

Universal Access to Health Care Already Exists

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At first glance, one might think that this article's title is inaccurate and inappropriate. The actual fact is that universal health care does already exist as an option for us to choose. To understand this fact one must first understand the meaning of health and health care.

Health, as defined by Dorland's Medical Dictionary, and the World Health Organization, is "a state of optimal physical, mental and social well-being and not merely the absence of disease and infirmity." Health care is the act of caring for, or maintaining optimal human function. If we were to honestly examine our society and our own lives, it would become painfully obvious that neither America as a nation nor any individual American was healthy by definition. Thus health care in America does not exist. As a consequence, there is no health care system to reform. Furthermore, if health or health care did exist in America neither could be reformed, as only things which are corrupt or unsatisfactory can be reformed. Even if we could reform health or health care, we would not want to. Who in their right mind would want to reform a state of optimal function and its maintenance?

A reader might be inclined to disregard what has been written thus far as only an issue of semantics. Before one makes such a superficial conclusion, consider the following information. We in America currently use the term health care as a blanket term to describe surgery, drug therapy, chiropractic care, psychotherapy, stress management, exercise and nutrition. The aforementioned seven approaches do not constitute health care.

Surgery, drug therapy, chiropractic care and psychotherapy constitute disease care. It is well known that patients enter a clinic or hospital with various ailments or diseases, and not a state of optimal function. Thus doctors provide disease care. It is our disease care system that needs to be reformed. We desperately need to reform our approach to disease care delivery and its subsequent reimbursement. Thus we need to reform the disease care system together with the insurance system. Such reformation however cannot happen unless we create a health care system which provides incentives to live a healthy lifestyle. Without such incentives any disease care plan will be unaffordable and will absolutely fail, because it will promote disease instead of health. Such an outcome would seem to betray the effort of reforming our disease care system.

The health care debate is actually about how we the people can subsidize new government regulated insurance companies and disease care providers, so they are able to pay for the treatment of disease in America. What this actually means for us is that we will be required to become contributors to a government monopoly that is designed to foot the bill for those who are the most efficient at physically abusing their bodies. You will be responsible for your neighbor's disease care in an environment where there are no incentives to attempt true health care.

Unfortunately, even methods of true health care are difficult to define with the current convoluted system of nomenclature. Most will agree that stress management, exercise, and proper nutrition are necessary methods to prevent disease and promote health. But we do not use the term health care to characterize these methods of true health care. Because we use health care to describe methods of disease care, we have been forced to invent new terms to describe health care:

preventive medicine, preventive health care, and wellness care. Why can't we use the term disease care to describe disease care, and health care to describe health care? This obvious confusion in terminology goes well beyond semantics.

The natural history of disease, as described by Mausner and Kramer in *Epidemiology: An Introductory Text*, illustrates the disease process. There are four stages: susceptibility; pre-symptomatic disease; clinical disease; and disability or death. Of interest to note is that people can have life-threatening diseases in the stage of pre-symptomatic disease. In other words, cancer and heart disease can be present without symptoms. In the current nomenclature, which assumes a state of health if symptoms of disease are not present, such individuals consider themselves healthy. Moreover, their doctors consider them healthy simply because a definite chain of symptoms is not present. This conceptual model does not consider methods of true health care. Most people in America live a disease promoting lifestyle and then jump directly into disease care. Health restoration and health care are rarely if ever considered.

The health care debate focused on how to insure that expensive medical procedures would be available at a reasonable price for those people who live a disease promoting lifestyle and the incentives for us to become diseased instead of healthy. How is our nation to prosper with such a conceptual foundation regarding the topic of health?

Without a proper characterization of the problem, the problem can never and will never be solved. We should all realize that universal access to health care already exists because we can all choose to engage in methods of stress management, exercise and proper nutrition. We must create an insurance system that rewards those who practice true methods of health care and not those who have mastered a diseased promoting lifestyle. Researchers could easily create a functional assessment examination that determines disease care insurance benefits. The better you score, the less you pay; the worse you score, the more you pay. Such a system would create an incentive to live a health promoting lifestyle and bring down the current expenditures associated with disease care in young adults. Creating such a system would save money and easily account for the elderly who are more prone to disease, and for unexpected traumatic injuries.

If you are confused about the oxymoron known as health care reform, you can begin by eating properly and exercising on a regular basis. In 1988, the Surgeon General's Report on Nutrition and Health: Summary and Recommendations indicated that 75 percent of all deaths in American were caused by diet-related diseases. In that report, C. Everett Koop stated: "For the two out of three adult Americans who do not smoke or drink excessively, one personal choice seems to influence long-term health prospects more than any other: what we eat." Unfortunately, these important health care facts are rarely made available or emphasized to the public at large.

We must all understand that none of the current disease care plans emphasize health promotion. Without true health care as the central theme of any plan, the perpetuation of unnecessary diseases will be unstoppable. Realize that this is not a necessary end if we choose to adopt true health care methods now, and urge our representatives in Congress to differentiate between disease care and health care and create a health care system.

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JANUARY 1995