

Health Care: Bondage or Reform?

David Seaman, DC, MS, DABCN

We are going to freedom, and I like it, said the MD. This bright young doctor explained that six months ago the people in his town decided to stop paying the tax that supported a community clinic so they could choose their own doctor and pay for the care they wanted.¹ What an interesting concept. This is the second paragraph from the editorial in the December 1993 issue of *Postgraduate Medicine*, written by Dr. Glen C. Griffin. The first paragraph reads: "I am surprised that any American wants a health care system that didn't work well in the communist countries for more than 50 years." We are also told that former Surgeon General C. Everett Koop stated: "I would not endorse, sell, or advertise the plan." The following statement gets a little more personal: "Instead of staying focused on health, the president's health legislation would turn our health care system into a police state with penalties ranging from fines to life imprisonment." How does all this grab you so far?

Griffin's December editorial also indicates that the Association of American Physicians and Surgeons, the American Council for Health Reform, and the National Legal and Policy Center collectively filed a suit against Hillary Clinton and the White House about the secrecy of the task force that was gathered to create the health plan. "At that time (February 1993) even the names of task force members were being kept from the public."¹ We are also told that, "the judge was so exasperated at the excuses of justice department attorneys hedging about producing documents about the task force that he said. There's so much government gobbledygook that I can't say I understand it at all. According to legal experts, not since Watergate has a federal judge been so critical of the White House."¹

What confounds me is that a significant percentage of chiropractors are hoping that they get included in Clinton's ball-and-chain plan. Many are focusing like mad on achieving primary care status, and at the same time, perhaps losing sight of the nature of the plan itself. How many of you would be excited about working for a system in which: "The government regulates and controls what doctors do, what they charge, and even what they learn."¹ Primary care status is nice, but what a price we will pay under Clinton's current proposal.

Even the likelihood that we will acquire primary care status is bleak. Consider the following quote from the FDA's Dietary Supplements Task Force, Final Report:² "The Task Force considered various issues in its deliberations, including ... what steps are necessary to ensure that the existence of dietary supplements on the market does not act as a disincentive for drug development." Just substitute the "chiropractic care" for "dietary supplements" and what conclusion do you come up with? Based on this data, our time and money would be best spent trying to secure the passage of a constitutional health plan that provides people with the freedom to choose their doctors as they see fit.

We should all realize that we either get a constitutionally sound system or go bust. The details of the Clinton plan demonstrate prejudice towards a fee-for-service system. By no means should the severity of the bigotry be taken lightly, despite what we might hear coming out of less than honorable

mouthpieces. Griffin¹ explains that Clinton's plan mandates a \$10,000 fine for patients or others trying to influence health care providers with bribes. Griffin states that, "bribes don't even exist in our health system, but the people who created the plan must anticipate rationing, so they thought this was necessary." This stuff confuses me. What does this have to do with patients entering a doctor's office because they hurt themselves and how might this translate into daily office affairs? Consider the following: What would happen if a patient enters your office in excruciating, debilitating pain and offers you an increased fee to be seen immediately, and you choose to treat the individual? You and the patient would be guilty of a federal crime and might be fined \$10,000. We might call this potential situation "fine-for-service, competition among the managed."

Believe it or not, it can get worse. "Doctors who try to work the old way, making private arrangements with their patients, will face criminal penalties, including \$10,000 fines. The plan does away with "medi-save" accounts, because these specialized savings accounts let people make health care arrangements outside the government framework Clinton wants to erect. It's no surprise the Clinton plan is hostile to private health care. The president excluded virtually all representatives of the private health care system from the task force that drew up the plan."³

For all intents and purposes, we lose whether we are "in" or "out" of Clinton's ball-and-chain health plan, and we lose whether we are in practice or not because then we will be patients. Thus, quitting practice to start a network marketing business will not free you from bondage. There is only one way to combat this seriously lethal plan, and that is to make sure that it is not passed. A potential way to circumvent the mess associated with Clinton's plan and a single-payer plan such as in Canada, is to adopt a market-oriented approach. "The market-oriented approach seeks to correct the nation's health care problems by empowering people rather than government intervention. This plan is designed to let individuals, rather than companies, control much of the money set aside for their health care needs and to let them reap financial benefits from staying healthy."⁴ The market-oriented approach sounds like a winner: It simultaneously provides reform and inhibits bondage.

References

1. Griffin G: Say no to 1,342 pages of more government control, *Postgraduate Medicine*. 94(8): 17-23, 1993.
2. FDA, Dietary Supplements Task Force: Final Report. p.71, Dept. Health Human Services, Washington, D.C., 1992.
3. Editorial, Health care facts vs. fiction, *Investor's Business Daily*. p.2, 11/8/93.
4. Editorial, The reform plan maze, *Postgraduate Medicine* 94(7): 32-36, 1993.

David R. Seaman, DC, MS, DABCN
Asheville, North Carolina

