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Going With "Fair" Healthcare

Socialized medicine is often touted as our country's healthcare solution. But it results in market distortions that lead to shortages, delays, and disrespect for life itself.

It was a tragedy that should not have happened. A young woman, just beginning her studies at college where she was pursuing undergraduate work in music and sound production, was found dead in her room roughly a day after she complained of feeling ill.

Twenty-year-old Victoria Hills was, by all accounts, a wonderful young lady who was known for the kindness she showed to others, for her love of walking her dogs on the beach, and for her zest for life.

"Victoria was so full of life," her mother recalled of her daughter. "She had been in her church choir for 11 years and always played in school concerts. Music was everything to her."

On the evening of January 31, 2018, Victoria told her mother that she wasn't feeling well. She told her mom that she loved her and then said she was going to take some painkillers and get some sleep. "Then she sent me a GIF of a virtual hug, and I sent her a heart. I never heard from her again," her mom told the U.K.'s METRO news site.

A few days later, on February 3, Victoria told her friends that she thought she had an ear infection. She felt so dizzy, she said, that she couldn't stand up. Feeling that she couldn't afford a prescription if she sought medical care, she went to bed instead. Days later on February 6, when no one had heard from her, campus security broke in to her room, where she was found dead in her bed. It is thought that life slipped away from her in the first hours of Sunday, February 4. The suspected cause of her death was blood poisoning stemming from an infection.

Again, this tragedy was unnecessary. Moreover, her story is exactly the type of tragic outcome that, many would claim, demonstrates the terrible shortcomings of the American private medical system.

Except that it's not. Victoria Hills, it turns out, lived in the United Kingdom where the much-vaunted National Health Service (NHS) supposedly provides free or very inexpensive healthcare to all.

But the reality does not match the perception. Whether it is in the United Kingdom where socialized medicine failed Victoria, or anywhere else where socialist policies have been adopted, the reality is that such policies, *at their best*, are unable to adequately balance supply and demand, and at their worst, introduce disincentives that lead to shortages of supplies and services that, as we have seen, in worst-case scenarios turn deadly.

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Charlie Gard

Victoria Hills was not the first person to lose her life over the failure of the British system of socialized medicine. Another recent case was that of the infant Charlie Gard.

For a time in 2017, Charlie was the most famous child in the world. It wasn't because he had a special talent, or had won fame in some kind of fabulous competition. It was because his government wanted him dead.

Charlie Gard was born into the clutches of the British National Health Service, the socialized medical system of the United Kingdom. Unfortunately, shortly after he was born, he developed encephalomyopathic mitochondrial DNA depletion syndrome (MDDS). The rare condition affects brain development and results in muscle wasting, difficulty breathing, and other related symptoms, and is usually fatal after a rapid progression.

As a result of his condition, young Charlie was unable to breathe on his own and relied on a ventilator. The British medical authorities and courts ruled that Charlie could not, and should not, be treated for his condition, that he should be taken off the ventilator that kept him alive and be allowed to die. His parents disagreed. Pope Francis disagreed, and the care of the Vatican's Bambino Gesù hospital in Rome was offered. Dr. Michio Hirano, a doctor who offered an experimental treatment, told the British court handling the case that there was an "11% to 56% chance of clinically meaningful improvement" with his experimental treatment. But under the socialized medical system of the United Kingdom, his parents had no right to determine the best course of medical treatment for their son. Speaking to radio host Rush Limbaugh, Vice President Mike Pence said, "We hope and pray that little Charlie Gard gets every chance, but the American people oughta reflect on the fact that for all the talk on the left about single-payer, that's where it takes us."

Despite an almost worldwide outpouring of support for Charlie's parents, in favor of giving Charlie the experimental treatment, the state was unrelenting in its insistence that Charlie must die. On July 28, 2017, the state got its way. Charlie was removed from his ventilator and given morphine. His mother announced his death at 6:30 p.m. that evening.

Even with the experimental treatment that was available, Charlie may have died anyway. But he might have lived, too. Nonetheless, in a nation that has adopted socialism in some or all of its departments, individual rights, if they are recognized at all, are made secondary to the interests of the state. In the U.K., the state has ultimate control over whether a child may live or die.

Systemic Failure

The cases of Charlie Gard and Victoria Hills are extreme cases where the bitter reality of socialized medicine unmasked the lies and exaggerations of those who have tried to impose similar systems on the people of the United States. But even apart from these extreme cases, the systems of socialized medicine in the U.K., Canada, and elsewhere frequently underperform in providing adequate care.

In 2018, the U.K.'s NHS revealed performance statistics for the nation's medical system that underscored the problems with socialized medicine in that country.

For accident and emergency services (A&E), the NHS revealed that in January 2018, "hospitals managed to treat and then admit, transfer or discharge just 77.1% of arrivals within [a] four-hour

target," *The Guardian* newspaper reported. This was a record poor performance, said the paper, noting, "That compared with 77.3% in December, which was also a new record low at that time."

The four-hour target is a national standard for the NHS. According to the latest NHS summary report on hospital A&E activity, covering the years 2017-2018, the system has done better overall than its low performance in December 2017 and January 2018, only failing to admit, treat, and discharge in less than four hours 12 percent of the time. But other troubling statistical trends have emerged.

First, the average number of people spending longer in A&E continues to increase. "There was a steady increase from April 2011 to April 2014," NHS reported of this statistic. "However, since that point there has been a significant increase where the average number [of] attendances over 4 hours has more than trebled."

More concerning is the increase in patients subjected to waits of up to or over 12 hours. According to the NHS, "The number of patient attendances spending over 12 hours from arrival to being transferred, admitted or discharged is 332,995 for 2017-18. This has increased year on year and is now more than 5 times greater than in 2011-2012 (57,718)."

Wait times in the United States for emergency room services are typically less than 30 minutes in most cases, and generally less than 60 minutes on average in the worst cases, according to statistics tracked by Pro Publica's ER Wait Watcher. Treatment times are also generally short. For example, in Kentucky the average wait time in the ER plus the additional average time in the ER before being sent home is just slightly more than 2.5 hours. Many states perform far better. North Dakota gets people home in less than 2 hours, on average. Not surprisingly, the worst performing area in the United States is the one with the most government. Hospitals in the District of Columbia take an average of 4.38 hours to get people treated and home from the ER. If socialism delivers better care, as is endlessly argued, then the British NHS performance should be significantly better than the performance of American hospitals.

Statistics don't tell the whole story, however. Jan Filochowski served as chief executive of the U.K.'s Great Ormond Street Hospital — the same hospital that provided "treatment" to Charlie Gard — until 2013. Commenting on NHS A&E performance for *The Guardian*, on April 6, 2018, he painted a bleak picture of healthcare services in the U.K.

"Barely a day passes without a new NHS tale of inadequate performance, excessive patient waits, services not delivered, trusts effectively bankrupt, or even preventable deaths attributed to unbearable pressure on services and staff," he said.

"Often," he continued, "there is no space in nursing and care homes to discharge patients to. Which can mean no hospital beds are available, as those patients are still in them. So you can't admit that critically ill patient. There are no spare staff in A&E, so patients who need to be seen immediately have to wait hours. There are no more ambulances, so patients who need to get to hospital in minutes take an hour, and might die."

Just like the U.K., Canada offers its citizens a system of socialized medicine. It likewise has huge problems. In 2017, the Canadian Institute for Health Information (CIHI) published a study entitled "How Canada Compares," comparing the Canadian socialized healthcare system with other healthcare systems in 11 countries, including the United States. CIHI reported that the Canadian system routinely performed at lower levels than other healthcare systems.

"Most Canadians (93%) have a regular doctor or place of care, but they have trouble accessing their health care system in a timely manner."

Key findings include:

• Of 11 nations, Canada was worst at providing same- or next-day appointments with a doctor or nurse.

• Canada was second worst in providing access to after-hours care. Sweden, also with a socialized medical system, was the only nation worse than Canada in this category.

• Canadians use emergency room services more than citizens of other nations.

• Canadians have the longest wait times for emergency services.

• Canadians wait longer than others for access to specialists.

But if Canada's healthcare system performs at a lower level, at least it's free, right? Well, not so fast.

As Milagros Palacios and Bacchus Barua note for a recent study for Canada's Fraser Institute, "Canadians often misunderstand the true cost of our public health care system. This occurs partly because Canadians do not incur direct expenses for their use of health care, and partly because Canadians cannot readily determine the value of their contribution to public health care insurance."

The Fraser Institute study found that in 2018 an average family of two parents with one child paid $12,443 for healthcare insurance. Two parents with two children paid $12,935. A family of two adults with no children paid $12,878. Single adults paid $4,640.

Moreover, the researchers found that the cost of coverage in Canada was increasing faster than family income. "Examining only the last 10 years (i.e., from 2008 to 2018), the average Canadian family's cash income increased by 23.7%," Palacios and Barua note. "However, since 2008, the cost of health care insurance for the average Canadian family (all family types included), increased by 30.7%. Put differently, the cost of public health care insurance for the average Canadian family grew 1.3 times faster than the average income."

The high but hidden cost of health insurance in Canada does not mean that Canadians get access to better medical technology as a result. One proxy for this measure is the relative availability of magnetic resonance imaging (MRI) machines. Writing for statistical research firm Statista, Matej Mikulic notes that "the density of diagnostic imaging units can be one measurement to define the quality of a country's health care infrastructure. According to Statista, the United States leads all of the member countries of the Organisation for Economic Co-operation and Development (OECD) on this measure, with 37.56 MRI units per million people. Canada comes in near the bottom of the list, with 9.97 per million people. As for the United Kingdom, the *Daily Mail* reported in 2014 that "the UK has only 5.9 MRI units per million people."

To get around the high costs and low levels of service provided by socialized healthcare in nations such as Canada and the U.K., those who have the financial means to do so either purchase additional private healthcare insurance or seek advanced treatments outside of their home country.

In Canada, there can be very long wait times for treatments for non-life threatening health problems. In 2009, the *Los Angeles Times* highlighted the example of Christina Woodkey, a resident of Calgary. When Woodkey began experiencing leg pain, her local health clinic told her she would need to see a hip specialist, the *Times* reported. "Because the problem was not life-threatening, however, she'd have to

wait about a year," the paper noted.

Once she finally got to see the specialist, she found out that a problem with her spine was compressing her nerves and causing the pain. She would need to see a back specialist next. "When I was given [the] date, I asked when could I expect to have surgery," the 72-year-old said, according to the *Times*. "They said it would be a year and a half after I had seen this doctor."

Unlike in Canada, a free market for healthcare would offer a sufficient supply of services to meet demand. In Canada, with an artificially constrained supply, that wasn't the case. So, according to the *Times*, Woodkey sought a healthcare provider outside of Canada, in the United States. She "drove across the border into Montana and got the $50,000 surgery done in two days." According to the Fraser Institute, "in 2016, an estimated 63,459 Canadians received non-emergency medical treatment outside Canada."

That works for those who can afford such services, but the lack of supply only hurts the poor in Canada. "What it means is that people who have no money, who are chronically ill, disabled, who require medical attention frequently, are going to suffer dramatically," Leslie Dickout of the B.C. Health Coalition lamented to the *Times*.

Why is the supply of medical services constrained in Canada? The answer is that socialist planners are unable to adequately plan for demand and artificially restrict supply — largely to save money.

"Canada suffers from a scarcity of physicians and the scarcity will likely remain a serious issue for years to come," the Fraser Institute reported on March 13, 2019. "One reason for the relatively short supply of physicians in Canada is the limited number of seats available in Canadian medical schools. The limits, set by provincial governments, restrict the number of graduates from domestic medical schools who can then proceed into residency and ultimately into medical practise."

In the U.K., those seeking care outside the socialist health system can purchase private health insurance. Others get access to private insurance if they work for one of the large, multinational employers. Describing the use of private insurance in the U.K. in 2012, Dr. Robert Wachter, now professor of medicine and chair of the Department of Medicine at the University of California, San Francisco, noted in a post for The Health Care Blog that private insurance in the U.K. is "considered a plum perk for everyone, and most expats coming to work in the UK consider it an essential benefit."

He explained the reason: "The action in the private world stems from occasionally poor access to specialty care in the NHS, both because of limited numbers of specialists and gatekeeping by GPs," Dr. Wachter wrote. "The result of these limitations is the famously long NHS queues."

Privately provided healthcare services in the U.K. operate in a remarkably similar manner to the private food plots collective farmers in the USSR were ultimately allowed to cultivate in the post-Stalin era. By the 1960s and 1970s, collective farmers were allowed to operate small, private garden plots after they had put in the state's required work on the collective farms. Ultimately, these small private operations provided significant quantities of food to Soviet cities, including Moscow.

Like the farmers of the old Soviet Union, this is how doctors are allowed to work in the U.K.

"There are few purely 'private doctors' in Britain — most private care is delivered by moonlighting NHS physician-specialists," Wachter wrote. "Since inking the national consultant's contract in 2003, the NHS's 30,000 specialists have had no cap on the amount of money they can earn from private practice,

as long as they clock 40 hours a week for the Health Service."

The private healthcare option in the U.K. remains a compelling alternative for those who can escape from the prevailing socialist system. The organization Private Healthcare UK lays out the benefits of the private option compared to the NHS. "Going private," they write, provides "fast access to treatment; a choice of when you want to be treated; a choice of where to be treated; a choice of consultant or private specialist; Sometimes, the option to have treatment(s) which may not be available on the NHS."

The reason some treatments are not available within the NHS but are available with the private healthcare option is the same reason why potatoes were not widely or readily available in Moscow during the Soviet age. Under socialism, production incentives are distorted or absent, leading to unreliable fluctuations in both production and delivery of goods and services. Within socialist healthcare systems, this can mean a shortage of doctors, technologies, or medicines. It may mean that some locations have access to some of these things some of the time. It also means that, to deal with artificially restricted supply and unequally distributed services, planners must rely on rationing. In healthcare, this leads to long wait times for procedures, or worse, complete lack of access to needed health procedures.

As with any segment of the economy, the more thoroughly healthcare is socialized, the more likely discontinuities in both supplies and services become. By contrast, market segments that are not artificially constrained by socialist policies and controls are extraordinarily productive, delivering products and services at the lowest possible prices to the greatest number of people.

The problem of healthcare has vexed many, but the solution is simple: To provide the best care to the most people at the best prices, simply remove the artificial constraints imposed by socialist controls. Instead of socialism, live healthy, and be free.

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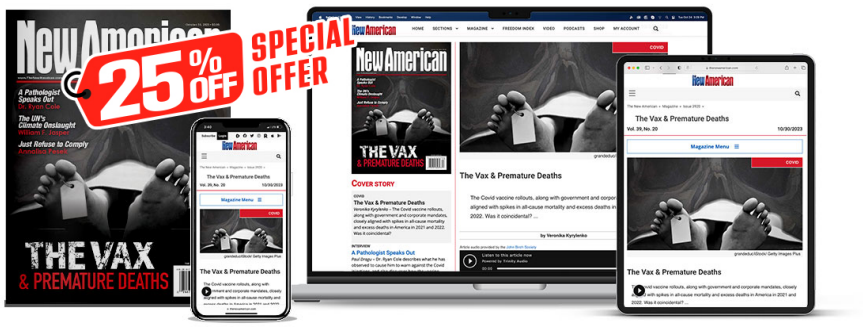

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