

Reactions to Health Care Reform

BY ALAN B. AKER, MD; MYLES J. CROWE, CPA, CFP; RICK DAVIS, MD;
JOSEPH FOWLER; PATRICK K. PRICE, MD; AND KENNETH J. ROSENTHAL, MD

What is your perspective on the current proposals for health care reform?

ALAN B. AKER, MD

Wealthy patients routinely come to our center for surgery from Canada, France, England, and Spain. Those who can afford to travel and pay for care in the United States choose to do so. Those who cannot access our health system wish that they could. We definitely provide the best health care in the world, and I hope that the quality of health care in the United States will not be doomed to “change” if this poorly conceived reconstruction of our health care system is carried out.

The government has reduced fees for cataract surgery by 80% since I finished my training in 1980. Costs have increased, while our fees continue to be reduced. A further reduction in cataract fees will significantly lessen the number of providers of that care. Additionally, technological innovation in ophthalmology and other fields will be stifled.

Instead of totally abandoning our current system, the constraints we have experienced as cataract surgeons need to be applied elsewhere in the health care system. Certainly, one of the areas that should be reformed is the FDA's stranglehold on research. We need the protection from thalidomide-type releases, but the FDA has gone overboard requiring costly and often onerous testing prior to approving a medical device or a drug. This policy slows the development of new technology and greatly increases the cost of research, which is ultimately passed to the consumer. Add the need to recover research and development costs to corporate greed, and the end result is spiraling, out-of-control health care costs. As a result, we are spending multiples over the cost of production to purchase prescription drugs and medical devices.

We live in a free market economy, and history has demonstrated that this system works best. A government-run system will be “change” we will all live

“A further reduction in cataract fees will significantly lessen the number of providers of that care.”

—Alan B. Aker, MD

to regret. Nevertheless, some restraints will have to be put in place to reign in these out-of-control costs.

MYLES J. CROWE, CPA, CFP

The quality of health care in the United States will change if some of the proposals for universal coverage become law. If you follow the dollars, you will see where some changes must take place. Look at Massachusetts, for example, where universal health care was implemented in 2006. Already, the health care costs have mushroomed to multiples of the projected costs. About one-third of the residents who were uninsured before universal health care was implemented are still uninsured. Some of the recently insured are scamming the system. Massachusetts has one of the highest population-to-doctor ratios in the country. What waiting times can we expect elsewhere if countrywide universal health care is implemented? In any case, costs are up, and service levels are down.

Research and development will also take a major hit. These efforts depend wholly on cost recovery as drugs or services are delivered. As the government refuses to fully reflect the cost of services, these efforts will slow drastically.

I have seen numbers that show almost 80% of the dollars currently spent support our aging population in the last years of their lives. You cannot tell me that our government overlords will avoid looking to this population for savings. When they do, they will find the typical “one size fits all” solutions of government programs. I do not think grandma and grandpa are going to like that. Wait. That's me!

RICK DAVIS, MD

Proposals for effective, commonsense solutions for health care, the economy, and our country are lacking. I am convinced that what is needed is a new political party made up of a coalition of independent, centrist-minded professionals and small business owners who will insert their voices into the traditional mix of special interests, political action committees, and big-party, big-business politics. I can no longer support the Republican or Democratic agenda. Both parties have become caricatures of themselves, mouthing platitudes that have abandoned most of us.

Obviously, the idea of a third party is not new. I think that one based upon the United States' founding principles of small government, a strong free market, and individual liberties would provide a welcome nexus for the real producers of our country who are seeking true hope and change.

JOSEPH FOWLER

There is a problem with the current health care system, and we need to fix it. We have a president who believes that every American deserves good health care. He has been in office for almost 200 days. Let's blame everything on him and those liberal Democrats. But, what are the Republicans doing? They want to stone-wall everything that the Obama administration supports so that they can win the next election. Now, that's putting America first!

There is more than enough blame to go around, including the entire medical community. Why don't we all get together, stop complaining, and find solutions? I do not hear proposals from the medical community. Without your voice, politicians, lawyers, and insurance companies will fill the void.

PATRICK K. PRICE, MD

History teaches us that there is a time to be thoughtful when the federal government implies that a crisis in health care requires immediate legislation. I believe that an alternative plan exists to an omniscient federal bureaucracy legislating open-ended funds transfer to assume the management of how we spend money for our health care. First, the government needs to give Americans the opportunity to increase their earnings and obtain good jobs. Increasing the minimum wage should be offset by decreasing the corporate taxes business entrepreneurs pay. Such taxes are disproportionately high compared to the taxes in competing countries.

Second, it should be mandated that all citizens have equal access to required health insurance regardless of preexisting conditions. Equal access should be regulated,

but citizens should be able to choose a private health care plan. I oppose any government or public plan. Patients, health care providers, and businesses should establish the bounds of competitive premiums. Market price is the best mechanism to continuously adjust value using current information. Once competitive premiums for care are established, American families will be able to appropriately balance their budgets.

"Why don't we all get together, stop complaining, and find solutions?"
—Joseph Fowler

Third, states should be assisted by the federal government to change prohibitions on competition across state lines as well as international competition among health care insurance companies. The role of the federal government is to assist local governments in their attempts to create environments in which the private sector markets affordable health insurance. States balance their own budgets; they therefore should have the authority to help those within the state who are temporarily or permanently unable to meet premium expenses. For example, Tennessee currently covers its citizens and has done so successfully for a decade.

KENNETH J. ROSENTHAL, MD

Part of the reason that we face the specter of a radical overhaul of the medical system in the United States is that a number of assumptions have commonly been put forth as dogma. These assumptions are misleading and, in some cases, patently false. Even the Republicans have not fully routed out these errors in thinking. The use of "healthcare" (one word) to describe medical insurance is incorrect, because medical insurance is not truly health care. Health care (two words) is the ability to obtain treatment for a medical problem. When someone says, "I lost my healthcare," it suggests that one loses access to all medical care, which is an assumption that those in favor of "universal healthcare" are circulating.

Although the left wing health care agenda includes a few items that constitute bonafide health care (such as eating well, dieting and weight loss, exercise, stress reduction, the cessation of smoking), the majority of the proposals are socialistic schemes to have someone other than the individual pay for his or her medical treatments. Even when legitimate health concerns are included, the proposals appear as legislative mandates, such as the proposal to heavily tax sweetened soft drinks to reduce the

TODAY'S TOPICS

intake of refined sugars.

Another false assumption is that "health care is broken" in the United States. I believe the current system works extremely well and that it is fair, equitable, and still among the best in the world. For instance, not even supporters of the Obama administration's agenda dispute that Americans have the best access to medical care. In the United Kingdom and Canada, patients wait for more than 6 months for cataract surgery and as long as 10 months for surgery on their second eye. The plan put forth by the Obama administration will doubtless produce lengthy waiting times and rationing of care.

Many argue that the cost of health care in the United States is unsustainable and point out that we spend more money for health care than any other country in the developed world. We probably do. We also spend more on homes, cars, vacations, jewelry, electronics, etc. However, the average American makes more money and pays far less in taxes, which, generally speaking, compensates for the differential in health care costs. ■

Section editor John F. Doane, MD, is in private practice with Discover Vision Centers in Kansas City, Missouri, and he is a clinical assistant professor for the Department of Ophthalmology, Kansas University Medical Center in Kansas City, Kansas. Dr. Doane may be reached at (816) 478-1230; jdoane@discovervision.com.

Alan B. Aker, MD is co-founder and medical director of the Aker Kasten Eye Center in Boca Raton, Florida. Dr. Aker may be reached at (561) 338-7722; akeraba@gmail.com.

Myles J. Crowe, CPA, CFP, is a financial professional in New Hampshire. Mr. Crowe may be reached at (603) 383-9614; mjc@mjcrowe.com.

Rick Davis, MD, is CEO of EquinOx Pharmaceuticals Corporation in Clearwater, Florida. Dr. Davis may be reached at (916) 302-7216; rickdavismd@aol.com.

Joseph Fowler is a 1968 graduate of the US Military Academy at West Point. He served as an army attorney for over 20 years and retired in 1994 as a colonel. He currently works in private industry.

Patrick K. Price, MD, is in private practice with Discover Vision Centers in Blue Springs, Missouri. Dr. Price may be reached at pprice@discovervision.com.

Kenneth J. Rosenthal, MD, is the surgical director of Rosenthal Eye and Facial Plastic Surgery in Great Neck, New York, and he is an associate professor of ophthalmology for the John A. Moran Eye Center, University of Utah Medical School, Salt Lake City. Dr. Rosenthal may be reached at (516) 466-8989; kr@eyesurgery.org.

