Understanding National Healthcare

An Honors Thesis (HONRS 499)

by

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Abstract:
The medical care in America, while of extremely high quality, is costly. It is often this high cost which prevents those who need it most from obtaining, literally, life saving services. This reason alone should be a compelling force for taking a look into the national healthcare systems in place around the world, all of which spend less than America, and usually have longer life expectancies and happier citizens. The resistance to nationalizing healthcare in America, then, is surprising. Upon investigation I realized the majority of this resistance is due to misinformation or ignorance of any system other than the one currently in place. To help inform citizens about nationalized healthcare and to answer pertinent questions by current medical professions about converting to a nationalized system, I created two pamphlets, one to target each audience.

Acknowledgements:
I would first like to thank my adviser Dr. Powell; without your never-ending patience, thought provoking questions and often irritating refusal to let me turn in anything less than my best work I would not be where I am today. I would also like to thank my dear friend Madeline Goheen and my loving mother Julie Thessin for encouraging me through all the stress and difficult times along my path in life and becoming the person that I have become.
Author’s Statement

What is the Project?

My thesis project has changed shape more times than I care to count, and it took quite a stretch to see the final product which I produced from the original idea I hashed out with my advisor. The central idea, that of educating both the general public, as well as medical professionals, on the basic principles of socialized medicine, has stayed constant. The method which I ended up using was that of brief, compelling points, interesting factoids, and questions and answers all packaged in a neat little pamphlet. Two such pamphlets were created, one for the average citizen, and the other aimed more toward medical professions (primarily toward physicians). As each group would have very different questions about a new system and very different concerns about leaving our current system, the content from one pamphlet is almost completely different from the content of the other pamphlet.

Target Audience:

To increase accessibility while keeping the environment in mind, both pamphlets were posted on the internet. The initial distribution was simply through e-mail and was eventually supplemented by the social networking website Facebook. They have been marked as public domain, allowing them to be freely searched and read by anyone with a (free) membership to the website.

Why Did I Do It

The idea of the project was hatched during numerous political and philosophical discussions about healthcare, namely how it should be provided, and who should be blamed when large portions of society are afflicted with easily treatable or curable ailments and are not treated. I, for one, heavily believe that socialized medicine is a much better alternative to the current system in the United States. Most people found this extremely shocking as I plan on entering the medical field as a physician, and in particular, plan on practicing primary care medicine. It slowly dawned on me that most people were incredibly poorly educated on what socialized medicine is, and how a socialized system can truly be a wonderful thing for many people. From this realization it was not long before I was sitting with my advisor discussing different methods of educating the masses. It was decided that rather than writing an in-depth report which covered details which were likely to change over time, be different for each country, would be above the comprehension level of some and would only be read by a few, it would be more beneficial to construct something which could be quickly read, give enough information to dispel common rumors, and would be read by many.

Once the presentation medium of a quick-read pamphlet had been decided upon I had to decide what people actually want to know. I began talking to friends, family, students, professors, and even a few fellow restaurant patrons, asking what they knew about socialized medicine and universal healthcare, and what they would like to know. I was simply blown away by some of the facetious information I heard, and I knew just how necessary something similar to my project has become. I was surprised that the questions asked were similar across religions, political backgrounds, ages, and education levels, although I did not do any comprehensive tracking of demographics (as this was off-putting to some people). It seemed that by and large, everyone has the same concerns.

Once I figured out what types of things people wanted to know, I began my literature research. Most questions could not be answered specifically. For example, one common question, “Will it cost more per year to see the doctor the same amount of times as I do now?” This question has many layers including the quality of current insurance, which particular model of healthcare is chosen by the national government, if supplemental coverage is purchased (if this is an option), and more. That said, I was reasonably happy with the answers I was able to find and provide for the majority of the questions that were asked.

To begin answering these questions I researched the current healthcare policies of three countries with national policies: Canada, the United Kingdom, and France. I chose the first two
countries for their close relationships to America, and the third as it has been ranked the #1 system by the World Health Organization in the latest ranking. After looking at how each of these systems work, as well as reading any literature I could find on nationalized systems in general, I did my best to compile answers.

In addition to the question and answers section I included brief summaries of each of the three international systems. This was included primarily for two reasons. The first reason was to show that not all nations have the same plan, each can be very different, and simply having a nationalized system does not necessarily mean a particular system. The second reason for including the summaries was to show that the best system (according to the WHO), France's system, leaves much power in the hands of the citizens. Most of the concern I encountered was centralized around the idea of having the government make more decisions for its citizens. In France, the citizens still have the option of obtaining supplemental coverage (80+% of the population takes advantage of this), as well as having options of where to go for services. Physicians also have the option of participating or not participating, and the option of where or how to practice medicine.
Works Cited


   <http://www.pnhp.org/>.


FAQs

Q: How would nationalizing health care affect the lower/middle/upper classes?
A: Simply, by being covered, the lower class would benefit. The middle class would likely not see a change in the care received, but would likely see a reduction in total cost paid. The upper class would likely see a slight reduction in level of care, unless a strong private sector of care providers remain.

Q: What is so wrong with our current system?
A: There are multiple answers to this question. Our current system loses much to regulatory bodies and insurance companies. Simply put the more interference between care providers and care recipients, the higher the fee.

Q: Will I still be able to see a specialist when needed?
A: Specialists will still be available, although the process to see one will depend on the particular system that is adopted.

Q: What is the difference between socialized medicine and socialized health insurance?
A: Socialized medicine refers to a system that is entirely controlled by the government. This includes the funding, the regulation, and the employment of professionals (physicians, nurses, etc.). Socialized health insurance, also known as national health insurance, is a federally funded system which is usually delivered (staffed by) private sector.


For more information try visiting any of the referenced materials or conducting your own internet and library searches. It is the desire of the author that everyone will further educate him or herself and form his or her own opinion on what is best for our country.
Q: Who will be in charge of purchasing new diagnostic equipment?

A: Often groups of physicians (or trusts) are given yearly equipment allowances. The trust is then allowed to spend the money on lab equipment, supplies, and procedural necessities at their own discretion.

Q: Who will determine my fee schedule?
A: In most cases the regulating body (whether it be state, federal, or local) determines the allowable fees. Some systems pay physicians not based on the number of patient visits or procedures, but on the number of patients assigned to them, eliminating the need for fees.

The answers to these questions are based on research of current systems in place in other industrialized wealthy countries. As our country moves closer to adopting a national system, the exact parameters will become clearer. Until this point all answers are conjecture and may become blatantly inaccurate. More information can be found at each of the following websites, or by visiting your local library.

http://www.time.com/time/healthcaredebate


http://www.pnhp.org/facts/single-payer-faq


Answers included information from the following sources:


Frequently Asked Questions Concerning Nationalized Health Care: A Guide for Medical Professionals

With the political climate rapidly changing in this country and the issue of nationalizing health care as a key point in nearly all debates it might be time to see how this is going to affect your profession. As the providers of medical care, you serve a pivotal role in society but, more importantly, you will be effected more than anyone by a change in medical policy. Inside this brochure you will find answers to some frequently asked questions by medical professionals just like yourself. While this guide is by no means a complete answer to any of the questions, nor is it a complete list of possible questions. To this point, a list of additional educational resources has been included at the end.