The Great Healthcare Debate: a Medical Student’s Perspective
Louis Magdon, M.D.

Last spring, the student government at my medical school held a healthcare debate on campus. I was initially very excited to read that this event was taking place.

Last year, as founder and president of the Benjamin Rush Institute at my school, I hosted a healthcare debate, like many other BRI chapters across the country, to provide an opportunity for young medical minds to take a break from anatomy and pathology to think about the tough questions regarding the proper role of government in healthcare. The current president of the Association of American Physicians and Surgeons, Dr. Juliette Madrigal-Dersch, was among the participants.

As you know, medical school campuses, like academia in general, are traditionally more sympathetic to a larger role of government in medicine. The free market is treated like Voldemort at Hogwarts: that which must not be named. Thus, many students are not adequately exposed to the virtues of freedom in medicine, and every opportunity available for debate is to be appreciated. However, my excitement was short-lived. I looked further down and read the following resolution: “Is it ethical to ration some healthcare procedures to expand access to basic healthcare?”

The debate is an unsavory reminder of the disturbing culture of worship of the state in academia. Perhaps it is not obvious to my peers, but the resolution is misleading. It implies that the rationing of healthcare by government is the only way to expand access to care. Taking advantage of the big hearts of medical students, the event serves to further indoctrinate my peers into becoming sympathizers of socialism in medicine while ignoring socialism’s immorality.

You would be hard pressed to find someone on campus who would support the violent method of allocating healthcare resources by holding your neighbors at gunpoint to force them to pay for your grandma’s hip replacement, your uncle’s blood pressure pills, or your not-too-well-off friend’s doctor visit. Yet this is essentially what our government is doing to us, and my peers overwhelmingly support it. If it is, as almost everyone agrees, immoral and illegal for you to steal your neighbor’s wealth, why is it considered not only acceptable but laudable when government does it? The Eighth Commandment in the Bible, a universally accepted moral principle, states, “Thou shalt not steal.” I must have missed the asterisk that exempted governments. Our politicians are put on a pedestal and proclaimed heroes for crafting such legislation, but what separates them from the thieves who steal our wealth to spend on your grandma’s hip replacement, your uncle’s blood pressure pills, or your not-too-well-off friend’s doctor visit?

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The moral issue is not just with government financing healthcare, but also with controlling its consumption. My peers, whether they realize it or not, support the concept of government pooling the wealth of the people together through coercion for bureaucrats to ultimately decide who gets what medical care. But would it not make more sense if individual patients in consultation with their doctors got to choose what is best for them? The backlash over the change in recommendations for breast cancer and PSA (prostate-specific antigen) screenings is a testament to this notion.

And what about the Oath of Hippocrates? Can doctors be certain to keep their promise to treat their patients to the best of their ability and judgment when government controls the practice of medicine? With whom will the doctors side? Will their allegiance lie with patients, or with the state?

Looking at the way the resolution was posed, it seems that the debate organizers were concerned about expanding access to “basic healthcare.” If this is truly the case, then the appropriate ethics discussion should focus on the economic system that produces the most good for the most people. So is our current path of more and more government meddling in healthcare, with increasing costs and decreasing affordability, in our country’s best interest?

Unfortunately, some people are quick to judge governmental action based on its intentions without taking an honest look at its results, e.g. the Patient Protection and Affordable Care Act (“ObamaCare”). Rationing care, the inevitable result of government meddling in medicine, to expand access to care is not the solution. Long waits to see a doctor or undergo a procedure, and poor health outcomes as seen in countries with a much larger role of government in healthcare, are not optimal. We should not accept mediocrity. We can do better.

As we see in the free market, prices tend to go down over time as quality goes up. Products and services that were once available to only a few are now enjoyed by all. The least well-off find that everything from abundant food and quality housing to the latest in technology comes within their budget. These sectors of the economy generally enjoy much less government meddling than healthcare. But healthcare is different, right? In the healthcare sector, there are some services free of the strangling forces of government coercion and its detrimental byproduct, third-party payment (the first two parties being the patient and those who actually care for him) that provide evidence to the contrary.

One idea that has been gaining popularity recently is that of “concierege medicine.” These doctors contract directly with their patients in order to avoid the burden of third-party payers. Once for only the rich and famous, concierge service is now enjoyed by many people of modest means. For the price of a gym membership or a daily Starbucks latte, many individuals are pursuing an alternative to the assembly-line medicine experienced at their managed-care-contracted doctor’s office. These practices offer their patients much longer appointment times, round-the-clock phone and e-mail consultations, and sometimes even house calls.
Not only do we see evidence of increasing affordability with office visits, but also with surgery. Procedures like Lasik eye surgery and cosmetic surgery are increasingly becoming available to more people. Free from government mandates and the third-party payment system, doctors offering these services must compete for the business of their patients. What we have seen is that the quality of these procedures continues to rise while the prices are falling. Moreover, when the third party pays the bill, there is no incentive for patients to shop around for the best price. Dr. G. Keith Smith, a pioneer in price transparency in healthcare, is allowing his patients to do just that. He co-founded the Surgery Center of Oklahoma, a facility that provides a list of the prices of common procedures on its website (www.surgerycenterok.com). Patients are finding it more affordable to undergo surgery at his center than at traditional hospitals.

There still remains one question. As much as we work to expand access to healthcare and increase its affordability, there will always be a select group of vulnerable people who are unable to care for themselves. How do we care for them? Some believe that it’s the role of government. But these people need care, not a card that says they have “health insurance.”

Medicaid, government health insurance for the poor jointly funded by the federal and state governments, is either the first or second largest budget item in all 50 states, and many studies have shown that the health outcomes of people on Medicaid are no better, and sometimes worse, than people who are uninsured. And some have the audacity to advocate expanding the program! The taxpayers are being fleeced while the managed-care companies that provide these plans and their million-dollar-a-year executives are cashing in. We need to lose the costly, ineffective middleman and employ a solution that is both moral and compassionate.

I had the privilege to experience first-hand how we can help the most vulnerable. It was at a private charity clinic in Zarephath, N.J. Doctors Alieta and John Eck founded the Zarephath Health Center about a decade ago to serve those in need in their community. The clinic is funded solely by private donations and operates at a fraction of the cost of the federally qualified health clinics. It is staffed by volunteer doctors, nurses, and clerks interested in making a positive impact on the lives of people who have fallen on hard times. They do not demand that the government reimburse them to care for these people.

Zarephath Health Center is a wonderful place. Patients are given warm support as they get back onto their feet and put their lives back together. It is an example of people helping people—true charity care. I hope to be a part of a clinic just like this in my career. I think my peers would as well. I issue a challenge to my generation of doctors. Let an overwhelming majority of us start and/or participate in clinics just like the Eck’s. Let us truly be our brother’s keeper. No one should go without basic healthcare. Let us do it the right way.

The flier advertising the debate called it “The Great Healthcare Debate.” But arguing about how the glorified thieves in our government should divide up the loot is hardly a debate. If our goal is truly a healthcare system that cures more disease, alleviates more pain and suffering, and further extends our lives so that we may share more happy moments with our loved ones, we should not look to corrupt politicians with their eyes on the next election, but to the person whom we see in the mirror.

Let us free ourselves from the chains of state oppression and unleash our ingenuity and compassion to produce the best healthcare system the world has yet to see!

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