

# Health Bill

## *health care for the dying*

service of those ethical principles for which all honorable professionals stand in essential agreement, despite secondary divergences among them on the issue of financing the delivery of a quality of professional service on which all honorable professionals are generally agreed.

It should be stressed that the general public is divided on the issue of financing the delivery of professional health services. As long as the medical profession is drawn into making the financing of delivery the most prominent feature of the policy debate, the proponents of evil policies, such as the proponents of the Kennedy proposals, will demagogically exploit the issue of modes of financing delivery to obscure the deepest issues from public attention. The issue to be emphasized at this moment must be made the issue of *what is to be delivered*. After that fight for the *quality* of health services is won, we can settle the issue of financing delivery properly. Once we agree on the quality of what is to be delivered, we can judge financing of delivery by the standard of realizing the required quality.

The objective must be to mobilize the majority of trade unionists, farmers and others for the cause of maintaining and continuing to improve health services. Once that constituency for a basic national health policy is consolidated, the basis is established for resolving the subsumed policy-issues. *The object is to win.*

We know that there is a coherent connection between the modes of financing health services and quality of health services. At this point, the majority of the electorate does not. By winning a majority to a quality health services policy, we have laid the basis for promoting intelligent understanding of the economic problems, of producing qualified professionals and maintaining quality through appropriate modes of financing delivery. *The object is to win.*

## The economics of health

It would be wrong to exclude the question of the economics of professional health services from the main body of the Commission's report. The matter of the cost of providing adequate, per capita health services is not directly the same issue as financing payment for delivery of those services to households and persons. I propose only to exclude the latter point merely from the main body of the Commission's report, not to exclude it from the separate recommendations on means of payment which I propose be appended to the

main text as a part of the Commission's report as a whole.

What I contribute to this general purpose in the remainder of this proposal for a "Blue Ribbon Commission" is, and properly so, the advantage of my own special expertise: the economics aspect of medical cost trends.

I shall summarize the character of the economic disease responsible for inflation generally and for the explosion in services' costs, especially since the 1957-1960 period. By exploding popularized myths, I aim to draw the attention of medical professionals to those features of their own experience which corroborate my analysis.

### AMA assails Kennedy health plan

This week's issue of the *American Medical News*, the official publication of the American Medical Association, devoted a front-page article to an attack on Senator Edward Kennedy's national health insurance plan, including quotes from a recently released U.S. Labor Party leaflet to tie Kennedy to the Jonestown murder-suicide cult.

Under the headline "Another Installment in Kennedy National Health Insurance Show," the AMA reported on hearings held by Kennedy on his National Health Insurance plan in Chicago. "Handed out" at the hearings, the article reported, was "a release from the U.S. Labor Party charging that Senator Kennedy and Henry Kissinger are behind the Guyana suicide cult, which, the release charges, is really nothing more than a 'right to die' campaign to promote the hospice concept."

Kennedy, charged the AMA, attempted to push the "Canadian health system," a program of "socialized medicine" premised on the reduction of health services nationwide. The Illinois Medical Society took issue with Kennedy, blasting the Canadian system as an attack on the American high-technology approach. The Canadian system is vastly inferior to the American, concurred the AMA publication. The journal quoted a Canadian physician who urged: "Do not bring American medicine down to the Canadian level."