# SENIORS AND THE UNCERTAIN FUTURE OF MEDICARE

**A BRIEF DISCUSSION PAPER**

To give aid to every poor man is far beyond the reach and power of every man....Care of the poor is incumbent on society as a whole. Spinoza

In light of the current budgetary problems besetting our governments, changes to our health care delivery system (Medicare) will occur, with critical ramifications for seniors. It is in one's declining years that one most needs medical attention. In that time of one's life, expenditures for medical attention are, by far, the greatest. Therefore it would not be too surprising if heavy pressure were brought to bear to unearth possible ways of reducing the Medicare costs associated with delivering health care to seniors.

Accordingly, it is urgent and incumbent on all Seniors Advocacy groups, that they be prepared for this contingency by becoming seriously involved. A first step might be the production of a paper dealing with the various issues pertaining to the uncertain future of Medicare, which could then be disseminated and considered by all with a vital interest in this area. Herewith are some relevant concerns and thoughts that might be explored. The list is far from complete and anyone is invited to add to it.

- Medicare should not be considered as a "right." A right is something a free people in a democratic society have intrinsically and one of their basic rights is to empower the governments they elect. A right is not something that governments provide. Anything that governments provide and that requires the dispensation of resources should be considered an "entitlement," which is something any sort of government can grant, even tyrannies.

- There are two major factors that need to be considered when evaluating any health care delivery system:

First, its range, that is, who receives its benefits? Is it universal or is it restricted to specific groups? In Canada, our Medicare system provides universal coverage. Despite many political protestations, universality as we understand it, may be abandoned. Second, quality. Generally, the quality of health care in Canada has been excellent. Will it remain so if cuts are implemented, downsizing the number of hospital beds, obliging medical professionals to deal with greater numbers of patients, and denying needed therapies and diagnoses because of escalating costs?

- One extreme and very controversial way to deliver health care and to maintain Medicare, is the introduction of "Total Socialized Medicine." This would entail:

1) Public ownership of all institutions providing medical assistance of any type;
2) A top down bureaucratic approach making everyone in the system a public servant;
3) A rationalization of every facet of the system in order to strive for the greatest possible efficiency;
4) The nationalization or at the very least careful regulation of all key related industries, such as the pharmaceutical and the medical device industries;
5) Publicly funded research to ensure public ownership of beneficial results.

This approach should not be dismissed out of hand. We already

engage in some of the above. In any case this approach would probably guarantee universality. However quality may be quite another matter.

- The other extreme is the total elimination of Medicare, in favour of private health care insurance and a market place approach to the delivery of health care services. This alternative is totally unacceptable in Canada at the present time.

- An in-between approach, akin to the American system, might in fact be on the horizon. Patterned after the U.S. Medicaid system, the delivery of health care services to the elderly and the poor would probably be funded. This could lead to a multi-tiered system of health care delivery. At the top are the very rich who can pay for the best and most expensive of medical technologies. Then come the upper middle class who can afford high premium health insurance policies that would just about cover every contingency. Next would be the mid to lower classes whose insurance policies would provide limited services. Then would come the elderly and the poor, looked after by a system resembling Medicaid, providing services of doubtful quality. Finally there would be those who fall between the cracks of the lower-mid class and the poor: unable to afford the insurance premiums and not qualifying for Medicaid. They are the 35,000,000 Americans who are not covered by any plan and for whom a medical emergency is financially ruinous.

It is doubtful that Canadians would accept this approach. We are a far more caring society than the U.S. Currently, we also firmly believe that adequate health care should be provided on an equitable basis to everyone. Let us hope that we can continue to afford it.

- The possible rationing of medical services must be considered. There are two possible approaches.

The first is the one that the state of Oregon appears to be implementing. That state's authorities have simply selected a list of medical conditions for which free medical services are provided to all citizens of that state. As can be envisaged, there has been heated discussion around this strategy. It is argued that the list is contentious. Those who suffer from maladies not approved for funding and who cannot afford treatment for them feel discriminated against.

The second is even more chilling. A new policy may simply not provide free medical services for those whose medical condition is due to their life style. The day may come when free medical attention will not be available to cigarette smokers suffering from lung cancer, obese-indolent persons suffering from cardio-vascular disorders and strokes, sun bathers suffering from melanoma, victims of sexually transmitted diseases, and alcoholics suffering from all alcohol related diseases such as cirrhosis of the liver. In other words, to a large extent, we may all become responsible for our health. This is only viable if studies can prove that health is clearly related to life style and if all citizens are informed of what constitutes a healthy life style. In any case, this approach has a certain appeal but will require political will to enforce it. The economics of the health care situation may do just that. The horrific implication of such an approach is that it opens the door for those in power to practice covert triage simply to reduce costs.

- User and deterrent fees have already been contemplated in certain jurisdictions. Obviously this measure discriminates against

those who cannot afford them. Its advantage is that it discourages those who would use medical facilities for trivial reasons. It bears some examination.

- Nearly all of the above scenarios paint a somewhat grim picture. It is evident that an innovative health care policy is urgently required. Perhaps such a policy could entail the following:

1) Our educational system should more forcefully stress the preventive aspects of health care, that is, health promotion and maintenance;

2) It should also teach how not to use the system in a wasteful fashion;

3) The system needs to be revisited so that greater efficiencies and less waste become the order of the day, without loss of quality service. This may mean: the enhanced use of para-medics and nurses; the re-examination of the respective roles of hospitals, community clinics and palliative and chronic care institutions, with an eye to arriving at some rationalization of their roles and functions; the streamlining of all administrative and bureaucratic services; and most difficult of all, reducing the abuse of cost-inefficient diagnostic and therapeutic techniques, as well as the questionable use or overuse of very expensive pharmaceuticals.

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SUBJECT: THE UNCERTAIN FUTURE OF MEDICARE

Dear Hank

As promised herewith a brief discussion article on the uncertain future of medicare, in particular as it may affect seniors.

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