

Adopt universal care? 3 readers say No

"Isn't it time we start to do what every other industrialized nation has done?" Dr. Susman asked in a recent editorial (Health care reform: Forget perfection and do what's possible. *J Fam Pract.* 2012;61:458). The answer is, "absolutely not." The reason? Their systems of universal care don't work.

The universal health care systems in other industrialized countries are all unsustainable—there simply aren't enough people who want to work hard to pay for other people's medical care. As a result, many industrialized countries are going broke—even faster than the United States.

The main problem with universal health care is that the government eventually runs out of other people's money to spend. It's inevitable.

Dr. Susman certainly has the option of working for free, essentially enslaving himself, in order to send his salary to Uncle Sam to help pay for other people's medical care. I don't know how many of the dwindling number of still-working citizens in this country will want to join him, but it is probably somewhere between very few to none.

I see way too much waste in Medicare and Medicaid to want to help pay for them. In fact, one of the best things we could do is abolish both of these programs; eventually we'll have to do so anyway. Then people will take responsibility for their own care.

Roman Bell

For primary care physicians who, like me, are in an earlier stage of their career, changes in our health care system stir up many emotions. While my colleagues and I are excited about the prospect of leading the US medical system in the future, talk of ACOs, PCMHs, and too many other acronyms to remember



can leave my head swimming. All of them seem like intriguing ideas, but enacting them is a huge challenge.

Transitioning our medical system to one that requires evidence-based guidelines, cost control, and practice improvement seems to make sense, but how will we ever pull it off? In all the talk about health care reform, we seem to be forgetting something: We can't do any of this with-

out the help of our patients.

I teach family medicine residents, and I see the changes they go through during their training. They start out raring to go, wanting to fix everyone and everything. With a little experience, they realize that it's not so simple. By their third year of residency, they tend to be disillusioned, as they face the harsh realization that they cannot always affect their patients' behavior. Some young physicians with even more insight realize that the patients whose behavior they can least affect are burning through health care dollars like a manic bipolar in Las Vegas.

So what's the answer? That's a tough one. Issues we'd have to face head-on include high-fat diets, obesity, medical noncompliance, substance abuse, tobacco abuse, lack of exercise, and high-risk behavior.

My suggestion: Offer tax breaks for people who make good choices, and some method of penalizing those who don't. I know it's a free country, but freedom isn't free, and in this case, it costs us billions, maybe trillions, of dollars.

I am optimistic about the future of health care in this country. We have clearly made some mistakes, but we have to find a way to get back on track. That said, we're not going to get there without asking the tough questions and doling out tough answers—including the need for personal accountability.

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Apparently, Dr. Susman believes only in selective evidence. "It's time to embrace the ACA," he wrote recently, deriding critics as "ridiculous" and "focused on fiscal folly."

What chutzpah! The evidence of fiscal folly in government health care abounds. Driven by entitlements, most of Europe is in a recession, with at least 3 countries facing bankruptcy. Canada, my native country, is slowly privatizing its health care. In the United States, where the national debt equals 100% of the GDP,¹ wanting to spend more is fiscal folly.

Forty years ago in Canada, I, too, neglected evidence from Europe. I clung to an inflexible dogma (universal government health care), flaunted sanctimony, and mocked critics. I spoke at dozens of medical meetings to convert my colleagues to group think. I was very good at it, until the system began to implode—that is, to run out of money. I finally realized how inflexible and impervious to the evidence of Europe's failures I had been.

I have a question for Dr. Susman: In view of the fiscal evidence, why do you want to burden your children and grandchildren with a financial colossus that will impoverish them? And what good is health coverage if people can't get health care? As I write today, my 70-year-old brother-in-law has been in the critical care unit of a teaching hospital in Canada for a week, after having a myocardial infarction—waiting for an angiogram because a rationing board limits the number of angiograms. This is evidence of failed government from the retrospective trials of history—evidence I would urge advocates of a universal health care system in the United States to acknowledge.

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1. *The Wall Street Journal*. Comparing debt ratios. April 20, 2011. Available at: <http://online.wsj.com/article/SB10001424052748703789104576272891515344726.html>. Accessed September 21, 2012.

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