britain had also accused the then-newly conceived NHS (with plenty of birth pangs) as smacking

of Hitler-style National Socialism. Today, the NHS has been hailed as the greatest contributor to improving quality of life in the UK in the 20<sup>th</sup> century. I am not sure why expanding healthcare access to all people can be “downright evil”. It must be the fear of healthcare rationing and perceived exclusion of certain groups of infirmed from getting appropriate care in government-run health services that worry some Americans. An American newspaper stated that “people such as scientist Stephen Hawking wouldn’t have a chance in the UK, where the National Health Service would say the life of this brilliant man, because of his physical handicaps, is essentially worthless.” Having lived with motor neuron disease for 40 years, Stephen Hawking promptly responded, “I wouldn’t be here today if it were not for the NHS”. Still, affluent and middle America fears that their freedom to choose some of the best healthcare in the world will be confined, compromised and controlled with a ‘socialised’ healthcare system.

Being a medical student in the UK gave me the privilege to watch the NHS up close, leaving a deep and lasting impression of an egalitarian healthcare-for-all ideology in motion, not a bad

take-home message for impressionable young people. Britons will always snipe at their sweet, fair, wobbly Auntie NHS cobbled over the decades with fiscal stents and prosthesis, grumbling, “Come on luv, get a move on with those teas!” However, when Americans pan their beloved Auntie NHS, Britons go into a rage.

I agree with Dr Tan Wu Meng’s opinion that the GP should have a central role in a well-integrated and cost-efficient healthcare system. When I did my GP attachment in Norfolk country, living with a GP and his family, the GP was central in managing the health of this idyllic town. His daily work included managing antenatal care, croup, diabetes mellitus, hypertension, angina, asthma, arthritis, chronic obstructive lung disease, psoriasis, neurosis and scleroderma. Flares of Crohn’s disease and deteriorating multiple sclerosis would be sent to Addenbrooke’s Hospital. Exacerbations of cystic fibrosis and acute glomerulonephritis would be referred to the Norfolk and Norwich Hospital. Unfortunately, like Wisteria Lane in *Desperate Housewives* and the kooky townspeople in *Twin Peaks*, the picture-perfect community did not turn out to be so. When I was there, a depressed elderly

lady walked into the river and drowned, unwed teenage pregnancies in socially broken families surfaced, and some genteel folks turned out to be raving lunatics needing pastoral care and medicalisation. If a Super Hospital landed in this town, and out stepped a battery of fee-for-service high-tech medical specialists singing ABBA's "Money Money Money" and a third-party-payer licence-to-heal, costs would skyrocket into the stratosphere. A recent study reported that lower income Britons with diabetes and other chronic conditions fare better than higher income Americans. However, Americans do significantly better in cancer outcomes than the Brits. Another survey ranked the United States last in overall quality of healthcare when compared to 19 other industrial countries.

Now, if government-supported Auntie NHS was the slow and steady healthcare provider to all Britons, some of whom wait insufferably long for their tea and biscuits, the American healthcare system would resemble a swish, responsive and curvaceous cocktail waitress from the privately-run Sick Kare Klub, similar to the members-only Kit Kat Klub from the film *Cabaret*, which was set in an era of looming Nazism. In this plush Klub, money makes the world go round as America spends almost 18% of their GDP on healthcare. One in four dollars of a 4.4 trillion dollar increase in the US economy from the year 2000 to 2008 is consumed by healthcare, and this expenditure is gobbled up faster than the US economy. These dancing queen waitresses canoodle, cajole and coax (6 billion dollars a year is spent by the private industry on medical advertising) customers to drink up, as newer and more novel cocktails are offered as weekday specials – supply creating demand. One can only enter the Klub with either

more have a reed-thin Klub membership that privileges them to peanuts and one cocktail served by the gyrating waitresses before their coverage runs out. Every year, 100,000 Americans die from preventable causes, the highest amongst industrialised countries. In this Klub, waiting time to get in is short and drink orders are up pretty pronto; there is free soda pop and cheap beer on tap for all members and titanium card holders get unlimited cocktails and the best private suites. The range and choice of cocktails is huge, including Coated-Coronary-Stent Bacardi-Coke, Vanco-Cipro-Casprofungin Colada, Bloody Tandem Transplant Mary, and MRI Mojito. In the US, 700 billion dollars are wasted every year on unneeded healthcare and a whopping 50% of healthcare consumed is doctor and hospital-driven rather than patient-required. The culture of moral hazard and fee-for-service feeds the insatiable American health consumption.

Of those freezing outside Sick Kare Klub, some of the poor on Medicaid and over-65 year-old uncles and aunties on Medicare can squeeze into the Klub, but at a huge drain to the Gahmen coffers – as are corporate health insurance obligations – which weighs down the competitive advantage of many American companies like General Motors. The cost of employer health insurance coverage in actual fact partly extracts from employees' potential wage increases. What has galled many, including President Barack Obama, are the huge profits made by health insurance companies and the obscene salaries of their respective CEOs. In 2007, the top 15 health insurance companies' combined profit was \$15 billion. These private insurance companies are deeply embedded, highly prevalent MRSA bug of the US healthcare system, titans who also control pricing, thus distorting truly open free market competition.

A nation of rugged libertarians and exceptionalist easy riders, Americans have built up the most enterprising and innovative nation on earth, and fear that Big Gahmen with the Big Stick (today the American government already controls

some financial houses post-Lehman Bank's collapse anyway) can only curb their drive, and that social safety nets would soften their competitive edge. But without the US government stepping in to regulate the healthcare industry as it has done, for-profit health insurance companies and Big Pharmas will get incorrigibly higher on corporate greed. Every year, 700,000 Americans go bust from medical debt, while no Canadians go bankrupt from medical bills. Even though the United States is out of a technical recession, it will take much longer to bring back real jobs. As pointed out by Nobel Prize winning economist Amartya Sen, Europe's longstanding provision of a universal healthcare safety net prevents European quality of life from collapsing especially after the recent Financial Perfect Storm, whereas the over 7% unemployment in the US is beginning to cause huge deprivations among the newly jobless, working poor and even middle class. The other great behemoth, China, provided universal healthcare coverage until 1979 but dissolved this system after that. Attempts are being made now to insure as many of their citizens as possible.

How does one reduce healthcare cost at the Sick Kare Klub? Editor of Health Affairs John Iglehart (<http://healthaffairs.org/blog/2009/07/28/low-cost-high-quality-care-in-america/>) has listed a patient-centric culture, physician leadership and not-for-profit status as principle ingredients. The best performing health centres in America provide arguably the best care anywhere that many still hope to study and emulate. Another piece of the cost-efficient value chain is to integrate care across physician disciplines, from tertiary, secondary to primary care and to further empower family physicians and community services into playing a larger role in the national healthcare agenda.

At the heart of it, is an ideological contest and a question of social justice as to whether a society should leave out its citizens from gaining access to adequate healthcare. **SMA**

individual, sponsored or insurance (the but over 46 Americans get in except during emergencies, and many millions

