



Resuscitating Health Care

When I began writing this column in 2006, I promised myself that I would not try to write on any subject I did not think I understood well enough to say something meaningful about, no matter how important the topic might be. Although I believe that I've adhered to this principle for the past 3 years, the raging national debate over health care reform compels me to address an issue that I am not sure anyone fully comprehends.

The presently unfulfilled need to provide everyone with access to adequate health care is clear to me. How to do so, how to pay for it, and what the consequences

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will be for patients and providers are not so clear. There are many people who now work primarily, if not solely, for the health care

benefits that their jobs provide. Many more are only one catastrophic illness—or less—away from financial ruin, and you can sometimes see that concern on the faces of patients and family members even before they leave the emergency department for an operating room or intensive care unit. Providing the resources to ensure that no one forgoes necessary care to avoid financial ruin is an important first step; providing an adequate number of providers for that additional care seems like an indispensable second step.

The financial aspects of achieving universal health care would have been difficult enough to address when the economy appeared robust. During the current disastrous economic conditions, such highly charged issues as “rationing” health care have become a much more prominent focus of concern and often pit one segment of the population against another.

Politically, it seems that the fundamental decision required now is whether to go “all out” for a comprehensive system of universal health care, remaking everything in the process, or instead, to fill in the gaps of our current system to ensure that everyone is covered. For almost half a century, Medicare and Medicaid have gone a long way in making

health care available to the elderly and many of the poor. More recently, almost all children have been provided with coverage as well. Working people and their families are another large group covered in many instances by employment benefits. Seen from this perspective, the coverage gap may not be insurmountable and at the very least, not as wide as it once was.

How will health care reform affect the emergency department? Over the summer, I often heard that question posed by colleagues in terms of what effect it would have on the nation's overstretched “safety net.” Physicians, of course, have a distinct perspective on health care reform because they are also the providers of whatever care is made available or mandated by the government. My answers to the question ranged from the truthful (“I really don't know, what do you think?”) to the flip-pant (“Well, it will certainly not put us out of business”) to “Whatever happens, patients will still come to the ED for care and when they do, they will receive that care.” But which patients come and for which types of illnesses—chronic, acute, acute on chronic—will depend on who else is providing the care and how much additional care reform will make possible. □