The Review

The Court rules Supreme

The Supreme Court decision to uphold the constitutionality of the Affordable Care Act (ACA) will have predictable political consequences and undoubtedly waste a lot of time and money that should be spent making the ACA work as Republicans seek to attack it and the Administration defends it. The first *Terminator* film comes to mind where, just as the heroine appears to have killed the machine from the future, it rises from the dead and keeps on pursuing her.

Republicans, obviously quite chagrined about the George W Bush appointed chief justice being the deciding vote on the question of constitutionality, now threatens to storm the ramparts of Congress a 31st time and 'repeal the law'. They lost the first 30 attempts. Repeal it with what; the Romney-initiated Massachusetts plan that was more radical than the early Obama plan and was more aggressive about universal coverage including a mandate for everyone to be in the system or face a penalty? That Massachusetts is now nearing universal coverage and is aggressively controlling costs in a state full of medical centres that don't usually demonstrate technological restraint should make it hard for the Republicans to pick out anything that really makes sense NOT to do in the ACA. Finally, the fact that financing for expansion of health care nationally will come in a large part through higher taxes on the wealthy — which would include a lot of doctors — is particularly galling to Republicans, since the wealthy are the major funders of their efforts to unseat the president. But polls are turning against the Republicans as most of the country just wants to get on with it, and fix it if necessary, but stop bickering.¹

As is often the case, both parties are playing to the over-65 crowd, either saying that the ACA is akin to government brown shirts who will come and 'steal' your Medicare (Republicans), or pointing out that many seniors are already benefiting from the reforms by controlling drug costs and getting rid of absurd laws that left a hole for paying for medications that was called 'the donut hole' but in reality is as wide as a crevasse in the Himalayas (Democrats). 'Seniors' vote, college graduates are worried about jobs, not Medicare, and don't vote as regularly, and everyone else seems too frightened of or angry to worry about the facts.

Many Republican state governors, including the one here in Wisconsin, have

"Almost 40 million Americans without insurance currently have no choices at all but ... many ... seem committed to voting against their own interests ..."

stated that they refuse to accept 100% federal financing for the care of the poor through Medicaid and will not comply with the law requiring the creation of competitive pools of insurance funders for the uninsured by 2014. In the 1960s federal Marshalls had to escort black students to public universities in Mississippi and Alabama, where 'states rights' (a euphemism for racist) governors stood in the doorways to block them. Today, Republican governors in both of those states, one of whom is a dermatologist, are once again standing in the doorway under the guise of 'states can do it better than Washington'. What, one may ask, have these states been doing for the past 50 years, on their own, to create some of the worst health outcomes and overall worst access to care, and the highest levels of uninsured of any state, except Texas, in the US? We may, again, see federal Marshalls entering state capitals like Mississippi and Alabama with court orders to provide care to the poor and uninsured, who by no coincidence are overwhelmingly minority groups. William Faulkner's line, *'The past is never dead. It is not even past'*, seems particularly appropriate here.

Once the pundits and talking heads have run out the clock on discussions of what is next, we will have to get on with what really is next: the road to 2014 when all of the elements of the Act are supposed to be in place. Many of us in the baby boom generation still have to purchase health insurance to fill the holes in Medicare, and just being over 65 years of age is a 'preexisting condition' that will create much larger annual premiums. To determine if we have any 'conditions', we fill out insurance screening forms asking questions such as 'Have you ever had pain in any joints or your back? Have you ever had difficulty with your emotions? Have you ever been treated for elevated cholesterol?' Anyone over 65 who doesn't answer yes to all of these is lying. But, according to the ACA, 2014, preexisting conditions won't apply to insurance premiums because the pool is much larger and everyone, thanks to the Supreme Court, will have to obtain coverage

or pay a 'tax'.

Perhaps the most infuriating aspect of the whole healthcare reform process has been the president and the Democrats' reluctance to celebrate the most important piece of social legislation in 50 years and run on its successes. The polls say that the public doesn't support it but, of course, the Social Security Act of 1935 had to survive its own constitutional test in the Supreme Court and most physicians didn't support Medicare in the 1960s at first either. Now these two programmes are the cornerstones for social policy and politically untouchable. When asked about the individual components of the ACA, the public favours them all but doesn't favour them collectively! Go figure. As I have written before, a national obsession with 'choice' is the smokescreen that is used by those who want to protect the status quo.² The Democrats have not been able to make it clear that there will be all sorts of choices, except the choice not to have insurance. Almost 40 million Americans without insurance currently have no choices at all but amazingly many of them seem committed to voting against their own interests, particularly in the poorest areas of the country with the worst health care. It boggles the mind.

The Obama administration has recruited remarkably talented and committed staff to make the ACA work, combining dynamic young policy people and seasoned leaders who, having tried and failed for a lifetime to achieve healthcare reform and now, at the end of their careers, have a chance to make it happen. A grass roots organisation called Doctors for America composed of over 15 000 progressive, mostly young, physician leaders are rallying constantly to support the ACA. Their enthusiasm reflects polls that show that physician executives now favour the ACA by 60% and want to get on to implementation,³ and that younger physicians are more positive and hopeful about the ACA than older ones.⁴ The flywheel of change is slowly starting to turn and will have momentum by November, whatever the outcome of elections.

The Review

Theatre review

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In the first 2 years of his presidency, Lyndon Johnson passed civil rights legislation, Medicare, and Headstart, the early childhood education programme for low income families, before he got lost in the swamps of Southeast Asia. Despite being counselled to go slow because his Southern mentors and Southern voters would resist his programmes, Johnson said he was committed to doing it all. As he said 'Well, what the hell is the presidency for?'. It may do the Democrats and President Obama a great deal of good to emulate Johnson on this point and ask themselves and their advisors the same question.

The president has been emphasising the increasing gap between the wealthy and the majority of the country as a problem that must be fixed for the US to succeed. The ACA, by providing support for all Americans to obtain health insurance and paying for it through taxing higher income citizens, is one of the most important efforts in 50 years to level that playing field a bit and create a more just country. Why not run on that?

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THE DOCTOR'S DILEMMA

GEORGE BERNARD SHAW

The National Theatre London,
17 July-12 September

George Bernard Shaw (1856-1950), playwright, Nobel Prize, and Oscar winner, wrote *The Doctor's Dilemma* (1906) to meet the challenge of writing a tragedy.

The play opens with newly knighted physician Sir Colenso Ridgeon receiving notable colleagues while basking in the glory of his new anti-TB treatment. The self assured surgeon, convinced that everyone has 'blood poisoning' and if only he could remove their 'nuciform sac' they would be cured. The 'rich GP' who made a fortune offering 'cure guaranteed' even though admitting that the majority of illness is self-limiting, contrasted with the impoverished GP who has 'forgotten all my science' but poignantly remarks on the importance of clinical experience. Finally, two eminent and pompous physicians who pontificate hilariously.

We are then introduced to Mrs Dubedat, a beautiful woman who has sought out Ridgeon to treat her brilliant but immoral artist husband, who is dying from TB. Ridgeon only has the capacity to treat 10 patients, so is faced with the dilemma of whether 'to kill another man for his sake'. The other man in question turns out to be Ridgeon's impoverished GP colleague. We are invited to debate this ethical dilemma of rationing finite resources, with Ridgeon

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and his colleagues making an assessment based upon the morality of the proposed patients. The hypocrisy inherent in this is further exposed when we learn Ridgeon's desire for Mrs Dubedat has influenced his decision, in effect condemning her brilliant but flawed husband to death.

The play itself is wonderfully staged in this high quality National Theatre production. A medical audience will find the opening parody of hierarchy and quackery among physicians, surgeons, and GPs particularly entertaining. While the comedic moments are enjoyable, the 'tragedy' towards the end did not quite feel believable, and some of the characters lacked emotional depth. However, some of the problems of rationing, particularly within a private and competitive healthcare environment, enhance the relevance of this play to today's audience. I wonder what Bernard Shaw would make of the current healthcare reforms and whether he would still think that doctors are 'not a profession, we're a conspiracy'.

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