

# Doctors' orders: Stakeholders in the health-care debate

From the Editors in the [July 14, 2009](#) issue

President Obama's plan to give all Americans the option of a government-run health insurance plan got a frigid reception in June from the American Medical Association, the nation's leading lobbying group for physicians. Offering a public plan would "restrict patient choice by driving out private insurers," the AMA warned in a statement before Obama appeared before the group. After hearing Obama speak, the AMA backtracked a bit from outright opposition, but it was clearly not encouraging any health-care reform that includes a public option.

But the AMA does not speak for all doctors. In fact, it represents only 240,000 of the nation's more than 800,000 physicians. According to a poll published last year in the *Annals of Internal Medicine*, 59 percent of physicians endorse the idea of national health insurance—which would essentially be an extension of Medicare to people under 65. In fact, physicians align closely with the general public on this issue: 59 percent of citizens say that the current system of private insurance has failed and that it's time to give government-sponsored health insurance a try. Most doctors would be happy to make a little less money and be able to focus on treating patients rather than on filling out a host of insurance forms and meeting the constantly changing cost-cutting demands of for-profit insurance companies.

The logic of putting citizens into a government-sponsored insurance pool is clear: it drastically cuts overhead, equalizes care, and meets the needs of those who can't afford or obtain coverage from for-profit insurers, who cut their costs by excluding patients with serious medical problems—precisely the people who most need the insurance and the medical care. But that logic alone will hardly slay the hardline defenders of the for-profit insurance system. The political and practical question of the moment (explored by Robert Francis and Gary Dorrien in their essays on p. 10 and p. 12) is whether there is any viable compromise—is there a coherent incremental step between the private system we have now and a full-fledged single-payer public plan?

As that debate heats up, lawmakers will hear a lot from lobbyists about the power of “private markets” and the value of “choice” when it comes to health insurance. They should realize that the voices of the well-funded lobbyists defending the existing system do not speak for the people who have most at stake in this debate: the vast majority of doctors, nurses and (insured and uninsured) patients.