

NATIONAL HEALTH INSURANCE AND THE PEOPLE'S HEALTH

by Robert Mendelsohn, John McKnight, and Ivan Illich

Proposals for national health insurance are moving in the wrong direction.

The sources for maintaining human health are varied, but most of them can be grouped under four major elements.

1. *Self-actuated behavior.* E.g., breast-feeding rather than artificial feeding; walking rather than riding; not smoking; temperate use of food and drink.

2. *Communal behavior.* E.g., caring by family members, neighbors and friends; promotion of feelings of belonging by voluntary associations.

3. *Environmental factors.* E.g., physical factors including sanitation, transportation, protection against water and air pollution, lead poisoning, etc.; avoidance of unemployment and economic depressions; good conditions of work.

4. *Therapeutic information, tools, and skills.* E.g., vaccines, home remedies, scalpels, antibiotics, and knowing how to use them.

Experience has shown that in both developed and underdeveloped societies, the first three elements are by far the major health determinants. Medical technics of therapy and prevention are much less important. In underdeveloped countries, immunizing agents are of lower priority in eradicating disease than are the provision of proper sanitation, nutrition, and housing.

Therefore, the critical approach to health in any society is to foster the development of cultural values, social relationships, and public policies which provide universal and personal access to all the sources of health listed above.

To achieve this goal, we must overcome the popular concept that health care can be "delivered." This concept defines health care as a "commodity" which requires a class of professionals to dispense "it." Once a professional or his "allied health workers" are defined as the principal source of health, the other three sources of health become subordinated or totally neglect-

ed in the allocation of resources relevant to health, even though they are the most important. The institutional arrangements that derive from this inversion of priorities limit the opportunity of all to have equal and individual access to and use of these resources. Thus, this inverted arrangement, called the "health delivery system," is basically health-denying and reactionary.

As a result, the current national debate on various systems of channeling the national wealth into "the delivery system" offers only a choice between essentially conservative health-denying approaches. Regardless of the particular scheme advocated, those with a vested interest in "health delivery" win. Physicians and their allied institutions (hospitals, the drug industry, insurance companies), having narrowed the definition of health sources to the services they control and provide, now stand to maximize that control by taxing every American.

The people lose in several ways.

First, these schemes preclude a rational decision on the proper allocation of resources designed to promote a healthful society. They assume that "health" is in a doctor's office or a hospital ward, and deprive us of the basic right to decide how resources should be used to deal with the critical social and economic determinants of health.

Second, the universal health system tax acts as an astigmatic lens that magnifies the importance of professionally controlled sources of health while denying the personal vision of self-activated and communal determinants of health. Why should we care for ourselves and others if our care by professionals is insured?

Third, all these health plans concentrate the control of therapeutic resources in the hands of professionals and their paraprofessional handmaidens. In contrast, some nonindustrialized nations are developing approaches that provide their peoples with health information, tools, and skills for their personal utilization in the attempt to prevent them from having to become patients.

The United States seems intent on pursuing policies that will insure (pun intended) every citizen being designated a patient, and the entire

nation a hospital. The instrument for achieving this result is a universal "health" tax, designed to provide a guaranteed annual income to the members of the health delivery team.

This massive concentration of power and money in the therapeutic industry will have predictable effects. Institutional growth will be stimulated, though obscured by the rhetorical veil of "para-professionalism," and more manpower and capital will be placed in the hands of the health industry. Like every other industry the growth will be rationalized as an effort to provide more of a "good thing." As the Council of Economic Advisors said in last year's report to the President, "if it is agreed that economic output is a good thing, it follows by definition that there is not enough of it."

The critical question for the American people is to analyze this "good thing." The GNP is made up of positive benefits and negative costs. The same is true of the products of the health industry. Every drug has its dangers. Every routine annual examination has its risks. At some point, the negative costs begin to overbalance the positive benefits.

Thus, we may be moving toward the time when physicians disable more patients than they cure. Considerable evidence already exists that medical services do not affect total mortality rates, but simply shift the segment of the population that will survive.

Therefore, we must develop a new accounting system for the health industry (as well as for the GNP) that will provide a monitoring function to make sure that increasing investment of resources does not result in increasing danger to our people's health. In the absence of a cost-benefit analysis of the health industry, it would be folly to pour more money into the present system.

A second negative cost that will be intensified by national health insurance is the so-called "preventive health care services." What are the real values of the monthly prenatal doctor visits, the regular well-infant examinations, the multiple school examinations, the camp examinations for adolescents, the annual executive checkup, and the prepaid medical schemes that purport to provide early diagnosis and preventive maintenance care? Evidence continues to mount regarding the minimal usefulness of these procedures. Histori-

cally, these practices came into vogue during the Great Depression when physician's incomes were not what they are today, thus creating new markets for their products. Given substantial new capital, we can expect sky-rocketing growth in the negative cost of this national placebo.

Finally, we are currently seeing the health industry direct an ever-increasing percentage of its newly acquired health taxes toward terminal life-extension technologies. Like any other growth industry, the health system is directing its products where the demand seems unlimited—protection from death. Serving the death-denial market requires a complex industrial, research, and professional support system. Increasing percentages of the health dollar will promote public-relations-oriented research extravaganzas designed to create "breakthroughs" that appear to delay death by a few weeks or months.

In summary, we predict that national health insurance will stimulate the delivery of disabling medical services, intensify reliance on useless preventive measures, and radically exaggerate the death-denying tendencies of the existing system. While these negative costs mount, we will be ignoring the positive health benefits available from the basic sources of health previously described.

It is predictable that the escalating costs of national health insurance will quickly and surely educate the American to the fact that they have struck a bad bargain. They will soon recognize that health cannot be "insured" by providing a guaranteed annual income to the medical system. The public is destined to revolt against a tax-supported medical system that resurrects the ancient practice of bloodletting to our body politic.

Dr. Mendelsohn is a professor in the Abraham Lincoln School of Medicine, Univ. of Illinois. Mr. McKnight is associate director of the Center for Urban Affairs and professor of communication studies, Northwestern Univ. Dr. Illich is director of the Center for Intercultural Documentation, Cuernavaca, Mexico.

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STUDY SUGGESTIONS

Do you think the criticisms in this article are fair? Give reasons.

What do you understand by "health care"? Note Dr. Holmes' comments on p. 30.

The authors say we generally think of health care in terms of curing an ailment. What is wrong with that? Do you agree with their analysis?

Our society assumes doctors will have a high income. What are reasons for this? Do you think the reasons are valid? Why?

How much is it worth to you—to society—to delay death by a few weeks or months?

How could we divert more resources, personal or national, to preventative rather than curative health care?

If the point of view of this article prevailed, how would it affect possible legislation in the area of health care? The medical profession?

Is it better to spend money to provide sophisticated equipment to treat a few individuals with complicated diseases or to use the same amount of money to raise the health level of thousands of individuals?

Indicate by a check mark on the following line your reaction to the article:

1. strongly disagree	2. disagree more than agree	3. have some questions	4. agree for most part	5. wholeheartedly agree
total waste	mostly negative reaction	not wrong but nothing new	generally helpful	very useful

Compare and discuss.

HEALTH CARE SHOULD NOT DEPEND ON ONE'S INCOME

by Edward M. Kennedy

The need for national health insurance is urgent.

The need for a national health insurance program for the United States is urgent. Our present methods of getting and paying for health care are dangerously near collapse.

Continuing inflation is driving health care costs to prohibitive levels for more and more Americans. The most recent statistics reveal that more than 38 million Americans have no health insurance and that millions of additional working people and their families lack the security of knowing their hospital and medical costs will be paid during layoffs and periods of unemployment.

Two-thirds of those who are covered by a health insurance plan still have to pay for office visits to their doctors and almost none are covered for preventive health care.

In a nation that has one of the highest per capita incomes in the world, a chronic or catastrophic illness can exhaust a lifetime of savings

and reduce a person or family, with even an above-average income, to seeking public or private assistance.

Private health insurance has failed to come to grips fully with the nation's need for adequate health care coverage. In fact, less than one-third of the health costs are now paid by private health insurance. The remainder comes either from our own pockets or is paid by government.

Larger and larger proportions of our more and more limited dollars are being spent for health. According to the Department of Health, Education and Welfare, the average cost of a hospital room in 1974 was \$125 per day. In 1976, the average cost of a hospital room was in excess of \$200 a day. During fiscal year 1975, the per capita cost for medical care for Americans was \$547, and the projected cost for fiscal year 1976 is more than \$600 per person.

The per capita cost for health care in Canada, for 1975 was \$295, or roughly half of that for the United States. Only six years ago, the United States and Canada were both spending approximately 6% of their GNP for health care. However, between 1971 and 1975, Canada's health care costs have remained between 6.1% and 7%