
SOCIALIZED MEDICINE: A HATE STORY

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Choke down your bile, suppress your shudder—we're using the dreaded “s” word. I implore you: before you have a violent conniption, just consider the following.

For years, politicians have warped into oblivion the purpose of socialized medicine: to provide universal health care by means of public funds. Socialized medicine is not socialism, nor is it communism. It certainly is not a dire threat to the United States, although conservatives would doubtless have it that way. How has governmental catering to the health needs of a population become so heinous?

Our intense aversion is the result of propaganda dating back to the 1930s; however, this is not the Red Scare, nor the height of the Cold War. This is 2016, and we should know better by now. In America, we profess to espouse lofty values of equality, opportunity, and justice for all, yet our current healthcare system frequently denies those rights to those most in need.

The bottom line is this: a nation cannot proudly laud its status as the “Land of the Free” while failing to ensure health—a basic human right—for all of its citizens. Socialized medicine is not the enemy: it is a solution.

It's time to reconsider where our priorities lie, especially in light of Colorado's upcoming referendum on universal health care.

Americans tend to cling to the fallacy that we are number one. Take one look, however, at the numbers depicting our health care system and its effectiveness, and that one quickly evaporates. The current fee-for-service system of health care delivery follows a capitalist model that, quite simply, has proven time and time again to fall perilously short.

We tend to treat any consideration of the potential for other systems of healthcare surpassing our own as heresy. It is an attack on the well-established “American way,” a way defined by willful ignorance and obstinacy. I beseech you to consider, if you could be so kind, the systems of some of our European counterparts.

The United Kingdom's system of socialized medicine, the National Health Service, is funded through centralized taxation and in return provides comprehensive universal health care at little to no cost for its citizens.¹ Sound good? That's because it is.

In a comparison of the US to 10 economically similar countries, The UK surpasses the US in just about every measure of health—it is ranked first on measures of quality care, access, and efficiency. The US, by stark contrast, is ranked 11th in overall care, 5th in quality care, 9th in access, and 11th in efficiency.²

Compound this with the fact that the United States grossly overspends, devoting a whopping \$9,255 per capita on health expenditures, and it's clear something has to give.³

Another economically similar country, Germany, employs some aspects of socialized medicine to great benefit. Its “sickness funds”⁴ essentially operate on a socially and economically conscious axis of “rich paying for poor,” a statement that would doubtless ignite the rage of any self-respecting Republican. Social welfare? Universal access? Be still, my beating heart!

It's clear that socialized medicine in other countries proffers universal access and quality with much lower costs than in the United States. Could aspects of this system be adaptable to the US? Although I do concede that economic considerations must be taken into account, given that the US devotes more of its GDP (17.4%)⁵ to healthcare than any other nation, it seems that our method of spending at present is not effective or efficient.

There is no clear cut answer to the pressing problem of health care reform, but blindly rejecting aspects of socialized medicine for purely political or pejorative reasons only serves to hurt the vast majority of citizens who would benefit from its services.

It's time to stop playing catch-up with the rest of the industrialized world. It's time to take a long, hard look at how we treat healthcare.

It should be regarded as a matter of deepest shame that the United States is the sole wealthy, developed nation in the world without universal health care. So let us remove the cloud of misinformation and bias; let us go beyond political diatribe. Let us move toward a system of equitable and affordable medicine for all, not the few.

ENDNOTES

1. NHS Choices, "The NHS in England," NHS (1 July 2015). <<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>>
2. Karen Davis, Kristof Stremikis, David Squires, and Cathy Schoen, "Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally," The Commonwealth Fund (2014). <http://www.commonwealthfund.org/~media/files/publications/fund-report/2014/jun/1755_davis_mirror_mirror_2014.pdf>
3. CDC/National Center for Health Statistics, "Health Expenditures," U.S. Department of Health & Human Services (2013). <<http://www.cdc.gov/nchs/fastats/health-expenditures.htm>>
4. Elias Mossialos and Martin Wenzl from London School of Economics and Political Science and Robin Osborn and Chloe Anderson from The Commonwealth Fund, "2014 International Profiles of Health Care Systems," Commonwealth Fund (January 2015). <http://www.commonwealthfund.org/~media/files/publications/fund-report/2015/jan/1802_mossialos_intl_profiles_2014_v7.pdf?la=en>
5. CDC/National Center for Health Statistics.