

RE: National Health and Food Stamps

From: Joel Gibbons

Sent: Thursday, August 20, 2009 8:49

Dear Colleagues in the Society of Catholic Social Scientists:

This note is not about limiting food stamps to the purchase of items made from whole grains and/or red wine. Although that is an idea too....

No, it's about imitation, the sincerest form of flattery. Not that flattery is a field of endeavor noted for sincerity, but you have to go with the superlatives. In the debate over a national medical plan, the discussion has foundered on the question of Trust, and that doesn't have to be if the Congress would bear in mind the one welfare plan that works well: Food Stamps.

The medical equivalent of food stamps would not be hard to define. It would be a medical budget of sorts given to every needful person who applies, which the patient could spend on approved kinds of treatments and medications at his discretion. It would not replace insurance or the patient's own finances; it would be purely a supplement, and in principle a right. The beneficiary would be allotted a budget from the state or the feds to spend each year that he could draw on just as he draws on his bank account.

The patient is in complete control. He does or does not buy medical insurance as he pleases, knowing in any case that his budget is limited and when it runs out he can either appeal to charity or do without. Since medical expenses are extremely lumpy – the experience of health insurers is that 1% of the claims account for perhaps 90% of the expenses – beneficiaries should be urged to spend their budget on health insurance rather than waiting for the day of reckoning, and they would be allowed to bank funds not spent in a year to future years.

Since a large portion of medical expenses go to children, children would be allotted their own budget, and in addition they would be allowed – their parents would be allowed – to shift part of their budgets to their children. N.B. Children with two parents would be significantly better covered than those with only one parent. No shifting from anyone else, though patients are perfectly free to get actual money from any and all sympathetic friends and relations.

This is a plan that would expand everyone's sphere of responsibility, and therefore his freedom. Citizens would buy whatever treatments and medications they feel they need, subject to the advice and approval of an M.D., just as it is now. The only change would be that no one would be locked out of medical care due to lack of money. This is not to say that some difficult cases would still find some treatments outside their ability to pay. As long as the country can't afford all treatments for all persons – that need to budget is at the root of the whole debate over universal medical care – some people with very expensive conditions will not be treated in a very intensive way.

Putting that somewhat differently: if it is a fact that not everyone is going to get all the treatments he might want, which treatments are we going to do without? Everyone reading this essay has had friends or relations who have passed away, usually in a bed somewhere and surrounded by access to all kinds of medicines and equipment. Wholly apart from cost, fatal conditions progress and worsen despite what anyone does, and take their consequences in the normal course of events. We are not in any case debating ways to prevent that. A time comes when all the money in the world would be useless. Before that point, a time comes when all the most expensive exertions would buy on day or a week. One of the hardest decisions we have to make is when to stop and let nature take its course. There is not “right moment;” to decide is to guess and to exercise judgement. It is not therefore a question of when to stop. That is in each case a unique decision that rests on the people who surround the patient. It is rather a question of who will make the decision and on what basis it will be made. This is why *Trust* lies at the heart of medical care, especially care for those unable to care for themselves.

The public are very clear about this. They want persons whom they know and whom they trust to make such decisions. They don't want a book of rules from the Department of Health and Human Services to decide.

Obviously, under any system it will be the very invasive treatments that we pass up. In the world I am proposing, it would be the patient or persons he trusts who make that call – substituting some form of maintenance care instead of aggressive treatment – rather than the government. And that is precisely the point.

There is however another, even more obvious point. Opponents of the president's plan point out that it will probably bankrupt the country, and that in fact the system we already have in place will probably bankrupt us. That is actually quite true. So if the goal of the reform is to avoid bankruptcy, wouldn't the natural reform be built around a plan where we start by appropriating the funds we can afford, and then let the patients decide how best to use them? Unless the Congress actually wants the government to go bankrupt and appropriates accordingly, there is absolutely zero risk of bankruptcy if the only involvement of the Congress is to appropriate funds for the aggregate national budget.

With food stamps we don't tell the public what to eat. We just help the needy to pay for it. That works. Call it freedom of choice. And it is not in any inconsistent with the premise that the nation as a whole has a duty to use public money to diminish the difference between rich and poor.

Joel C Gibbons