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Professionalism

It is unethical for any physician to contract with Medicare, an HMO, or any other third party. As Hyman G. Rickover once noted, there are two rules basic to the professional man: "first, the obligation to reject lay direction in the performance of professional work—that is, the duty to maintain professional independence; and second, the obligation to use professional knowledge and techniques solely for the benefit of their clients….

"Service ceases to be professional if it has in any way been dictated by the client or employer…. Professional independence is not a special privilege but rather an inner necessity…, and a safeguard for his employers and the general public. Without it, he negates everything that makes him a professional person and becomes at best a routine technician or hired hand, at worst a hack."

Jerome C. Arnett, Jr., M.D.
Helvetia, WV

Medical Financing

The key point in the white paper on medical financing[1] is that health insurance mandates won't work. The public will continue to pay for individuals who do not provide for themselves—with government subsidized health insurance rather than funds set aside for uncompensated care. Uninsured people currently pay for large fractions of their medical care. People who get health insurance after being uninsured also appear to increase their use of medical care by about 3 percent. To the extent that public subsidies crowd out private payment and do so in a manner that increases utilization, insurance mandates could end up increasing medical expenditures. And as the low deductibles and unlimited liability in the Medicare program show, the health insurance created by political commissions subject to special pleading seldom looks like the health insurance that real people want to buy.

Auto insurance mandates haven't worked either. In 17 states the percentage of people without voluntary health insurance is lower than the percentage of motorists who avoid mandatory auto insurance. Policy cost, not the presence or absence of mandates, determines whether people will buy insurance.

Linda Gorman
Independence Institute, Golden, CO

We are often treated to a multiplicity of notions, assertions, opinions, and sundry recommendations on the topic of reform of medical benefits and financing. Rarely, however, does one find in a single paper a thoroughly well thought-out, coherent, readable, easily understood, logical discussion of the alternatives, principles, and recommendations such as I read in the AAPS white paper.[1] It is remarkable for its content, lucidity, directness, and respect for the central transactors—patients and their sources of medical services.

Steve Barchet, M.D.
Issaquah, WA

What does the term "uninsured" really mean? Most young persons are in fact insured for almost everything that might happen to them—auto accidents and workplace injuries. That means they are not uninsured. In fact, given that Medicare covers only about half the expenses incurred by the elderly, a case could be made that persons in their mid-twenties with auto insurance and workers compensation are better insured than persons on Medicare—for the things that are likely to happen.

And what does "universal coverage" mean? Some may say that "universal coverage could provide the opportunity for all actors in the healthcare sector to work together on creative ways to contain costs while improving the quality of care delivered." Translation: "Universal cover-age will provide an opportunity for rent-seeking companies to squeeze more money out of working Americans and enrich their executives." It appears that more Blue plans are seeing their future as cost-plus contractors to run health plans for the government.

Greg Scandlen
Hagerstown, MD

[1] Schlafly A, Orient JM. White paper on medical financing. *J Am Phys Surg* 2006;11:86-91.