

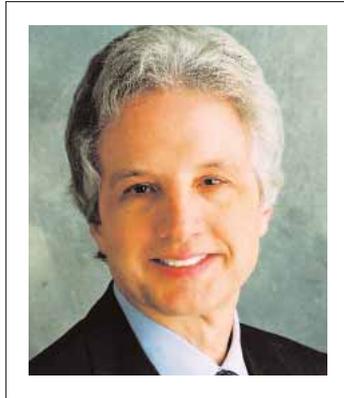
# Health Care: More Questions Than Answers

**A**s written by the US Representatives, the Federal Health Care Plan will radically alter the medical profession. After studying its features and clauses, I have more questions than answers.

Is health care a right or simply the right thing to do? I used to believe that a nation as rich as ours should provide some form of basic care to all of its citizens. Health care bills should not bankrupt anyone. I continue to feel this way, but today our nation carries a staggering deficit. Is this federal health care plan the best current use of our largely borrowed budget?

Why does so much of the rhetoric surrounding health care reform sound like class warfare? Yes, the rich can pay more than the poor, but the former already do so, both in terms of absolute dollars and percentages of income. Through taxes, should we ensure that everyone has the same net income? Taking 100% of the taxable income of everyone in the United States who earns more than \$500,000 per year would raise only \$1.3 trillion, even in the boom year of 2006. President Obama's 2010 budget is nearly \$4 trillion. Should the United States tax citizens so that everyone has the same net income?

What role do physicians play? Our billings account for around 20% of total US health care expenses; administrative costs constitute 25%.<sup>1</sup> Assuming a generous profit margin of 50%, if we physicians cut our income so that we made no profit, we would decrease total US health care costs by only 10%. Defensive medicine and lawsuits dramatically increase expenses, but I do not see how they can be eliminated without tort reform, which currently appears to be off the table. Who would risk his or her license to save the cost of an extra test? Which country will pay for the development of new medical technologies, pharmaceuticals, and devices and thus spare other nations the costs, as the United States does now?



How would the medical profession change under the Federal Health Care Plan? Many of the country's best and brightest currently enter the field of medicine. Although doctors have a strong tradition of charitable work, many are also attracted by the salaries that the practice of medicine can bring. Several of these best physicians, whom I would choose for my own care, are successful financially and enjoy their lifestyle. Will similar people choose to complete years of schooling and underpaid training and to incur massive student loans for a modestly paid government career? Will those of us already in practice encourage our children to follow in our footsteps?

Most importantly, will our patients fare better?

I studied in London for a year under the National Health System. The doctors were superb. The patients were amazingly cooperative. They had to be. The waiting lists for routine surgery often were measured in years. Although the current US health system (like any other) involves rationing, I have to wonder who, under a federal plan, will decide which patients receive what care.

The good news is that this edition of *Cataract & Refractive Surgery Today* offers more answers than questions. The topics include new lenses, Descemet's stripping automated endothelial keratoplasty, laser cataract surgery, nonsteroidal anti-inflammatory drugs, and more. It is enough to take your mind off the health care debate! ■

A handwritten signature in black ink that reads "Stephen G. Slade". The signature is written in a cursive, flowing style.

Stephen G. Slade, MD  
Chief Medical Editor

1. Kahn JG, Kronick R, Kreger M, Gans DN. The cost of health insurance administration in California: estimates for insurers, physicians, and hospitals. *Health Aff.* 2005;24(6):1629-1639.