

From the President: What Seduces Doctors to the “Dark Side”?

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We all have colleagues who cannot get over their attraction to government schemes. The question of course is, “Why?”

In the history of mankind, central planning has been a marker for inefficiency, failure, oppression, and scarcity. Free markets, property rights, and liberty have been the engines of progress, technological advance, and abundance. Our past economic liberties have allowed us to create a country whose citizens enjoy a long life expectancy at the same time that we struggle with poor personal health habits and much social dysfunction.

While we do have problems with regulatory structure and how we choose to pay for medical care, we are undeniably the place where world leaders come for treatment when they are sick. Still, our politicians are promulgating reform ideas that typically show a complete lack of understanding of medical care in this country.

John Stossel, in his book *Myths, Lies and Downright Stupidity*, walks through many ideas presented by politicians that are wrong and frequently dangerous, yet these same politicians are supported by the American Medical Association to “reform healthcare” in America. We spent most of the 20th century fighting central planning abroad, and now we seem to be expanding it exponentially at home. With so much information available, I again ask: what is it about central planning that attracts so many intelligent physicians?

I believe one reason is that they are unaware of the inherent contradiction of their beliefs. That is, they complain that insurance companies interfere with their medical decisions and deny patient care. Yet at the same time they believe that a single-payer government-controlled health care system will allow them to care for patients without any obstructions. That is, they feel they can decrease third-party interference in their personal medical practice by bringing in the largest third party of all.

The reality is just the opposite.

Would you like new technology? Just ask a Canadian how long it takes to get an MRI scan for your patient with a new headache.¹ Would you like to use newer medications? Perhaps Great Britain is the model we should use. The National Health Service (NHS) refuses to purchase newer chemotherapy agents. Then, in a move to protect equal mediocrity for all, at the expense of an individual patient’s welfare, the NHS refused to pay for the hospital costs of administering the drug after a patient purchased her own medication—costs they would have paid if the patient had used NHS-approved medications.² In a recent Cato Institute paper about medical systems around the world, Michael Tanner presents the following conclusions:

In countries weighted heavily toward government control, people are most likely to face waiting lists, rationing, restrictions on physician choice, and other obstacles to care.

Countries with more effective national health care systems are successful to the degree that they incorporate market mechanisms such as competition, cost sharing, market prices, and consumer choice, and eschew centralized government control.

So in sum, physicians who want to change from an insurance- and government-dominated system to just a government-dominated system are, in the words of Ayn Rand, placing “I wish” above “it is.”⁴ They are making a decision based on emotion rather than reason. History shows that centralized control leads to shortages and rationing, and it is an inherent contradiction to believe more government control will yield more medical freedom and better medical care.

Another reason is that many physicians believe government control will decrease headaches and somehow magically transform our present “inefficient” medical system into a sleek new state-of-the-art system in which bureaucracy and waste will be diminished almost to nothing. Patients will now have new money for all the medical care that they need.

Which example of government “efficiency” of late should we use as a model for our new medical system?

Would it be the efficiency of the Transportation Security Administration (TSA) in keeping contraband off airplanes? TSA officials are very proficient at frisking old ladies, stealing fingernail clippers, or attacking nipple rings.⁵ Unfortunately, when a real threat is present, they often miss it.⁶

Perhaps it would be the handling of the sub-prime mortgage crisis and the collapse of our financial institutions—under the politicized regulatory regime brought to us by U.S. Representative Barney Frank (D-MA).⁷

Perhaps you were impressed with FEMA’s assistance to hurricane-ravaged New Orleans, or the wasteful debacle of housing post-Hurricane Katrina.⁸

Other examples include customer service at any Social Security office—or the Medicare assistance lines, from which you can never get an answer you can depend on.

The list can go on forever, but all experience shows that government is inefficient and slow. New ideas take years to be accepted and implemented. Ineffective ideas take years to die. Decisions are made for political, not medical reasons. It was lobbying by Merck which made the human papillomavirus (HPV) vaccine (Gardasil) mandatory in Texas, not overwhelming scientific evidence.

Physicians who truly believe in government answers usually take “healthcare reform” to mean that patients get more *medical* care when sick. This is an unfortunate misunderstanding of the language. Politicians usually use the term “healthcare reform” to mean taking control of the money and providing less care for the sick. Thus, if you think that dealing with insurance companies is difficult and frustrating, wait until the government controls everything.

The last reason is the most complex and hardest for the true believer in central planning to see. In medicine, we are used to deferring to the expert. For a heart problem, we call the cardiologist. For a lung problem, we call the pulmonologist. In these small, contained systems this makes sense. The problem occurs when we make the illogical leap to very complex systems and continue to believe an expert can still help.

It is in large national programs where central planning breaks down. To quote F.A. Hayek: “That the division of labor has reached the extent which makes modern civilization possible we owe to the

fact that it did not have to be consciously created but that man tumbled on a method by which the division of labor could be extended far beyond the limits within which it could have been planned.”⁹

In other words, planning a national system requires millions of entrepreneurial people working from the bottom up, not a committee of planners working from the top down. This is where I see physicians completely lose touch with economic reality. They are used to deferring to the experts, and therefore want to defer to the “healthcare policy expert” to plan the system. They cannot comprehend a world where free-market transactions (note that we have not had anything close to a free market since Jul 30, 1965) will produce a better system than any and all experts, as no man can possibly grasp the millions of variables in the process.

A good friend with whom I disagree on many issues constantly states that we, as physicians, can set up a system to provide “basic healthcare” to our citizens. He does not understand my “No, we can’t” response. How can it be that physicians, experts in helping people get better, cannot tell people what “basic healthcare” is?

Yet that is exactly Hayek’s point. With so many millions of people and millions of variables, the only way to get a superior system is to remove the shackles of dictating what is mandatory and “basic,” and let as many people as possible decide for themselves.

A corollary to this defer-to-the-experts mentality is present in a minority of these types of physicians: they think that they comprehend the world better than the poor commoner, who is incapable of taking care of himself. Physicians with this arrogant view feel that they must make decisions for the benefit of these inferior people.

Many members of Congress also seem to think this way.

Milton Friedman elucidated the contradiction in this mode of thought: “I, in my capacity as voter, have determined that I, in my capacity as medical consumer, am incompetent.” Of course, if people are so incapable of handling their medical decisions, should we be letting them vote? I do not believe that many members of Congress will admit to the logic of asking this question.

In the end, there are many other reasons for our colleagues to believe in a government takeover of medicine. In essence though, reform of medicine—or of medical financing—still comes down to two competing ideas: Central control versus market forces. Coerced vs. voluntary decisions. Bureaucratic versus individual direction.

Fortunately, the experiment has already been done. Unfortunately for us, no one is paying attention. East Germany was organized on central planning, and West Germany on a market economy. In the end it was East Germany that had to build a wall to keep its people from leaving. It was East Germany that was a financial disaster when East and West were reunited.

Also unfortunately, it is almost certain that your true-believer colleagues will not listen to any rational argument, and will continue to live in the world of “I wish” rather than “it is.”

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