

Chapter Nineteen

Public Opinion

MYTH NO. 19: SINGLE-PAYER NATIONAL HEALTH INSURANCE WOULD BE POPULAR IN THE UNITED STATES

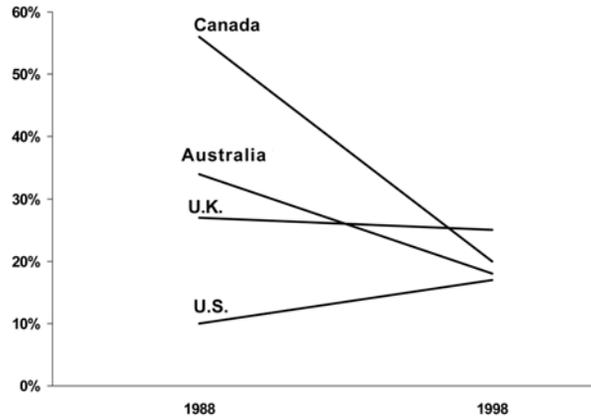
This notion is based largely on the assumption that what is popular in other countries would be popular here. However, although there is hardly a clamor in other countries to implement an American-style system, their health systems are less popular than they used to be and in some cases much less popular. For example, the proportion of Canadians satisfied with their health care system dropped from 56 percent to 20 percent between 1987 and 1997.¹ In Britain, the sad state of the NHS was a major issue in the last national election, with both conservative and labor parties decrying the long waits, low standards of care and even outright abuse reported in the British press. As figure 19.1 shows, it appears that people almost everywhere believe their health care system needs to be reformed, regardless of the system under which they live.²

AMERICAN POLLING RESULTS

Pollsters have long known that they can get different answers depending on how they phrase their questions. According to one set of polling results, most Americans are satisfied with their family's health care, although negative opinions about managed care are widespread.³ As figure 19.2 shows, only about one-third of the U.S. public supports a complete overhaul of the system, including only 41 percent of the uninsured. Figure 19.2 shows that the proportion of Americans who are completely dissatisfied with the "accessibility and

FIGURE 19-1

**Percent Who Agree with Statement:
Only "Minor" Changes Needed**

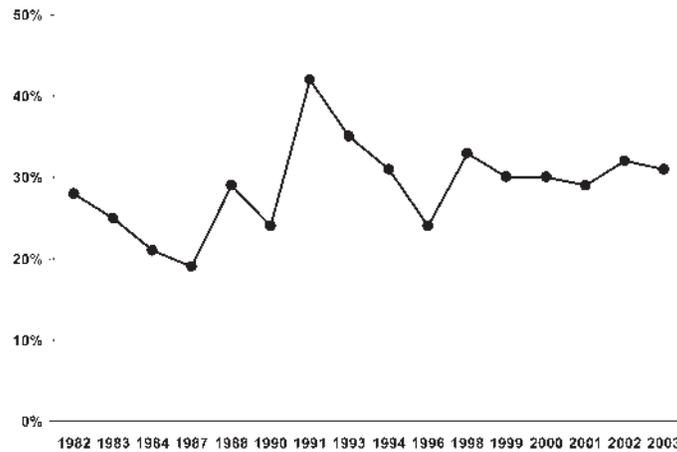


* 1990 data

Sources: Harvard/Harris/Baxter Survey, 1988 (Canada, U.K. and U.S.); Harvard, Institute for the Future, 1990 (Australia); and Commonwealth Fund 1998 International Health Policy Survey.

FIGURE 19-2

Public Attitudes toward the U.S. Health Care System
(percent saying there is so much wrong it needs to be rebuilt)



Sources: Harris Interactive Polls, 1982-2003. Robert J. Blendon, "Americans' Views on Health Care Policy," Harvard School of Public Health/Kennedy School of Government, Harvard University (powerpoint presentation), September 2003.

affordability of health care” is substantially lower now than in 1993, when an overhaul of the health care system was proposed by President Clinton.⁴

These results appear to be contradicted by periodic surveys that find a majority of Americans favor a national health insurance program.⁵ Indeed, as far back as the presidency of Richard Nixon, polls showed as much as 61 percent of the people favored it.⁶ However, these polls frequently give no indication of what people are willing to give up for such a system—in terms of their willingness to pay higher taxes or to have their own health care rationed by government.⁷ When surveys ask about taxes or rationing, support shrinks drastically. For instance, an analysis by the Harvard School of Public Health of a national poll taken in May through June 2003 found that less than half favored raising taxes to provide health insurance for all Americans.⁸

The initial question on a recent *Washington Post*-ABC News health care poll found that 62 percent of respondents favor a universal health care program run by the government and financed by taxpayers.⁹ Some 79 percent thought that health insurance coverage for all Americans is important even if that means raising taxes. However, when asked if they would support universal health care if their choice of doctors were limited, 40 percent of those who had supported it changed their mind and opposed such a system. When asked if they would support universal health care with waiting lines for nonemergency treatment, support fell more than one-third, from 62 percent to 38 percent. Furthermore, 79 percent were opposed to the rationing of health care where “increasing number of medical treatments that currently are covered by insurance will no longer be covered because they are too costly, not essential or have too little chance of success.”

Even if socialized medicine were as popular with people who live under it as it is with advocates in this country, it would be unlikely to gain wide acceptance in the United States for one important reason: Americans are accustomed to a level of health care that single-payer national health insurance cannot provide. Precisely because the U.S. medical market is largely private, the vast majority of Americans are aware of advanced medical technology and have come to expect access to lifesaving equipment and procedures. Having witnessed the efficacy of private medicine, Americans are conditioned to expect immediate delivery of the best that medical science has to offer.

“Don’t push me around” is a distinctively American phrase. In the United States we have widespread access to information about modern medical technology. In the age of the Internet, people are demanding more—not less—control over their health care.¹⁰ We also have a legal system that protects the rights of those without political power or money and a strong devotion to basic rights of due process. Single-payer national health insurance, as it operates

in other countries, simply would not survive in this country, given American culture and the U.S. legal system.

INFORMED HEALTH CARE CONSUMERS

Virtually all Americans have access to the Internet, and Web sites offering health information are among the most popular.¹¹ Approximately 15,000 to 20,000 Web sites deliver information on health and medicine.¹² In 1997, the National Library of Medicine moved away from a pay-per-use fee structure for its own “Medline” medical information Web site to one that is completely free.¹³ Prior to this decision, Medline processed about seven million searches a year. In the first two years it was available on the Web for free, the number of Medline searches skyrocketed to 180 million a year, and the general public was performing a third of these searches.¹⁴

Americans also receive more health information through the mass media than do citizens of any other developed country. In August 1997, the U.S. Food and Drug Administration began allowing pharmaceutical companies to advertise prescription drugs on radio and television and in print without a lengthy summary of potential side effects and contraindications.¹⁵ However, print advertising reproduces the detailed informational inserts that are included in drug packaging, including the health effects of the product. Television and radio commercials repeat health warnings about the most common side effects and the most at-risk populations.¹⁶

The FDA allows drug makers to make limited health claims for their products. In addition to manufacturers of drugs still under patent, aspirin makers, for example, disseminate information on regular aspirin use to prevent heart attacks and strokes.

This direct-to-consumer advertising bypasses physicians as gatekeepers of medical knowledge. Consumer knowledge of the existence and potential benefits of drugs increases their demand for those products.¹⁷ Unsurprisingly, some physician groups oppose such advertising—since patients are less likely to put their complete trust in the decisions of health professionals if they are knowledgeable. By contrast, they are unlikely to demand alternative treatments if they are ignorant.

It is no coincidence that countries with national health insurance systems seek to ban such advertising.¹⁸ Consumer awareness increases the cost of prescription drug programs.¹⁹ Patients are less likely to be content if they know that they are denied access to newer, potentially more effective therapies because of cost-containing limits enforced through the health system’s drug formulary.

NOTES

1. "Health Care in Canada 2000: A First Annual Report," Canadian Institute for Health Information, April 2000; cited in David Spurgeon, "Canadians Become Dissatisfied with Their Healthcare System," *British Medical Journal* (May 13, 2000): 1295.
2. Commonwealth Fund 1998 International Health Policy Survey, cited in Karen Donelan et al., "The Cost of Health System Change: Public Discontent in Five Nations," *Health Affairs* 18, no. 3 (May/June 1999, Exhibit 6): 206–16.
3. Gary Langer, "Conflicting Views on HMOs," *ABCNEWS.com*, January 22, 1999.
4. Harris Interactive Polls, 1982–2003. Robert J. Blendon, "Americans' Views on Health Care Policy," Harvard School of Public Health/Kennedy School of Government, Harvard University (PowerPoint presentation), September 2003.
5. Bridget Harrison, "Historical Survey of National Health Movements and Public Opinion in the United States," *Journal of the American Medical Association* 289 (2003): 1163–64.
6. Jon Gabel, Howard Cohen and Steven Fink, "Americans' Views on Health Care: Foolish Inconsistencies?" *Health Affairs* 8, no. 1 (Spring 1989): 111.
7. Robert Weissberg, "Why Policymakers Should Ignore Public Opinion Polls," Cato Institute, National Center for Policy Analysis, NCPA Policy Analysis No. 402, May 29, 2001.
8. Press Release, "Problem of Uninsured Still Troubles Most Americans but Raising Taxes Remains a Sticking Point," *Health Affairs* (August 27, 2003).
9. "Washington Post–ABC News Poll: Health Care," *Washington Post*, October 20, 2003.
10. See Devon Herrick, "Managing Health Care with the Internet," National Center for Policy Analysis, NCPA Brief Analysis No. 330, July 27, 2000, and Devon Herrick, "Patient Power and the Internet," NCPA Brief Analysis No. 317, National Center for Policy Analysis, March 31, 2000.
11. Herrick, "Managing Health Care with the Internet."
12. Estimate by Bob Pringle, former president and cofounder of the health Web site Intelli-health, cited in Robert McGarvey, "Online Health's Plague of Riches," *Tech Insider* (September 29, 1999).
13. Joan Stephenson, "National Library of Medicine to Help Consumers Use Online Health Data," *Journal of the American Medical Association* 283, no. 13 (April 15, 2000): 1675–76.
14. Leslie Miller, "Guidelines Offer Cures for Web Confusion." *USA Today*, July 15, 1999.
15. Phyllis Maguire, "How Direct-to-Consumer Advertising Is Putting the Squeeze on Physicians," *ACP-ASIM Observer*, American College of Physicians–American Society of Internal Medicine, March 1999.
16. To read a longer review of regulations concerning direct-to-consumer advertising of pharmaceuticals, see Michie Hunt, "Direct-to-Consumer Advertising of Prescription Drugs," National Health Policy Forum, April 1998.

17. Barbara Mintzes, "Influence of Direct to Consumer Pharmaceutical Advertising and Patients' Requests on Prescribing Decisions: Two-Site Cross-Sectional Survey," *British Medical Journal* 325, no. 7332 (February 2, 2002).

18. The United States and New Zealand were the only developed countries that allowed direct-to-consumer advertising as of March 2003. Bob Burton, "Ban Direct to Consumer Advertising, Report Recommends," *British Medical Journal* (March 1, 2003). Three-quarters of New Zealand physicians surveyed said that patients frequently asked for advertised drugs they did not consider appropriate, and only 12 percent of the doctors thought advertising was useful in educating patients. The European Commission had proposed to allow limited direct-to-consumer advertising of medications for certain conditions such as AIDS, asthma and diabetes, but EU health ministers rejected the proposal.

19. By one estimate, it would add C\$1.2 billion to drug spending in Canada. Barbara Mintzes et al., "How Does Direct-to-Consumer Advertising (DTCA) Affect Prescribing? A Survey in Primary Care Environments with and without Legal DTCA," *Canadian Medical Association Journal* 169, no. 5 (September 2, 2003): 405–12.