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ObamaCare, Tried in Greece, Leads to Bankruptcy

Some people learn from others' mistakes when it comes to health insurance and providing access to care, and some have to "learn the hard way." Will America follow the lead of countries who have actually tried their own version of ObamaCare, or could we still learn from their mistakes?

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In a remarkable statement, the International Monetary Fund has recommended that, before any bailouts are considered, the Greek government must privatize transportation, energy and health care to rein in costs. The IMF recognizes that increased government involvement in health care does not save money. It also does not lead to better health care.

In 1983, when the socialists were in power, Greece established "health care for all." Today government spending is unsustainable and Greece is awash in red ink. Talks of budget cuts and program cutbacks are causing rioting and bloodshed.

The Greek system is employer- based but the Greek Ministry of Social Health and Cohesion has enacted strict regulations so that innovation cannot exist. Employers must choose from government-approved insurers, with rates and benefits packages clearly delineated. This sounds much like ObamaCare-- private but heavily regulated insurance.

According to Michael Tanner of the Cato Institute, "the Greek health care system is funded through payroll taxes, general tax revenue and bribery."

Tanner, Michael D. (2008) "The Grass Is Not Always Greener: A Look at National Health Care Systems Around the World" Cato Policy Analysis no. 613. (http://www.cato.org/pub_display.php?pub_id=9272)

While half of the Greek physicians are employed by the government, the other half have private practices and are paid directly by the social insurance fund. Physicians are not allowed to balance bill, so many have devised creative ways to augment their mediocre incomes. Many brazenly demand under the table additional payments in order for a patient to be

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seen. Waiting times for medical care are very long in Greece due to provider shortages and attempts to keep government costs down. Simple blood tests take a month to schedule. It routinely takes five to six months to see a specialist or schedule surgery. Not surprisingly, patients who pay out of pocket receive faster and better care.

The practice of medicine involves a huge range of human interactions that cannot be properly incentivized, regulated, or controlled by government. A centralized system is shielded from competition, so inefficiency is protected and multiplied. As costs inevitably arise, systems are set up to lower them, usually meaning more paperwork and greater costs. As bureaucracy grows, productivity declines. An expanding workforce does not lead to better medical care-- only to greater expenditures, rules and frustration.

In a perfect world, people would pay for their routine health care needs in the same way they pay for the servicing of their cars. They would find and pay a local primary care physician who could take care of 90% of health care needs, recommend preventive services and refer to trusted specialists when necessary. In this scenario people would learn that healthy lifestyles and activities would save them money. Health insurance would be reserved for the rare unexpected events and thus be a small percentage of total health care costs.

The poor in Greece are covered by the National Health Service with government hospitals and employed physicians. Medicaid covers the American poor by attempting to get private physicians to incorporate them into their practices, but since reimbursements are so low, doctors drop out of the plans and enrollees turn to the emergency rooms for urgent care-- a tremendously costly and inefficient alternative.

Even the poor would do well in a true free market. Before the government got involved, American physicians volunteered to care for the poor at free clinics mostly operated by hospitals. Minimal bureaucracy was involved. These types of clinics could be established all over our country-- filled with volunteers instead of government bureaucrats. Personal responsibility would be encouraged and true charity would thrive. Community would no longer be a casualty of government bureaucracy and better physical and financial health of all would be the satisfactory end result.

There is still time for America to learn a valuable lesson from Greece. ObamaCare will increase government involvement in health care, the opposite of what we need. Will we have to learn the hard way?

Written by Dr. Alieta Eck, MD

She studied Internal Medicine at Robert Wood Johnson University Hospital in New Brunswick, NJ and has been in private practice with her husband, Dr. John Eck, MD in Piscataway, NJ since 1988. She has been involved in health care reform since residency and is convinced that the government is a poor provider of medical care. She testified before the Joint Economic Committee of the US Congress in 2004 about better ways to deliver health care in the United States. In 2003, she and her husband founded the Zarephath Health Center, a free clinic for the poor and uninsured that currently cares for 300-400 patients per month utilizing the donated services of volunteer physicians and nurses. Dr. Eck is a long time member of the Christian Medical Dental Association and in 2009 joined the board of the Association of American Physicians and Surgeons. In addition, she serves on the advisory board of Christian Care Medi-Share, a faith based medical cost sharing Ministry. She is a member of Zarephath Christian Church and she and her husband have five children, one in medical school in NJ.



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Submitted by [Armen Hareyan](#) on 2010-06-07

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