Is Single Payer Enough?

Thanks to the Gray Panthers member for his article “Maggie Kuhn: Single Payer versus a National Health Service.” It is particularly relevant now that it’s clear that business and government want healthcare “reform” for cost containment, rather than insuring the uninsured. Well, then, what could contain costs?

Obama has suggested reforms such as emphasis on prevention and primary care, comparing drugs and treatments for effectiveness, medical homes, aggressive and evidence-based standardized treatment of chronic diseases, and electronic charting. These would greatly improve patient care and we need them, but they do not save money, says Marcia Angell, former medical journal editor.

Three things are necessary to cut healthcare cost:
1. Single-Payer: no insurance companies, along with their profits, administrative and marketing costs, and costly paperwork for medical providers.
2. Putting doctors on salaries, so they are no longer private businesses and therefore have no incentives to either over-treat us or under-treat us.
3. Requiring the government to negotiate drug and hospital costs, possibly by abolishing drug-makers’ ownership of patents, and doctors’ ownership of clinical labs, imaging facilities, hospitals, and other businesses they steer patients toward.

These three can best be accomplished by a National Health Service, where the government runs all clinics and hospitals, and where healthcare providers are salaried government workers.

A National Health Service could solve other problems, for instance: there are not enough doctors to treat everybody. NHS could address shortages and imbalances of trained clinicians and inequalities of access, by equalizing primary care and specialist doctors’ pay, and provide low-cost medical training, and incentives to practice primary care in underserved locations.

Since business and government have realized healthcare costs are unsustainable, but are unwilling to even begin cutting costs with Single Payer, perhaps we should advance beyond Single Payer and advocate for a National Health Service.