

Morton's Fork: Deconstructing the Case for an Insurance Mandate

G. Keith Smith, M.D.

After reading an article that advocates making people buy health insurance, you may feel deep down that forcing people to buy this product against their will is wrong. But many find it difficult to counter the arguments point by point.

An illustrative example is a recent editorial, "The Conservative Case for Healthcare Reform's Individual Mandate."¹ Author Walter Zelman—who is obviously not a conservative—is listed as chairman of the Department of Public Health at California State University at Los Angeles, and chairman of the board of governors of LA Care, Los Angeles County's Medi-Cal Health Plan. He was a prominent member of the Clinton healthcare taskforce. He led cluster group I on "New System Organization." His article reflects assumptions and techniques commonly used by "healthcare reform" experts.

An argument that seems at first to be watertight or impenetrable may be achieved by omitting certain details, the inclusion of which would reveal the defects in logic. Attention is diverted by asking questions like the one asked by CNN's Wolf Blitzer: "What should happen when someone has no insurance and needs care they [sic] cannot afford?" Such questions are usually weighted with subtly biased terms and assume flawed premises, for example, that property rights are violable. Zelman and others who think like him apparently believe that there is no moral problem with denying you your wages to support someone else on Medicaid, or denying you the right to prioritize your family budget and forgo buying health insurance this year or next.

The questioners also make false assumptions about the facts, as by basing estimates of the purportedly high cost of care on grossly inflated "chargemaster" rates. Huge but largely fictitious losses based on these rates are claimed to be passed on to us as taxpayers or medical bill payers at the hospital or clinic.

What may be perceived as the final rhetorical victory is often achieved by blurring the distinction between charity and theft, the difference between charitable care and the care funded by robbery of the taxpayers.

Zelman's three questions are: "First, why is it so troubling that the government is requiring responsible individuals to purchase what they would purchase anyway? Second, is it fair or appropriate to make the responsible pay more in order to protect the rights of the irresponsible? Third, what should be done when the principle of limited government clashes with that of individual responsibility? Or, put another way, is the principle of limited government so compelling that it should cause us to penalize the responsible and reward the irresponsible?"

It might at first seem that there is no escape from this rhetorical corner. Let us take the three questions in order.

Why is it so concerning that government is making me buy something that I would buy anyway? In fact, it is going to make us buy something that we would *not* buy anyway: *their* brand of "health insurance." Moreover, if I'm going to buy it anyway, why is there any necessity for making me buy it?

The next question is basically whether it is fair to make some pay more for those who can't pay. The answer is no. Whatever happened to the idea of a mutually beneficial exchange? Why does another man's disease have to represent a pre-existing

liability on my balance sheet or yours? Why does one man's motorcycle wreck mean my family can't go on vacation this year? If I want to help the unfortunate, that is another matter entirely. The hospital administrator's desire to extract money from me for a portion of someone else's bill through cost shifting is not acceptable, and that problem is easily solved with price transparency and market competition. Shouldn't patients be able to choose to go to places that do not cost shift?

The third question is in effect a rewording of the subheading of Zelman's article: "Would conservatives rather have government impose a financial requirement on people who choose not to buy healthcare, or have those who behave responsibly bear the financial burden of a few?" The form of this question is a Morton's Fork—a forced choice between undesirable alternatives.

The expression, which is related to tax collecting, is said to have originated with Archbishop of Canterbury John Morton in the 15th century. Morton said that a man who lived modestly was saving money and could afford to pay taxes, and that a man who lived extravagantly was obviously rich and could also afford taxes.

Zelman's second option, and indeed the whole argument, is based on the unstated assertion that healthcare is a right. The simple answer is that healthcare is not a right. It is a contradiction in terms to designate something as a right when exercising it results in violating someone else's rights. Exercising the right to healthcare, for instance, violates the property rights of another.

Another assumption of universal insurance advocates, which may be hard to see although it lies just barely beneath the surface, is that the financing of individual patients' medical care is a national problem. To educated people like Zelman, the doctrine of subsidiarity should not be unknown. Simply put, the government that governs the best, governs closest to home. Why are the various health challenges in Louisiana the problem of folks who live in Montana? Why not let each state or city deal with its own issues without the involvement of the federal government? Politicians in Washington, D.C., don't even have the ability or courage to deal with entitlement programs like Medicare and Medicaid that are bankrupting the whole nation. Why entrust them with everyone's access to medical care?

The situations in Louisiana and Montana are quite different. The state of Louisiana has a charity hospital system, the funding for which is partially derived from a tax paid by tourists staying in New Orleans hotels. If you do not wish to contribute in this way, you can stay away from those hotels. Montana would probably have to have a different method of financing. There is no end to the possible ways to deal with issues like this in various places and at different times. Zelman, like most radical socialists, appears to believe that his solution applies to all of us no matter where we live.

A highly developed ability to polish and spin can make the flaws in arguments hard to see. We need to expose the fallacies and the socialist agenda at every opportunity.

G. Keith Smith, M.D., an anesthesiologist, is co-founder of Surgery Center of Oklahoma in Oklahoma City. Contact: KSmith@surgerycenterok.com.

REFERENCE

- 1 Zelman W. The conservative case for healthcare reform's individual mandate. *Los Angeles Times*, Nov 20, 2011.