

Who will ration my health care?

The idea of rationing health care sets off alarm bells in people's heads. Recall the infamous "Death Panels," and who wants to pull the plug on grandma? Concern is justifiable, particularly when government makes rationing decisions.

The Latin root of the word "ration" means to think or to reason. For health care goods or services, rationing means to balance a variable, apparently limitless demand with a fixed, diminishing supply. Someone or something must create balance. Without rationing, those first in line would get everything and others would get nothing. Some form of "rationing" is thus unavoidable.

No matter who is paying for health care, whether it is a for-profit, not-for-profit, a government, or individuals, all of us must balance (ration). This is true in all economic decisions, not just health care. Demand is unlimited. Supply is not.

Most people feel both ill informed as well as powerless to make rationing decisions about their medical care. They lack both the necessary information and viable choices. Of course, when someone else is paying the bill, incentives for patients to find the most cost-effective treatment disappear.

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ernment agencies that will reputedly assess the effectiveness of various health care treatments and approve those they deem "cost-effective." Treatment options considered not cost/effective will not be available. This is how the British National Health Service cuts costs and how the proposed U.S. "Rationer-in-Chief" wants our system to function.

President Obama has proposed Harvard's Dr. Don Berwick to oversee Medicare and, by extension, all health care services. Intellectually impressive, Dr. Berwick is an unabashed admirer of government control or central rationing. He touts the British NICE system, despite mounting evidence of its failure either to control costs or to improve quality.

Government looks only at immediate outlay and worse, focuses solely on effectiveness for populations, not for the individual. The decisions cost-cutting commissions determine what care a patient could have and what care would be denied. If the patient's condition is life-or-death yet needs what is deemed 'not cost effective,' the patient simply dies. Whether you like or detest the phrase "death panel," effectively, that is what a cost-cutting commission is. And Obama's choice to implement a large chunk of his reform effort is an unabashed advocate of such panels.

A properly educated patient - in consultation with a doctor who is being paid directly by the patient - is far better at allocating (rationing) his or her health care than any government clerk.

Who should ration my health care? I should, armed with whatever information I need. Otherwise, government bureaucrats balance my life against their next year's budget.

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If you need a hernia repair or are having a baby, the same types of information are not available to you. You cannot compare outcomes data, surgical complications, lawsuits, and certainly not prices. Long-term cost/effectiveness data does not exist. Under these circumstances, how can any consumer make an intelligent rationing decision?

The Healthcare Bill of 2010 does nothing to help us ration our health care. Instead, it creates gov-

responsibility.

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