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## Way Forward on Healthcare?

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# Way Forward on Healthcare?

## **Abstract**

In the wake of a remarkable visit from Pope Francis, is it time to ask, WWFD? What would Francis do with our half-fixed, highly fragmented healthcare system? [*excerpt*]

## **Keywords**

Healthcare, Medical Costs, Pope Francis

## **Disciplines**

English Language and Literature | Health and Medical Administration | Public Health

## Opinion

# Way forward on healthcare?

In the wake of a remarkable visit from Pope Francis, is it time to ask, WWFD? What would Francis do with our half-fixed, highly fragmented healthcare system?

It's a system, as you may have heard recently, where a cowboy of high finance can purchase a drug company and jack up the price of one of its premiere drugs—Daraprim, used to treat a life-threatening parasitic infection—by more than 5,000 percent, from \$13.50 to \$750.00 a tablet, raising the cost of treatment for individuals to hundreds of thousands of dollars.

Yes, under a withering storm of public criticism kicked off by an expose in the New York Times, Martin Shkreli, the CEO of Turing Pharmaceuticals agreed to lower the price but without specifying the new price or agreeing to limit the practice of sudden increases in drug prices in the future. Nor is this an isolated phenomenon. According to the Times: "Although some price increases have been caused by shortages, others have resulted from a business strategy of buying old neglected drugs and turning them into high-priced specialty drugs."

It's not just drugs that are costing more, as many of us know firsthand. Procedures and services in some areas have also jumped in price. A given procedure may cost hundreds in one place and thousands in another. Fairness, transparency and accountability are often lacking. Medical bills can be almost impossible to read, and insurance costs for many businesses and institutions are rising in double digits from one year to the next. Those forced to purchase insurance on the individual exchanges face significant uncertainty and the threat of similar increases as they ponder the fine print of policies and attempt to renew their coverage at the end of each year. A kind of underinsurance with ultra-high deductibles and a lot of "fine print" has indeed become the new norm.

Although some additional 38 million Americans now have insurance with the Affordable Care Act, other tens of millions still do not. They earn too little or not quite enough to afford coverage. Or, they simply prefer not to enroll, but when they become sick or get injured their lack of insurance gets passed onto all of us in the form of still higher medical bills.

Yes, we've made some progress, but not enough to enjoy the shared social and economic benefits of a system that

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covers everybody. We're still paying almost twice as much per capita for healthcare as many other industrialized countries and getting results that are often not as good as theirs, especially in areas like preventable mortality. We still have many people putting off care they need and costing the system—costing us—more in the end as their illnesses worsen and grow more expensive.

And we still have our businesses, both large and small, at a competitive disadvantage to companies in other countries such as Canada that don't have to carry the burden of providing coverage to their employees. And we still have employees stuck in jobs they hate for the sake of the insurance, unable to take a chance on the career choices that might benefit both them and us as they become innovators, entrepreneurs and energizers of our overall economy.

Most tragically, we still have bankruptcies and unnecessary suffering brought on by sudden, catastrophic illnesses or accidents and the bills that come with them to those without good coverage.

So, what would Francis do?

In his speeches and recent writings, several key words come up again and again, words that may have light to shed on how to go about improving our healthcare system, words like "human dignity," "dialogue" and "the common good," which Francis describes as "the chief end of all politics." The list could grow quite a bit longer. But for Francis these words are not abstractions; rather, they embody values that come alive only in an everyday material context, in the lives people actually live.

Speaking of immigration in his address to Congress, for example, Francis said, "Don't be scared by the numbers—see the faces" of those in need. When addressing climate change in his encyclical on "care for our common home," he insists again and again

that any real solution to the climate problems we face must always be accompanied by action to preserve and foster the human dignity of all people. And, in turn, damage done to our common home, "the environment" as we usually call it, is also damage done to human beings. For Francis, "The human environment and the natural environment deteriorate together." In short, human dignity is central and all things are connected, even things we sometimes try to keep (and think about) in separate boxes.

But a second big word for Francis is dialogue. Again and again, he reminds us that when dealing with a social problem we need a conversation that includes everyone, not just the rich and powerful or their representatives, not just those with a profit margin at stake, but everyone, including the poor and their advocates, and, in the case of healthcare, including those who would call for a public, nonprofit approach rather than the profit-driven, highly fragmented private system we still find ourselves stuck in, because the third big word for this pope is the common good.

These days we don't hear too much about the common good, an old-fashioned idea in an era that seems to worship markets and raw economic power. But as Francis explains in his recent encyclical, our task is to create a culture that is strong enough to set limits on markets and economic power and to balance them with other human values such as compassion and the essential dignity of all human beings.

What would all this mean for the future of healthcare reform, both the funding and the delivery of care? Above all, a Pope Francis approach would mean a new starting point for the conversation: a moral commitment to human dignity and to the inherent right of all people to the care they need at a cost they can afford. Once this moral value has been accepted, the next step would be to consider how best to deliver this care. Then, we might finally be willing to take a look around the world and see how every other industrialized country has for many decades already gotten this job done.

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