

Exposing the world's great lie about ObamaCare and socialized medicine

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In health care, 2013 was a year of great irony. In the United States, the Obama administration bullheadedly forged ahead in advancing the most controversial and expensive law in recent memory, the deceptively named Affordable Care Act.

The law, opposed by a clear and consistent majority of citizens, immediately caused millions of Americans to lose their health insurance along with their choice of doctor and hospital, and millions more to pay far higher insurance premiums.

While the focus has been on the embarrassing roll-out that, at a minimum, demonstrated both the incompetence and the poor judgment of this administration, the true harm of this law is still to come as new government authority over U.S. health care dramatically increases.

Concurrently, Britain's National Health Service (NHS), the paradigm of government-controlled health care, turned 65 years old in 2013 and officially entered senior citizenship.

The NHS received its review by the British press this past year on an almost daily basis.

Headlines blared across the UK, endlessly documenting scandalous patient care, shameful waiting lists, catastrophic hospital practices, and financial debacle.

Directly undermining those who advocate for an even stronger role for government in U.S. health care, the British press has instead been documenting the disgraceful state of the NHS.

Despite what Americans are led to believe about nationalized health systems, including the claims that everyone is insured and care is free under such systems, the facts about what's really important in health care --- actual medical care access and quality -- showed the harmful impact of government control on health care.

One critical distinction generally lost amid the naïve but passionate backers of nationalized insurance is the difference between being

insured and having access to care.

Despite the chest-thumping that everyone is insured, U.K. citizens relying on the NHS experience unconscionable problems with access to care, problems not even remotely found in the U.S.

How poor is access to care in socialized systems like the NHS?

Access problems are so widespread that the government was compelled to issue England's 2010 "NHS Constitution" in which it was declared that no patient should wait beyond 18 weeks for treatment.

It is noteworthy enough that the UK government felt so much pressure from the systemic failures of its NHS that they were forced to issue "rights" to patients about receiving medical care.

But should it not bring chills that the government of free people, in the 21st century, had the authority to define those rights about seeking and receiving personal medical care? And even more Kafkaesque is the government's boldness to define lengthy target times and then to claim that standards have been met. Indeed, designed to propagate the illusion of meeting quality standards, the government decreed that targets were met, even if patients waited a full four months after the diagnosis was made for treatment to begin.

What is the current status of access to care, now that the rights of NHS patients to medical care were enumerated?

At the end of June, the number of people waiting in England to start NHS treatment was 240,000 higher than the same time last year.

NHS England figures for July showed that 508,555 people in London alone were waiting for operations or other treatment to begin — the highest total for at least five years.

Almost 60,000 more patients were waiting for treatment at the capital's 34 NHS hospitals than one year ago. According to NHS data released in August, hospital waiting lists soared to a five-year high, with almost 2.9 million patients with a known diagnosis in the queue for treatment.

In Wales, the number of patients waiting more than nine months for hospital treatment in November had more than doubled in six months.

The Welsh government also reported their NHS is still failing to treat 8 to 13% of the most urgent cancer cases within 62 days — two full months after diagnosis.

Even given a laughably long leash of an 18 week standard, the number of patients not being treated within the target of 18 weeks soared to 39,145 — up 16 per cent on the previous month -- in London alone.

The BBC discovered even more scandalous news back in February -- many patients initially assessed as needing surgery were subsequently re-categorized by the hospital so that they could be removed from waiting lists to distort the already unconscionable delays.

Royal College of Surgeons President Norman Williams, calling this "outrageous," publicly charged that hospitals are cutting their waiting lists by artificially raising thresholds.

Though long proven by facts documented by the UK government and in scientific journals, these shocking waits for care, whether for specialist appointments, heart surgery, stroke treatment, diagnostic scans, or cancer care go virtually unreported by the U.S. media. Ironically, U.S. media outrage was widespread when time to appointment for Americans averaged 20.5 days for five specialties in 2009. Escaping American media coverage was that those requests were for healthy check-ups in almost all cases, by definition the lowest medical priority.

It remains unreported that the U.S. wait for routine check-ups was significantly less than for sick Brits needing heart surgery (57 days), or Canadians with "probable cancer" of the gastrointestinal tract (26 days) or proven GI bleeding (71 days).

Even for purely elective routine physicals, U.S. waits are shorter than for seriously ill patients in countries with nationalized insurance.

The disgrace of nationalized insurance systems extends far beyond limited access to care.

Comparing data for cancer, heart disease, and stroke, the most common sources of serious illness and death in the U.S. and Europe, and the diseases that generate the highest medical expenditures, we see the overt failure of the NHS and its socialist relatives compared to the U.S. And the same bottom line is true for the most important chronic diseases that portend long term morbidity and mortality, including high blood pressure, diabetes, and high cholesterol.

All have better access to care and better treatment results in the U.S. than in the U.K., proven by studies in the world's leading medical journals.

Adding to those undeniable facts is a long list of inexcusable scandals in NHS hospitals that were repeatedly discovered, investigated, and catalogued with promises of change this past year. These outrages were epitomized in 2013 by the Staffordshire Trust debacle, where between 400 and 1,200 neglected and abused

patients died in squalid and degrading circumstances, where patients were left so thirsty that drinking from the pots of watered plants was necessary.

Although unreported here in the U.S., the 2013 Francis report about Staffordshire NHS hospital, containing more than one million pages and 64,000 documents, and costing British taxpayers about \$20 million, caused outrage even for those wedded to government-controlled health care.

While forcing the resignation of the NHS chief, the report more importantly officially called out the insidious negative culture in the NHS, involving a tolerance of unacceptably poor standards and patient neglect, a preoccupation with cost-cutting, targets and processes while losing sight of its fundamental responsibility to provide safe patient care.

Yet, the greatest deception of all about NHS-style socialized medicine, the silly canard that it provides “free” health care for everyone, was visible for anyone interested in facts in 2013.

The cost to British patients and taxpayers for their dismally performing NHS has been enormous and has increased by 94 per cent in real terms between 1999-2000 and 2009-2010. And even in the face of such outrageous money-wasting as reported in September that millions of non-existent “ghost” patients were registered at NHS surgeries costing taxpayers £750 million over five years, Secretary of State for

Health Jeremy Hunt intransigently argued against any restraints on the 2014 NHS budget of £114 billion (\$175 billion), despite its shameful performance and lack of accountability.

And that cost still does not prevent a growing number of British taxpayers from looking elsewhere for medical care. About six million Brits now buy private health insurance, including almost two-thirds of Brits earning more than \$78,700.

According to The Telegraph, the number of people paying for their own private care is up 20 percent year-to-year, with about 250,000 now choosing to pay for private treatment out-of-pocket each year. Isn't it notable that more than 50,000 Britons travel out of the country per year and spend £161 million to receive medical care due to lack of access, even though they are already paying for their NHS insurance?

Despite all of these realities, just as in America, many in positions of power refuse to accept the facts and continue to deceive the public.

Even the hard-hitting 2013 Staffordshire report still insisted near the top of its list of summary points that “the NHS is a service of which the country can be justly proud, offering as it does universal access to free medical care, often of the highest order.”

In a truly offensive effort to further manipulate the public about their failing system of socialized medicine, the NHS in London separately spent even more taxpayer money -- almost £13 million, or about \$20 million -- on public relations in the last three years, as reported by the BBC.

Eerily echoing that disgraceful waste of hard-earned taxpayer money, our own Obama administration will spend about \$684 million, as cited by the Associated Press, mainly on a massive campaign to convince young people to sign up for ObamaCare exchanges and purchase unnecessarily bloated, highly expensive insurance they don't need or want.

Finally, the system often heralded as the model for US health care reform, offers access and quality of care so poor that Britain is now experiencing a serious brain drain of their young doctors.

The NHS has become hugely reliant on doctors trained outside the UK. An estimated 94,833 of the 259,719 doctors of all doctors registered with the General Medical Council, 36.5% of the total, are from foreign medical schools. And what is the solution to the disastrous waiting lists and disgraceful care in the NHS in the face of a considerable outflow of UK medical professionals?

The U.K. government is now considering sub-contracting operations to private firms from other countries.

Is anyone in the U.S. government watching this socialized medicine debacle unfold?

Yet, the stubborn pursuit of an overtly failed system like the NHS, where government controls medical care, is the model for ObamaCare, so the inexorable progression towards what we see in the U.K. should be in the minds of American voters as more components of the law unfold in 2014.

Ultimately, the only way out is for taxpayers and all U.S. citizens who care about choice, access, and quality of health care to make their voices heard.

Thankfully, another election is approaching.