

Health Policy Newsletter

Volume 18 Number 3

September, 2005

Article 3

Letter to the Editor:
On the Trilogy of Woe

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Suggested Citation:

Boissonault BA. Letter to the editor: On the trilogy of woe. Health Policy Newsletter 2005; 18(3): Article 3. Retrieved [date] from <http://jdc.jefferson.edu/hpn/vol18/iss3/3>.

Letter to the Editor: On the Trilogy of Woe

David,

I read your "Trilogy of Woe" editor's comment in the June 2005 Health Policy Newsletter. It commented on three books: 1) *Critical Conditions: How Health Care in America Become Big Business and Bad Medicine*, 2) *On the Take: How Medicine's Complicity With Big Business Can Endanger Your Health*, and 3) *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*.

Your remarks were on point.

A few years back, I had the honor of being asked to provide ongoing expert counsel over the course of a couple of years to a federal court judge in one of the nation's most high profile school desegregation cases. During one of our many meetings, I asked the judge how he was able to come to decisions in cases such as this when, in my view, all sides in the dispute advocated only for funding of their own narrow self-interest without regard for, or sufficient financial analysis of, the impact of such rulings on the entire system. He said it didn't always work, but that simply investigating the inequities in a system sometimes was sufficient to reduce them.

We all know examples of "legalized corruption" and harmful secrecy in the U.S. healthcare delivery system today that create waste and increase suffering. Similarly, we all recognize that healthcare budgets are under fire due to the impact of an increasingly conservative public policy view whose leaders suggests that the less fortunate should fend for themselves – even in basic health care services.

It may be that in the U.S. healthcare debate, there is no middle ground, and that each special interest will continue to pursue their narrow funding concerns indefinitely without regard for the sustainability of the system as a whole. Moreover, it may be that the rest of the modern world is right in their conclusion that the only workable solution lies in some form of global budgeting for healthcare delivery.

Whatever system we use to fund health care in the U.S. must have three characteristics in order to work:

1) Rich and poor citizens alike must recognize that they will share use of the same healthcare delivery system. A sense of shared destiny will ensure adoption of a more equitable and more thoughtful healthcare policy.

2) Healthcare delivery system quality and cost must become more transparent. Removing the veil of secrecy that surrounds healthcare delivery will highlight delivery system inequities thereby impeding the growth of separate and unequal delivery systems for the rich and poor classes.

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3) Government's healthcare funding mechanisms must be honest, and must not rely on debt or budgeting gimmicks that disguise debt. U.S. debt growth, if it remains unbridled, will bind our children's and grandchildren's future to the whims of the world's current lender nations such as Saudi Arabia and China, and may make peace less likely.

Through debt, all things are possible – except a bright future.

Warm regards,

Bruce A. Boissonnault

President

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