Understanding the Current Health-Care Crisis

Judith Black

Kaplan University

Understanding the Current Health-Care Crisis

Kevin is a 45-year-old man whose heart has essentially worn itself out. Though he has worked all of his life, he had to stop working two years ago when the doctors could not determine what was causing his heart to deteriorate. His doctors recently informed him that another bypass will likely kill him, so he needs a heart transplant; however, Medicare will not cover this procedure because there is still no official diagnosis for his condition. His Social Security benefits are, of course, insufficient to pay for the procedure. Stories like Kevin's have become all too common, yet few understand the reasons for the health-care crisis that has been the subject of many heated debates across the country.

The insurance companies are for-profit entities, and as such, they have a right to make a profit from their business. The issue for many Americans concerns the amount of profit these companies are making. In 2007, health insurance companies showed a 383% increase in profit, which could be considered exorbitant even by big oil standards (Richards, 2008). Though health insurance is regulated by the government to some extent, legal experts, including those in the Gomez v. GlobalNet case (2001), have argued that the regulations on costs could be more stringent to drive costs down.

On the other hand, health insurers claim that their costs have to increase because of the high demand for technological advancements. Research and development carry a high price tag, and as such, the consumers (and the insurance companies) carry the burden. Harrison has pointed out that the government recognizes that our society cannot spend excessive amounts of money to save all lives simply because we have the medical technology to do so. Adopting such a policy would be disastrous for any society, leading to injustice. Compassion would be sacrificed in the name of policy (Harrison, 2006, p. 3).

The problem lies in developing a reasonable plan to address different situations fairly. We all agree that our lives and the lives of our loved ones are priceless, but we have to determine when society should see that life as priceless, too.

Because these excessive uses of the health-care system and the ensuing medical innovations have driven costs up, the ability to afford health insurance or even a doctor's visit has been compromised. Due to this trend, too many people wait until they are more than just sick to see a doctor. Though there is some debate over how much is saved by preventative medicine, one can also say that many of the other concerns over who should have access to services can be effectively resolved through preventative medicine (Connor, 2008). The uninsured go to emergency rooms and often forego paying their high emergency room bills.

Though the unpaid bills are a factor, the larger problem is the fact that these people are often so sick that their illness is then covered by Medicare, adding to the taxpayers' burden for health insurance. Though many other issues contribute to the taxpayer burden and the insurance costs, to effectively develop a health-care program that will work for the majority of Americans, issues of who should receive which services and when those services should be administered must be addressed first. Otherwise, Americans may find themselves with a rising tax bill that they did not bargain for.

References

Connor, T. (2008). Saving money through prevention. Miami: Hewton Books.

Gomez v. GlobalNet, 324 U.S.233 (2001).

Harrison, M. (2006). Caring Beyond Our Price Range. Herald Review, 24(3), 24-28.

Richards, W. (2008). Healthcare in 2008. American Healthcare. 37, 24-28.