

July 1, 1992

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Dear Tom,

Thanks for the book and the articles. I've got a lot of reading to do. I started the first book you gave me, but then I stopped to read the articles so I could argue my case for SOCIALIZED MEDICINE.

Let me start by saying that I agree with much of Ayn Rand's philosophy, and for the most part I think the government should stay the hell out of our lives other than to protect individual rights. It should get out of the farming business and the housing business, for example. But if the Objectivist's first moral principal is self-preservation, I think for my own self-preservation I would prefer a national health system to a free enterprise health system.

Medical needs have a different nature from other needs such as food and housing:

- Usually you need medical care when you are ill, and when you are ill, your condition may prevent you from earning the money to pay for your care or from going out and begging for it. If you haven't already saved up enough to pay for it, you are in trouble.
- Just about anyone could help you out temporarily with food and shelter, but proper medical care can only be provided by professionals. Few of us are fortunate enough to have a doctor among our relatives and close friends.
- You can get by temporarily with very plain food and drafty shelter, but not getting the appropriate medical care promptly could result in death.

For my own self-preservation, I would prefer paying taxes to support a national health system that insures that I can get good medical care whenever I need it, wherever in the U.S. I might be. And I take back what I said about forcing everyone to contribute to the system. I see no reason why we can't determine what portion of taxes goes toward the national health system and excuse those who do not wish to participate. But they won't be permitted to change their minds when they get old and sick.

Objectivists (is that the term to use?) would have no problem with a system they did not have to pay for, would they? Peikoff says "Government financing of medical expenses...even if it is for only a fraction of the population, necessarily means eventual enslavement of the doctors and, as a result, a profound deterioration in the quality of medical care for everyone..."

Peikoff makes his case for an unorganized, free enterprize health system mainly by criticizing the current system, with its Medicare, HMO's,



malpractice suits, etc. The current system certainly is a mess - an easy target. But Peikoff does not show how a free enterprize system would be better. He says that the American system is the "envy of the globe...The rich from every other country...come here." Yes, it is a great system if you are rich. And you have to be **born** rich, because illness can hit young people who have not had time to amass a fortune.

Peikoff says that "The average American a generation ago could afford quality...in medicine" and "...the poor...received excellent care through private charity..." I don't believe it. I doubt that, for example, poor southern blacks received excellent care.

He says that "doctors are among the last of the capitalist breed left in this country." Nonsense. To think that we are one step away from socialism in this country - and that socialized medicine is that last step - is silly. There are millions of business owners and self-employed people in this country. Most of those businesses have a number of employees. Why can't a **doctor** be an employee? Seems like after he has "stud(ièd) nonstop for years in medical school" he'd want to spend his time practicing medicine rather than running a business. He would be a "trader" who trades his services for a salary. Salaries would have to be high enough to attract good doctors; if it takes \$200,000 a year, that is what the government will pay. This is hardly "enslavement".

Peikoff also thinks that "free" medical care will create an "insatiable demand". I don't think so. Medical care is not enjoyable, and it is not something you can hoard. Besides, the system could set priorities and limits. Oregon already "rationed" health care, directing its resources to the treatments that are most cost effective - the care that does the most good for the most people. For example, pre-natal care and immunizations might be funded before heart transplants.

Peikoff say "As a rule, HMO doctors don't have personal patients...the doctor gives up the luxury of following a case from beginning to end." I saw the same doctor all the time I was in an HMO, and I see no reason patients in a national system can't always see the same doctor, providing he is available.

I don't want to have worry always about having enough money in the bank to pay for a medical emergency, and I'd like to know that I would not have to depend on charity if I ever needed medical care when I had no money. It is not that I "...do not want to admit that (I am a charity case)"; it's that since it is given voluntarily, it may also be denied, or inadequate.

The big advantage of a national system is that health care would be available to everyone, without hassle. We might need some sort of registration/identification system so you wouldn't have to prove you were a U.S. citizen each time you needed care, but citizenship would be the only eligibility requirement. The big problems would be keeping costs down and maintaining quality. I think it would help if we had a real democracy in place, so people would feel that they had some control over the health system. Everyone likes to feel confident that they can get good medical care when they need it, so people will tend to vote for a quality system. And when they know how much of their taxes goes toward the health care system, they will vote for an efficient, no-frills system, knowing that if they want extras, they can always pay for them out of their own pocket.



There are many ways a national system could be less costly than the current system, even while it is providing care to the entire population:

- The expense of eligibility determination for current government-provided programs such as Medicaid would go away.
- The expense of billing and processing insurance claims would be eliminated.
- Central planning would reduce the unnecessary duplication of expensive facilities and equipment. Routine care would be provided locally, but patients could be flown to centers where unusual, expensive treatments are provided.
- Greater emphasis could be put on health education and preventive medicine.
- Computerized national health information systems could collect information about occurrence rates of illnesses, effectiveness of treatments, etc. that would assist in national planning and physician education. Patient ID cards with computer chips already exist that are capable of storing the patient's entire medical history.
- Businesses would be freed of the expense of providing medical insurance for employees, and employee mobility would increase when they no longer have to be concerned about losing their medical insurance.
- Office hours could be scheduled so that employees do not have to take time off work to see a doctor.
- The system would take responsibility for disciplining staff and taking care of victims of physician error, so there would be no such thing as malpractice insurance, and no "defensive medicine", which "now accounts for *one-third* of all health-care costs" according to Piekoff.
- As with any good health care system, the resulting healthy population will be more productive.

Ayn Rand says that national defense and the protection of individual rights are the only legitimate functions of government. It is just not practical for individuals to take care of these matters themselves. But if we are allowed to consider practicality, a national health system may be the most practical way of ensuring that medical care is available to everyone.

Love,  
Dad