

# From my perspective

---

**T**he August 13, 2003, issue of the *Journal of the American Medical Association (JAMA)* features an interesting article titled, "Proposal of the Physicians Workgroup for Single Payor National Health Insurance." Given the subject matter, this article effectively reopens the debate about whether the ongoing inadequacies of our current health care system could best be resolved through a national health insurance program or through narrower modifications.

## *An old wound*

This article also brings to mind the conflict in which the American College of Surgeons found itself in February of 1994 when the Clinton health plan was being vigorously debated. At that time, the then-Chair of the Board of Regents, David Murray, MD, FACS, testified before the House Committee on Education and Labor and was misquoted in the press as stating that the College had endorsed a single-payor system. What he actually said was that the College was of the view that single-payor approaches probably provide the best assurance that patients would be able to seek care from the physician of their choice.

We did not support any specific health care reform model at that time; rather, we said that any proposal should adhere to the principles of a patient's right to choose, access to quality care, physician autonomy in medical decision making, and equitable physician payment for services rendered. The College also applauded the governments goals of controlling health care costs and developing a more workable system.

## *Ongoing problems*

In the nine years subsequent to the dispute about what the College said and meant versus



**“ I do believe that health care reform will be heavily debated by the 109th Congress and will affect the 2004 elections. ”**

what the press misinterpreted as our position, the health care system has sustained and developed numerous stresses and inadequacies. As the *JAMA* article notes, we spend twice as much as other industrialized countries on health care, and, yet, 40 million Americans are uninsured. The article, which is endorsed by approximately 8,000 physicians, including academics and former Surgeons General, indicates that reversal of these trends will require systematic and systemic change.

Indeed, much money is wasted under the current system. Tremendous administrative costs and competition between plans that have a for-profit mentality have resulted in an arcane and

---

costly system, which diverts money from patient care and breeds the corporate mind set that has become pervasive in the medical profession.

Clearly, change has been necessary for some time. The federal government has passed laws that have resulted in some incremental changes to the system, but the passage of significant reforms, such as the adoption of a patient bill of rights or prescription drug coverage under Medicare, remains difficult.

It is impossible to predict the form and scope of the future health care system, but given the range of stakeholders that have special interests in the system and the political climate today, it is hard to imagine that the major reconstruction called for in the *JAMA* piece could occur. I, for one, do not believe that the crisis in health care has reached a threshold that would command such a startling transformation.

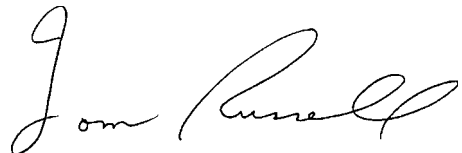
Nonetheless, I do believe that health care reform will be heavily debated by the 109th Congress and will affect the 2004 elections. The number of Americans without health insurance and the spiraling costs will thrust the issue into the legislative limelight.

### ***What's the College doing?***

The American College of Surgeons must be prepared with a plan. The organization as a whole and each of its members on a daily basis experience the problems and frailties inherent to our current health care system. Hence, our Health Policy Steering Committee is actively working to determine the key elements of an improved system (see related story, p. 15). All of the committee's recommendations will adhere to the binding principles to which I alluded earlier, including freedom for patients to choose their physicians, physician autonomy, access to

quality care, and so on. The committee members are engaged in a very important and productive debate about this issue, and we anticipate that their efforts will assist the College in taking a decisive position on health care reform.

I'm sure that many of you have given some thought to this matter. The Health Policy Steering Committee and I welcome your ideas.



*Thomas R. Russell, MD, FACS*

---

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).