



## President's Comment

Bruce J. Applebaum, M.D.

President

El Paso County Medical Society



### PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA OR OBAMACARE)

"Hilarity and good humor, a breezy cheerfulness...help enormously both in the study and in the practice of medicine. To many of a somber and sour disposition it is hard to maintain good spirits amid the trials and tribulations of the day, and yet it is an unpardonable mistake to go about among patients with a long face." - Sir William Osler, *Aequanimitas*, 1889

Well, like it or not it is a done deal (at least for the foreseeable future), and we have to put on a smile and go about our daily work. Yes as of June 28, 2012 the Supreme Court placed their supreme seal of approval on the PPACA by upholding the individual mandate.

So now what? It is time to buckle up and prepare for the ride, because it is going to be a long one. We must now accept the reality of our situation and do our best to cope and adapt in order to provide the best healthcare we can to our patients.

So, I pose this question. Do we now have or have we entered into a world of "socialized" medicine? What is the exact definition of "socialized" medicine? If you search it, there are innumerable results. Probably the most basic definition is this: **A government-regulated system for providing health care for all by means of subsidies derived from taxation.** Given this definition I think it is clear we have actually had some indirect form of socialized medicine for a long time.

The idea of "National Health Insurance" was actually first introduced by Harry Truman in 1945. In his message to congress, a so called healthcare "bill of rights", Truman argued that the federal government should play a role in health care. He said, "The health of American children, like their education, should be recognized as a definite public responsibility." The public had rights, such as "The right to adequate medical care and the opportunity to achieve and enjoy good health." Another was the "right to adequate protection from the economic fears of ... sickness ...."<sup>1</sup> One of the chief aims of President Truman's plan was to insure that all communities, regardless of their size or income level, had access to doctors and hospitals. Truman called for a health insurance plan to be administered and subsidized to an extent by the government. All Americans would pay a percentage of income into the system, but it was optional to use the system. The AMA characterized the bill as "socialized medicine" and was opposed to it; Truman was vehement in his objections to the labeling of his program as "socialized." Ultimately, Truman's bill was abandoned. However, Presi-

dent Johnson credited Truman in 1965 for helping to publicize the issue of health care in America and for inspiring the Medicare bill that became law that same year.

The fact of the matter is that in studying Truman's healthcare plan, many of the tenets that he proposed have been incorporated into the PPACA (this time the AMA endorsed the bill). These tenets are honorable and ethical. The paradigm for all Americans to have equal access to medical care without economic constraints should be a public goal and responsibility. However, individual and independent choices for doctors and patients must remain so that we do not face what other countries with "socialized" healthcare systems have faced.

I recently heard a speech by David Naylor MD, president of the University of Toronto, about socialized medicine in Canada. He was candid in his opinion. He said a single payer system is not a panacea. On paper it looks good and seems fair, but the price of fairness is that everyone is unhappy, doctors and patients alike. Also in the U.S., the uninsured (lower socioeconomic status) may have better access to specialty care than the insured (including those of higher economic status) in Canada.

The bottom line is that the PPACA is, unfortunately, going to fail. It is going to fail doctors and patients alike. It is going to fail because it did not address the key problems with our current health care system; SGR, tort reform, overwhelming cost, physician shortages, high complexity, and the need for a public option. A public option would have allowed most uninsured individuals to acquire insurance from the government as opposed to having to buy it from the current 3<sup>rd</sup> party payers, (they have the most financial power, and their lobbyists rejected this option). Finally, the PPACA is too complex and too intrusive. The mandates of EHR, HIE's, ACO's, and the IPA board are going to be too onerous for the individual private practitioner, and these doctors will become an endangered species.

If socialized medicine in its purest form fails, and our new system is destined for failure, than what is the solution to our healthcare system quagmire? I now have the answer for you.....**to be continued.**

1. Truman Library: [www.trumanlibrary.org/publicpapers](http://www.trumanlibrary.org/publicpapers)

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