Solving the US health care fiasco

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SOLVING THE US HEALTH-CARE FIASCO

By Manny Gonzalez, Author of *Crazy Wild Ideas – Out-of-the-Box Solutions for Fixing the Philippines* (available on Amazon Kindle as an e-book)

Our country is the Philippines. The reason this seemingly domestic US matter should be of interest to Filipinos is not only that many of us are in the US, but also that it might teach us that the solution to seemingly impossible problems can sometimes be found by – as clichéd as it may sound – thinking outside the box, changing the paradigm, asking the right question.

The US health care structure was created and has evolved with all supply-side participants cooperating to raise costs for the consumer.

First the American Medical Association (AMA) limited the supply of doctors by making it hard to enter medical school in the US, and by requiring doctors' participation for minor tasks or judgments that a nurse could easily make. This made doctors more scarce and thus helped them command higher salaries. That's why a 5-minute visit to get a prescription for ear drops can cost \$200.

Then the US Food and Drug Administration (FDA) made it a labyrinth to get new drugs and devices approved, which meant that simple and cheap medicines or treatments were ignored, and only potentially expensive and high-return medications and devices are ever put on track for clinical trials. By being hypocritically strict and getting cause-and-effect wrong, FDA can ban a drug with bad consequences for 500 persons in a million, even if it helps 999,500 of that million (the actual case of phenylpropanolamine, a highly-effective cold-relief OTC drug which was misused as a diet aid and led to some strokes, almost entirely among the young women using it to lose weight – though their obesity and crash-dieting might have contributed, right?) Meanwhile, tobacco and alcohol, which are bad for 1 million out of 1 million, are allowed.

Another factor has been the misguided national campaign against "fats and oils", which was successful in its aim, at the cost of many people doubling and tripling their consumption of sugar and starches. Result? A nation of obese and unhealthy people.

Next came American lawyers and courts, and legislators in the pocket of Lawyers' associations, with unthinkable awards for litigants in medical-related suits, and refusal to cap such awards. Also a refusal to allow people to suffer for their own

stupidity or imprudence. In no other country can you get several million dollars for spilling hot coffee on your lap because you put the paper cup between your legs while driving. These awards are eventually paid for by consumers of medical services, which means everyone.

Then of course there is Big Pharma, whose sole interest is self-interest. Big Pharma influences all three branches of government and many sectors of the health-care industry to maximize drug prices, increase the number of patients (for example by continuously expanding the definition of what fasting blood sugar level constitutes diabetes - which is in the first place the wrong indicator for a complex disease), and bad-mouth cheap or free treatments (for example, Intermittent Fasting, garlic, plenty of water).

Let's not forget the average patient, who instead of eating right and exercising, tries to cure everything with medication and herbs.

The problem of the US health care system has been wrongly postulated by every recent US President and almost every American authority or official who has ever weighed in on the subject in living memory. *It is not a matter of how to fund high*

medical costs. This is a pass-the-buck game in which the insured, the insurers, hospitals, doctors, company health plans, state governments, and the Federal Government try to pass the cost to someone else among them (but still one of the above).

The Correct Question: How to lower the costs themselves? The answer to this is simple in the extreme.

- (1) Make it easier to become a doctor; do you really need a 130 IQ to prescribe Crestor? Do you really need 11 years of college and medical school, etc., to be an ER doctor or for that matter an anaesthesiologist? Another measure to increase doctor supply: accept more doctors and nurses as immigrants on a fast-track.
- (2) Make FDA certification more sensible. Instead of vetoing drugs on grounds of unlikely side effects, just tell people the score and let them decide. They make such a choice every time they choose to eat a hamburger, which has a far greater chance of killing you than most banned drugs.
- (3) Cap jury awards for injuries; immunize hospitals and doctors against suit except in the most clearcut cases of negligence. But do publish tripadvisor-like reviews of doctors and hospitals, so truly bad actors can be weeded out.

- (4) Disseminate more information about how to take responsibility for your own health. No one has all the answers, but the government could make it easier to find responsible information about the pros and cons of fats and oils, supplements, lifestyle choices.
- (5) Ban vaping and increase yet again the sin tax on tobacco and alcohol.

With intelligence and determination, all the above could be done in one Presidential administration. And presto! - their health-care mess would be solved.

When asking the usual questions makes a problem seem incapable of resolution, sometimes it helps to change the question. In all our country's major contemporary issues, we need to change the question.

For example, the problem is not How to Fix Metro Manila traffic. The problem, rather, is How to Fix Metro Manila Overpopulation. Metro Manila is a flood plain; it is sinking 4 inches a year; it is in a tsunami-prone, volcano-active zone which is both right on a major fault and 100 kilometers from another major fault just west of Luzon. The City of Manila is THE most congested city in the world, and it is just 5 meters above sea level. Metro Manila traffic is inherently unsolvable; LA has spent

100 times more money on its traffic problem than we could ever hope to spend, and has gotten Nowhere. By re-defining the problem, we can make our problem more amenable to solution.

The problem is not How to Lessen Government Corruption. The problem is How to Allow More-Productive, Less-Disruptive Corruption.

The problem is not How to Build More Schools and Hire More Teachers, earning high school or college degrees that are (sorry to say) hardly worth the paper they're written on. The problem is How to Allow More Filipinos to Educate Themselves, Free, through the Internet, or, cheaply, in vocational schools.

The problem is not that we are so poor, many of us have to seek work abroad as OFWs. Rather, the problem is How to Best Prepare Our OFWs for Working Abroad, and How to Get the Best Deal for Them and Our Country.

The solutions are there, and the solutions are obvious, if only we would postulate the correct problem.