

New York Times: Treat high medical costs as a “serious side effect”

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From the beginning of the debate on overhauling the US health care system, the *World Socialist Web Site* has argued that this “reform” has had nothing to do with improving the quality and accessibility of health care for the vast majority of Americans. In fact, the goal of the Affordable Care Act (ACA) has been to create an even more heavily class-based health care system, in which working families receive substandard care and are denied vital services, while the wealthy continue to have access to the best possible medical treatment.

Since the disastrous rollout of the HealthCare.gov insurance exchange on October 1, each day brings a new exposure of the thoroughly regressive character of what is commonly known as Obamacare. The lucky few who have actually been able to log on to the web site, view plans and possibly enroll are finding that the least expensive plans carry higher premiums, with higher out-of-pocket costs, and with limited choices. The president who promised “if you like your health plan, you can keep it” was well aware more than three years ago that millions of people with individual coverage would receive cancellation letters from their insurers, with reinstatement offers for policies with dramatically more expensive premiums.

Enter the *New York Times*. The HealthCare.gov debacle has not deterred the newspaper from its role as the most consistent cheerleader of Barack Obama’s “signature” domestic initiative. The *Times* and the well-off “liberal” layers that it represents are continuing their campaign in support of Obamacare with new calls for reducing “unnecessary” medical services for working families and the poor. The latest installment is a November 3 column by Peter A. Ubel, M.D., headlined “Doctor, First Tell Me What It Costs.” The piece presents the disturbing argument that physicians

“should discuss out-of-pocket costs with patients just as they discuss side effects.”

Dr. Ubel is a professor of medicine at Duke University and the author of “Critical Decisions: How You and Your Doctor Can Make the Right Medical Choices Together.” He begins his article in the *Times* by bemoaning that “even when the costs of a medical intervention might force patients to choose between paying the bill or keeping up with their mortgages, American physicians rarely discuss that serious side effect with them.” He argues that, presented with such information, patients “can decide whether any of the downsides of treatment are justified by the benefits.”

Ubel offers the example of a patient with colon cancer, whose oncologist is considering prescribing Avastin. He says that while most doctors would warn their patients that the drug carries a 2 percent risk of cardiovascular toxicity, few would discuss the possible \$50,000 cost per patient, or that a Medicare patient could be responsible for nearly \$9,000 of that total. He notes the telling statistic that \$50,000 is “more than the average lifetime savings of the majority of American families.”

Consider the following macabre scenario: A patient suffering from a potentially fatal disease is told that there is a treatment that may prolong his or her life, but in addition to a 2 percent risk to the heart, a treatment that could offer medical hope carries the “serious side effect” of debilitating financial distress. This could come in the form of personal bankruptcy or missed mortgage payments.

An essay co-authored by Dr. Ubel in the *New England Journal of Medicine* discussing the same topic notes the appalling reality that “many insured patients burdened by high out-of-pocket costs from cancer treatment reduce their spending on food and clothing to

make ends meet or reduce the frequency with which they take prescribed medications.”

While no alternative is offered to this state of affairs for many patients, the following are presented as realities that cannot be challenged: (1) The high price of pharmaceuticals and medical treatments is a naturally occurring phenomenon. (2) Medical coverage for the vast majority of working people and retirees will continue to include high out-of-pocket costs, and nothing can be done about it. (3) Economic “reality” dictates that there is a shortage of funds, and patients must choose between medical care and necessities such as food, shelter and clothing.

What is wrong with this picture? On the first count, it is not questioned why the giant pharmaceuticals can continue to amass huge profits, and charge prices for drugs and treatments bearing little relationship to their real value. In fact, many of these astronomically priced medications are sold for a fraction of the price in other countries.

Dr. Ubel also conveniently selects Avastin (the Genentech/Roche trade name for bevacizumab), whose efficacy in certain cancer treatments has been questioned by the FDA and other government bodies. But there are many drugs and procedures that have been proven to fight diseases and prolong life that carry similarly high price tags. What about a \$700,000 life-saving heart transplant? Or a \$50,000 knee replacement, which vastly improves mobility and quality of life for a senior? Should out-of-pocket costs force patients to forego such treatments?

Secondly, it is posed as a given that the majority of working class Americans already have insurance coverage with high out-of-pocket costs, and that this situation is poised to worsen. The article conveniently notes in passing that the ACA “will have only a modest impact on patient exposure to health care costs because the limits it sets on out-of-pocket costs are still high compared with most people’s resources.” This is what Obama’s health care “reform” set out to accomplish from the start: shifting more of the burden of medical care onto working families through raising costs and limiting treatments and procedures.

Finally, in the view of the *Times* and its band of medical “experts,” the for-profit health care system is sacrosanct and cannot be challenged. Politicians of both big business parties and their media supporters argue

that there is “no money” to increase funding for education, job creation, pensions, nutrition programs—and that these basic necessities must be placed on the chopping block. Meanwhile, the tiny elite at the top of society continue to amass vast fortunes and corporations hoard cash in the face of entrenched unemployment and a decay of infrastructure.

Dr. Ubel’s article concludes that “No one should have to suffer unnecessarily from the cost of medical care.” But this is precisely what is being proposed. The huge advances in medical technology, drugs and treatments that could prolong life are held hostage to the profit-gouging of the giant pharmaceuticals, private insurers and health chains, denying workers, retirees and their families vital medical care. Of course, the wealthy continue to have access to the best care money can buy, paying for it out-of-pocket as needed.

The Affordable Care Act is a reactionary piece of legislation that seeks to deepen inequality in the provision of health care through cutting costs for the government and corporations at workers’ expense. In furtherance of this goal, the *Times* proposes that doctor’s office discussions on the “serious side effects” of medical costs are one way to achieve such rationing of care.

A real solution to the crisis in the US health care system requires putting an end to the for-profit health care system and placing it on social foundations, defending access to high-quality medical care for all as a social right.



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