Single-payer Healthcare – An Oncologist's Perspective

I am a Medical Oncologist who has practiced in Pueblo since 1976. Like my two partners and the majority of America's physicians, I favor single-payer universal health care. I would like to share with you the stories of some patients I have cared for recently that illustrate why I believe the current system is broken and unfixable.

1. Mrs. A is an 80-year old woman with breast cancer. She takes arimidex, a helpful but very expensive ($10/pill) medicine, in hopes of preventing a recurrence of her disease (what we oncologists call adjuvant therapy). When I saw her last week she confided in me that when she reached the "doughnut hole" in her Medicare part D coverage last year, she took her pills only every other day, instead of daily, as prescribed. Arimidex taken daily is an effective deterrent to breast cancer; arimidex taken every other day is of uncertain value.

2. Mrs. B is a 51-year old woman who was discovered to have advanced metastatic colon cancer last year. Her treatment consisted of three chemotherapy drugs, one of which is given by a 48-hour infusion. This is usually accomplished in the outpatient setting, using a battery-powered portable infusion pump. Mrs. B was indigent and uninsured, as are many people in Pueblo. The only way she could get her treatment was to be admitted to the hospital where she stayed for 2 days every 2 weeks. After 4 months she finally got Medicaid, which paid for treatment in our office. Not only was treatment in the hospital much more expensive (to all of us, in the final analysis), but it took precious time from her life that she could have much better spent with her family.

3. Mr. X was a 49 year old married schoolteacher who was faced with pressing household expenses when it came time to sign up for continuation of his health insurance. He elected to forego health insurance to save his portion of the premium. He gambled that he would not get sick and require expensive health care. He lost. He developed rectal bleeding, but put off seeking care, hoping it was just hemorrhoids. When he had bled enough to be unable to go to work, he was taken to the emergency room; subsequent evaluation revealed a very advanced cancer of the colon. He spent a total of three of the next twelve months in the hospital. After chemotherapy and several surgeries, his cancer disappeared, and he worked for several more years. Inevitably, however (because we cannot cure very advanced colon cancer), his cancer returned, and he recently passed away. There is a relationship between insurance status and outcome from cancer (and, incidentally, from heart disease as well). Mr. X serves as an unfortunate illustration of this connection. Had he been insured, it is very likely that he would be alive today. In addition, the enormous, largely uncompensated, hospital expenses could have been reduced immensely.

4. Mr. Y is a 60-year old intermittently employed man who developed lymphoma during a period when he was between jobs and uninsured. He responded initially to

chemotherapy (given, out of necessity, in the hospital) but then relapsed. A bone marrow transplantation can be lifesaving in this situation; he now has insurance, but with a six-month exclusion on pre-existing conditions. We are hoping that stop-gap chemotherapy can keep his lymphoma in check until his six-month waiting period is over; however, I am doubtful this will happen. As long as we insist on a health care system based on private health insurance, we will have to accept the consequences of intermittent and patchy coverage. The consequences to Mr. Y may be fatal.

My practice is full of patients like the Misses A and B and the Messers. X and Y. I love my work; it is a thrill to apply the fruits of medical research to the very ill, often with dramatic results. However, I am continually troubled by the unjust, exorbitantly expensive, and at times cruel system that America suffers under. The status quo is so broken that it cannot be repaired. Other states have tried to nibble around the edges of our health care system, but have failed to attain even near-universal coverage with cost controls. The only answer is the true revolution of single-payer health care. Colorado is leading the way for America in another formidable challenge – renewable energy. With the passage of House Bill 1273 it can start to lead the country in true health care reform as well.

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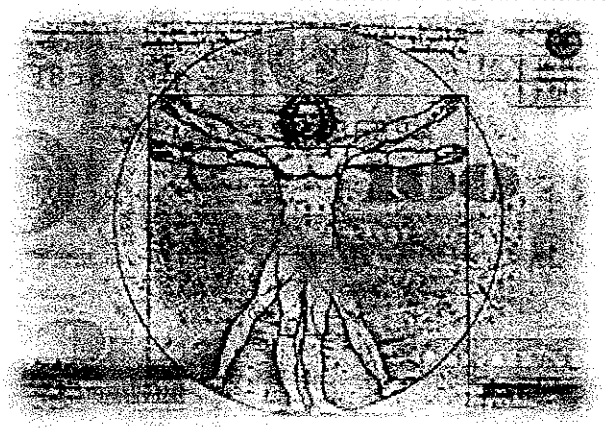

PRO: 'Single-payer' benefits from central planning

By DR. LOUIS B. BALIZET

ROCKY MOUNTAIN CANCER CENTER

Dr. Louis B. Balizet became the first oncologist in Pueblo in 1976 and currently practices medicine at the Rocky Mountain Cancer Center.

"Everybody talks about it, but nobody does anything about it." So said Will Rogers about the weather, but he may as well have been referring to our health care system - roundly decried, but still intact.

Finally, however, on both state and national levels, well-designed plans have emerged to replace our current wasteful chaotic system with the only workable alternative - a single-payer, tax-financed system that eliminates private health insurance, provides universal coverage and introduces adult supervision (centralized planning). Like the majority of American physicians, I feel that "medicare for all" is long overdue.

I am a medical oncologist who has practiced in Pueblo for 32 years. This is how I imagine my and my patients' lives changing under single-payer health care:

1. It will be easier, and cheaper, to administer intravenous chemotherapy to all patients. Currently, uninsured patients needing intravenous chemotherapy receive it in the hospital - a costly and inconvenient alternative to outpatient therapy.

2. Office overhead and, therefore, cost will be reduced by the elimination of the present complicated adversarial billing system, which pits armies of physicians' employees against armies of insurance company employees (ties go to the insurance companies).

3. Inpatient cancer care will be consolidated, with benefits for patients, oncology nursing staff and physicians.

Central planning will inevitably force the cooperation, if not outright merger, of Pueblo's two hospitals - an idea initially proposed by the administration of the two hospitals over a decade ago. (The merger was nixed by Uncle Sam's anti-trust watchdogs, suspected by some of carrying water for the insurance companies.)

4. Approved oral chemotherapy will be available to all. At present, the indigent uninsured depend on physicians' offices begging free oral drugs from pharmaceutical companies - a wasteful and demeaning process that, more often than not, fails to deliver needed treatment. Obviously, with financial status no longer an issue, compliance with treatment, and therefore treatment outcome, will improve.

5. Everybody, not just the insured, will be able to avail themselves of life-saving screening procedures, such as mammograms and colonoscopies. Treatment of cancer, if discovered, will be covered by single-payer universal health care. This will eliminate dangerous delays in care for fear of financial repercussions, which, believe me, happen in this community, and happen a lot.

6. Some marginally effective but outrageously expensive cancer treatments will not be available. Central planning will require the establishment of an American equivalent of Britain's National Institute for Health and Clinical Excellence (NICE), charged with evaluating the value, not just the effectiveness, of new drugs, procedures and devices. If a drug does not offer a cure but only adds weeks more to a cancer patient's life expectancy, and is prohibitively costly, society will not he harmed by its exclusion.

7. Consolidation of medical facilities will reach beyond hospital mergers. Pueblo currently has six MRI scanners and two CAT/PET scanners. These numbers would almost certainly be reduced under central planning, resulting in some delay, compared to now, in scheduling studies. By any rational standard, however, we have excess capacity in Pueblo; necessary studies, in an acceptable timeframe, should still be achievable.

8. Physician compensation would be determined at a state or national level.

This would probably result in decreased income for specialists and increased income for primary care providers, as it has in countries with single-payer care. In addition, it would allow for bonusing doctors to practice in medically underserved areas. Pueblo has a worrisome shortage of some types of specialists but an ominous shortage of primary care providers. The present market-driven model of physician remuneration is not only incapable of addressing this problem, it is in large measure responsible for it.

By ensuring that all care is remunerated, and by disproportionately rewarding practice in some areas, single-payer, centrally planned health care can do more than anything achievable under the present system to get doctors where they are needed. Enhanced access to primary care physicians would translate into earlier diagnosis of potentially serious conditions such as cancer.

I would expect to see fewer advanced cases of cancer if patients did not have to consult their bank account before seeking help for their breast mass, or hoarseness, or bloody cough.

The most obvious winners under single-payer universal health care are patients, particularly those currently uninsured (now numbering upwards of 40 million, and sure to increase with the coming depression), and, I

believe, doctors. However, there will be some adjustments, at times difficult.

The hundreds of thousands of employees of insurance companies and hospitals and doctors' offices who spend their entire workday wrangling over who gets to keep 15 percent of health care premiums will need to be redirected to more productive work - no small task, and one whose importance should not be minimized.

Hospitals will revert to being service institutions instead of profit centers. Business acumen will cease to be a prerequisite for a satisfying medical practice.

I have not even touched on the ramifications for the pharmaceutical industry, which will be major. However, for patients, especially cancer patients, and doctors, especially cancer doctors, the current system is unsustainable for much longer.

Health Care For All Colorado, which proposes House Bill 1273 for a single-payer system in our state, and Physicians for a National Health Plan, who designed a detailed national system, deserve your interest and support.

Perpetuation of the current system is bad for our pocketbook, bad for our national pride and downright malignant.

CON: Don't put government in control of medicine

By JENNIFER LORENSEN

Jennifer Lorensen of Pueblo has a physician's assistant degree and has taught childbirth education classes locally. She is married with two children.

Last year, the Chieftain published an opinion article authored by me regarding the Colorado Blue Ribbon Commission for Health Care Reform's proposals presented to the governor and the Legislature. Thankfully, none of the plans were ever implemented despite the Health Care for All Colorado Coalition's goal to realize statewide socialized medicine - controlled by government, financed by taxpayers.

Now we have House Bill 1273, the Colorado Guaranteed Health Care Act, introduced in the Legislature. The bill is sponsored by 16 Democrats in the House of Representatives and two Democrats in the Senate.

Once again, I encourage interested Coloradans to read this bill on the Colorado General Assembly Web site or contact your local representative and request a copy of the bill (1-800-811-7647). As was said of the Blue Ribbon Commission proposals, "the devil is in the details."

Proponents of HB1273 once again are pushing for government-controlled health care for all (socialized medicine) under the illusion that the care would be "free for all."

When approximately 50 percent of a population pays little to nothing in taxes and the other 50 percent shoulders the maximum burden, something is definitely not free, no matter the feel-good words used to describe the Utopian dream of free health care for all.

HB1273 is a hodgepodge of legal jargon. It would appear that a myriad of ideas has been stuffed into the wording; as if each legislator had his or her own wish list for the perfect free health care plan for Coloradans.

Wading through the language is enough to make any normal person's head spin, but tucked inside Article 9, lines 4 and 5, is: "and establish the principle of universal health care coverage," followed by Article 9, section "f" which says: "comprehensive health care system that guarantees coverage that is publicly funded and privately delivered with individual choice of provider and services." Bingo: taxpayer-funded socialized medicine.

Further on, one discovers that the plan is to create a Colorado Health Care Authority, "a body corporate and a political subdivision of the state but yet not an agency of state government" - meaning what exactly? - which would have complete charge over itself.

The authority's "mission" is to "create a health care system" which in turn will administer and pay for health care services determined by the same authority, including "determining a fee or premium structure that ensures all income earners and employers are contributing an amount that is affordable, fair and consistent with . . . current funding sources for health care in Colorado."

Hmmm, sounds just like what insurance companies, Medicare and Medicaid already do - although that's a topic for another time - under tremendous governmental interference, regulations and mandates.

The authority will be governed by 23 members, appointed by the governor and legislative leaders. Each of the 23 members will receive $500 for each meeting attended - that is a cool $11,500 total each time the board convenes! - along with "reasonable compensation for services rendered." How many more thousands of dollars will that be?

In addition, the board may "employ an executive director of the authority, a chief financial officer, a chief medical officer, a patient advocate, a patient safety officer, a provider advocate, and any other officers the board finds necessary to create and develop the system." This is just a portion of the board appointments delineated in the bill, and I would envision these to be highly salaried positions.

Now onto required covered benefits: primary and preventative care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long-term (nursing home) care, mental health services, dental services, substance abuse treatment, chiropractic services, vision care and correction, hearing services and hearing aids.

This would appear to be a 10 out of 10 stars plan. It would be financed via the State Treasury "Health Care Authority Fund" which will in turn "seek all necessary waivers, exemptions, and agreements from the federal government so that all current levels of funding . . . may be appropriated to the authority once the system is implemented by bill of the general assembly." To repeat: absolute control of all health care taxpayer dollars.

The bill states that it will "reduce costs and improve the health of Coloradans." Of course, most people with any common sense (who are not socialists) know this to be the fairy tale it is. It will be a colossal boondoggle of bureaucrat positions, governmental regulations, higher taxes necessary to pay for the gold standard of mandatory health care coverage for all (including those named in the bill that are "ineligible" such as "visitors, nonresident students, and refugees") and an "authority" given free rein of a reigning king over implementation of this massive agenda.

History has shown - one only has to look at country after country with failed socialized medicine systems - that government interference only leads to mounting costs, immense tax increases, loss of provider choices as increased numbers of providers reduce acceptance of socialized medicine patients or they exit the health care field completely, long waiting lists and rationing of care.

HB1273 is not the right answer to the problem of adequate, accessible health care for all. There is not enough space within this article to discuss other noteworthy solutions, but suffice to say that less government control is always better.

Please take time to read this bill at the Colorado General Assembly Web site. Then let legislators know that you do not want the Utopian dreams - in truth, nightmares - of these legislators to become a reality.