



## Govt & Private Healthcare: Two Different Worlds

After the specialist examined me, he directed me to a different specialist elsewhere. When I was examined and tested in the second specialist's office, he immediately phoned a hospital, asking to have an operating room available in an hour.

No more than 5 hours elapsed between my seeing the first specialist and the time when I was on an operating table.

This was quite a contrast with what happens in countries with government-run medical systems. In such countries, it is not uncommon to have to wait days to see a physician, weeks to see a specialist and months before you can have an operation. It is very doubtful whether I would have lasted that long.



In the intensive care unit, where I was sent after the first of two operations, I was hooked up to high-tech machines and had a small army of people looking after me around the clock. Would a government-run medical system have provided all this, especially for a man in his eighties?

In some countries with government-run medical systems, individuals are not even permitted to pay out of their own pockets for medications that the government has ruled are too expensive for people in their age bracket or medical condition.

That same mindset has already become evident in the United States, where a very expensive cancer drug has been refused federal approval to be sold, because it helps only a limited number of people and at very high costs.

But what if you are one of those limited numbers of people — and you are willing to pay what it costs, with your own money?

You are free to take your life's savings and gamble it away in a casino, if you want to — but you are not free to use your life's savings to save your life.

This is not an isolated paradox. This is the logical consequence of a vision of the world that prevails all too widely among the intelligentsia, and not just as regards medical care.

In that vision, people can draw on the available resources only to the extent that the government considers appropriate, in the light of other claims on those resources. This treats what the people have produced as if it automatically belongs to the government — and as if politicians and bureaucrats have both the right and the wisdom to override the personal decisions that the people want to make for themselves.

This issue involves a difference between a world in which people can make their own decisions with their own money and a world in which decisions — including life and death medical decisions — are



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taken out of the hands of millions of people across the country and put into the hands of politicians and bureaucrats in Washington.

One of the big claims for government-run medical systems is that they can “bring down the cost of medical care.” But anyone can bring down the cost of anything by simply buying a smaller quantity or a lower quality.

That is why countries with government-run medical systems have waiting lists to see doctors, and even longer waiting lists to see specialists or to get an operation. That is why those countries seldom have as many high-tech medical devices as in the United States or use the newest medications as often.

In those things that are crucially affected by medical care, such as cancer survival rates, the United States leads the way. In things that doctors can do little about — such as obesity, homicide or drug addiction — Americans shorten their own lives, more so than people in other comparable societies.

This enables advocates of government-run medical care to cite longevity statistics, in order to claim that our more expensive medical system is less effective, since Americans’ longevity does not compare favorably with that in other comparable societies.

For those who think in terms of scoring talking points — as distinguished from trying to get at the truth — this kind of argument may sound good. But should something as serious as life and death medical issues be discussed in terms of misleading talking points?

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