

EDITOR'S PAGE

Where Will Rush Limbaugh Get His Health Care?

Recently while driving to the hospital in my Prius (I enjoy living on the edge), I became tired of alternating between playing the “how high can I get the mileage indicator to go” and the “where will I aim this thing when it suddenly accelerates out of control” games. The radio seemed a benign enough diversion and, as I turned it on, Rush Limbaugh was giving his analysis of what would happen if the health care reform bill passed and what he would do. “I would move out of the country,” was his answer. As difficult as it might seem to imagine America without Rush, I tried to imagine it. Would there be no one to warn us that doctors will be working for the government and will therefore be incapable of caring for patients, forgetting for a convenient moment that the majority of health insurance is paid from government sources now.

This national debate on health care seems to force people into camps that are completely unrealistic. It is not so much “how can we solve the problem,” but “how can we defeat the other team.” Surely 100% of the Democrats and 100% of the Republicans cannot be at opposite poles about what needs to be done. When it is a game to win elections, the team colors can be too easily distinguished. Unfortunately, it is not a game and we need adult leadership to solve the problems because without it the future is indeed bleak. Hospital and physician funding will continue to erode as costs to consumers continue to escalate unless there is substantive change. The poles that have developed are reminiscent of the conflicts between devotees of the philosophies of Jean-Jacques Rousseau and Thomas Hobbes. Is it the noble savage that holds the hope for humanity or the social contract to limit our base instincts? The entrepreneurial spirit in America has been pivotal in the dramatic success of this country, but in health care, will the “rugged individualist” solve the problems or will collaboration, coordination, communication, and cooperation be required? Perhaps our wiring is more attuned to the individual initiative, but we should look abroad to see what organized systems have been able to accomplish. Our health expenditures are unsustainable, and if we want providers of health care (us) and hospitals to be adequately funded in the future, I believe we must embrace a much more organized and efficient system. The players in this game are powerful interests and none of them want to give up their current advantages. Low on this food chain is physicians and other health providers.

Will there be rationing? Probably so, there is some now, but it should be rational. I reflect on my experience in the Army in Vietnam. Our resources were finite. Triage was essential so that trivial wounds were deferred, hopeless situations were not treated, and serious injuries received prompt and aggressive intervention. As medical evidence becomes increasingly clear and reliable, it should be used to make informed decisions so that effective and efficient therapies can be implemented. A less dramatic example of cost-effectiveness concerns arose this morning in a discussion about cost controls in catheterization laboratory operations. We are all facing these realities.

I do not know where we are headed with health care, but one thing I do know, the future will not be like the past. Should this be cause for us to join Rush Limbaugh and leave the country or a reason to collaborate to ensure high-quality health care at an affordable price? The status quo is not sustainable. The game needs to end and the work to begin.



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P.S. Since this was written to meet a deadline, I considered removing it after the health care bill passed the House. On further reflection, I am sure that the work that needs to be done has only begun. How will cardiologists in America be used to craft meaningful reform? In the past few days, I have received emails from 3 organizations I am associated with: the American College of Physicians (ACP), the American College of Cardiology (ACC), and the Society for Cardiovascular Angiography and Interventions (SCAI). The adage, "where one stands depended on where one sits," was never truer. The ACP stressed the pros and cons and expressed support for the bill. The SCAI examined the same points and recommended a vote against it. The ACC provided a list of advantages and disadvantages and proposed further changes after passage but did not

recommend for or against. The argument is that engagement in the process is essential if any influence on ultimate outcomes is to be possible. Our professional organizations must be engaged because the provider is the most indispensable ingredient in health care.

March madness is not yet over. Let us cheer for our favorite team, but the future of health care is too serious to be treated as a game.

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