

US healthcare debate: Delirium tremens

Editorial

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Uncle Sam has been many things in his long life – army recruiter, the personification of government – but never a doctor. He is now. Draped in a stethoscope rather than bits of the flag, the stern face with the goatee beard points the finger menacingly. "Your new doctor?" the Cato Institute asks in its latest [campaign ad](#). "Whatever it's called – socialised medicine, government-run healthcare, a public plan, individual & employer mandates – it's bad medicine." Welcome to the delirium tremens in which Washington is now plunged, as it debates the centrepiece of [Barack Obama's](#) first term as president: healthcare reform. As the Cato Institute advertisement amply demonstrates, the debate is dominated by the politics of fear.

The charge is that Uncle Sam, if Mr Obama had his way, would "choose your doctor". This is as crude a misrepresentation of the plans to create a government health insurance plan as an addition to private insurance schemes, as it is of the apparently ghastly regime of socialised medicine that exists in Britain, France, Germany. Then there is the claim that such a system would be a precursor to [rationing](#). The debate in Britain over the decision by the National Institute for Health and Clinical Excellence that the NHS should not offer the drug Sutent for advanced kidney cancer became grist to the mill of those who argued in America that a state-run system would set a price on life. We all know that it does, and has to. The deceit is to maintain that private insurance does not.

The private insurance lobby is right to fear a government health scheme, not for what it would do to patient care, but for what it would do for their profits and the prices that the pharmaceutical industry can charge. It would undercut premiums and, once confidence built in the system, many currently on private schemes could defect. In other words, the debate is not just about providing cover for the 46 million who currently lack it, but about taking the fear and insecurity out of the system for the majority who are covered. Their fear is that they are a pink slip away from unaffordable health costs and bankruptcy.

Mr Obama has got two factors on his side: a national consensus that the healthcare system is dysfunctional, and will get steadily more so as costs rise; and Republican opponents who are wary of being cast as the nay-sayers. But things are far from going

the Clinton presidency, Mr Obama has been careful not to have a plan at all. He has instead stated general principles in the expectation that Congress do the donkey work. There are five bills going through the Senate and House of Representatives, which will eventually be merged into one. But this strategy is now looking shaky, particularly as the clock is ticking. Mr Obama wants agreement before the recess next month, before congressmen return to their districts and become even more allergic to change. He has been running an advertising campaign in conservative districts, in an attempt to appeal over their heads. But it is still not clear that he has the time or the numbers to get a bill passed. Then there is the matter of cost. A large dent in the administration's argument that the reform will pay for itself in 10 years was delivered last week by an unlikely source: a straight-talking director of the Congressional Budget Office, [Douglas Elmendorf](#). But governors have also had second thoughts about whether they would have to pick up the tab for increased coverage.

Mr Obama should stick to his guns and press home his political advantage while he still has it. A lot more hangs on this one piece of legislation. Not only is Mr Obama the most progressive president we are likely to see in our lifetimes; he is also in the most progressive phase of that presidency. He needs to win the argument to retain his authority as a reforming president – and win convincingly.

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