Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Comparing Australian and US Health Care Systems

To the Editor: Comparisons between health systems, particularly those of the Western world, which have a similar cultural heritage, can reveal important lessons for the analysts and those analyzed. Dr. Schwenk's[1] critique of the Australian system pointed out many of its weaknesses and strengths.

The Australian system is underpinned by a taxation-based universal insurance system that has a longer history of providing publicly funded hospital and specialist care than of general practitioner or private subspecialty care. The philosophy of health care as a "right" underlies the public provision of health services; however, many recent medical and governmental political figures state that the apparent failure of the public hospital system to meet public demand has been caused by the failure of the financially well-off citizens to carry private insurance and thus afford private hospital care.

The balance of the work force between general practice and the subspecialties reflects a system that restricts training positions for subspecialties — medical graduates' career choices appear to reflect the opportunities available — but whether the balance would be maintained with unrestricted subspeciality training is open to question. By a combination of design and accident, general practitioners have been excluded from hospital and procedural medicine. This exclusion is combined with a "shortage" of some procedural specialists and with private and taxation-based insurance poorly rewarding nonprocedural care. As a result, general practice incomes are substantially lower than in other branches of medicine. This income differential between procedural and nonprocedural specialties is also true of the US health care system.

The healthy state of family practice as an academic discipline in the US might reflect two major differences from the Australian environment: first, the high relative cost of medical care in the US, particularly in the procedural areas — a cost that forces insurers to consider mechanisms to reduce unnecessary procedural medicine; and second, the low proportion of US physicians in family practice or other primary care specialties. The latter factor provides an enhanced dollar value to the services that are provided by the generalists. It might well be possible that if the proportion of generalists in the US increased to Australian levels, US health insurers might deem it unnecessary to reward generalists as highly as they do currently.

For Australian academic general practitioners, the failure to develop an educational system that allows a continuum of delivery from predoctoral, through residency, and into continuing professional education is a major concern. Predoctoral education can be seen as fitting a new graduate to function as a hospital intern. General practice can thus be viewed as of little relevance predoctorally. We hope this will eventually change.

Nevertheless, the Australian system has its positive side. Inequity in service provision is less than in the US; with the high level of publicly insured primary care, most persons are in the same health care plan. Patients choose their practitioner; no HMO or employer can determine the care provider. Services required for psychiatric conditions are not restricted. Malpractice claims are rare; thus medicine embraces humanism more and values less the technological disease-based focus at the heart of much US angst. Finally, primary care services are provided almost entirely by general practitioners, which promotes comprehensive family care rather than the more fragmented approach seen when multiple primary care providers with different orientations co-exist and compete.

Comparisons between health care systems are valuable, as all systems have some features worthy of adoption. As Dr. Schwenk noted, such comparisons allow one to view the strengths and weaknesses of one's own environment and to see new challenges. Both health systems benefit from programs of faculty and predoctoral student exchange.

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References

1. Schwenk TL. The role of the general practitioner in the Australian health care system: lessons for US family physicians. J Am Board Fam Pract 1994; 7:351-6.

Health Care Reform

To the Editor: These are tough words for tough times. I regret that I must write them, but as do many persons, I believe strongly that the Clinton agenda to nationalize health care is profoundly immoral and poses a serious threat to the integrity of the United States of America. The threat is such that words of propaganda and support for that agenda cannot be allowed to stand unchallenged in a publication representing an organization to which I belong. I therefore must strongly criticize the views expressed by Dr. Howard Brody[1] in the special communication that you recently published.

Let me begin by saying that it is obvious from Dr. Brody's writings that he is compassionate and has a goodwill attitude toward his fellow human beings and that he personally upholds high ideals for family physicians and the medical profession. I am not criticizing him as a person. Nonetheless, I believe that he is profoundly mistaken in his views, and I am at a loss to explain the ironic discrepancies in what he advocates!

For example, as a physician he is patient-oriented, not disease-oriented. He is commendably passionate about the benefits of family physicians, physicians who treat patients holistically, who abhor unrequested paternalism, who work individually and nonjudgmentally with each patient, providing informed consent and permitting each patient full freedom to make choices from his or her options. As a physician, his patient values, physician values, and US values are all congruent. But when he decides to try his hand at doctoring *society's* ills, he tosses these principles right out the window and advocates a disease-oriented, nonholistic view that takes health care out of societal context, frames it as a moral issue unto itself, and promotes paternalistic, coercive government. He totally ignores the culture and life of his 218-year-old patient, the smartest and most vibrant of all patients who does not want to be forced to consume a disease-oriented prescription. America was founded by persons who said, "Give me liberty or give me death," and backed it up with action. That famous statement pretty much sums up the true American values about the relative importance of freedom over health: freedom is vastly more important. In fact, as Dr. Robert Sade[2] has cited, "the principle of protection of the individual against the coercive force of government made the United States the first moral society in history." Brody conspicuously ignores this fundamental American moral value and instead espouses a plan that would help destroy it, immorally killing the golden goose of America that made it possible for him to express freely his view in the first place. He does not treat the true values of the people of our country with the same consideration that he shows to each of his own patients.

In his analysis he supports the secret task force in representing a nonholistic, artificial 14-point list of buzzwords as the embodiment of American values. As he describes the implementation of each of these points in Clinton's plan, it becomes increasingly obvious how seriously the plan is in conflict with the underlying principles of American government. Even his watered down summary of the Clinton plan makes frequent use of words like "mandate" and "force" that describe coercion of individuals by a federal government. If Brody included the true moral underpinnings of America in his analysis, he could not make any of his points at all.

As one example, Brody says that a moral value he terms *fair burdens* requires that "ability to pay . . . would determine how much one pays to support the new plan." Compare that with the statement "from each according to his ability, to each according to his need," usually considered to be the most succinct description of Karl Marx's moral system called Communism. The statements say the same thing: so the fair burdens that Brody says are morally *demanded* from government should correctly be labeled *socialism*. His morals demand socialism. Clinton's plan is clearly socialism in its coercion of the individual by the state, and that's not an American value. In fact, socialism is so clearly the opposite of American values that supporters of Clinton's plan absolutely shudder when their plan is called socialism, knowing that if it were widely recognized as such, most Americans would not support it. They gloss over it, they redefine socialism, and they try to label anyone who calls the plan socialism as a politically incorrect name caller. (Just watch!) Then they try to argue about secondary details, not primary principles.

Clinton supporters were the first to say regarding their plan "the devil is in the details," and there are many strong arguments against all of the details in the Clinton plan. *But anyone willing to argue about the details has already conceded that it is proper for government to dictate the details in the first place.* The principle argument invalidating the Clinton plan is that it abridges basic freedom; no analysis that ignores that point is complete.

In his conclusion Brody says the "recitation of the ethical values that underlie the proposals for reform is designed to show that enthusiastic support" for Clinton's plan "is a rediscovery and reaffirmation of the moral values that probably led all of us first to seek a career in medicine and later to elect to train in family medicine."[p 241] Hogwash. We became physicians to serve people, not governments. Read the Hippocratic Oath and you will find nothing about government control of medicine. You will find nothing deriding the physician who chooses solo practice. You will find no Draconian fines and prison terms for patients and physicians who transact medical care outside "the system." There are plenty of ways to sacrifice for your patients without compromising your government. Supporting Clinton's plan is not going to reaffirm anything but tyranny.

Family physicians who want to be moral should do exactly the opposite of what Brody suggests and fight the Clinton plan and all similar plans. Take up the fight against forcible federal control of an additional 15 percent of all work done by Americans at a time when at least 50 percent of our production capacity is already under government control, and more is being demanded on other fronts every day. Stop supporting any medical organization that is helping the government to coerce our lives as physicians, patients, and citizens, and refuse to be caught arguing over the details of any health care plan that at face value immorally abridges our precious American freedom.

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References

1. Brody H. Moral values in health care reform: implications for family practice. J Am Board Fam Pract 1994; 7:236-41.
2. Sade RM. Medical care as a right: a refutation. N Engl J Med 1971; 285:1288-92.

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

To the Editor: Because Dr. Chop is doing precisely what I recommended in the article to which he refers — seeing the debate about health care reform as involving ethical issues and not merely political and economic issues — I can hardly criticize his conclusions too severely. A few brief reactions might, however, be informative.

The basic moral difference between Dr. Chop's position and my own appears to lie in the relative priority of libertarian or individualistic values and what are increasingly being called "communitarian" values. Those who hold that the American political tradition should adhere solely to libertarian values would, of course, denounce any government-run health care system or indeed any health care system at all that depends upon either taxation or mandates. But these libertarians must then deal with important criticisms of their view of the individual — that they have created an unrealistic portrayal of an isolated, atomistic being whose membership in families, communities, and other social and cultural units is irrelevant to the moral definition of selfhood. In addition, this system of morality is totally inadequate to define what would count as a compassionate or caring society, once we get beyond the procedural stipulation that all members of the society must have freely consented to whatever is done.

This view of the American political tradition was discussed within the ethics working group to the "secret" Health Care Reform Task Force and was rejected in favor of a view which holds that Americans have always adhered to a balance between libertarian and communitarian values, even when our political rhetoric seemed to deny the existence of the latter. (It might be of some interest that it was more the religious, rather than the philosophical ethicists, in the group who took the lead in demanding that we confront the communitarian values as an important component of our political tradition.) On this view, human individuals are fundamentally beings who live in societies, and the societies in which we live and in which we have been raised form an important element of our identities as persons. Not only is a good society one in which we assure a wide range of basic liberties equally to all citizens, but it is also a society in which, when it comes to important personal and social goods, some balancing occurs between individual liberty and other basic values.

My colleagues who practice and teach in such countries as Canada, Australia, and New Zealand would deny heatedly that their nations do not cherish individual liberty. (They might add that what they see in the US is not cherishing of liberty but some form of idolatry.) They certainly believe that nationalized health care in their countries, particularly in the old days when funding was more plentiful, is fully consistent with respect for individual freedom as a core political value.

Returning to the practical level, I see every day in my own practice how my own choices and the choices of my patients are constantly being eroded. Seldom is it government interference, today, that is the culprit; instead it is the operations of the "free" market system as both employers and insurers seek to maximize profits. As new insurance and managed-care contracts are signed, the rules of the game seem to change month by month, and the hassle factor rises exponentially. I can only conclude that if I want to practice the sort of medicine that I was trained to practice and to serve the needs and interests of all of my patients (not just the temporarily well-insured ones), the Clinton plan would offer a much more positive environment than the present fragmented, market-driven nonsystem.

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To the Editor: On reading Brody's article[1] on the virtues behind the Clinton health care plan — the third such article that I have read on this very same subject[2,3] — I was reminded of Mark Twain's observation, "The more he spoke of virtue, the more we checked our wallets."

Why do we need to be told over and over again that Clinton's plan is virtuous? After all, most Americans do support universal access to health care.

Robert Blendon of the Harvard School of Public Health explains that the public has a low level of confidence in the government. "Unfortunately, complex plans require a very high level of trust of political leaders, because you basically have to say — 'Look, I can't understand this, but I trust you.' And Clinton does not have that level of trust."[4]

The public fear is that decisions about medical care will be made by a blind bureaucracy; Americans fear that their personal physicians will be replaced by an impersonal "doc in the box" who worries more about cost containment than treating their illnesses. Another fear of older Americans is that the Clinton health care plan will actually decrease their medical coverage, especially if rationing is instituted in the future.

Brock, who was also on the Clinton ethics panel, admits that "Health plans facing cost containment pressures would make many decisions about what type of treatment is appropriate given the cost, and they would seek guidance from . . . authorities about what limitations they impose."[2]

Civil libertarian Nat Hentoff[5] has observed that Hillary Rodham Clinton's statement that "people will know that they are not being denied treatment for any other reason that it is not appropriate — *will not enhance or save the quality of life*" (italics mine) could mean being denied treatment if you are judged to have