



Written by [Staff](#) on March 9, 2020

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Letters To The Editor

Medicare Monstrosity

As a physician who worked in Canada's government healthcare system for 13 years prior to my last 18 years working in the United States, I concur with Rebecca Terrell's excellent article "Is Medicare for All the Cure-all?" (January 6 issue), answering with a resounding, "No!"

When I was medical director for diagnostic imaging for Thunder Bay Regional Hospital in Thunder Bay, Canada, the wait time for an MRI was 13 months, and for a CT it was seven months.

Healthcare in Canada is covertly rationed by limiting the availability of equipment and services, such as CT and MRI scanners. A part of my job was to triage patients, based on limited clinical history, and decide how long they would have to wait for their scans. At times, I would triage patients to the end of the line, only to read their scan months later and realize that they had an out-of-control tumor or rampant infection that should have been addressed months earlier. I could not sleep at night working in such a system.

As a Canadian who had been fully indoctrinated into believing the supposed moral virtue of government healthcare, I woke up from my socialist trance and disagreed with the state having a monopoly on healthcare.

Advocates of government healthcare will deny that rationing would occur in the United States under a "Medicare for All" scheme, but that is not plausible.

In a system that is budget-run rather than profit-driven, finite resources must be rationed. Healthcare is nothing more than a set of goods and services. In a truly free market system for any goods or services, vendors work long and hard to provide accessible, high-quality, reasonably priced wares to willing consumers — for instance, the modern communications industry. It was not so long ago that mobile phones were only available to the uber rich, but they are now ubiquitous across classes.

The United States should do something that it has not done since before World War II, and let the free market reign in healthcare, just as it mostly has for electronics and telecommunications. The United States doesn't now have a free market for healthcare. The U.S. system has third-party payments, crushing regulations, a lack of meaningful competition, and no price transparency; it is quasi-socialist healthcare.

Strangely, my dog, a 10-year-old St. Bernard mixed breed, has the best healthcare plan in the family. Despite the fact that she is an older, large-breed dog prone to illness, I renewed her health insurance a few months ago for a mere \$398.20 for the year. The health insurance functions as true insurance should. Her plan does not cover routine predicted costs such as immunizations and checkups — only catastrophic events.

Absent a third-party payer, her healthcare costs are reasonable. In her life, she has only had one claimed expense, when she was disabled with a torn knee ligament. The required surgery cost \$2,850. The equivalent surgery for humans, *with a system of third-party payment*, would have been many tens of thousands of dollars. The dog's plan had a one thousand dollar deductible. For the surgery, the insurance company gave me a check for \$1,800, which I could spend where I wanted, making me a price-sensitive consumer.



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A neglected strategy for meaningful human health reform is charity, which used to be a part of physician ethics. Rather than having mega-bureaucracies such as Medicaid inefficiently caring for the indigent, charity should be encouraged with strategies such as tax deductions or tax credits for charity care.

Restated, meaningful health reform involves the three C's: cash transactions, catastrophic insurance, and charity care. Unfortunately, such rational healthcare financing would face the opposition of the oligopoly of insurance companies and government that would lose power with such sensible changes.

The skyrocketing costs of healthcare in the United States are fixable, but more government is not the answer — less is.

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