6. Chapman S. National health insurance. Illinois Med 1992; (Mar 27).
7. *Idem.* Health care. Illinois Med 1992; (Jan 31).

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Dr. Baxter's thoughtful letter raises many points, which space will not permit me to answer in detail. Responding to only two of them: first, to the extent that I can extract a principle that underlies Dr. Baxter's objections to the Clinton approach, it is that the government should not be involved in administering health care in the United States. Although this principle could be elevated to some sort of moral absolute, it seems to function in Dr. Baxter's arguments instead as an empirical assumption — if the government becomes involved in something, it is sure to fail or at least to become more expensive. Certain facts currently belie this conclusion. Advocates of a single-payer plan have pointed out that while the administrative overhead costs of government-run health care systems, both in the US and abroad, run below 5 percent, the current administrative overhead in the private United States insurance industry tends to run between 15 and 20 percent. (Incidentally, by so far refusing to advocate a single-payer plan and insisting that he intends to guarantee *private* insurance to all Americans, Clinton has clearly positioned himself *against* what would most correctly be defined as "socialized medicine" to the extent that his plan is estimated to save much less money in the long run than would a single-payer plan.)

The Health Reform Task Force process in spring 1993 brought more than 500 persons into the Executive Office Building during a 6-week period and in the opinion of at least some Washington health insiders, was the most *open* effort made within anyone's memory to obtain massive expert and public input into the design of a national health care program. Why, then, were medical organizations (as opposed to individual physicians, who were much in evidence) excluded? I cannot imagine that, had this effort occurred in 1960 or 1970, the American Medical Association (for instance) would not have had a front-row seat throughout the planning process. I think the reasons for the exclusion of our medical organizations are obvious. First, our history during the past 50 years is not helping to shape meaningful reform but is steadfastly opposing virtually any reform, no matter how necessary. Second, and even more important, the pronouncements from organized medicine give very little evidence of a *principled* stance on what would truly be in the best interests of our patients; instead they are a rather tired recitation of what best serves physicians' pocketbooks (with the stance of the American Academy of Family Physicians and some other groups, such as the American College of Physicians, something of a refreshing exception). My purpose in writing my article on ethical principles was to encourage all of us in medicine to get back in touch with our core value commitments so that in the future we can provide the leadership which has been lacking up till now.

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