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Health Care Reform: Really Bad Ideas

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The Cato Institute's Michael D. Tanner has published a policy analysis of current health care reform proposals: [Obamacare to Come: Seven Bad Ideas for Health Care Reform](#). The synopsis at that link includes a brief description of the rationing sure to come of any government-mandated plan:

The government would undertake comparative-effectiveness research and cost-effectiveness research, and use the results of that research to impose practice guidelines on providers — initially, in government programs such as Medicare and Medicaid, but possibly eventually extending such rationing to private insurance plans.

Starting on page 10 of the [full report](#), he describes the funding in place for “comparative-effectiveness research” ... \$1.1 billion. The problem with this type of research is it replaces doctor-patient decision making with a statistical analysis of what works for *the average patient*. Humans are complex individuals, and one treatment might work well for 95% of the people, but be a disaster for the remaining 5%. And it ignores the ethical dimension of decision making.

The “effectiveness formula” will have to include a determination of the outcome for the patient based on their overall health condition and age. Should we give knee replacements to people within 1 year of their average life expectancy? Should children with terminal diseases be given palliative treatments such as tonsil surgery?

Today, those decisions are made by the patient and doctor. The expected Obamacare plan will centralize that decision, based on statistical analysis.

As I noted in my blog post [Obama's Last Theorem](#), the problem with making these decisions with different outcomes for those within the last year of life is that you cannot possibly know when that last year begins. Statistics look backward in time, and average the results. Patients and doctors are forced to look forward, into the uncertain future, to make the best decision they can based on their own personal knowledge of their illness, life and family history. Effectiveness studies that merely factor in average life expectancies ignore the individual.

Even the effectiveness study itself may do damage to patients in established private medical insurance plans:

Already, special-interest groups are maneuvering to influence the outcome of comparative-effectiveness research. To cite just one example, the Partnership to Improve Patient Care is funded by groups such as Easter Seals, Friends of Cancer Research, the Alliance for Aging Research, the Advanced Medical Technology Association, and the pharmaceutical and biotech industry lobbies. It seeks to “refocus” the comparative-research debate to ensure that its members’ interests are protected.

Special interest groups with undue influence may tweak the results of the study such that *more expensive* treatments are given the green light, only to be blocked by the rationing effect of the “last year of life” calculation made by some number cruncher. An equally effective, but cheaper treatment, may not be approved because it is not the most “cost effective” according to the lobbyist-influenced study. And private insurers are more likely to use the government sponsored study to avoid paying claims (and abandon their own studies).

Reform in health care should come from more patient and doctor empowerment, not less. Insurance will always have limits, but a market based approach will let people choose the level of coverage they want to have. Insurers have to compete not only on price, but on what they cover.

Beyond the limits of individual insurance coverage, decisions on “comparative effectiveness” are best left to the patient and doctor. As long as the death rate remains at 1:1, an individual should be able to choose if selling his home and possessions is worth the extra weeks, months or years a procedure will give him.

While the right to life, liberty and the pursuit of happiness is a basic American ideal, the corollary is that government will invariably try to limit all three. Americans should opt for more liberty in daily life, including the freedom to make their own decisions about health care and the limits they want to impose on health care insurance. A more market-based approach is the way to accomplish this without harm to those basic American ideals.

Cross posted to PoliteTalk.com

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