

Why are health insurance prices rising so fast? How can it be that health costs are increasing faster than the national averages for inflation? And how is it that despite spending an enormous amount of money on health related matters, the USA is lagging in important health indicators?

Our rising costs for health insurance yet failing statistics on health outcomes can be explained simply: we have a problem we appropriate care and access for large numbers of uninsured patients. The number of uninsured in the USA has grown enormously over the past decade and now is over 45 million citizens. This creates enormous problems for those that are insured and serves to worsen health of our country as a whole.

Why would an increased number of uninsured patients drive up costs for those that are insured? There are two basic factors at work here. One, hospitals in the USA ethically may not refuse care to any person presenting with illness. The Emergency Medical Treatment and Labor Act (EMTALA) further reinforces this ethical consideration. Under EMTALA, a hospital may not refuse emergency care to patients who feel their condition represents an emergency. Thus, U.S. hospitals provide uncompensated care to millions of patients each year, an unsustainable burden were it not shifted to insured patients. As a country, we have asked our health sector to practice open market practices without allowing a free market. Where else in any other U.S. industry could a person receive free services without paying for those services? In what other industry could a person seek criminal and civil penalties if free services were not provided and with a smile? Secondly, patients without health insurance rarely seek attention for preventable illness and often neglect care of chronic illness. Of course, this results in poorer health outcomes for these persons.

The cost of health insurance has risen, largely due to the insured population bearing the costs of the uninsured population, and fewer persons can afford health insurance. Of course, this is a downward spiral: more persons cannot afford health insurance because more persons do not have health insurance. In this way it is similar to a "run on the bank" noted during the Depression, lost confidence and affordability has led to fewer participants and unaffordable costs. Our health care system is largely bankrupt and failing.

The way out of this mess is ludicrously simple and well known: there must be health system reform and some means of universal coverage. There are multiple plans to achieve just that. Open market plans, with tax subsidies have been offered by the American Medical Association and others. Others favor a Canadian or United Kingdom style plan, with social and governmental controls. Most serious plans would work, although all would introduce some undesirable element: open market plans would lead to a bewildering number of options; single payor plans would introduce the inefficiency and bureaucracy of government into what many feel is a private matter- their health.

Fundamental change is needed. We are coming to a crisis point in our health care system. Winston Churchill famously stated: "You can always count on Americans to do the right thing - after they've tried everything else." We have tried about all else.

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