

The Hidden Dangers of Government Health Care

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“Socialized health care” is the term we are using to describe various forms of government-controlled health care delivery and funding programs. This topic continues to spark a great deal of debate. We have already addressed a critical part of this issue from the perspective of God’s Word in our article, “*A Biblical Case Against Socialized Medicine*” which is available at www.childandfamilyprotection.org. However, since this issue is clouded with a great deal of poor logic, fear, and false information disseminated daily by the media, we feel we should cover some facts and explore some of the foundational principles regarding this issue of socialized health care.

There are a myriad of very serious concerns with government interfering and involving itself any further than it already has in the health care of the population. These concerns are forcefully highlighted by the problems in countries that already have socialized health care. Among these problems are: (1) the massive costs and tax increases needed to fund their health care programs, (2) the eventual erosion of the quality of care, (3) substantial shortages and long waiting lists, (4) morally objectionable practices such as abortions, euthanasia, infanticide, and drug needle programs, funded by these tax-supported systems, (5) even slower approval times than exist now for helpful new drugs and treatments, and (6) the availability of the best medical resources to the very rich and well-connected who are able to circumvent the bureaucracy while inadequate care is mandated for everyone else.

It is beyond the scope of this article to address every one of these serious concerns. In this article, we will focus on giving a few examples that illustrate the reality of life for those already living under a system of socialized health care programs and see how

they already have their freedoms of choice restricted.

There is a tremendous lack of understanding concerning the implications of a government-run system. A survey conducted in September 2006 by ABC News, Kaiser Family Foundation, and USA Today found that “*About half of Americans think a universal care system would have little effect on their own personal health care in terms of quality, choice, availability, and cost.*”¹ This means that half the country is unaware of how detrimental a socialized health care program would be to their freedom of choice and quality of healthcare.

A fundamental principle of government programs is this: the more the government funds a program, the more of the program the government controls. The more of the program the government controls, the less freedom and choice individual citizens retain.

We reject the idea that it is the government’s role to care for the basic personal needs of the population. If the government ever runs or micro-manages the health care system, government bureaucrats will decide who will receive what treatment and when. They will make (or even predetermine) these critical decisions regardless of the desire, ability, or opinion of the patient who is seeking care, or of the physician who wants to provide the care.

Under the various forms that socialized health care programs can take, it can sometimes be illegal to privately purchase insurance or medical services outside of the government-approved system. However, even when a socialized health care program allows you to purchase your own private insurance or health care, it will almost always be mandatory to also pay into the government system regardless of any

additional private purchases.

England for example, does allow its citizens to pay for private services in addition to being required to pay taxes for the national system. In Canada, it has been illegal for years to purchase any services not provided by the government. This has resulted in a black market to provide urgently-needed services that are paid for by those who can afford them but who are unable to get them from the government system. For years, many Canadians have traveled to other countries, especially to the United States, where they can currently purchase treatments and medications denied to them in Canada.

Sally C. Pipes, of the Pacific Research Institute, lived in Canada for many years. When commenting on Michael Moore's film *Sicko*, which attempted to promote a Canadian style of socialized health care over our own country's free enterprise system, she underscored the failures of the Canadian healthcare system with the following observation.

*There's a good reason why my former countrymen with the money to do so either use the services of a booming industry of illegal private clinics, or come to America to take advantage of the health care that Moore denounces.*²

A key concern with many socialized health care programs is the issue of choice and freedom to pay for and receive services when they are needed. Currently, under our nation's free enterprise health care system, the patient makes this decision and pays for the health care out of their own pocket (often at discounted prices) directly to the doctor, hospital, and pharmacy or by choosing to purchase (directly or through their employer) an insurance plan to pay for these things based on the needs of their personal situation. If the patient dislikes the care received, they have the freedom to choose another doctor, hospital, or insurance plan as they see fit. The priority of a patient's needs is decided by the patient who is paying for the medical services himself (either directly or through his health insurance plan).

However, under socialized health care programs, there is no longer the freedom to choose and search out the care needed. In some programs, if one government doctor makes an assessment of a patient and declares that patient a low priority, there won't be anywhere to turn for a second opinion and the patient must simply wait. Unfortunately, a medical diagnosis is not a foolproof judgment. A doctor could just be mistaken, and the patient may have no recourse to an appeal. There are a multitude of cases like this in Canada, which has a national health care program.

For example, David Gratzner, a doctor for many years in the Canadian system (who is now a senior fellow at the Manhattan Institute for Policy Research) tells of a man who was misdiagnosed with epilepsy after having a seizure, despite his attempts to describe other very troubling symptoms. This man, who actually had a brain tumor, was only able to get correctly diagnosed by resorting to the black market to get an MRI and life saving surgery.³

Another facet of freedom of choice combined with prioritization of patients' needs is the question of who should receive care based on available services. There is only so much funding available to pay for services and a limited number of service providers available under any system. And under a socialized health care system, if the funding isn't there, the care isn't going to be available. For example, recent news stories have reported on the difficulty of finding a dentist in England, which provides "free" dental care under its national socialized health care program. According to an October 17, 2007 article published by Reuters:

*"London - Some Britons have been using pliers to pull their own teeth out and super glue to keep the fillings in because of poor access to state dental care. A survey of 5,200 patients across England showed that some six percent of patients have begun doing a spot of home dentistry, a quarter had chosen to pay a private dentist and that 10 percent of patients had no dentist at all because they could not find one on Britain's National Health Service (NHS)."*⁴

Some might say that they already pay for their dental work and would just continue to do so if government dentists were unavailable. However, under a government health care program, each individual and family will have less disposable income because of greatly increased tax rate to pay for the costly government program for everyone. In addition, fewer dentists will be available for private care, and they will become harder to find. This is aside from the fact that the government could make it illegal to pay for private medical care, including dental services, as Canada has done.

Under many socialized health care programs, the age status of a patient can also contribute to troubling guidelines. For example, in England the government provides “free” breast cancer screening for women under 70. The premise behind this is that it isn’t worth paying for the screening for women over 70 since they won’t be living that much longer anyway.⁵ This is clearly a judgment call based on the perceived value of a person’s life.

Although it is not policy yet, some in England are raising the question of whether society should pay for the burden of keeping ill newborns alive. They are advocating a change on the basis that caring for sick newborns is too costly and that they have less a likelihood of becoming productive: “In its proposal the College of Obstetricians argued that active euthanasia [legalized murder] should be considered for the overall good of families, to spare parents the emotional burden and financial stress of caring for desperately sick infants.”⁶

In the Netherlands, another country with government-run health care, babies born before 25 weeks are not given medical treatment under certain conditions,⁷ and there have been four cases of infant euthanasia already. Dr. Eduard Verhagen, head of the children’s clinic at one of the government-run hospitals, stated in an interview, “In extreme cases the best way to protect life is to sometimes assist a little bit in death.”⁸

Christians should especially be alarmed at these developments as they are the

natural progression of a European mindset, which has spread to the West. It is the same mindset held by the German Nazi physicians under Hitler. We must retain our choice of medical care and physicians, because there are some health care providers who believe that murder is “protecting life!” The lives of those we love may depend on it.

Consider finally the privileges inherently reserved for the powerful and wealthy elite in this kind of system. In Cuba, a communist country with “free” government medical services, Fidel Castro has repeatedly needed various surgeries, but he has used his powerful position to fly in specialist doctors from outside of the country rather than use the hospitals and doctors available to the ordinary citizen.⁹ In all these types of cases, it is the government making life and death decisions for all of its citizens, with few options for most of them, and most options available to only a few.

Some people erroneously assume that under a form of socialized health care called a single-payer insurance plan, all medical services will not change, and that individuals will no longer have to foot the bill for the services or insurance premiums. The single-payer insurance plan is paid for by the government and appears flexible for the person desiring to find the best quality care available, but it is not. In reality the practical effects of the plan will not be much different than the socialized health care programs where the government actually runs the entire health care delivery system.

Under the single-payer (government) insurance plan, instead of directly refusing to authorize a specific treatment or specific doctor for a specific individual, the government insurance plan will simply not cover it. Consequently the patient will be forced to either not receive the care or to pay cash after searching out a doctor willing to work outside the system, the state, or the country. However, the patient will still be forced to pay higher taxes for a plan that does not meet their needs.

Ultimately, under an increasing tax burden, many people will be unable to pay cash for treatments that are not covered by

the government plan. This will eventually cause many doctors to stop offering “uncovered” treatments. Then these services will no longer be available at all.

The net effect will be the same, both for the type of socialized health care programs where government runs the delivery system and for those programs where the government controls the health care by having total control of the insurance. Both kinds of programs will put the government completely in control of the availability of health care services -- one will simply do it faster than the other.

While there are problems with any health care system, Americans have one of the most responsive health care systems in the world. In an article published in the Summer 07 issue of *City Journal*, David Gratzer writes:

And if we measure a health-care system by how well it serves its sick citizens, American medicine excels. Five-year cancer survival rates bear this out. For leukemia, the American survival rate is almost 50 percent; the European rate is just 35 percent. Esophageal carcinoma: 12 percent in the United States, 6 percent in Europe. The survival rate for prostate cancer is 81.2 percent here, yet 61.7 percent in France and down to 44.3 percent in England - a striking variation.¹⁰

Another example of how much better our status quo is in comparison to other nations is in regards to how long people have to wait for surgeries. According to a paper by Commonwealth Fund, only about 5 percent of patients in the U.S. wait more than 4 months for non-emergency surgery compared to 23 percent in Australia, 26 percent in New Zealand, 27 percent in Canada, and 38 percent in the United Kingdom.¹¹ In addition, as far back as 1989, Canada’s system has been well known for long waiting times in hospitals and clinics.¹²

To conclude, a government-run health care system may appear to some to be the solution to our health care woes in America; but in reality, it will only destroy more of the freedoms and choices we value so much, and engulf us in a sea of poor health care and miserable situations. Many civilized nations have already accepted universal government health care. The experiences of their citizens should throw a large shadow of caution over the “reformation” of the private free enterprise American health care system that offers us freedom and choice of services.

Under any kind of socialized health care system, instead of paying doctors and insurance companies directly for our health care, we will pay the government exorbitant taxes, and we will pay with the loss of our freedoms and potentially with our lives!

END NOTES

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