Universal American Healthcare

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It's a simple concept and, as you know, I believe we should agree on the simple high-level concepts before we go any further. This is because people jump down two, three, 10 layers and disagree on virtually everything before coming to agreement on the base concept. Before anything else happens, you need to go around the room and have everyone answer the simple question, "Do you think every American should have effective healthcare?" Of course, you can deliberate upon what the word "effective" means but anyone who says no is either an elitist, on the payroll of the managed care giants, a hypocrite or all of the above.

Once you have that agreement on high-level concept, then you can begin peeling away the layers. And in fact, that first layer should be about the definition of the word "effective". It does not need to be a bullet point list of every symptom, diagnosis and solution. It should just simply be that "effective" means access to medical care that provides an adequate quality of life. Then we have to define "adequate". However, there are plenty of systems around the world which define adequate; some quite harsh and some perhaps too generous.

Don't get me wrong, this is a very difficult topic. The impact it has on everyone is different yet almost always visceral. It is similar to entitlements. Everyone has a different opinion but, when it has an effect on him or her, the response will be emotional and resolute. Both concepts deal with quality of life and Americans have a very selfish view on quality of life. I don't mean that in a negative sense. Instead, I mean it compared to communist or socialist societies which – and I say this idealistically – focus on the good of the collective group. Americans take pride in, and defend completely, the right of the individual. This is great in times of abundance but very challenging in times of need and shortage. And this is where

we are today. Our national debt is a huge part of our overall GDP. Add in an event such as COVID, the burden on our national infrastructure can be untenable. Healthcare and entitlements are significant factors in our budgetary excesses.

How did we get here?

Looking at it from the patient perspective, back in the 80s before managed care; you went to see your doctor and he or she performed an exam on you, asked you questions, provided a possible solution and sent you on your way. Take two aspirin and call me in the morning. He or she might even come to your house, although this was pretty much a thing of the past by the eighties. In response to this service, you would either pay the doctor directly or pay for your insurance plan which would pay the physician directly. There were very few parties in between.

That has all changed.

In the nineties, managed care became reality. Suddenly there were large corporations injecting themselves between you and the doctor, you and the payment of the doctor, and between the doctor and his or her compensation. Standards of practice were introduced by highly-paid consultants to ensure the physician was not providing too much care to you and your family. They were compelled to buy specific medications from large manufacturers. And they were forced to take a cut in pay because, after all, these new layers had to be compensated. Now, the immediate effect of this was, I assume, a cost savings and the introduction of efficiencies and standard operating procedures. All good. However the long-term effect, I believe, far outweighed the early benefits.

Where we are today includes the following:

- Overinflated drug prices due to lack of competition. Also due to huge lobbying efforts by the pharmaceutical companies.

- Loss of the personal interaction with one's doctor. When I go to the doctor, he or she spends more time looking at the computer screen, filling out forms than actually talking to me and looking at me. I am not an automobile or copier. I believe there is still an art to being a doctor or nurse. It cannot simply be laid out in an operations manual as if you were fixing a broken lawnmower.

- A loss in expertise. As just mentioned, there is an art to providing personal medical change. It used to attract the best and the brightest. Why? One reason is, the prestige and also the money. This profession has been dumbed-down by the managed-care process and regulation, not to mention the lawyers, to the point that the smartest people are choosing professions elsewhere. Doctors should be given prestige and they should be paid well. Nurses have risen in stature because they are providing more of this SOP-based attention while doctor stature has been debased as they are forced to do the same. I don't feel that is right or good. We need the best medical professionals dealing with people and he or she needs to be paid because they are the best.

- An abundance – overabundance - of paperwork and bureaucratic interference. Yes, doctors should be held accountable for their decisions but they also should be given the power to do so with adequate protection. How many commercials do you see nowadays from legal firms telling you how easy it is to sue your doctor for anything. And the insurance process allows this to occur at a huge cost.

Bottom line, the healthcare industry is rife with inefficiency and lack of the interaction necessary to provide effective support.

The quality of life factor complicates this even further. There has to be some guidance to determine what steps are appropriate in dealing with ill patients. It is a very difficult discussion a have and must include all constituents from individual rights advocates to government, to managed care, to pharmacological, psychological, even religious/ethical advocates. When you're dealing with life and death, decisions around regulation and practice need to be made carefully. That being said, I think you can address 80 to 90% in a manner that would be agreeable to all. We need to address that and then dive into the stickier situation around whether to keep someone alive or not – depending, once again, on the definition of the word, in this case, "alive". Very difficult. Again, I would say there are many countries that have spent many, many hours dealing with just this topic. It needs to be addressed, initially without discussion of profitability or religious beliefs or anything else that would inject unnecessary subjectivity at the earliest stages. These can be brought in later when we talk about how we are going to implement a new or revised program.

Okay, let's talk about the current system. Obama Care. The advantage of the system is that it is in place. I will not make the assumption that it is working except to say that it is out there. This simply acknowledges how difficult it is to get such a monstrously large program in place. Obviously, some people don't like it. What is unacceptable is for people not to like it simply because of their party affiliation. However, if there are weaknesses, which even those who deployed it agree, we have the opportunity to improve it. And it may be a substantial effort but one that is much easier to accomplish than completely destroying it and introducing a new system. We know that any new system will also have flaws and detractors, so its mere existence is a benefit.

Its disadvantages have been discussed in earlier paragraphs in terms of its inefficiency and untenable requirements for paperwork and distraction, not to mention the huge impact of commercial entities that suck so much from the activities that occur between the doctor and the patient.

What would be the advantages for change? To me, the major advantage of the change would be dependent upon looking at what else is out there. There is the Swedish healthcare system, for example, or the Canadian system that are anywhere between good and very good depending who is talking about it. It might be a good idea to trash our system and introduce something like that. However, if we do this, it will be very expensive in terms of time and resources to transition, so our new system would need to be more than just similar to the Swedes' or Canadians'. We need to take their system and make it very good to excellent because we know what they have and we know the strengths and, most importantly, the weaknesses. If we could take a very good system and make it excellent, then I think a holistic approach is justified.

So, what to do next?

First of all, go back to one of my earlier initial paragraphs. We need to get all constituents to agree to the simple concept that Americans need effective healthcare. It seems pretty basic but I would like to see a written agreement to just that with an understanding that this would be followed by a discussion on the definition of "effective". Some would make their agreement contingent upon the omission of this adjective. Bad idea. If you leave it out, the lazy or those with an agenda will think their commitment is complete because you can probably say right now that every American has some form of healthcare. So don't do it.

Next, we need to spend some time on assessing our current system and designing the new one. However, time is better spent travelling the world to see what is already out there. Is Swedish system really that great? It is socialized medicine and while I don't care about people who use that term as a dirty word, call it what you want – but does it work? And will it work for us? It probably won't as it is but there are aspects of it that would and we need to investigate and possibly incorporate those. This will take some time. Is it possible that it would be wasted time because the result will be that there is no way we will take anyone else's system? No, it will not be wasted time if we come out of it with a list of those elements that are good about other systems. Depending what this result is, we need to use this list to decide whether to blow up our existing system or refine it. And during this process, we need to have the involvement of all constituents. For example, we certainly aren't going to ignore Congress and we don't want to look beyond the commercial and societal elements that will play pivotal roles in the development and ultimate success – or failure of the new/refined system. The end result is that we have effective healthcare for every American. It's going to be very difficult but I think it will be a very cathartic - and hopefully uniting - process since I honestly believe that there are very few people, when they rise above the day to day distractions, who believe our system cannot be a lot more than it is today.

Let's get started.