

Patients and Physicians with Conflicting Goals

Solution provided with National Social Health Insurance

March 11, 2019

Pessimism of the Intellect, Optimism of the Will – Gramsci (1891.01.23 – 1937.04.27)

Objectives:

1. Define patient's health care needs.
2. Define provider's (physician's) health care aims.
3. Define areas of coherence/difference
4. Solution

Patient's Health Care Aims.

1. **Values** – freedom, security, justice
 - a. **Freedom** - a social policy is **unjust if it imposes controls** on some groups but not on others, and is **just if it advances the rights or freedom** of the target person, not the discretion or power of the provider.
 - b. **Security** – social health insurance provides financial security, the state of being free from danger or threat.
 - c. **Justice** – The Difference Principle (Rawls) – justice is served only if the policy improves the position of the least advantaged.
2. **Services** – high **quality** (including access) at a reasonable **price** = **Basic Health Plan**

Provider's (Physician's) Health Care Aims.

1. An Oath:
 - a. The Oath of Hippocrates of Kos, 5th century BC: - do good, patient advocacy, confidentiality, ethics, and physician duty
 - b. A Modern Hippocratic Oath by Dr. Louis Lasagna, 1960's – ADD science, empathy, family rights,
 - c. The Oath of the Healer by Louis Weinstein, 1960's – ADD - will not allow personal reward to impact judgement, death with dignity
2. A Recognized Right to Health and Healthcare:
3. Health Care Ethics: beneficence, non-malevolence, justice, patient autonomy
4. Science and healthcare: Evidence-Based Medicine (best medical science, good clinical judgement, patient values). 1990's. (evidence-based practice vs. evidence-based medicine).
5. A business model – Commodification of health care services, 2000's - A process that is never discussed. Places patient in conflict with financial incentives.

Area of Agreements/Differences Defined by Health Care Financing

If Americans are asked what they think of their health system, they typically give it a very low rating. If, however, Americans are asked what they think of the quality of the health care available in their own communities, they usually give that care a very high rating. The difference between health system and health care is the manner in which a nation finances that care. See Table regarding financing of health care. Case Studies.

Conclusion:

1. Health finance drives equitable health care.
2. The superior financing mechanism is a **social health insurance** plan (such as Medicare).
3. No role for Private/Commercial Insurance Enterprises to provide access to Basic Health Care
4. Delivery of health care services remains a private enterprise.

References and Added Reading:

1. National Academy of Social Insurance. *A nonprofit, nonpartisan organization made up of the nation's leading experts on social insurance. Its mission is to advance solutions to challenges facing the nation by increasing public understanding of how social insurance contributes to economic security.* <https://www.nasi.org/>
2. Social Security Works. *The mission of Social Security Works is to: Protect and improve the economic security of disadvantaged and at-risk populations; safeguard the economic security of those dependent, now or in the future, on Social Security, and maintain Social Security as a vehicle of social justice.* This includes the expansion of Medicare, Medicaid, and lowering drug prices. <https://socialsecurityworks.org/about/>
3. Various Physician Oaths. Association of American Physicians and surgeons. <http://www.aapsonline.org/ethics/oaths.htm>
4. Right to Healthcare. National Economic and Social Rights Initiative (NESRI). https://www.nesri.org/sites/default/files/Human_Right_to_Health_and_Health_Care.pdf
5. Science and healthcare: Evidence-Based Medicine. <https://www.bmj.com/content/312/7023/71>
6. Reid TR. *The Healing of America.* 2009. The Penguin Press. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779642/>

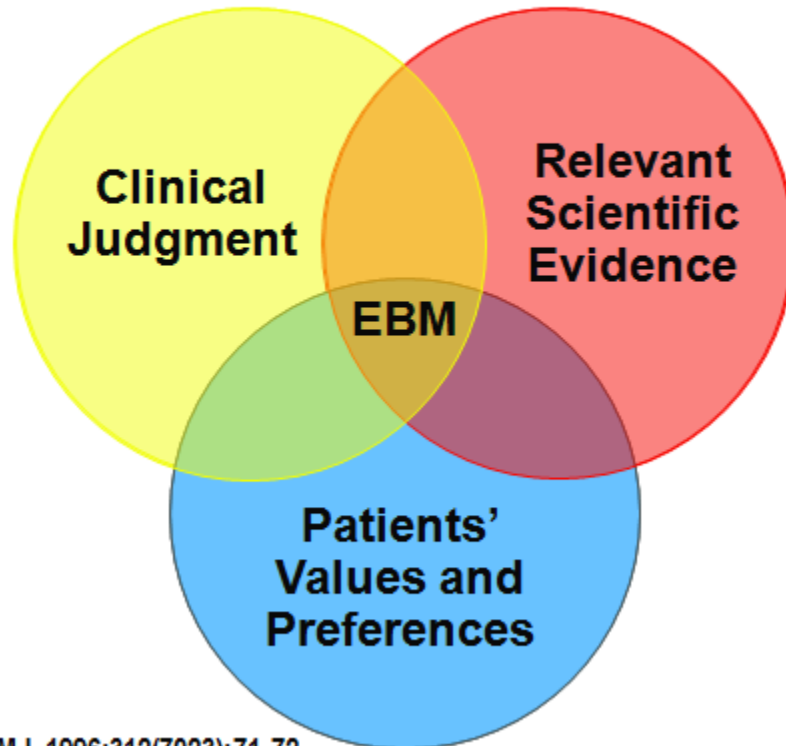
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HEALTHCARE FINANCE AND AMERICAN VALUES

	American Values*			Health Plan	
	Freedom	Justice	Security	Benefits**	Cost***
Socialized Medicine (Beveridge) – Eng., U.S. (VA, HIS, Armed Forces)., etc.	+++++	+++++	+++++	STD	X (\$4.2/yr.) (10.4%GDP)
Regulated Insur. (Bismarck) – Germany; US (Medicaid)	+++++	+++++	+++++	STD	X (\$5.7/yr.) (11,3%GDP)
Social Insurance - Canada, U.S. (Medicare), Taiwan, et.al.	+++++	+++++	+++++	STD	X (\$4.8/yr.) (10.4%GDP)
Out of Pocket Model U.S. (uninsured & underinsured), & undeveloped nations	-	-	+	VARIES	2X
Multi-System U. S.	++	++	++	VARIES	2X (\$10.2/yr.) (17.2%GDP)

Table 1: *See text for American Values definition. **Benefits defined by current US Congress bills. ***Cost as ratios, average cost per person in \$ x10³, and percent of GDP.

What Is Evidence-Based Medicine?

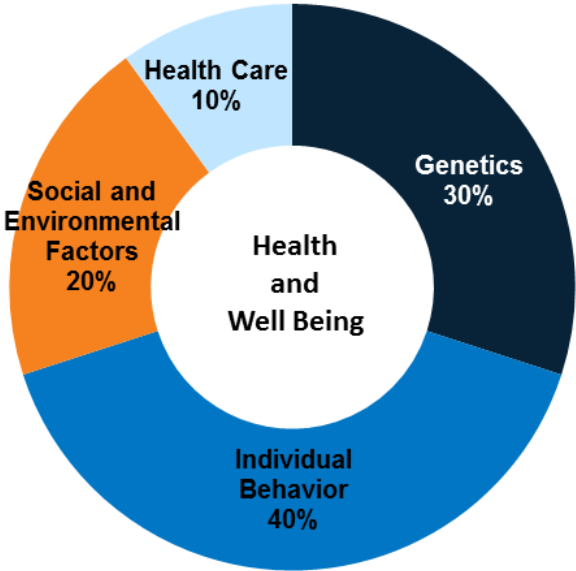


Sackett DL, et al. *BMJ*. 1996;312(7023):71-72.



Figure 2

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.