

## Our Health Care Dilemma

John Hanks, DC

In Search of the Paraclete of Kaborka

"We have created the greatest medical entity in the world and people are sicker than ever." -- George C. Scott in the movie, "The Hospital," 1971

I've been reading ... and listening. Now I'm tired. Health care reform is in the air, and after trying to digest the finer points of the debate, I don't know what to say. Well, almost. Here goes.

I read a report on the Canadian health system by [David Gratzer, MD](#), in *The City Journal*, the quarterly publication of the Manhattan Institute. Dr. Gratzer wrote a book in 1999, *Code Blue*, that tried to take a positive approach while criticizing the Canadian system. Bottom line: Socialized or "budgeted" medicine means take a number and wait. If you have advanced heart disease or aggressive cancer, take an aspirin and get in line.

Dr. Gratzer tells of one doctor, Jacques Chaoulli, who started a cash practice in the 1990s in Quebec. This was illegal, and Dr. Chaoulli was fined and faced jail. After many appeals, the case went to the Canadian Supreme Court. Chaoulli simply asked that a cash arrangement with a provider should be legal, that's all. It was a shock to the bureaucrats when the court agreed! Consequently, health care in Canada right now is going through an identity crisis.

For instance, according to the Gratzer article, medical brokers in Canada will find a surgeon in the U.S. almost immediately - if you can pay cash; get you any diagnostic test you want; or even coordinate a referral to Johns Hopkins if necessary. This has led to "critical-illness" insurance policies, giving a lump-sum amount in the event of really bad news, which is legal, since it does not count as "health insurance." Gratzer also reports that Sweden now "farms out" or contracts out some 80 percent of Stockholm's primary care. All of which leads me to ask: Isn't there increasing evidence worldwide suggesting that socialized models are no panacea?

There is no doubt that *our* health care delivery system is screwed up, too. In the U.S, we are not getting a good deal for our money. People lose their jobs and then can't get insured. Many can't pay for it, can't find it, can't figure it out.

Chiropractors are compassionate people and we want our patients to have whatever they need. No wonder our hearts say "yes" to health coverage for all, but our brains are suspect of what might happen to those of us who are actually supplying this health care. Dollars for medical payments are already about 60 percent spent by the government, if you add up Medicare, Medicaid, SCHIP for the kids, and the military. But of course, We The People pay for those programs through taxes. How will the next 40 percent of costs be paid? One way is to take more money away from We The Providers. "After all," the bureaucrats might say, "Expenses are going through the ceiling, and it's because of fraud and greed among doctors and hospitals!"

Unfortunately, the bureaucrats are partly correct. Atul Gawande, MD, in the [June 1, 2009 issue of \*The New Yorker\* magazine](#), tells the tale of McAllen, Texas, one of the most expensive health care markets in the country. In 2006, Medicare spent \$15,000 per enrollee there, almost twice the

national average. This in an area along the border where the average annual per-capita income is \$12,000. Even more strange is that 800 miles up the Rio Grande in El Paso, the cost per Medicare enrollee is \$7,504, half as much as in McAllen. Considering the demographics and other public health statistics are essentially the same, why are costs so high in McAllen?

The answer is that hospitals and providers in McAllen are really, *really good* at making money. "There is overutilization here, pure and simple," said one general surgeon quoted in the article. The physician-owned hospital and surgical centers know how to charge, but their quality measures are below average. In summary, the business culture of medical providers there is "aggressive," to say the least. According to Lester Dyke, a cardiac surgeon in McAllen, "Medicine has become a pig trough here."

[The movie \*The Hospital\*](#), a dark comedy released in 1971, is one of my favorites. It is set in a large public hospital in a big city on the East Coast. Staff doctors and nurses start showing up dead from a variety of mysterious causes. It turns out there is a mentally ill, religiously confused killer sneaking around, one who considers himself to be an ascended spirit avenging the medical "wrongs" he has witnessed in the hospital. He proclaims he is "The Paraclete of Kaborka, the Fool for Christ, the Wrath of the Lamb, the Angel of the Bottomless Pit," all before he tries to strangle George C. Scott, the chief of medicine at the hospital.

As it turns out, this murder attempt is the least of George's concerns, because the surrounding low-income community is occupying the hospital with a "sit-in," as was often done in those days. Meanwhile, the staff is in chaos, and the ER is crammed with the poor, the disenfranchised, the paranoids, the drug inflicted, and the "shot and stabbed." After 38 years, the movie still rings true with some of the most compelling human dilemmas we witness today.

In the brave new world of health care, whether in Europe, Africa, or the U.S., people will still suffer. Rationing of care will be the standard (except for unlimited abortions and assisted suicides). Containing costs will be paramount. "If you buy the bread, you can't afford the wine", so goes the blues lyrics. Choose guns or butter, because you can't afford both.

The dictionary says a *paraclete* is "an advocate, an intercessor." We Americans need a benign paraclete right now, one with a wisdom clearly not displayed by our leaders in Congress.

By the way, where the heck is Kaborka?

NOVEMBER 2009