

## Money and Medicine

Last month's column was about the need to remove the influence of money from our political process. In a similar fashion, I believe that our nation's medical system has systemic problems which are driven by money issues.

The challenge to America's health care system is how to promote entrepreneurialism, where individual efforts can be rewarded in monetary terms, while not enabling corporations, whose primary motivation is profit. The time has come for change. As long as health care is driven by corporate executives who care mostly about their own compensation, our nation's medical system is bound to grow worse.

Until the 1970's, doctors customarily donated one or two days of their work week to the public at no charge. They acted out of concern for individuals in need who lived in the local community. Many of today's doctors might like to do the same, but they cannot afford to do so because of liability risks and malpractice insurance costs. The players who make delivery of personalized health care implausible now are: insurance and drug companies, medical malpractice lawyers, and a segment of medical professionals.

Insurance companies have been the lynchpin of our nation's medical system since the 1960's. By strange circumstances, the reimbursement, evaluation, and delivery process of medical services have fallen into the hands of bureaucratic behemoths in the private sector. There is no reason why this has to be so, and there is a general acknowledgement that the current system does not work. The difficulty of finding and paying for decent coverage is widespread. The insurance industry needs to be removed as quarterbacks of the medical process. They are administrators and should act only in a subordinate role, in much the same way that private contractors currently administer drivers' licenses in some locales.

It is easy to complain about drug companies' profits when patients pay through the nose for medications which cost pennies to produce. I am a firm believer in rewarding entrepreneurs. In many instances, drug companies have created life saving and life enhancing products. They need and deserve substantial profit incentives to continue to innovate and take risks. Patent protection periods, however, could be shortened so that low cost generics could come to market sooner.

It is well known that prescription drugs cost far less in many places outside the U.S. Drug companies charge higher prices here because they can get politicians to help them keep trade barriers intact through their lobbying efforts. This is a travesty of the free market system. The government should stay out of the drug business altogether and let consumers cross borders to shop.

Lawyers have no business impacting the practice of medicine. Because of the threat of large judgments being awarded to patients who suffer due to medical mistakes, the cost of liability insurance and the hassle of dealing with insurance issues have led some doctors to quit and others to consider leaving the profession. This has and will continue to drive up the costs for those remaining in the field. These costs are, of course, eventually passed along to consumers. Awards to injured parties should be capped at a reasonable level unless there is gross negligence. Everyone makes mistakes.

There is a place for entrepreneurship in the practice of medicine, but it ought not to drive the day-to-day delivery of normal health services. Doctors who desire a sane lifestyle by working forty to fifty hours a week should be satisfied with earning a comfortable living. Doctors who desire to earn more ought to have the opportunity to do so, but it is well recognized that many U.S. doctors' compensation levels are inordinately high relative to other parts of the world. Globally, most doctors do not make more than college professors. Compensation expectations need to be adjusted here in the U.S. so that the pursuit of wealth does not conflict with the practice of medicine.

A substantial portion of medical dollars spent during the typical American's life goes toward the expense of the last illness i.e. right before death. Heroic efforts, that is to say applying the latest in medical technology and drugs, are the norm in our current system. Unfortunately, this practice puts many families deeply in debt. Those who cannot pay, pass their bill on to the rest of the public who is "insured".

One thing that we can do about this as individuals is to have a "Living Will" or "Right to Die" document in place and properly filled in and signed. This allows relatives to follow specific instructions as to what kind of heroic efforts, if any, are to be used.

Urgent or critical care ought to be available to our entire population without onerous waits or huge bills. The savings we would reap from minimizing or capping insurance companies' profits, requiring doctors to perform some public sector service, removing medical malpractice costs and allowing consumers the freedom to purchase drugs globally would be more than adequate to assure that decent medical care is available to everyone.

For many daily aches and pains, alternative medicine has proved to be effective. Alternative therapies are slowly being brought into the mainstream. General wellness programs, including alternative methods, could also be funded by freed up funds as noted above. On the tax side, Medicare and Medicaid taxes on working people could be replaced with an across the board, flat tax surcharge on gross income. This would be applied to all persons and companies making a profit.

Businesses are not on the hook now, as most companies are reducing their health care coverage, forcing employees and retirees to pay most if not all of the costs for medical insurance. Medical insurers can and do routinely exclude certain illnesses and people from coverage at their own discretion. Why should they have so much power?

If one of our country's priorities was good medical care for everyone perhaps under a national umbrella health policy, we would be moving in the right direction. Let's take the profit motives off center stage in the medical arena. I believe we can provide the incentives needed to invent new products and deliver great service without ceding control of our health system to people whose job are not based on caring.

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