

# HealthRight provided disappointment and hope

## Guest Columnist Scott Jensen, M.D.

Over the past six weeks I have been asked often my opinion regarding the HealthRight bill that has just been passed by both legislative bodies and forwarded to the governor for his anticipated signature.

The time has come for our society to address the matter of providing health care for all persons. Indeed, over the last decade it has become ever apparent that in a society that recognizes the right of all criminals to a lawyer, certainly all citizens should have the right to a basic health care package that would provide for such essentials as vaccinations, antibiotics for infections, and non-elective surgeries, etc. In a land as full of resources as ours, it is necessary and right to provide such a package of basic health care benefits for all persons.

When I consider the HealthRight bill I am struck by both disappointment and hope.

Five areas of disappointment are:

1. The HealthRight package strives to provide some measure of control over health care costs that are escalating so relentlessly. A major factor for continued escalation is a climate of fear. Physicians, nurses and health care providers across the board believe the potential for malpractice litigation must be considered in every diagnostic work-up and every plan of treatment. Ever more tests are ordered with the express purpose of establishing a legal record that will provide defense if the need arises. This legal record has little to do with the actual quality of care in the practical matter of treating patients.

Hospitalization is often recommended unnecessarily because of real fear of being sued.

Malpractice suits ought to be removed from the domain of high priced litigation. Impartial arbitration commissions comprised of fair minded citizens should be established to satisfy legitimate patient claims on reasonable terms. Disciplinary measures for physicians should take place through appropriate agencies such as the Board of Medical Examiners or the Department of health. Input on such matters should be obtained from speciality organizations, hospitals, peers and patients.

Frankly, the HealthRight bill provided no meaningful impact on the defensive nature of medical practice today.

2. It has been widely reported and accepted that almost 50 cents of every health care dollar is spent on persons in their last year of life. This appears to indicate that many dollars are directed toward the prolongation of the dying process, rather than the enhancement of quality of life.

Unfortunately, the real tragedy in this matter is that many patients have cares, tests, hospitalizations, and costs subtly forced upon them despite the fact that their own minds have been made up to allow a natural process to take place without the tremendous expenditure of funds. Certainly, all persons have the right to participate in aggressive work-ups and plans for medical problems if they so choose. However, many patients have clearly indicated that their preference is to allow a natural dying to occur without medical intervention.

The HealthRight bill did not deal with the tremendous costs of dying in our society.

3. The last six weeks have demonstrated the tremendous political pro-

cess that organized medicine possesses as intensive lobbying and dialogue took place between medical professionals and legislators. Clearly, organized medicine had serious legitimate concerns regarding this bill, and these concerns were made known effectively and persuasively.

However, it is a significant disappointment that such broad and substantial effort was not present three years ago when the Living Will legislation was being discussed and enacted. The implementation of the Living Will legislation has been slow, which is unfortunate as other states have demonstrated this to be an effective means of cost containment and increased patient input regarding their own plan of care in the end stages of life.

4. The basic logic of HealthRight regarding the two percent surcharge is both disappointing and frightening.

Essentially, the argument goes: There is already enough money in the system. We will tax hospitals and doctors to regain some of those dollars. We will then spend those dollars on services on individuals who sign up for the state program. Thus the hospitals and providers will receive their monies back.

This oversimplification sets a curious precedent as hospitals and providers are expected to perform more services for more patients with the same or less dollars, as well as maintain solvency and patient access.

It is compounded by the fact that the Legislature increased fees for medical assistance patients this year (they still do not cover mere overhead costs in many situations). However, this increase will be funded by an additional \$400 licensing fee for physicians.

I am not an accountant, but is not this sort of like robbing Peter to pay Paul?

5. The HealthRight bill has been identified as a classic example of closed door meetings among a very small number of persons. We have heard much about the "gang of seven." It is disappointing to think that so dramatic an effect will occur without the real and genuine involvement of the full legislative body, as well as the involved players.

Having cited five major areas of disappointment, I want to comment on five areas of hopefulness:

1. Physicians have shown a clear motivation and interest in being involved in providing solutions for the health care crisis. There can be no disputing that there is an aura of inevitability that is upon our society. It is no longer morally, ethically or economically acceptable for so many people to be medically uninsured. Perhaps, in the future, physicians will be able to provide integral support in providing solutions to the health care crisis.

2. It certainly was very satisfying to see the two legislative bodies, as well as the two political parties, working together with the governor's office. It is unlikely that real solutions will come out of posturing and bickering. The enhanced working relationship of the 1992 Legislature and the governor's office may bode well for the future.

3. The HealthRight bill has some very positive components within it. Clearly, those unfortunate individuals who do not qualify for medical assistance and yet have no affordable insurance program available to them will now have an alternative.

There is a clear awareness that this bill will have to be modified and

revisited many times. Governor Carlson shared the following comment regarding this bill: "Is it perfect? Absolutely not. Will we be back next year making changes? Very likely. We will be back in '94, '95, '97, the year 2000. It is that kind of system. It will always require monitoring and, yes, it will require changes."

4. Significant cost containment measures are present in this bill. Neither our country nor our business community can be expected to allow the unchecked growth of the health care industry.

A commission reviewing the appropriate position and usage of new technologies may be helpful in controlling costs. Clearly, medicine has stumbled many times in prematurely embracing technologies and procedures that later were found to be lacking in both efficacy and safety.

5. Substantial attention was given to rural access issues and this is extremely important for so much of Minnesota. The role of rural physicians in the policy making process needs to be strengthened dramatically, and this bill can assist in this regard.

In closing, I provide the reminder that politicians generally do not lead or direct society. Rather, they reflect the mood and thoughts of society, albeit in a somewhat delayed fashion.

*(Scott Jensen, a rural Chaska resident, is a physician who is on the Board of Directors of the Hennepin County Medical Society, chairs the Legislative Committee of the Minnesota Academy of Family Physicians and chairs the Carver County Republican Party. He said this editorial represents his personal beliefs.*