

# Chicago Tribune

February 27, 2009

## Headaches come with Heidi-care

BY ALPHONSE CRESPO

On Thursday, the Obama administration announced plans to create a \$634 billion reserve fund to expand health-care coverage in the United States. While the exact nature of this expansion remains unclear, one thing is certain: President Barack Obama's health-care reforms will have a distinctly European flavor, drawing inspiration from countries like Switzerland, where health insurance is compulsory by law.

Having practiced medicine in Switzerland for nearly 30 years, I must sound a note of caution. We Swiss have had compulsory health insurance since 1994, and while it has benefited big insurers, it has undermined my ability to deliver the care my patients deserve. In the 1990s, Switzerland faced many of the same health-care problems that concern Americans today. Mainly, costs were rising due to medical advances and longer life expectancies. So in an effort to hold down expenditures, Swiss politicians, mainly from the left, proposed to compel all residents to buy heavily regulated insurance. Those too poor to afford the premiums were subsidized by the state.

This became law in 1994, giving Switzerland a system somewhat analogous to that envisaged by Hillary Clinton in 1993, or the reforms enacted by Massachusetts in 2006.

So far, so good. But the Swiss government didn't foresee a huge side-effect. The new system created an insider network, where powerful health insurers and their friends in government wheeled and dealt to their own advantage, while the critical needs of patients were ignored.

Even worse, the Swiss system completely failed to control costs. Competition and choice were gradually regulated out of the system. Today, premi-

ums and overall health-care costs continue to rise.

As insurance became compulsory, government administrations and insurers were able to control more aspects of health insurance, ranging from premium prices to the specifics of what compulsory insurance plans must cover.

All this cost-control manipulation produced deeply perverse consequences.

By squeezing reimbursement rates and closing some hospital facilities, for example, the government sought to reduce the length of hospital stays. Stays fell to nine days in 2004 from 12.9 days in 2000. But the consequences were disastrous. Doctors found themselves pressured to keep patients out of the hospital, even when it wasn't the right thing to do clinically. Surgeons became reluctant to perform complex procedures that would lead to longer hospital stays: As a result, a new phenomenon rose up in state-owned university hospitals -- waiting lists.

Egged on by the insurance companies, the government then bizarrely decided that high health-care costs were a result of too many practicing physicians. So it enacted a ban on new private surgeries.

Predictably, there is now a looming shortage of general practitioners in certain areas, as doctors are forbidden to set up shop where they perceive demand to be highest. Absurdly, the government has now been forced to exploit loopholes in its own laws to circumvent this problem.

Meanwhile, physicians are burdened with all kinds of clinically unjustifiable requirements and mandates.

For example, they often have to use generic medicine when it's not the best treatment. They will soon face cuts in

reimbursement for lab tests done locally, and will have to send diagnostics tests to out-of-town labs or to hospitals, which causes dangerous delays. To meet government financial reporting requirements, they spend more time on paperwork than patients.

I could go on, but the outrage of doctors speaks for itself. In 2006, nearly half of our 25,000 doctors took to the capital streets of Bern to protest -- an unprecedented event in calm, prosperous Switzerland. New protest strikes and doctor demonstrations are scheduled for March.

Admittedly, the Swiss health system still delivers high-quality care compared with most of our European neighbors, many of whose governments have intruded even further into their national health-care systems.

But driven by compulsory insurance laws, Switzerland's situation is getting worse. Choice and competition, the pillars of Switzerland's once famous health-care system, are being steadily eroded.

Long ranked among the top four in world health care, Switzerland recently sunk to 8th position in the authoritative 2008 Euro Health Consumer Index.

Clearly, America is not Switzerland. There are many differences between our cultures and attitudes to health care. But like Americans, the Swiss have long prided themselves on having the best health care in the world. It would be a shame for America to repeat our mistakes.

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*Alphonse Crespo is an orthopedic surgeon and research director at the Institut Constant de Rebecque in Lausanne, Switzerland. He is also founder of Medicine & Liberty, a free-market physicians network.*