It was Bernard Wolfman’s love of words that inspired the creation of the Bernard Wolfman Civil Discourse project, and the inaugural Civil Discourse on the topic of the role of government in health reform.

On March 28, 2013, the fourth night of the Jewish Passover, David Nash, MD, MBA and Stuart Butler, PhD, drew a crowd of over five hundred to Beth Shalom Congregation in Elkins Park, Pennsylvania, where they engaged in a public conversation moderated by Chris Satullo, WHYY vice president for news and civic dialogue, and co-founder and co-director of the Penn Project for Civic Engagement at the University of Pennsylvania.

Distinguishing between civil discourse and talk-show debate, Satullo defined civil discourse as an ‘exploration’ of ‘shared identities’ and leveraging ‘intellectual and ideological diversity to model a means to generate effective public policy.’ The two candidates agreed not to argue or debate, despite their differing views on government’s role in health care.

Stuart Butler, PhD is currently serving as Director of the Center for Policy Innovation at The Heritage Foundation, a conservative think tank located in Washington, DC. An expert in the areas of Medicare, entitlements, and health care reform, Butler identified three main influences on his political views: the ethics and values of Judaism, the principles of market economics, and the principles of federalism.

He went on to ask although the general consensus is that Americans ought to have ‘equitable, affordable care,’ what level and how much health care should Americans expect? He expressed his concern over what he views as a ‘spend then bill’ system, which lacks a concrete budget. A staggering hypothetical statistic supported Butler’s concerns: if the United States’ health care system were its own economy, it would be the sixth largest economy worldwide, surpassing both France and Britain. Butler also expressed his specific concern over the recently passed Affordable Care Act; “If government cannot organize a system of records, can government come in to the exam room?”

David Nash, MD, MBA, Dean of Jefferson School of Population Health and a practicing internist, emphasized right away the need for eliminating waste in our health care system. Nash identified six areas of waste: overtreatment, failure to coordinate care and the lack of follow up, failure in execution, administrative failure, pricing failure, and fraud/abuse, the elimination of which would allow the US to fix its broken system. Nash also supplied his own hypothetical statistic; with medical errors currently the fourth leading cause of death in this country, it is akin to a 747 crashing every day, killing all its passengers. He went on to express his continued outrage that this persists, “What other industry
would tolerate this?” Nash agreed with Butler’s observation that healthcare spending is out of control in this country, at 20% of the gross domestic product, but disagreed with Butler, remarking that ‘only Uncle Sam has the power to rein in spending, change the payment process to reduce waste.’

While they differed in their perspectives of the government’s role in health care, the two experts did converge on a number of details. When asked about the idea that most healthcare spending comes about in the last two years of life, both Butler and Nash agreed that Americans need to start having more conversations with their loved ones and their providers about end of life. Dr. Nash went a step further to say that one way to ensure this conversation takes place would be to create a Medicare fee for the end of life conversation. Ever the educator, he also indicated that this is a huge opportunity for an educational piece. Both speakers also agreed on the importance of care coordination and accountability on the part of both patient and provider.

When asked by Satullo about the implementation of a single payer system in the United States, both experts said that they didn’t believe it would work, and each offered a humorous explanation of why. Butler gave a nod to his British roots when he said “British people see a line, they get in it, and then ask what it’s for.” Americans will not wait for health care. He also expressed his concern that if implemented, a single payer system might eliminate the worry of being bankrupted by medical bills at the expense of not receiving medical care at all. He ended by saying that healthcare requires flexibility, and the federal government cannot be flexible. Nash offered advice to fix the broken system in the form of a seven point plan: a greater level of patient engagement, including an open medical record; simply asking caregivers if they have washed their hands; the Choosing Wisely campaign; encouraging end-of-life conversations; behavioral modifications such as exercise, wearing seatbelts, and stopping smoking; finding a primary care doctor and visiting that doctor; and finally, practicing charity.

Though the evening ended without a “debate winner” guests were left with evidentiary proof that a civil conversation between adversaries can lead to convergences and opportunities to work toward common goals. The Project’s namesake, who treasured his Oxford Dictionary and his Merck Manual of Medical Information, believed in maintaining respect in a disagreement, a principle upheld by both speakers.

Kate Cecil, MS
Project Manager
Jefferson School of Population Health
Kate.Cecil@jefferson.edu