

EARL'S PEARLS

Health care debate

BY EARL SHOWERMAN, M.D.

The recent public controversy over Barack Obama's health care reform proposals has brought out so many opinion pieces in the media that I hesitate to add my voice to the cacophony. However, as my final contribution to the Applegater under the rubric of "Earl's Pearls," I want to take the opportunity to express an insider's historical perspective on the evolution of medical care and, further, how the principles of medical ethics may help guide our decisions about achieving the greater good for the American people.

During my 30-year career in emergency medicine, I witnessed marvelous advances in the fields of imaging, surgery, coronary disease management, pharmacy, and medical informatics. These technological advances certainly improved the outcomes for selected populations; however, they have been accompanied by enormous changes in the cost of medical care. At the beginning of my clinical practice in the early 1970s, the standard charge for an emergency room visit was \$20. By the time I retired six years ago, this fee was closer to \$200-\$500 for relatively minor injuries and illnesses. Similar multipliers have compounded the additional fees charged for laboratory services and imaging (X-rays, CT scans, Ultrasound), such that an ER visit bill for a more serious illness will often be well over \$1,000.

The fact that emergency rooms are mandated by federal law to evaluate every patient who presents himself, regardless of ability to pay for services, is an expression of the ethical principle of "medical justice" in which most of my colleagues and I took some pride. However, the moral satisfaction that a patient's medical care would never be delayed by an obligatory "wallet biopsy" at the front door, did not translate into a free pass, as charges for emergency services have far outstripped inflation. Part of the reason for this is "cost shifting," the policy of overcharging for medical care because there is a higher rate of non-payment for emergency services compared to doctor's office visits.

America seems to have embraced a medical paradox, achieving excellence in the training of medical professionals and the development of superb medical centers equipped with advanced technologies,

while at the same time allowing a large portion of the population to be chronically underserved through lack of insurance and affordable access. Nearly 50 million American citizens lack medical insurance, and those who have it often are required to wrestle with their insurers to receive the benefits to which they are entitled. Rescission, the industry-wide practice of cancelling high-cost policyholders, amounts to 'cherry-picking' their clients. Minimizing their risk may increase company profits, but a number of studies have shown that uninsured people are more likely to die prematurely than those who are insured. A recent study by the Institute of Medicine estimates that nearly 20,000 Americans die annually for lack of coverage.

Insurance premiums have been rising uncontrollably, like other medical expenses, for many years. Employer-supported plans are a great benefit enjoyed by many, but the reality is that 80% of the uninsured come from families with full-time or part-time workers who cannot afford the premiums. Since my retirement five years ago, I have spent over \$50,000 for medical insurance for my family and received virtually no benefit as we have been healthy and the annual deductible was \$5,000. When I qualified for Medicare earlier this summer, our insurance premiums dropped nearly 50%, and my coverage no longer has the huge deductible, that restricted its use to catastrophic events. It is ironic that over ten million poor Americans who are eligible for public insurance programs have failed to enroll, mostly due to lack of knowledge of available programs.

The New York Times has aptly called this situation "a personal tragedy for many and a moral disgrace for the nation." Unpaid medical expenses have now become the number one cause of personal bankruptcy in America, so the implications for society are extremely broad and go far beyond the personal suffering of individual patients who do not seek appropriate care in a timely fashion due to high costs. The present effort to reform the program by public oversight and competition has sparked a disinformation campaign, including the ludicrous notion of "death panels" and

critical commentaries on the very popular and successful British and Canadian health services, is an indication of how far we have drifted outside a common understanding of what is good for society.

In this era of rapidly expanding medical technologies and increasing costs, it is very important to consider the ethical as well as the financial implications of our collective decision-making. The underlying ethical principles that govern the practice of medicine have similarly been evolving because of modern lifesaving technologies. From the ancient Greek and early Christian philosophers we derive the ideas of beneficence and patient confidentiality. The Hippocratic Treatises elaborated the principles of altruism, competence, and the acceptance of uncertainty in medicine: "Life is short, the art long, the occasion fleeting, experience often fallacious, and judgment difficult."

In the 20th century, the art of caring evolved into the science of curing. Medical ethics were impacted by the teaching of men like William Osler, who emphasized asepsis, sanitation, anesthesia and the importance of detached reason over emotional judgment. Osler believed that physicians should be like hard-working scientists, humble and imperturbable, and warned against the tendency of doctors to become arrogant and affluent. Over the past 50 years, we have experienced an age of technological advancement in imaging, surgical techniques and drug development such that we have now entered a brave new world of medical entrepreneurship, one where our autonomy and informed consent are balanced against the technological imperative to employ all possible means to save lives. In this environment, where medical costs are rising at the same time the economic base is shrinking, profound and serious consequences will result from no action.

Oregonians have gone to the polls repeatedly and demonstrated a compassionate collective understanding of end-of-life issues in the "death with dignity" initiative. A society in which citizens are denied vital medical services because of economic stress, however, is not conducive of a life with dignity. I agree with former emergency physician and Oregon Governor John Kitzhaber's idea that society should at least guarantee medical services to all children and youths until their 18th birthday, placing the right to medical care in the same category as the guarantee for a decent public education. Public health depends on a healthy education as much as a good education depends on the health of

our children. Kitzhaber's Oregon Health Plan went a long way to helping Oregon's medically indigent, but now serves only a fraction of the eligible population due to underfunding; qualification now depends on a lottery-type selection process.

As for the ability of government agencies to operate a health care system efficiently, Medicare is a shining, successful example that every senior and physician in this country would rue to lose. Government already is in the business of medicine, licensing physicians, nurses, pharmacists, and other medical professionals; regulating drugs; investigating epidemics; and providing services to Americans in uniform. Government can help build and support a more just system, although much depends on the endurance of health care reform activism. Vested interests oppose change and have engaged in a wholesale fear-mongering campaign in a self-righteous, cynical attempt to maintain their profits through misrepresentation.

How health care reform will change Oregon and the nation is yet to be decided by our state legislature and Congress. Our representatives should consider the ethical imperative that quality health care is a fundamental right of citizenship, and that the greater long-term good will be served by the compassion of cool reason and not the hot indignation of the media-driven misinformed. Senator Ron Wyden's support for reform that includes a "public option" is commendable, in my opinion, and the much-bereaved late Senator Edward Kennedy sounded like a modern day cultural Hippocrates when prescribing a solution to the politics of health care reform: "The work goes on, the cause endures, the hope still lives, and the dream shall never die."

The American ideals of equality, justice, liberty and the pursuit of happiness mean more than the right to express ourselves in public, to vote and to bear firearms. In my opinion, these ideals bear ethical imperatives: to protect the public by defending us from aggression, to provide for our education and to guarantee our public health. What is at stake in this debate is the very health of our republic.

Earl Showerman, M.D.
541-846-0681

Editor's Note: This will be Earl's last column. The Applegater wishes to thank Earl for his wonderful contribution to our publication over the past year. We wish him the best of luck in the new endeavors he's taken on.



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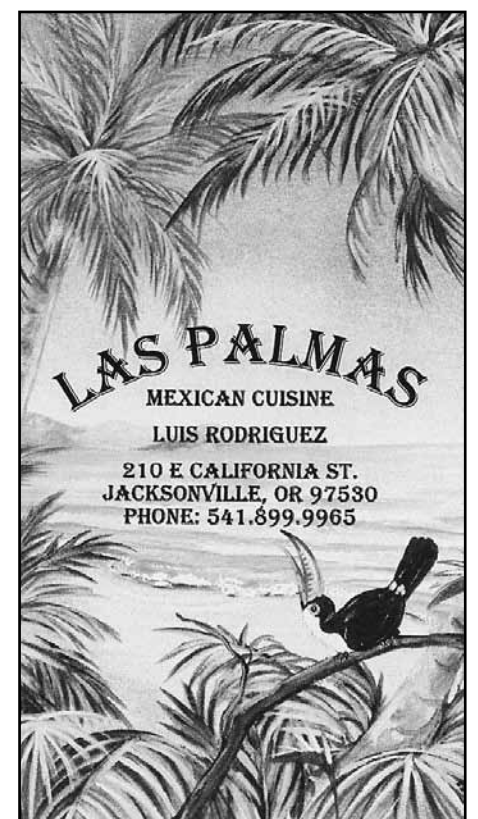
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JACKSONVILLE, OR 97530
PHONE: 541.899.9965