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

![Graph showing percent who agree with statement on only “minor” changes needed for Canada, Australia, U.K., and U.S. over years 1988 and 1998.]

*1990 data


FIGURE 19-2
Public Attitudes toward the U.S. Health Care System
(percent saying there is so much wrong it needs to be rebuilt)

![Graph depicting public attitudes toward U.S. health care system from 1983 to 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. Approximately 15,000 to 20,000 Web sites deliver information on health and medicine. 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. 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.

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. 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.

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. 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. Consumer awareness increases the cost of prescription drug programs. 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


11. Herrick, “Managing Health Care with the Internet.”


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.