

## Guest Editorial

## Responses to the Health Care Crisis

One might get the impression that Mr Kinsley never gave much thought to health care issues until he was kept waiting "without apology" in a dermatologist's office. Before we dismiss his commentary as personal petulance, however, we must agree that his perceptions are shared by many Americans.

Many question the fairness of a system that rewards an orthopedic surgeon's hourly labors in joint-replacement surgery and a family practitioner's hourly labors in treating a myocardial infarction at very uneven levels. Many are distressed about the inordinate burden, not only economic, of the chronically ill elderly. Many, especially those in industry, are frustrated by their attempts to accommodate the desire for excellent care with the fearful cost of that care. And, sadly, many are frightened by the prospect of the future. To deny these worries is to deny today's reality.

Just about everyone agrees that our health care system is in serious trouble. It is no longer adequate merely to raise the frayed banner of "we provide the best care in the world"—because it is now attended by the questions "for whom?" and "at what cost?" Although the quality of care offered in this nation is indeed superb, the ancillary issues of accessibility and cost have become so important to Americans that they must be confronted. To do so without diminishing quality of care is the crux of the question.

You and I must have an input into this nation's thinking about health care issues. What can a dentist do to help society address these agonizingly complex concerns?

1. Become informed. Read. Listen. Make yourself aware of all sides of the issue. Don't be defensive. Be accepting of the views of others, but don't be reluctant to present your own well-informed points quietly and concisely.
2. Become active politically. Spend time—and money—to support those with whom you agree. Work hard to influence the decision makers of our society, including those in industry. Participate in developing and passing into law legislative strategies for tort reform. Consider options to existing insurance plans and give preference to those that bypass third-party payers who act as "skimmers" of health care dollars. Because most HMOs restrict their coverage to the young, the employed, and the already healthy, dentists should encourage state and federal statutes that regulate more equitable HMO inclusion of the elderly, the marginally healthy, and the indigent.
3. Persuade organized dentistry that our profession has a serious obligation to structure comprehensive and practical long-term projects to care for the disadvantaged. We cannot relegate this role to non-dentists. Moreover, the individual dentist must reassess his/her commitment to giving free care to the indigent. It is the essence of being a professional.

*With health care issues commanding national attention, Michael Kinsley's editorial on the health care crisis in the United States (For Better Care Try Snob Appeal. Int J Periodont Rest Dent 1993;11:308-309) elicited many thoughtful responses. Because the issue is of such import, the editors have decided to publish responses to the author's remarks from several highly respected restorative dentists and periodontists.*

4. Make it clear that dentistry and medicine are two separate and distinct professions.
5. Keep in mind that all our efforts must be perceived as being generated by concern for others and not emanating only from self-interest.

Finally, we must direct ourselves unceasingly toward being better dentists—that is, after all, our best “public relations.”

*Richard D. Wilson, DDS*

In spite of the hours of “waiting for doctors,” the commanding “power” a person may feel the doctor has over him or her, “the crowded waiting rooms,” “the feeling of helplessness,” “the endless forms to fill out,” etc., a recent Gallup poll showed that, regardless of the crisis that may prevail in American health care, most Americans are satisfied (67% very satisfied and 24% somewhat satisfied) with their personal health care arrangements. The quality of their care was likewise satisfactory to 85% of those surveyed. The crisis is the cost, not the waiting or care.

The backbone of a democratic society has always been human rights. Almost everyone would support the concept that all humans in our society are entitled to health care. During the depression of 1938, 81% of the population, according to a Gallup poll, felt the government should be responsible for providing medical care for people unable to pay. Interestingly, today, in a similar poll, 80% feel the same way—socialistic medical care, equal and universal. However, even though we may argue that all people have the right to medical care, we don’t necessarily agree that all people have the right to equal medical care regardless of the system of funding the care, ie, insurance, government, or individual, etc. The quality of care can never be legislated or dictated by the system. The quality and excellence of care provided is in the hands and the skills of the provider, not the system.

Snob appeal will never be an attractive phrase in a free society. To suggest that snobbery might enhance the image of health maintenance organizations is distasteful. The concept of HMOs looks good on paper, but so often fails in reality.

Dental maintenance organizations do not encourage good dental care, because not seeing patients for care is more rewarding for the practitioner than seeing patients. There is no encouragement given to the patient to come for regular dental care. The patient will suffer in the long run in such a system. The exact opposite *modus operandi* is experienced in the free enterprise system of dental care. Regardless of the system, the snob appeal will not improve the crisis, only alienate the patients.

*Gary Maynard, DDS*

As a people, we Americans suffer from a peculiar form of attention deficit disorder that makes it impossible for us to deal with complex issues in a thoughtful and effective way. Our news is fed to us in 30-second sound bites, Cliff Huxtable (AKA Bill Cosby) solves a new family crisis every week within the confines of his 30-minute sitcom, and didn’t we defeat Saddam Hussein in just 100 hours? Michael Kinsley has a neat, quick solution to America’s health care “crisis”: simply have everybody join an HMO, call it a fancy, new name, and presto, the problem is solved. Sorry, Mr Kinsley, health care is a complex issue that doesn’t lend itself to glib pronouncements or facile solutions. In the first place, I’m not exactly sure what kind of crisis are we talking about. Yes, 30 million of our citizens have no health insurance, but, looked at from a different perspective, that still means that 220 million Americans do have health insurance and enjoy what is arguably the finest health care in the world. Our

medical schools, teaching hospitals, and research centers are renowned for their excellence. Is there another country on this planet that offers 220 million of its citizens this quality of health care?

Mr Kinsley bemoans the fact that he had to wait 45 minutes in a doctor's office. Would he prefer living in Canada where the wait for elective surgery may be 6 months or a year? And by the way, Mr Kinsley, I hope you are not a British citizen with end-stage renal disease. Don't ask for dialysis or a kidney transplant if you're over 55—it's just not available under their National Health Service.

Does America have a health care problem? Sure it does. Costs are way out of line and availability is generally limited to those who are employed or who qualify for various government programs. Fundamental change is needed, but let's not throw out the baby with the bathwater. Ours is a diverse, multi-ethnic, and highly mobile society. Providing universal health care to such a group will not be easy, but it can be accomplished. The important thing is not to point accusing fingers at anyone. Doctors are easy targets, but to get the process started, all involved parties—doctors, hospitals, insurance companies, and consumers—have to discuss these issues in an honest and forthright way. What will emerge will be a new, uniquely American form of health care, universally available and at a cost America can afford.

*Nicholas M. Della Russo, DMD, MscD*

I read with interest Michael Kinsley's editorial describing our health care crisis and what he perceives to be a major part of the solution—HMOs. I would like, however, to examine these issues more closely: let's see if the HMO concept is a viable solution.

First, Mr Kinsley reports that health care costs are soaring. This is true, but not, as he intimates, to the enrichment of the providers of this care. Costs are rising because of many factors: overhead casts for medical and dental offices are soaring; our rents are increasing; our personnel earn more every year; equipment and supply costs are astronomical; our infection control programs are costly; malpractice premiums continually rise; etc., etc. All of these factors and others cause fees to rise.

Next, Mr Kinsley is concerned, as are most Americans, that 30 million of our countrymen do not have financial access to medical care. In his wildest socialistic frame of mind, does he think that any HMO will enroll and treat a patient without receiving their monthly subscription check in the mail? HMOs do not treat people who do not pay their premiums—i.e., the aforementioned 30 million uninsured.

With regard to America's poor record in the areas of longevity and infant mortality, the statistics on these two issues are skewed by such social problems as drug abuse (affecting young people), inner city violence (affecting young people), AIDS (affecting young people), and the advent of 70,000 new crack babies a year (affecting very young people). There is certainly no evidence that HMOs hold any answers to these problems.

Mr Kinsley then gets to the "gut issue"—cost control. Let us first understand what HMOs are—they are privately held corporate enterprises, needing to show an increasing profit every year. Recent surveys of business executives published in both the *Washington Post* and *Barron's* financial weekly show that HMOs do not save money. They cost the person paying the monthly premium the same as any other group health insurance plan. No help there, Mr Kinsley. There is no cost control. What there is, however, is control of access to the care. At the core of the individual HMO business is a fund from which fees to specialists are paid. Whatever remains in that fund at the end of the year is divided among the gatekeepers, the general practice physicians. There is thus a disincentive toward patients receiving specialized care. Is it any more morally acceptable to deliver unnecessary services for profit than to deny care in order to profit. No socialist would accept that, Mr Kinsley, would they?

Mr Kinsley's statements about HMOs are without foundation. There is no way for Mr John Q. Public to comparatively evaluate the quality of care between HMOs, so how can he comparison shop? HMOs do not compete for customers on the basis of quality care. Again, the customer has no way of evaluating quality. This

is only wishful thinking. A recent article in the *Washington Post* about one of the biggest HMOs in the Washington metropolitan area pointed to the decreased profits of the HMO, the headlines stating that orders had gone out from management to the doctors to significantly reduce the referrals to specialists. Some quality control, Mr Kinsley.

The issue of health care, Mr Kinsley, is more far-reaching than HMOs. It goes to the essence of national values and priorities. It is concerned with facts like the recent government statistic that two of every three hospital admissions are the result of diseases related to alcohol and tobacco consumption. That's right—two of three. Americans are destroying their own health, and the health care system is supposed to figure out how to live with it, fight it, treat it, and, at the same time, keep the costs down.

The issue, Mr Kinsley, goes to the need for a national dialogue, a discussion of priorities. What do the American people want and need for their lives? Do we need a new highway bill for \$133 billion now sitting in Congress? Or do we need better education for our children, massive drug prevention efforts, education programs about alcohol and tobacco? Maybe our federal government could contribute to the health of Americans by becoming independent of the tax revenues generated by tobacco and alcohol sales.

The health care crisis is a symptom of a greater national crisis having to do with our values, our lack of dedication to educating our children, our unwillingness to make sacrifices to rid this country of drugs, and a lack of leadership at the national and local levels in the establishment of a set of priorities that will reflect a national system of values.

It is time to deal with the source of the problems, not the symptoms. HMOs are just one more bandage, no more, and maybe even a lot less.

*Arnold F. Binderman, DDS, MSD*