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Healthcare

 Kathryn Porterfield, a journalism student at Tennessee Tech University, made the best statement concerning healthcare. She states that “…healthcare, is in fact, not a right. It’s a commodity. You have a right to life, liberty, and the pursuit of happiness. You do not have a right to a service provided by and paid for by other people.” This stand point is one of the many thoughts that play well with the facts that support the idea that universal or free healthcare would not be good for America. The financial aspect of such a system would put a huge strain on the American population, because the money has to come from somewhere (Mercadante). The effects of the government being in control of each individual’s healthcare will be traumatic for those whose treatments are not considered life dependent (Airey, Atlas). Finally, the idea that universal healthcare would be "fair" holds no water (Porterfield).

 Ben Shapiro describes medical care as a series of services that are provided by trained professionals. He goes on to say that there is no moral ground for anyone to demand medical services from these professionals and that medical care as an individual right will decimate individual autonomy. Taking away the rights of medical professionals to choose when and where they want to provide their services, on top of massive government regulation on how they must deliver these services, will cause a massive amounts of practitioners to leave the field and discourage those who would like to become practitioners from doing so (Shapiro, Mercadante). The costs of malpractice insurance for each and every practitioner is estimated at over $100,000 per year (Mercadante). Even if universal health care was implemented, the government would not put any limitations of malpractice litigations (Mercadante). That conclusion can be made by looking at the fact that the people in congress who would be implementing this kind of health care system are lawyers and they would not willingly limit their own form of income (Mercadante). A universal health care system would have to have massive regulations made by the government (Amadeo). This would include decreasing the income of practitioners in the field to attempt to control health care costs (Mercadante). Mercadante describes how he was involved in the mortgage business when the government was encouraging aggressive lending practices in an attempt to increase homeownership. He describes how the government pushed so far in the wrong direction, that it practically forced the mortgage industry to completely shut down. This kind of governmental over-regulation would be drive the health care field "to the point of exhaustion and failure" (Mercadante).

 According to the CDC, the costs of health care in the United States reached $3.2 trillion dollars. That is a 5.8 percent increase over 2014 and all projections of these costs show increases faster than overall economy growth (Mercadante). Medicaid and Medicare are costing the country a combined $1.25 trillion per year (Mercadante). With the addition of another two trillion dollars to cover the rest of the costs, which does not include the rest of the population, instead it only includes those who sought medical care, the government will have to wrangle up the extra wealth by way of taxes (Mercadante). The government would have to increase taxes of all of its citizens by 62 percent to simply maintain the current budgeted deficits (Mercadante). Applying that information with the projections of health care costs rising, it could be deduced that that number would only increase. The government would most likely begin to cut costs in the form of regulation (Amadeo). What would this look like? It would look like government making decisions on whether or not to perform a service, life saving or not, with low probability of success, despite the wishes of the individual (Amadeo). It would look like the government opting for palliative care versus more expensive end-of-life services and most likely the government would choose not to fund expensive drugs for rarer diseases or conditions (Amadeo). The best example of what this would look like is cancelation of 50,000 "non-urgent" surgeries in England due insufficient funds to provide them (Airey). With regulation on payment to healthcare providers, there is less incentive to provide quality care and could cut down on how much time a provider may spend with each person to fully diagnose their conditions and begin treatment (Amadeo). The healthcare system in America is too inflated to be scaled back and made to be manageable, so much so, that it may not be possible (Mercadante).

 Scott Atlas describes how the implementation of a universal healthcare system would cause drastically long wait times that could be life threatening. He gives the facts behind a more common treatment for heart disease called a CABG (coronary artery bypass). He states that patients in the UK waited an average of 57 days and 55 days for Swedish patients. Canadian patients were stated to have to wait ten weeks to see a cardiologist and another two months after that for the procedure, regardless of whether the procedure is determined to be "urgent". Atlas compares this information to the US wait times for this procedure, which was reported to be zero percent of patients waited longer than three months. He also reports that fewer than ten percent of American patients wait have to wait longer than two months to see a specialist compared to 47 percent of Canadian patients and 28 percent of European patients. Another surgery that that Atlas discusses is hip replacement surgery, which is not life threatening but does cause the patient severe pain. He reports that 60 percent of Swedish patients wait three months or longer and European patients average wait time was 91 days in 2011. This is in comparison to 90 percent of American patients receiving the replacement surgery in less than three weeks (Atlas).

 One of the biggest arguments that supporters of a universal healthcare system is that it would be "fair" (Porterfield). Free healthcare for all may seem fair, but when you look at the data, it is not (Porterfield). Kimberly Amadeo illustrates how unfair it would be. She states that "[c]hronic diseases, like diabetes and heart disease, make up 85 percent of healthcare costs." These kinds of diseases can be prevented with positive life style and eating choices (Amadeo). She also states that the "sickest five percent of the population consumes 50 percent of healthcare costs." In comparison to the healthiest 50 percent of the population consuming a mere three percent of overall healthcare costs (Amadeo). This begs the question, how could it be fair for the people who do not require such drastic healthcare and take precautions to prevent diseases to pay for those who do nothing to ensure their own health and wellbeing?

 In conclusion, a universal healthcare system would be detrimental to the masses of patients in the US. A mass exodus of medical professionals, long wait times, and a potential decrease in the quality of care provided are all possible results of the over-regulation of health care by the government. On top of that, a universal healthcare system would increase the tax rate exponentially for everyone across the country, including those who do not require but minimal care to maintain their health. Finally, the preceding fact debunks the idea that universal healthcare would be "fair" to everyone in America.

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