**Why Neurosurgeons Should Support Medicare for All**

**Texas Association of Neurological Surgeons**

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Dr. Kim, who recently chaired the Neurosurgery Department at the University of Texas Medical School here in Houston, edited a 2017 [supplement](https://academic.oup.com/neurosurgery/issue/80/4S) to the journal Neurosurgery on “The Coming Changes in Neurosurgical Practice,” in which he wrote, “US healthcare is in the midst of a transformation driven by two assumptions: that the system is wasteful; and that health status, quality of care (& other aspects) can be accurately measured.” In fact, the transformation is being driven not by assumptions but by a single fact: the present system is on the verge of collapse, as more & more people simply can’t afford healthcare.

The good news is that there is a solution. I will spare you the slide show that awakened me, after decades of remaining comfortably oblivious, to the need for and practicality of Medicare for All (MFA); that information is available in the handout set. The greatest support for MFA has generally been by Primary Care Providers. I want to talk about why neurosurgeons should support it.

I came to support MFA when I learned that the United States spends over [twice](https://ajph.aphapublications.org/doi/full/10.2105/ajph.2015.302997) the per capita average of other developed nations on health care yet lags behind them in almost all health [outcomes](https://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT), including life expectancy and, shamefully, maternal mortality. And these failings are not related to poor personal health habits like smoking or obesity; they are primarily related to lack of insurance. Our healthcare prices are unjustifiably high, and insurance cost-sharing causes many to delay or avoid needed attention, increasingly so with the proliferation of high-deductible plans. Medical debt is the leading driver of household bankruptcies and GoFundMe accts. Despite the increased enrollments through the Affordable Care Act, more than 80 million Americans remain either uninsured or underinsured, meaning that whatever insurance they have is inadequate and results in delayed or foregone needed care or financial ruin. As a young graduate recently noted, “I became a doctor to help patients, not drive them into bankruptcy.” This is what the U.S. healthcare system does to too many responsible middle-class people: (**slide)**

* + Young EMT student died for not being able to afford insulin, too embarrassed to ask parents for help
	+ Special Education teacher w/ recurrent breast cancer on GoFundMe

Such tragedies from being uninsured and underinsured are inexcusable in the world’s wealthiest country, and unheard of in countries with universal insurance programs. People in those countries don’t understand our failure and resistance to protecting each other. They have agreed that health care is a human right and public responsibility, and are clearly benefitting, medically, financially, and societally.

(**slide)** Rumbling along beneath all of these problems is the fundamental driver of our high system costs and the most easily solved problem of all: administrative overhead. The latest [study](https://annals.org/aim/article-abstract/2758511/health-care-administrative-costs-united-states-canada-2017) puts this at more than one-third - 34% - of total healthcare spending. The cause of this annual diversion of more than a trillion dollars away from actual healthcare is the complexity of our healthcare financing system with its myriad of private insurance plans. Unlike any public option proposal or multiple insurer plan, or all the Accountable Care Organizations, Health Savings Accounts, and bundled payment plans on earth, an efficient single-payer plan, and only a single-payer plan, can save $600 billion of that, which is much more than enough (**slide)** to provide universal, comprehensive cradle-to-grave coverage with no cost-sharing, with a net savings to most businesses and households. The issue is not that we can’t afford MFA or how we’ll pay for it; we’re already paying for it but not getting it.

Given the obvious need for improvement and its ready affordability, why do many or most neurosurgeons not support MFA? The reasons seem to fall into three groups: the altruistic, the nebulous, and concerns about self-interest.

Among the altruistic reasons are concerns that a universal system may reduce innovation, restrict patients’ choices of physicians and facilities, lead to rationing, and lower the quality of care.

* There is no evidence that universal healthcare systems reduce innovation in neurosurgery, or any area of medicine, given the signature advances of Gazi Yasargil, Charlie Drake, Jules Hardy and continuing contributions of present-day foreign luminaries. The CT scan, Glascow Coma Scale, and many other innovations were developed in countries with predominantly single-payer systems. A [paper](https://www.nature.com/articles/s41591-021-01663-5.epdf?sharing_token=guDaxEzVgl-C6Zov1h9Ca9RgN0jAjWel9jnR3ZoTv0OPJ3tW7TNw81W26gtsAuO4FNR69SPZVc_sE3HSlTiEwlmotB6oy0z8zcC80DFf32RchTdhvIF5FF1zEci7SUUVHDpzMSo-ctdXF2KmsaIXHMiVaq4KsCp4xgen2YH2kqfgah6j5FKe3-13iD5PIYjOdIx0s1NPJPvhnXRi7Yew1yB1HzlXe-10bYgMA48zL8M=&tracking_referrer=www.medscape.com) describing restoration of motor function after complete Spinal Cord Injury was just published from Switzerland. Redirection of funds from paper shuffling back to patient care and research and development would enhance, rather than impede, medical innovation.
* As for freedom of choice, there are two reasons why having multiple insurers does not provide better choice:
	+ First, patients care about choosing their physicians and hospitals, not which insurance company sells their plan. Most private plans restrict those choices with narrow provider networks, in attempts to control costs. The greatest provision for free choice of providers is a universal system with a single plan and network that cover all medically necessary care and include every participating physician and hospital, with no restrictions on referrals to specialists.
	+ Second, the insurance companies in countries with multiple private payers are not-for-profit and highly regulated, very much unlike U.S. insurers. Administrative overhead in those multi-payer systems is several percentage points higher than in single-payer systems. There is no reason to accept that unnecessary extra cost, as there is no appreciable difference among insurers; all the system needs, as with original Medicare, is a single claims processing agency to efficiently pay the bills.
* As for rationing: fear of healthcare rationing is a scare tactic that has been used to oppose universal healthcare ever since Truman proposed it in the 1940s. The U..S has long been rationing healthcare based on ability to pay, with severe and unconscionable harm to the poor and people of color. Reports of rationing and long wait lists in wealthy countries with universal coverage are almost always false and deliberately inflammatory. One widely-circulated [story](https://en.wikipedia.org/wiki/Shona_Holmes_health_care_incident) involves an impatient Canadian lady who mortgaged her house to pay for care at Mayo Clinic for treatment of a stable Rathke’s cleft cyst. There are many more cases of bad outcomes in the U.S. from rationed care due to for-profit insurance bureaucracy than there are in Canada from wait lists. Rationing is a function of how well a system is funded. There is no legitimate reason to underfund healthcare in the U.S., given the amount of money we’re wasting now.
* As for quality of care: despite our biases and a few world-class centers here, any concerns about quality of care are answered by the superior outcomes in those countries that provide universal coverage. In fact, a 2020 [Stanford study](http://conference.nber.org/conf_papers/f145428.pdf) confirms that our Veterans Administration, a truly socialized system, delivers better health care at a lower overall cost than do private facilities, despite its politicized imperfections. As for concerns that MFA might turn our entire system into a giant VA, one of our colleagues who grew up in a country with a universal healthcare system suggested that, with healthcare, people in the U.S. are accustomed to Uber Black and may not accept waiting for a bus. The reality is that, for too many people in the U.S., Uber is simply not an option. They would be thrilled to have a healthcare system in which a bus would reliably pick them up, let them choose any seat they want, and deliver them to their destination without bankrupting them.

The nebulous reasons for resisting MFA center around concerns over government intrusion or takeover of healthcare. Right now, for-profit insurance companies have taken over healthcare. Private insurers, much more than Medicare, burden U.S. physicians with tedious and opaque intrusions into everyday practice with preauthorizations, denials, and rejections of appeals, as well as demands for meticulous documentation designed more to maximize billing than maximize health. No physician who is ideologically opposed to any government involvement in any public good can be persuaded that MFA could be preferable to that. But such a view is negated by abundant evidence that any intrusion in countries with single-payer systems is far less than what is imposed now in the U.S. by private insurers whose primary incentive is profit, not providing healthcare. MFA is not socialized medicine; it would preserve our present vigorous competitive mix of private and public healthcare delivery, with a streamlined, rational, and accountable public financing system.

Another nebulous reason is the notion that people shouldn’t get things they don’t pay for. That’s perfectly reasonable for many things in our lives, but we never think that any of our neighbors deserve less protection than we do from foreign invasion, domestic criminals, or threat of fire. Those are threats common to us all, as are illness and injury, so in our social contract we support commonsense, common financing for such protections. We don’t accept that any ethical neurosurgeon believes that their neighbors or patients should have to go without needed healthcare or face financial ruin as a result of getting it.

As to the reasons of self-interest:

* There is widespread misapprehension that physician payments under MFA will be set at current Medicare rates and would drive caregivers out of practice. Inasmuch as the goal of any healthcare reform is to improve patients’ access to care, that assumption is irrational and unfounded. While the Medicare payment framework of relative value units might be used, because it’s the most rational framework we have for allocating payments, no specific dollar amounts have been proposed. A [2021 Harvard paper](https://link.springer.com/article/10.1007/s11606-021-06979-z) suggests that physicians, including surgical specialists, would prosper under single-payer reform, substantially from reduced billing and insurance overhead. The author concludes: “By supporting MFA, physicians—and organized medicine—can get a twofer: acting in physicians’ self-interest while advancing legislation that would be enormously beneficial to their patients.”
* The late Princeton healthcare economist and 2009 Cushing Orator, Uwe Rheinhart, [observed](https://www.aansneurosurgeon.org/an-economists-view-of-healthcare-reform/) that “there’s not much mileage in cutting physician pay… No one in the White House wants a shortage of neurosurgeons… That’s the last specialty I would worry about.” Concerns over substantial, if any, income reduction for neurosurgeons are unfounded and misplaced.
* My father, a general surgeon in the Rio Grande Valley, was part of a Texas Medical Association delegation visiting President Johnson to oppose Medicare in the 1960s. Years later he told me that Medicare was the best thing that happened to physicians and senior citizens, as the old people could now get the care they needed without depending on charity and the doctors got paid for providing it. I’m confident that he would support MFA, as both the rational and the moral thing to do.

MFA would fulfill nearly all of the points of the joint American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) position [statement](https://www.aans.org/-/media/Files/AANS/Advocacy/PDFS/Position-Statements/HRS-Principles---Final.ashx?la=en&hash=5CE856719FF41BC41D932D5F3FF12A36D9C0FD1D) on healthcare reform, which calls for appropriate health care to **all people** within the U.S. borders and less complicated administrative systems. Given the safe assumption that most neurosurgeons care deeply about their patients’ overall welfare and would support a system in which patients can get needed care without financial threat and in which neurosurgeons would be fairly and generously compensated, there is no good reason for neurosurgeons to oppose it. As respected community and medical leaders and the most financially privileged physicians, neurosurgeons should support MFA. Patients are suffering in the present system, and MFA just makes common sense.

We request 3 things:

* + The Orwellian-named Partnership for America’s Health Care Future ([PAHCF](https://americashealthcarefuture.org/about-us/)) is a trade group formed specifically to oppose MFA; its membership is comprised mainly of insurance companies and hospital groups. Recently, after pressure from physician members, the AMA and American College of Radiology withdrew their memberships. That leaves AANS & CNS as the only physician association remaining with them. In the supplement he edited, Dr. Kim advised that neurosurgeons need to regain moral authority to enhance their ability to influence decisions. We encourage you to assert your moral authority and petition these organizations to withdraw neurosurgical support from this obstructionist industry group. Use your influence positively and constructively, not negatively and obstructionistically.
	+ We ask that you encourage the leaders of AANS & CNS to host presentations at their meetings, publish journal articles, and provide information in other ways about MFA to neurosurgeons; and
	+ We encourage you to learn more about MFA and join the nearly [70% of Americans](https://thehill.com/hilltv/what-americas-thinking/494602-poll-69-percent-of-voters-support-medicare-for-all) and [physicians](https://www.medscape.com/viewarticle/906703#vp_1) who support it. We invite you to become members of PNHP, the largest physician-centered advocacy group. We also ask you to support MFA through your substantial influence in your own circles of medical colleagues, families, and friends.