Overview of US Health Care & Bench Development

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***Question 1***.

In general, a proactive stance to problem solving is preferable to a reactive. In health care, eliminating or limiting disease development conserves resources and diminishes human misery. Even so, the U.S. health care system is primarily a reactive model with the majority of resources targeted toward the development of technologies and interventions to treat existing disease and injury. This orientation is the result of both a historical paradigm and a conceptual inadequacy.

Before the middle of the 19th century and the development of germ theory, medicine was entirely reactionary. What was unseen or inexplicable was untreatable. Trial and error was the method of available advancement but often without being attached to an understanding of cause and effect. For a large part of history, western medicine’s approach to disease and disability was controlled by the concept of the four humors. Under this framework, all sickness was the result of imbalance of the humors within the body. As medicine began to transform from superstition to science, the remnants of this paradigm continued to exert considerable if unacknowledged influence. For example, proper ventilation in hospitals became a priority because of a correlation with improved outcomes. Literature of the time discussed this as a need for “good air:” air being one of the four humors. The language continued to reflect the outdated paradigm. Without an understanding of germ theory or the biochemical process of the body, preventive interventions were unmoored from scientific explanation. As a result, medicine treated existing illness and injury. You fixed what was wrong.

Advocates of a preventive model of medicine also face a conceptual problem. The results of prevention are absence: absence of disease development and absence of progression. The success of a preventive model is demonstrated almost entirely through statistical analysis of populations. Success also eliminates any sense of urgency. The current rise of the anti-vaccination movement can be traced at least in part to the creation of a population with almost no personal experience with the diseases prevented by wide spread vaccination programs. How easy is it to discount the theoretical dangers of Whooping Cough when no one is your experience has ever suffered from it? Conceptualizing mumps as a potentially fatal disease can become difficult in a population without functional experience with the disease. (Galazka, Robertson, & Kraigher, 1999) In a health care system with limited resources, prioritizing the creation of absence over treatment becomes politically difficult. The creation of urgency becomes almost entirely the province of leaders willing to expend political capital to advocate for expenditures based on a statically driven model. Faced with the demands of constituencies aligned for development of disease treatment and intervention, few leaders prioritize prevention.

**Question 3.**

Widespread opposition of a single-payer health care system in the U.S. is an artifact of political, cultural and historical events of the last hundred and fifty years. Business interests such as the multi-billion dollar insurance industry as well as other for-profit segments of the health care systems, including many physicians, actively oppose a single-payer system. Politically, single-payer adoption is viewed by many conservatives as fundamentally incompatible with capitalism and, thus, in their view, un-American. Rightly or wrongly, there is also widespread fear that a single-payer system will compromise the integrity of the system itself and result in an erosion of care.

According to the World Bank, in 2015 health care expenditures represented over 17% of the United States 17 trillion dollar GDP. (*Global Health* Expenditure, 2015)This means that public and private health care expenditures totaled more than 3 trillion dollars in the most recently reported year. With this much money in play, business interests in an attempt to protect revenue and profits act in opposition to anything that may disrupt the status quo. From the view of for-profit businesses, adoption of a single payer system would entail apocalyptic risk to profits. Even if the new system continued to use current providers and the percentage of GDP remained constant, a system payer system would by design create a government monopoly reducing individual and, even, industry-wide influence to almost zero. The private health care insurance market in 2015 was worth almost $750 billion.(*Healthy outlook: Demand will increases as the baby boomer generation ages*, 2015) This industry would be reduced by orders of magnitude under a single-payer system representing, primarily, supplemental coverage. These factors combine to create a broad and entrenched opposition to change.

Historically, many European nations first began to enact compulsory insurance systems in the late 1800s in part to undercut developing progressive movements. As a result, these systems were initially associated with conservative government values. In the United States, progressives began aggressively pushing for universal insurance after the turn of the century. The outbreak of World War I and the Communist revolution in Russia and the subsequent hysteria of the Red Scare tainted many progressive ideals with a large part of the American public. Programs like universal healthcare insurance became inexorably intertwined in the public mind with perceived enemy and anti-American values. During WWI, the U.S. government ran propaganda explicitly tying universal public insurance to the German state. Among conservative politicians, single-payer health care is linked philosophy and rhetorically to the perceived inefficiency of government. Finally, health care is perceived as a limited resource. Opponents of a single-payer system exploit fear of scarcity to argue that a universal system will result in a loss of access and stymie technological innovation.

Until such time as advocates of single-payer health care are able to effectively develop arguments to counter active fear-mongering and a general fear of change, the push for such a system will by a difficult struggle in the United States. If the effectiveness of existing national systems on a population-wide basis can be successfully communicated, then attitudes among Americans may begin to change.

References

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