

without first getting the patient's address and checking on his financial status.

Then there was the problem of pharmacists selling drugs without a doctor's prescription. This was denounced as "therapeutic nihilism," and the American Pharmaceutical Association, controlled by the AMA, tried to stamp out the low-cost, in-demand practice. In nearly every state, the AMA secured laws that made it illegal for patients to seek treatment from a pharmacist. But still common were pharmacists who refilled prescriptions at customer request. The AMA lobbied to make this illegal, too, but most state legislatures wouldn't go along with this because of constituent pressure. The AMA got its way through the federal government, of course.

There were other threats that also had to be put down: "nostrums," treatments that did not require a visit to the doctor, and midwives, who had better results than doctors. Also a danger was "contracting out," a company practice of employing physicians to provide care for its workers. This was "unethical," said the AMA, and should be illegal. Fraternal organizations that contracted out for their members were put out of business with legislated price controls, and hospitals—whose accreditation the AMA controlled—were pressured to refuse admittance to patients of contracting-out doctors.

By the end of the Progressive Era, the orthodox profession as led by the AMA had triumphed over all of its competitors. Through the use of government power, it had come to control education, licensure, treatment, and price. Later it outcompeted fraternal medical insurance with the state-privileged

and -subsidized Blue Cross and Blue Shield. The AMA-dominated Blues, in addition to other benefits, gave us the egalitarian notion of "community rating," under which everyone pays the same price no matter what his condition.

AMA control remains much the same, and as a result, even incompetent doctors are guaranteed high incomes. In law, a profession with much freer entry, some lawyers get rich, others make middle incomes, and others have to go into another line of work. But thanks to almost a century and a half of AMA statism, even terrible doctors get lavish incomes.

The monopoly also allows anti-customer practices to go unpunished. For example, doctors routinely schedule appointments too closely together so as to keep their waiting rooms full, for prestige and marketing reasons. With little competition, they can get away with it, and advertising on-time service would be "unethical." The next time you have to wait 45 minutes amid six-month-old *People* magazines, thank the AMA.

Now, if Hillary gets her way, licensing will become even more abusive. Her Health Security Act mandates racial quotas for medical students and faculties, as well as for practicing physicians in the health alliances. This is the wits' end of licensing, which began as an effort by the regulars to weed out the competition and will now force on us the spectacularly inept, scalpels in hand.

Real reform would remove the AMA's grip on the marketplace and subject the entire industry to competition. Until then, stock up on home medical books.

Twelve-Stepping Towards Bethlehem

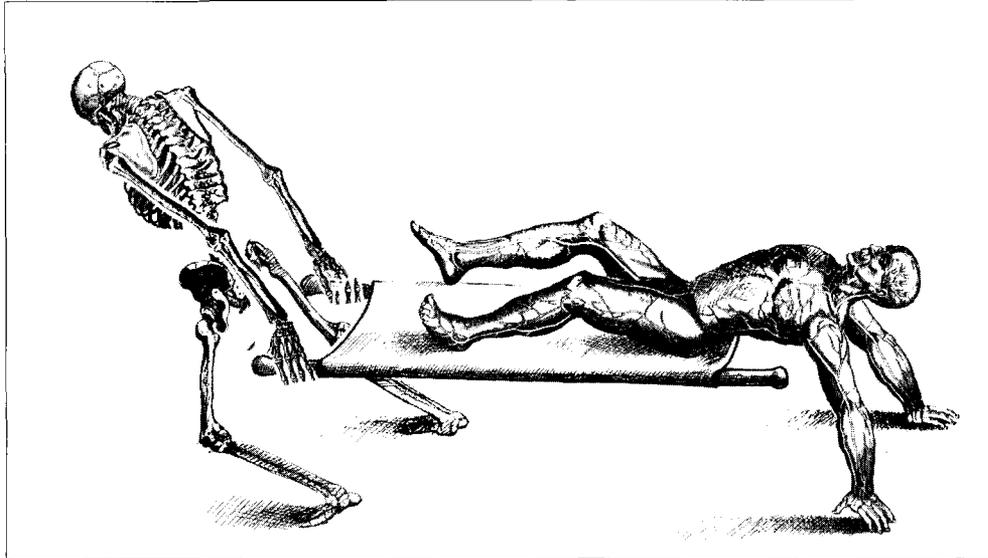
by *Katherine McAlpine*

Dysfunctional, abused or codependent?
Speak up with pride! Experts in sociology
(spotting a fruitful trend on the ascent)
urge you to whine away without apology.
Forget old saws like "self-reliance," then,
and "dignity." Unleash your Inner Victim!
In this new world where every citizen
vies for the right to cry how fate has kicked him,
we honor, not the brightest and the best,
but those who claim they've been the most oppressed.

The Nightmare of Socialized Medicine

The Soviet Example

by Yuri N. Maltsev



Igor Kopeinitsky

Vladimir Lenin enacted universal, “cradle-to-grave” health coverage in the Soviet Union in 1918. The “right to health” was made one of the constitutional rights of all Soviet citizens; it ranked alongside the “right” to vacation, free dental care, housing, and a clean and safe environment. As in other fields, all services were to be planned and administered by a special ministry. The Ministry of Health, through its regional Directorates of Health, would administer medical and sanitary services to the entire population. The “official” vision of socialists was clean, clear, and simple—all needed services would be provided on an equal basis to everyone by the state-owned and state-managed health industry. The cost of all medical services was socialized through the central budget. Advocates of this system said that fully socialized health care would eliminate “waste” due to “unnecessary duplication and parallelism” (Marxist jargon for competition) and provide full cradle-to-grave health coverage nationwide.

Today, advocates of socialized medicine in the United States believe America is spending too much—about 14 percent of its GDP—on medical care. Russia, with its system of central planning basically intact, spends only 4.7 percent of its GDP on health care but over 25 percent on defense and 21 percent on running its highly inefficient government. By diminishing the cost of health care, especially by imposing caps or price controls on the health industry, the United States can achieve the same appalling results as in the former Soviet Union. Life expectancy in Russia is now 61 years for males and 67 for females,

13 years short of the average for American men and 12 short of American women. The child mortality rate in Russia (even without crack babies) is seven times higher than in the United States.

Widespread apathy and low quality of work have paralyzed the health care system as they have all other sectors of the Russian economy. Irresponsibility, expressed by the popular Russian saying, “They pretend they are paying us and we pretend we are working,” has contributed to the appalling quality of “free” services, widespread corruption, and increased loss of life. According to official Russian estimates, 78 percent of all AIDS victims in Russia have contracted the virus through dirty needles or HIV-tainted blood in state-run hospitals. To receive even minimal attention by doctors and nurses, a patient is expected to pay bribes. I personally witnessed a “nonpaying” patient die while trying to reach a lavatory at the end of a long corridor after brain surgery. Under the Soviet system, anesthetics were usually “not available” for abortions, as well as for minor ear, nose, throat, and skin surgeries and were used as a means of extortion by unscrupulous medical bureaucrats. As a People’s Deputy in the Moscow region from 1987 to 1989, I received plenty of complaints about criminal negligence and bribery involving medical apparatchiks, about drunk ambulance crews, and about food poisoning in hospitals and child-care facilities.

Understandably, government bureaucrats and Communist Party officials realized as soon as 1921—three years after Lenin’s socialization of medicine—that an egalitarian system of health care was good only for their private interests as providers, managers, and rationers, but not for users of the system. In all countries with socialized medicine we observe this

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