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Dispelling the Myths About Single-Payer Health Care *by Marcia Angell, M.D.*

Many Americans who are fortunate enough to have good health insurance believe that adopting a single-payer health care system would make health care in the United States worse. In my view their concerns are based on a number of myths that need to be dispelled. Let's look at a few of these misconceptions.

Myth #1: We can't afford a universal, single-payer health care system.

My answer to this is that we can't afford *not* to have a universal, single-payer system. Our costs are exorbitant, premiums are once again rising at double-digit rates, and the number of uninsured will undoubtedly swell with the softening of the economy. A single-payer system, however, would eliminate excess administrative costs, profits, cost shifting, and unnecessary duplication. Furthermore, it would permit the establishment of an overall budget and the fair and rational distribution of resources. Remember that we now pay for health care in multiple ways--through our paychecks, the prices of goods and services, taxes at all levels of government, and out-of-pocket expenses. It makes a lot more sense to pay one. Ideally, there should be a national health care tax on income, but failing that, a consolidated system at the state level, in which all health funds are channeled through a central public agency, would achieve many of the same goals.

Myth #2: Innovating technologies would be scarce under a single-payer system, we would have long waiting lists for elective operations and other procedures, and medical care would in effect be rationed.

This misconception is based on the fact that there are indeed waits for elective procedures in countries with national health systems, such as the United Kingdom and Canada. But that's because they spend far less on health care than we do. (The U.K. spends about a third of what we do per person.) If these countries were to put the same proportion of their resources as we do into *their* systems, there would be no waits, and all their citizens would have immediate access to all the care they need. For them, the problem is not the system, it's the money. For us, it's not the money, it's the system.

Myth #3: A single-payer system amounts to socialized medicine, which would subject doctors and other providers to onerous, bureaucratic regulations.

The truth is that a publicly funded national or state program does not require providers to work for the government. In fact, the model in this country already exists: Medicare, which is publicly funded but privately delivered. As for onerous regulations, nothing could be more onerous to both patients and providers than the multiple, intrusive regulations currently imposed on them by the many different private insurance providers. Consequently, many doctors who once opposed a single-payer system now see it as a far preferable option.

Myth #4: A single-payer system is a good idea, but politically unfeasible.

Both Maine and Massachusetts are actively exploring single-payer legislation right now. Yes, powerful special interests oppose it, and we must not underestimate them, but with courageous leadership and the support of the medical profession and public, there is no reason a national or state health insurance program cannot become a reality.

There is one final and very important reason for enacting a universal, single-payer health care system. We should not deny some of our citizens certain essential services because of their income or social status. We already acknowledge that education, clean water and air, equal justice, and protection from crime are public responsibilities. As a nation, we need to accept the same responsibility for health care, and Massachusetts has an opportunity to lead the way.

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