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March 28, 2010

HC Reform Less a Monument to Idealism Than Act of Hubris

By [Cathy Young](#)

While nobody knows what effects the health care reform bill passed by Congress will have on health care in America, the battle around this legislation is very likely to have disastrous effects on the nation's cultural health. Vitriol, hate, hysteria and dishonesty and stark political polarization have reached new lows even for our time, with each side in the debate bandying about accusations of murder.

Part of the reason this particular debate has reached such a pitch of intensity is that health care affects people on a deeply personal level; it is a matter not only of privacy on the most intimate of levels but also, frequently, of life and death. The idea of being unable to afford medical care for oneself or loved ones is terrifying; so is the idea of the government poking its nose in one's health care, and perhaps deciding who has access and who does not.

While the debate is often framed as one between European-style big government and American-style free markets, it is to a large extent a false dichotomy. Government is already more entangled in medicine in America than in almost any other part of the private sector, and there are strong arguments that many of the current problems - including out-of-control costs - are at least partly related to government-imposed market distortions. At the same time, the life-and-death nature of medicine throws a major wrench into the libertarian paradigm.

Freedom of choice is an empty concept if one of the options is death or disability; what's more, this is one area where better and costlier goods and services may be a matter of necessity rather than luxury. Indeed, as with atheists and foxholes, there are (almost) no libertarians in emergency rooms. Some of the strongest critics of "ObamaCare," such as Fox News talk show host Bill O'Reilly, readily endorse the view that there is a basic right to health care, insofar as no one should be denied treatment for lack of funds. Most alternative health care proposals, even ones from strongly free-market think tanks such as the Cato Institute, assume a fairly extensive role for government and public subsidies through vouchers, for instance in ensuring access for the poor.

Another irony is that as far as access goes, health care is a victim of its own success. Recent decades have seen tremendous strides in medical research and practice but those strides have often brought with them costly drugs, devices, and procedures. Today, someone who would have been doomed to disability or premature death a generation or two ago can often lead a long and full life - and to deny them that opportunity because they (or, in the case of children, their parents) cannot afford it should be troubling even to the most pro-free-market among us.

That's where the hard questions come in. What degree of income-based inequality in life-and-death matters can we accept and regard ourselves as a moral society? If we lack the resources to give everyone the best medical care on demand, do we find other ways to allocate and limit access whether by having longer waiting times for certain procedures or by having experts, government officials, or insurance companies decide who gets certain treatments and who doesn't, based on such factors as age and quality-of-life potential? If we know that the spiraling costs of medicine are partly related to unnecessary treatments, who gets to decide what unnecessary is?

No wonder, then, that the rhetoric on this issue has been more out of control than medical costs. Sarah Palin and some others on the right have whipped up hysteria about "death panels" that will deny lifesaving medical care to the less fit - claims that Cato Institute expert Michael Tanner, a strong critic of the reform legislation, has dismissed as unfounded. Not to be outdone, pro-health-care-reform blogger Ezra Klein charged last December

that Sen. Joseph Lieberman, who was then threatening to filibuster the bill if it included a Medicare expansion provision, "seems willing to cause the deaths of hundreds of thousands of people to settle a political score."

The misleading claims, too, have been rampant on both sides. Last year, when a government expert panel recommended scaling down mammogram screening programs for women 40 to 50, many on the right saw this as an ObamaCare-related ploy to cut costs at women's expense - even though the debate on the benefits of routine breast cancer screening in that age group has been going on for more than a decade.

Meanwhile, as the vote on the health care bill neared earlier this month, Amnesty International weighed in with a report on the slight rise in the rates of deaths in childbirth for American women in recent years, portraying this trend as an indictment of our current health care system and its injustices toward the poor. Leaving aside the question of how far the human rights group has strayed from its original agenda of championing political prisoners, the report grossly oversimplifies the problem: most of the increase in maternal mortality is due not to lack of medical care but to rising obesity, higher maternal age, and more Caesarean sections - that is, *overtreatment*.

The current reform legislation won't lead us into communism. Some other sky-is-falling predictions seem very unlikely to come true such as a health-care police state in which the government's new role in insurance regulation is used to silence critics through the threat of access denial. (This has not happened even in Western democracies that have gone much further down the road to socialized medicine than this bill would do.) But could this bill have less drastic negative effects, from driving up deficits to increasing health care expenditures for many middle-class Americans to discouraging innovation to tying up small businesses in more red tape? All of that is entirely plausible.

Clearly, the existing system has many inadequacies that needed to be addressed - failings that have driven people into bankruptcy due to an illness in the family, or forced them to forego medical care until their health has deteriorated and they need major emergency intervention. But there were ways of correcting these problems through targeted and limited measures to make insurance available to people with pre-existing conditions, to streamline the process of the poor and the disabled getting Medicaid, to close other loopholes.

Instead, President Obama has pushed for a health care revolution. What we got was a package that not only takes the drastic step of making health insurance mandatory, but contains so many provisions and clauses, most of them to be phased in over several years, that it is virtually impossible for citizens - or members of Congress, for that matter - to make sense of it. At a time when America's economy is still in bad shape and when we face numerous problems abroad, Obama has put the country through a shattering political battle - and, with legal challenges and promises of repeal, the fight may be just beginning.

This seems, at the moment, less a monument to idealism than to hubris.

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at March 29, 2010 - 04:08:22 PM CDT