



Written by [Raven Clabough](#) on May 12, 2014

## Long Doctor Waits in U.K.; U.S. to See the Same Under ObamaCare

If the healthcare system in England is any indication of what the American healthcare system will become, then the American people should brace themselves. According to an analysis of the Royal College of General Practitioners, 47 million GP appointments in 2013 involved a wait of at least one week. That is an increase of seven million from 2012, indicating a trend that would mean that by 2015, 57 million appointments will involve an extended wait.



The U.K. *Telegraph* writes, “Senior doctors last night warned GPs were buckling under the demands of an aging population.... Experts said some patients were forced to wait even longer than a week, with delays of up to a month for appointments for some surgeries.”

Dr. Helen Stokes-Lampard of the Royal College of GPs has voiced concerns that as a result, some patients will likely be bypassed:

My biggest fear is that those who are most vulnerable and least assertive are getting overlooked. The patients who shout the loudest will get the urgent appointments, but many others are left waiting for far too long.

With doctors’ patient loads becoming heavy, patients are at risk. GPs admit that they are often forced to rush their consultations, and a recent poll reveals that eight out of 10 fear that they are missing serious illnesses because of their heavy workload.

“When I get to the end of a day and I’ve had 100 telephone consultations and seen 30 patients face to face,” admits Dr. Stokes-Lampard, “I hope and I pray that nothing serious has been missed — either because of the relentless pressure or because someone who needed an appointment couldn’t get one.”

The government is blaming the extended waits on the Labour Party’s past control, stating that doctors received generous pay raises while being freed of responsibility for out-of-hours care. But Labour asserts that the increase in waiting times results from the government’s decision to remove a target that promised patients a GP appointment within 48 hours.

The *Telegraph* reports:

The 48-hour rule was scrapped in June 2010, as part of Coalition efforts to dismantle a “target culture” in the NHS. It was among many waiting targets which had become contentious because of concerns that seriously ill patients were having care delayed because trivial cases had to be seen just as quickly.

Meanwhile, patients are bearing the burden. According to Katherine Murphy, of the Patients Association, the difficulties in seeing a GP are contributing to a crisis in accident and emergency departments.



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Lengthy wait times are just one of many problems characterizing England's healthcare system.

According to the *Daily Mail*, for example, "NHS hospitals are recruiting Spanish and Portuguese nurses in record numbers while British applicants are being refused because places on training courses have been slashed to cut costs." More than 5,000 student nurse places, it writes, "have been axed since the General Election." This has led to confusion over medication and treatments because of the inability to communicate between the nurses and patients.

A 2010 column by the *Daily Telegraph* warned, "Copying the NHS is the last thing the U.S. should do:"

In Britain, we have maintained a perverse ideological insistence on the principle that it is better to have rationed, centrally controlled, uniformly dispensed health care even if it is poorer in every sense — in terms of resources, productivity, and medical outcomes — than that in which individuals routinely contribute to the cost of their own care. The ban on what is called co-payment, or top-ups, is intended to ensure that no NHS patient will have access to better — or more — treatment than anyone else simply because he is wealthier. We prefer a uniformly mediocre standard of care to an "unfair" one in which the better-off may get different service.

This dogmatic self-denying ordinance against the supplementing of NHS provision by patients able and willing to pay has meant that no thought has been given to the role such a mechanism could play in raising revenue for the NHS as a whole.

And just as long waits are a reality in England, many critics of ObamaCare have warned that similar fates will befall Americans under the new healthcare law.

According to a study of appointments for commonly used specialty physicians in 15 major U.S. cities, conducted by physician staffing and consulting firm Merritt Hawkins, patients are already waiting an average of 18 days to schedule an appointment for a doctor.

"In the next two to three years, can we keep a bad situation from getting worse?" asked Travis Singleton, senior vice president at Merritt Hawkins, a subsidiary of AMN Healthcare. "Everything will tell you it's going to get worse and not better."

"Finding a physician who can see you today, or three weeks from today, can be a challenge, even in urban areas where there is a high ratio of physicians per population," said Mark Smith, president of Merritt Hawkins. "The demand for doctors is simply outstripping the supply." In Boston, for example, the longest wait time to see a family physician or specialist was 45.5 days.

A report filed in the United States by emergency room doctors in January of this year revealed that individuals seeking urgent medical care could face longer wait times and other difficulties as demand increases under ObamaCare.

In its latest "report card," the American College of Emergency Physicians said such reduced access earned the nation a "D+" — that's down from the overall "C-" grade from the group's last report in 2009, citing shortages and reduced hospital capacity that will make it more difficult to access emergency care.

The findings of that report are ironic given that proponents of ObamaCare had claimed that increasing the number of insured Americans would reduce pressure on hospital emergency rooms. But according to Jon Mark Hirshon, a researcher at the University of Maryland who helped oversee the group's report card, the new healthcare law will result in many more people going to the emergency room for care, who formerly would have avoided it.



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