



BY EDWARD H. CRANE

Message from the President Obamacare: Medical Malpractice

The columnist Robert J. Samuelson had a perceptive piece in the *Washington Post* recently in which he stood back from the policy trees to look at the Barack Obama forest. What he saw was disturbing. He suggests that Obama is advancing a “post-material economy” designed to “achieve broad social goals” that will end up spending more to get less. The president proposes to radically restructure America’s energy industry through massive tax increases (“cap and trade”) in the name of fighting the problematic notion that mankind’s miniscule addition to greenhouse gases will create crippling global warming. But as the world-renowned scientist Freeman Dyson points out, “Most of the evolution of life occurred on a planet substantially warmer than it is now and substantially richer in carbon dioxide.”

Obama also proposes to make the failed public school model available to even younger children and make liberal arts college more accessible to hundreds of thousands of students who, as American Enterprise Institute scholar Charles Murray points out, would be much better off going to vocational schools or junior colleges. Obama would escalate George W. Bush’s efforts to essentially federalize education in America. Never mind that the word “education” in not to be found in the federal Constitution.

But perhaps most threatening to most Americans is Obama’s determination to nationalize health care in America. It’s a truly bad idea. But that is what the president has made clear he wants. Obama has publicly declared his preference for a single-payer system “managed like Canada.” His initial proposal, part of an ill-defined \$634 billion “down payment” on health care reform, would create heavily subsidized federal insurance that would put private insurance at an unhealthy disadvantage. Some estimates suggest that private insurance would be reduced by more than 60 percent, leading ultimately to its collapse. Speaking of the Canadian system, Obama says of his approach that “it may be we end up transitioning to such a system.” Ya think?

That, of course, would be a tremendous mistake, a fundamental mistake. America is a land of free individuals. Socialized medicine is not what we as a nation are about—and with good reason, both philosophical and practical. Consider:

- Eight out of ten of the most recent major medical innovations, ranging from MRIs to hip replacement, have come from the United States.
- Americans have access, on a per capita basis,

to three times as many CT scans as Canadians and four times as many as Britons. Had the actress Natasha Richardson had her skiing accident in upstate New York rather than in Canada, she might have had a chance of survival.

- According to Vancouver’s Fraser Institute, the average wait for treatment by a specialist in Canada is 18 weeks. As the Canadian Supreme Court ruled when eliminating the national health care monopoly in 2005: “The evidence shows that in the case of certain surgical procedures, the delays that are the necessary result of waiting lists increase the patient’s risk of mortality. . . . The evidence also shows that many patients on non-urgent waiting lists are in pain and cannot fully enjoy any real quality of life.”

- According to a Cato study British women face nearly double the mortality risk from breast cancer that American women face; British men face six times the mortality risk from prostate cancer than that faced by American men.

Really, does it make any sense whatsoever to change our health care system to a nationalized system? None of which should suggest that we can’t improve on our employer-based, third-party payer approach. And we seem to be moving away from that. Cato published the first book on Health Savings Accounts, which bring about a major improvement by individualizing and making portable health insurance. The next great innovation is from University of Chicago finance professor and newly minted Cato adjunct scholar John Cochrane. His Cato Policy Analysis (no.633), “Health-Status Insurance: How Markets Can Provide Health Security,” is a brilliant solution to high insurance costs and issues such as preexisting conditions.

While left-wing coalitions like Health Care for America Now gear up to do battle, and more traditional opponents of socialized medicine like the business community and the American Medical Association prepare to essentially capitulate, all parties should pay attention to a recent front page story in the *New York Times*, headlined “Doctor Shortage Proves Obstacle to Obama Goals.” You don’t suppose that shortage has anything to do with the prospect of nationalized health care, do you?

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