
By Ida Hellander, M.D.

**Single-year polls**

<table>
<thead>
<tr>
<th>Poll</th>
<th>Support for single payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Sentinel, Me. (1992)</td>
<td>56%</td>
</tr>
<tr>
<td>J Fam Pract (1993)</td>
<td>25%</td>
</tr>
<tr>
<td>Burlington Free Press, Vt. (1993)</td>
<td>50%</td>
</tr>
<tr>
<td>Times Mirror Center (1993)</td>
<td>41%</td>
</tr>
<tr>
<td>Penn Phys Nat’l Health Prog (1996)</td>
<td>29%</td>
</tr>
<tr>
<td>New Eng J Med (1999)</td>
<td>57%</td>
</tr>
<tr>
<td>Arch Int Med (2004)</td>
<td>64%</td>
</tr>
<tr>
<td>Minn Med (2007)</td>
<td>64%</td>
</tr>
<tr>
<td>J General Int Med (2009)</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Multiple-year polls**

<table>
<thead>
<tr>
<th>Poll</th>
<th>Support for single payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA (1992)</td>
<td>18%</td>
</tr>
<tr>
<td>AMA (2004)</td>
<td>41%</td>
</tr>
<tr>
<td>Ann Int Med (2003)</td>
<td>49%</td>
</tr>
<tr>
<td>Ann Int Med (2008)</td>
<td>59%</td>
</tr>
<tr>
<td>Mass Med Soc (2010)</td>
<td>34%</td>
</tr>
<tr>
<td>Mass Med Soc (2011)</td>
<td>41%</td>
</tr>
<tr>
<td>Maine Med Soc (2008)</td>
<td>52%</td>
</tr>
<tr>
<td>Maine Med Soc (2014)</td>
<td>64%</td>
</tr>
</tbody>
</table>

**Introduction**

The term “single payer” entered the American health policy vocabulary in 1989, after the New England Journal of Medicine published PNHP’s proposal for “a national health program, as the single payer for services” (1). Since then, polls of physicians’ attitudes towards single payer – a form of national health insurance in which care is publicly financed, but largely privately delivered – have found substantial and growing support for single payer. Nearly all the surveys were conducted by independent researchers and published in peer reviewed journals, or were conducted by polling firms, usually for state branches of the American Medical Association. Three early polls (in 1992, 1993, and 1996) were done by chapters of PNHP, as noted in the text.

1. **Survey of Maine physicians**
   *Morning Sentinel, 1992*

   A survey of physicians in Maine found 57 percent in favor of “single payer,” 26 percent opposed, and 17 percent neutral. The survey, by the Maine chapter of PNHP, was mailed to all 2,005 physicians in the state; 566 responded (2). In 2008 and 2014, the Maine Medical Association reported similar findings (described below) from its own surveys.

2. **Survey of North Carolina physicians**
   *Journal of Family Practice, 1993*

   A survey by researchers with the Cecil G. Sheps Center on Health Services Research focused on physician support for the two leading options for reform at the time, managed competition and single payer. Nearly one-third of surveyed physicians reported not having enough information to choose between the plans. Among physicians expressing a preference, 25 percent preferred a single-payer system, 37 percent favored managed competition, and 38 percent favored continuing the status quo. Pediatricians, rural physicians, and those dissatisfied with the current reimbursement system were mostly likely to support a single-payer system (3).

3. **Survey of Vermont physicians**
   *Burlington Free Press, 1993*

   A survey in Vermont asked physicians to choose between four options: the present system, a managed competition approach, “a single-payer health care system,” and undecided. The survey, by the Vermont chapter of PNHP, was mailed to all 1,404 physicians in the state; 421 responded. The results showed that 50 percent of the state’s physicians supported a single-payer health care system, including 71 percent of psychiatrists and 63 percent of pediatricians. Only 11 percent supported managed competition (4).

4. **National survey of physicians**
   *Times Mirror Center for the People and the Press, 1993*

   This national survey was designed to gauge physician attitudes towards the Clinton administration’s health plan (managed competition) compared with single payer. Phone interviews were conducted with a sample of 408 physicians in March 1993. Here’s how a single payer plan was described: “The government pays for all health care costs from taxes collected from workers,
employers, and from the general public. People could select any provider and pay for it with a national health care card. What is your reaction so far?” At this point 49 percent of physicians were “mostly positive” (49 percent) towards the plan. Support fell to 32 percent after being told “there would be a ceiling on health care costs. Medical societies would set fees based on annual government budgets for medical care. Hospitals would also be given annual budgets by the government. What is your reaction to this aspect of the plan?” Support rose to 41 percent after being asked “now taking everything into account, what’s your overall reaction to such an approach.” Fifty-eight percent of physicians were opposed to single payer, the same percentage that supported the managed competition approach (5).

5. Survey of Pennsylvania physicians
*Pennsylvania Physician Survey by Walter Tsou, 1996*

The Pennsylvania chapter of PNHP mailed surveys to 1,000 randomly selected physicians in the state; 288 replied (6). The survey asked physicians about their support for four different options for reform. Twenty-nine percent supported “a single-payer system in which everyone received coverage from a single, publicly accountable plan, paid by taxes.” Thirty-three percent supported “medical savings accounts for individuals and high deductible insurance paid by employers/individuals for catastrophic expenses. Government pays for some of the uninsured,” while 28 percent favored “a system based on managed competition between several private insurance plans with premiums paid by employers or individuals.” A fourth option, “decrease the rate of increase of Medicare and Medicaid as passed by Congress. The remaining systems of public/private financing and access to care is acceptable,” received 10 percent support.

6. Survey of students, residents, faculty and deans at medical schools in the United States
*New England Journal of Medicine, 1999*

A poll by researchers at Harvard Medical School published in the New England Journal of Medicine found that “all groups [deans, department chairs, residency training directors, physician faculty at medical schools, resident physicians, and medical students] expressed a preference for a single-payer health care system over both managed care and fee-for-service systems. Overall, 57.1 percent thought that a single-payer system with universal coverage was the best health care system for the most people with a fixed amount of money. A total of 21.7 percent favored managed care, and 18.7 percent preferred a fee-for-service system.” The question asked “Which one of the following three structures would offer the best health care to the greatest number of people for a fixed amount of money? Fee-for-service system in a competitive marketplace, managed care system in a competitive marketplace, or single-payer system with universal coverage” (7).

7. Survey of Massachusetts physicians
*Archives of Internal Medicine, 2004*

A poll of Massachusetts’ physicians by researchers at Cambridge Hospital/Harvard Medical School asked the same question as in No. 6 above. Overall, 63.5 percent preferred single payer, 25.8 percent fee-for-service care, and 10.7 percent managed care in a competitive market (8).

8. Survey of Minnesota physicians
*Minnesota Medicine, 2007*

A survey of Minnesota physicians found that 64 percent favored a single-payer system, 25 percent favored health savings accounts, and 12 percent favored managed care. The majority of physicians (86 percent) also agreed that it is the responsibility of society, through the government, to ensure that everyone has access to good medical care. The survey was similar to the questions used in surveys No. 6 and No. 7 (above) (9).

9. Survey of New Hampshire physicians
*New Hampshire Medical Society, 2007*

A 2007 survey of physicians in New Hampshire found that 67 percent of all physicians, and 81 percent of primary care physicians, support single payer (“favor a simplified payer system in which public funds, collected through taxes, are used to pay directly for services to meet the basic healthcare needs of all citizens”) (10).

10. National physician survey
*Journal of General Internal Medicine, 2009*

A survey of American physicians published in the Journal of General Medicine found that 42 percent of physicians supported a “government-run, taxpayer-financed single-payer national health insurance program.” Forty-nine percent favored either tax incentives or penalties to encourage the purchase of medical insurance. Only 9.1 percent “would preserve the status quo.” The majority of respondents believed that all Americans should receive needed medical care regardless of ability to pay (89 percent); 33 percent believed that the uninsured currently have access to needed care. Nearly one-fifth of respondents (19.3 percent) believed that even the insured lack access to needed care. Views about access were independently associated with support for single-payer national health insurance (11).

11/12: National AMA member survey
*American Medical Association, 1992 and 2004*

In a 2004 poll of its members by the AMA, 41 percent of physicians supported a “national single-payer system,” up from 18 percent support for “government-financed national health insurance” in 1992.

In 2004, the survey asked about support for single payer and five other options for reform, and allowed respondents to choose multiple options. A “national single-payer system” was favored by 41 percent, “expanding eligibility for public programs” by 38 percent, “individual mandates” to purchase coverage by 27 percent and “employer mandate” by 24 percent. Two options received more support than single payer, “use of tax credits” (53 percent support) and “government-sponsored catastrophic coverage (53 percent).” By specialty, psychiatrists were the most likely to support single payer (58 percent) while anesthesiologists were least likely to favor it (30 percent). Academic (continued on next page)
In 2011, the survey asked about three options for reform, and respondents could only choose one. The results were as follows: “government-financed national health insurance for everyone” (18 percent), an individual mandate with vouchers for the poor to buy insurance (46 percent), and an employer mandate with government-financed coverage for people without employer-based coverage (34 percent) (12).

References
9. Albers et al., “Single-payer, health savings accounts, or man-

(continued on next page)
Help PNHP build support for single payer in the new Congress!

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(Physician polling, continued from previous page)


Dr. Ida Hellander is director of health policy and programs at Physicians for a National Health Program.