

Deroy Murdock

NRO Contributing Editor

September 13, 2006 5:13 AM

[Author Archive](#)
[Send to a Friend](#)
[Print Version](#)

Stethoscope Socialism

National health care is no cure.

By Deroy Murdock

A national health-care system may be the Holy Grail of American liberalism. If only the government managed medicine, the argument goes, costs could be restrained, quality assured, and access extended from the poshest beach house to the humblest shotgun shack. On NBC's *Meet the Press* last fall, Illinois Congressman Rahm Emanuel advocated a "universal health-care system over the next 10 years." If Hillary Clinton reaches the Oval Office, she likely would take another crack at socialized medicine, as she did so disastrously in 1994.

Amy Ridenour of the [National Center for Public Policy Research](#) sees this model more as a poisoned chalice. Her Washington-based free-market think tank has begun educating Americans on the massive belly flop that is state-sponsored health care. Wherever bureaucrats control medicine, the wise money says: "Don't get sick."

It would be bad enough if national health care merely offered patients low-quality treatment. Even worse, Ridenour finds, it kills them.

Breast cancer is fatal to 25 percent of its American victims. In Great Britain and New Zealand, both socialized-medicine havens, breast cancer kills 46 percent of women it strikes.

Prostate cancer proves fatal to 19 percent of its American sufferers. In single-payer Canada, the National Center for Policy Analysis reports, this ailment kills 25 percent of such men and eradicates 57 percent of their British counterparts.

After major surgery, a 2003 British study found, 2.5 percent of American patients died in hospital versus nearly 10 percent of similar Britons. Seriously ill U.S. hospital patients die at one-seventh the pace of those in the U.K.

"In usual circumstances, people over age 75 should not be accepted" for treatment of end-stage renal failure, according to New Zealand's official guidelines. Unfortunately, for older Kiwis, government controls kidney dialysis.

Unlike America's imperfect but more market-driven health-care industry, nationalized systems usually divide patients and caregivers. In America, patients and doctors often make medical decisions and thus demand the best-available diagnostic tools, procedures, and drugs. Affordability obviously plays its part, but the fact that most Americans either pay for themselves or carry various levels of insurance guarantees a market whose profits reward medical innovators.

Under socialized medicine, public officials administer a single budget and usually ration care among a population whose sole choice is to take whatever therapies the state monopoly provides.

"In a service that is free at the point of delivery, demand will always tend to outstrip supply," explains David Smith. In [Impatient for Change: European Attitudes to Healthcare Reform](#), published by the free-market Stockholm Network, he adds: "[R]ationing by waiting times or by the range of treatments on offer has been a regular feature of the National Health Service since its inception." Smith cites a Populus survey in which 98 percent of Britons "wanted a shorter time between diagnosis and treatment."

Medicrats often distribute resources based on politics rather than science. Government doctors and nurses frequently are unionized. As befalls American teachers in government schools, excellence rarely generates additional compensation — so why excel? Without incentives, such structures eventually breed mediocrity. Patients in universal-care systems get cheated even worse than do students in failing public schools. While their pupils suffer intellectually, politically driven health care jeopardizes patients' lives.

Emily Morely, 57, of Meath Park, Canada discovered that cancer had invaded her liver, lungs, pancreas, and spine. She also learned she had to wait at least three months to see an oncologist. In Canada (except Quebec), where nearly all private medicine is *illegal*, this could have meant death. However, Morely saw a doctor after one month — once her children alerted Canada's legislature and mounted an international publicity campaign.

James Tyndale, 54, of Cambridge, England, wanted Velcade to stop his bone-marrow cancer. However, the government's so-called "postcode lottery" supplied this drug to some cities, but not Cambridge. The NHS finally relented after complaints from the Tories' Shadow Health Secretary, [Andrew Lansley](#), MP.

[Edward Atkinson](#), 75, of Norfolk, England was deleted from a government-hospital's hip-replacement surgery waiting list after he mailed graphic pro-life literature to hospital employees. "We exercised our right to decline treatment to him for anything other than life-threatening conditions," said administrator Ruth May. She claimed her employees objected to Atkinson's materials. Despite a member of Parliament's pleas, Atkinson still awaits surgery.

While Germany's medical system has private elements, it is more statist than America's. Last spring, striking physicians took to Berlin's and Cologne's streets to complain about government intervention in their practices. "We want to heal, not take care of the budget shortage," read a banner in one march. "This is not a doctor's strike! This is an uprising of slaves," read another.

Disgruntled doctors across Europe are demanding more patient-centered health-care markets. Among them, Britons have launched [Doctors for Reform](#). Similar groups are convening in Germany and Spain. And in Italy, dissatisfied docs formed a political party called [Salute e Democrazia](#) (Health and Democracy) and ran candidates in elections last April. While they did not win, tomorrow is another day.

For all its problems, America's more market-friendly health system offers patients better care and would deliver greater advancements if government adopted liability reform, interstate medical insurance sales, unhindered Health Savings Accounts, and other pro-market improvements. As for importing universal care, author P. J. O'Rourke said it best: "If you think health care is expensive now, just wait until it's free."

— *Deroy Murdock is a New York-based columnist with the Scripps Howard News Service and a senior fellow with the [Atlas Economic Research Foundation](#) and a distinguished fellow with the National Center for Public Policy Research.*