

SOLVING THE HEALTH PROBLEM

(Originally published May 1977)

Charles Peters, editor of the *Washington Monthly*, writing in *Newsweek*, March 28, 1977, has come up with a solution to the problem of providing health care to the nation. He maintains that everyone now realizes that we need some form of national health insurance, and that the problem is how to control its cost. His solution is a simple one. Do away with the practice of medicine (especially the private practice) as it now exists, and convert the entire profession into a government service like policemen, firemen, Army, Navy and Foreign Service. After all, he says, the practice of medicine is a life-protecting function and it is in the same business of protecting the public as these others, so why not deal with it in the same way?

Under his plan for a national health service, the government would pay all the costs of premedical, medical, intern, residency and specialty education. It would then assign its medical service members to areas around the country where needs demand, and move them about after limited tours of duty just as it does with the military.

He thinks public control, especially in regard to financial compensation, is essential, and he would limit medical salaries to \$20,000 to \$50,000 a year. This may have a certain amount of appeal to the profession, particularly to those of us in our declining years whose annual net incomes from practice have never yet reached that \$50,000 level, and who could then, after 20 or 30 years of active service, look forward to retirement at 3/4 of our base pay along with other government retirement benefits. (However, after reading in today's paper the listing of annual salaries of every starting player on today's major league baseball teams, perhaps our medical union might want to hold out for higher figures.)

Presumably, Mr. Peters is genuinely concerned about improving health care and distributing it more equitably. He talks about the present system ignoring "millions of people," and squandering huge sums of money on sophisticated technology that "prolongs illness by delaying death for a few months." He thinks, also, that his new system would attract a new and more compassionate type of doctor by appealing to the "spirit of service"—one who is less greedy and not drawn into the profession by the possibility of "indecent wealth."

Disregarding the envy in Mr. Peters' complaints, we feel he is unusually naive. Has the government's experiment with an all-volunteer Army succeeded in attracting the right kind of dedicated people into service? And when has a government-controlled, government-run bureaucracy ever administered any program without inefficiency,

bungling, waste and tripling or quadrupling the cost of management?

His naiveté is further illustrated in one of his concluding paragraphs in which he recounts having spent ten months in Army hospitals during World War II with a broken back. His treatment, he says, was superb, because of the "superb doctors who had been drafted into the Army." The key word in his comment is "drafted." Chances are that none of those drafted doctors who gave him such wonderful care was educated or trained at government expense. We wonder whether Mr. Peters' impressions as an ailing buck private in Army hospitals would have been so glowing had he gotten all of his treatment in the hands of Regular Army career surgeons in service before Pearl Harbor?

(c) *The Bulletin of the Muscogee County (Georgia) Medical Society*, "Editorial", May 1977, Vol. XXIV No.5, p.14