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Peddling fear instead of answers.

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Does President Barack Obama support "socialized medicine?"

That's the mantra of some conservative commentators. Rush Limbaugh has mouthed it. So have a writer from the Cato Institute and several congressional Republicans.

Mr. Obama brought it up himself recently during a speech to the American Medical Association in Chicago. He said some critics say his proposed health care reforms were "an attempt to, yes, socialize medicine."

Those who think that understand neither socialism nor medicine. No one at the White House or in Congress has suggested anything remotely like socialized medicine.

The second-favorite criticism of Mr. Obama's proposal is that it calls for a "Canadian-style health system." That, too, is wrong.

"Socialized medicine" describes a system in which the government owns hospitals and clinics; employs doctors and nurses; and pays for everyone's care.

That's a pretty good description of the United Kingdom's National Health Service. It also accurately describes the U.S. military and Veterans Affairs medical systems. But not Canada's.

Primary-care doctors north of the border are mostly private practitioners, just like in America. Specialists are usually employed directly by hospitals. Most hospitals are what we'd call non-profit corporations.

Canadians don't even have single national health plan. They get care through one of 13 different plans run mostly by the provinces, not the federal government.

The Canadian system isn't perfect; it's faced serious funding problems in recent years. But the quality of care it provides is often equal to that in American hospitals, and its health outcomes are better.

Canada has a lower infant mortality rate and higher average life expectancy than the United States. It also has 6 percent more hospital beds per person than we do. Yet the Canadian system costs about half as much per person as ours.

One description that accurately applies to the Canadian system is "single payer," because governments pay for most health care.

Some people have tried to turn that phrase into an epithet like "socialized medicine."

But more than 40 million Americans already have a single-payer system: Medicare. Surveys show those enrolled in Medicare are happier with their insurance than younger adults with private health policies.

Some right-wing commentators, trapped by their misuse of the term, have tried to broaden the definition of socialized medicine to include any system that "socializes" health costs, meaning extending individual costs to the country at large.

That means the current U.S. system already is socialized because we all pay — directly or indirectly — for everyone else's care. The "free" care that hospitals (most of which don't pay taxes) provide to indigent patients soon causes others' insurance rates to rise.

In a way, private health insurance is "socialized medicine." After all, insurance companies pool premiums paid by everyone to cover medical costs incurred by a few sick members.

The United States is the only developed country that doesn't have some form of national health insurance. But that doesn't mean other countries have socialized or Canadian-style systems.

In Switzerland, everyone is covered by private health insurance. In France, most people get coverage through their jobs. Germans are covered by a compulsory state insurance program jointly funded by workers and employers. Some Japanese get health insurance through their jobs, the rest from a national plan.

Each nation pays for and provides health care a little differently, because each nation's system evolved differently. That means models from Australia, the

Netherlands or anywhere else in the world probably wouldn't work well here.

Which gives them something in common with the American health system: It doesn't work very well here, either.

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