

HEALTHCARE REFORM – PART 1.

The most basic problem is rationing ...

by Vic Berecz

I was hesitant to become a part of the healthcare discussion because, at age 70, I am a part of a fabulously successful single-payer healthcare system called *Medicare*. Yes, it has some problems ... what doesn't? They can be fixed. But, since so much of our national focus is on the topic of healthcare today, I thought it's time we begin discussing it now.

My wife had an uncle named Hermann. He was a character ... to say the least. A butcher by trade before the war, during the *Big One* he was a proud U.S. Navy *SeaBee*. They were always close behind the Marines as they fought from stinking island to stinking island across the Pacific. He survived the war and for the next quarter-century he worked the NSTS troop ships ... first returning the guys home from Europe and later back-and-forth to Korea and then back-and-forth to 'Nam. Needless to say, he saw a lot in his life.

He and his wife never had children. As he grew older, and was long since a widower, he said to me one day (perfectly seriously): "You know Vic, if I get sick, just shoot me." Fortunately (for me) he remained quite healthy, and died peacefully in his sleep at the age of 99½. But, that brings to mind the most basic question about the healthcare issue: *Do you do absolutely everything possible to keep a person alive? ... or ... If they get sick, do you shoot 'em?*

Rationing seems to be the bad apple in the healthcare barrel. The positions described in the two questions above represent the extremes on the issue ... everything or nothing. Unfortunately, there are all too many of us who say: "I want everything possible done for me, but when it comes to her ... uhh, we have to think of the cost." I know ... I know ... nobody would ever say that ... out loud. Some others speak the minor variant: "If I can pay for it, I should have it. If he can't pay for it, tough." Still others want to compute his value, where *value* = *salary x life-expectancy* (or some equally inane formula) and set that as the limit on how much can be spent to save his life.

OK – let's get down to reality. There's more involved than the dollar-value of life. There's quality of life. There's sacredness of life ... and there's also the recognition that death is an integral, necessary, and inevitable part of life. We have healthcare rationing today. Any realistic healthcare solution for the future will require some form of rationing ... remember even extremists like Uncle Hermann espoused a form of healthcare rationing. Basic logic tells me that if I can afford to buy something which is legal and available, I should not be denied that opportunity. Sounds to me like a basic American freedom ... we'd better not mess with that. On the other hand, **if I can't afford what I want, when should the community "rally around" and give it to me?** That's the real question regarding healthcare rationing!

Am I going to propose a solution? NO ... I'm not that smart, or maybe I'm not that dumb! But, a general consensus on at least an approach to rationing is needed before we can realistically start to address the other issues of healthcare reform. I've got to believe that America (or any other nation) will never be able to afford the "do absolutely everything" approach ... and many of us wouldn't want that even for ourselves. Yet, the great majority of Americans will never buy-into the "if they get sick shoot'em" approach, no matter who "they" are. So the answer must be in-between. If you buy my arguments, we've narrowed the choices ... a step in the right direction. Now we've just got to continue the process of compromises and narrowing the choices. But, I know each step gets more difficult ...

... and it'll be very tough to agree on an answer.