



PERSPECTIVE: POINT/COUNTERPOINT PART II

WHY SGIM SHOULD NOT
ADVOCATE FOR SINGLE PAYER

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"Our lives begin to end the day we become silent about things that matter."

—Martin Luther King Jr.

Healthcare reform matters. SGIM should advocate firmly for a just healthcare system that cares equally for everyone as one of our top priorities. Physicians, both individually and collectively through our professional societies, have a critical, public role to play in ensuring that the American healthcare system delivers universal, equitable access. No one else can speak with the same authority and experience of the consequences of our current chaotic and inequitable system. Our deeply flawed healthcare system breeds corruption, forces unethical choices on us daily, and contributes mightily to the growing inequalities that sap our nation's health and vitality. It must change. As a solution to all of these problems, a single payer system is undeniably elegant. Nevertheless, it would be a mistake for SGIM to endorse single payer health reform.

This position is far from where I started. Twenty-five years ago, as a junior faculty member, I delivered my first departmental grand rounds entitled "The Case for Single Payer Health Reform." I was among those loudly calling for SGIM to endorse single payer. In the years since, I've continued to speak on health reform. I've given scores of talks to professional and lay audiences on the topic, but over time, my approach has changed.

The change began with polite questions from physician audiences. "Aren't there health systems that perform well and have private insurance?" Initially, I was completely unprepared to answer the question and left with a sense of discomfort. Reflecting on that moment and those that followed, I realized I was struggling to locate my voice and my role. Was I speaking as a physician in equipoise—like I should at a patient's bedside—or as a citizen-activist with the goal of moving people to my point of view? Which voice should I use and where?

As physicians, we have a great deal of latitude to determine how we speak along a spectrum stretching from our purely professional roles, to our roles as private individuals and citizens. At the bedside we speak as physicians—putting aside our biases and self-interest as best we can. Our commitment to this ideal lends our voices authority and forms the backbone of our profession. We have more latitude speaking publicly as physicians, but we still carry that authority with us and some expectation that we manage our biases and represent the best interest of others. Speaking as individuals, without the mantle of our profession, our obligations are no different than anyone else.

My solution was to make some distinctions. In front of a grand rounds audience or a classroom, I would speak as a physician and address the problems of access and equity with passion, but would also offer dispassion in evaluating the spectrum of responses. There were viable alternatives. Speaking as a physician, I would respectfully allow for their consideration and enable my audience to make a fully informed decision. I would be less constrained at a backyard barbeque or a party caucus, but speaking in my professional capacity, it was improper to present my preference as if it were the only reasonable choice.

SGIM as a professional society needs to make these same distinctions when we advocate for policy. SGIM can never speak as freely as any of us can as individuals. To maintain our credibility and effectiveness as an organization, we need to stay at the professional end of the spectrum when we speak. We should be absolutely clear about the ends we pursue, but when there are multiple means to achieve a particular end, we should speak as a

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doctor would. We should rigorously evaluate how well different options would accomplish the goals we have articulated and help policy-makers and the public make an informed decision. We should hold the process accountable to acceptable outcomes, but we should not make the choice for them.

As the gentleman in my grand rounds audience noted, single payer is not the only way. A quick scan of the globe reveals several high performing health systems that deliver universal, equitable, high quality care, through models that include private insurers. Among the many examples are Germany, Switzerland, and Japan who all deliver better population outcomes at a fraction of the cost of the United States.

Replacing private insurers with a government program would have been much simpler 40 or 50 years ago when health care as a percent of the economy was still in single digits and most insurers were not-for-profit. It is much more complicated now that nearly 1 dollar out of every 5 that change hands in this country is spent on health care, and a sizeable proportion of that passes through the coffers of U.S. insurance companies. While we can question the value these companies add, the facts remain that they employ hundreds of thousands of people in good paying jobs, and many Americans own a piece of these companies through their retirement plans. There may be many salutary benefits to adopting a single payer system, but we should be clear, there will be side effects. In evaluating the choices we face in health reform, SGIM can highlight the effectiveness and elegance of single payer as a solution and enumerate its many advantages, but we should recognize the consequences and be open to discussing them with the people who worry about them. If we

endorse single payer as the model of reform, we imply it is the only model and we compromise our voice and reduce our influence.

Unfortunately, health reform has become highly politicized and partisan and single-payer generates a lot of heat. While single payer's star may be on the rise in this political moment, let's be clear about what that looks like: single payer is red meat for Democrats and kryptonite for Republicans. SGIM cannot as a society adopt active advocacy toward single payer without creating the impression we are a partisan organization. If we appear partisan, we will instantly alienate a majority of current members of the House and Senate (and many of our own members). This would reduce our ability to influence their opinions on future health reform proposals and alienate support we will need for other critical items on our advocacy agenda. There are many voices advocating for single payer, but we are almost alone in advocating for academic GIM. Our research, education, and clinical care agendas are vitally important, and we should be very cautious about anything that compromises them.

Our position now will also determine our role in future reform. The ACA passed without a single Republican vote; "repeal and replace" became one of the most potent rallying cries through the last four election cycles. I hope we will have another shot at reform soon.

Health care will be one of the top issues of the 2020 presidential election. Meaningful, durable reforms—that Congress can build and improve upon rather than tear down when another party takes power—will need bipartisan support. Adopting single payer now will reduce our influence on that debate. Perhaps the political landscape will evolve in such a way that single-pay-

er reform is possible. What if it does not? What if the only model that will attract enough support to pass is a bill to fix the ACA? If we are all in on single payer, we are by definition opposed to other options. We might find ourselves on the sidelines with some strange bedfellows, when we could be working to ensure that a compromise proposal meets the critical needs of our nation.

Just because SGIM maintains equipoise doesn't mean our members should. Our membership includes some of the most articulate and effective voices in support of single payer as well as many of the investigators who have developed the evidence for its efficacy. Those voices are important and should be heard. We should all make our votes count. As citizens, we should pressure candidates to commit to support health reform and even pledge in advance to what policies they will support. We should each support candidates who can move us forward, and oppose those who will undermine reform efforts. Each of us has the opportunity to challenge, engage, educate and reason with our students, residents, colleagues, friends and family. We should be writing editorials and supporting organizations that apply political pressure in ways we agree with.

As a society, we cannot be silent about this thing that matters. SGIM's principles and goals must be firm and clear. Healthcare reform is an urgent national priority. We have an important role to play as a trusted, objective, non-partisan resource in the coming debate. That is how SGIM will move hearts and minds toward the solution we have so long sought and so desperately needed. Perhaps that solution will be a single payer system, but we should be prepared to do all we can to ensure the best outcome, even if it's not. **SGIM**