

# PERSONAL REASONS FOR NOT SUPPORTING



**I am pleased that the emergency care I needed did not have to wait on a ruling from some government czar.**

**by Jim Burton**



# GOVERNMENT-RUN HEALTHCARE

I am well aware that anecdotal evidence is not subject to generalization. The events and circumstances pertinent to one particular outcome may not and probably are not replicated for others. However, the articles in this issue present lots of data, statistics, and conclusions. I want to just give you a few examples from personal experience and my thoughts pertaining to these and then let you draw any conclusions that seem appropriate.

I am privileged to work for an organization that has great health insurance. And I am extremely grateful for the coverage that it offers. Without this insurance I might either be dead or so far in debt I would not be able to see the financial light of day for a very long time. The insurance coverage is part of my compensation package, and I appreciate it.

I have personally had three expensive health issues: a heart problem, a bleeding ulcer, and a knee replacement. Allow me to share a bit about each.

My heart problem brought me in contact with the emergency room of Middle Tennessee Medical Center (MTMC). The diagnosis was quick and accurate. Except for the fact that the facility was full that night and they could not get me into a room, the care was professional, efficient, and effective. That experience also took me to St. Thomas Hospital. I received the prompt

attention of a very competent cardiologist whom I had never met prior to this incident. He was outstanding, and the results of the procedures were excellent.

I don't have much direct memory of my time in St. Thomas, but my wife has high praise for the care I was given, and I know that the result of the procedures was excellent. I have regular checkups, and the heart issues appear to be under control.

The second medical problem occurred at least in part due to a bad interaction among some medications. Of course, this problem manifested itself in the middle of the night, requiring the services of Murfreesboro emergency personnel. Those people were fantastic. The response time was great. They were very professional courteous — in short, everything I would hope for in such a situation. Once again I found myself at the emergency room of MTMC.

Once again I received efficient, effective, professional services. The physicians on call who attended me were most competent, and the specialist who was called in had resolved the problem with appropriate surgery by mid-morning, less than 12 hours from the time of the emergency call.

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Finally, my third medical issue was of a more elective nature, at least as far as timing was concerned. Due to arthritis, I needed a total knee replacement. I reviewed the credentials of specialists in Nashville and surrounding areas. Based on this research and anecdotal evidence from others I knew who had received care from a particular surgeon, I chose someone practicing in Murfreesboro who uses MTMC as a surgery center. As I have come to expect from my personal experiences there, the care was fantastic. The results of the surgery were just as the surgeon suggested I should expect. While this surgery was recent and the recuperation is not yet complete, things are going better than I expected so far.

Let me also share a story that is not about me but about my son. At about age 21, while still serving in the Marine Reserves, my son contracted a much-too-common disease about which I don't remember ever hearing prior to his diagnosis: ulcerative colitis, which often strikes young white males.

In a relatively short period of time, this disease had ravished my son's body, taking him from a muscular 185-pound boot-camp toughened Marine to a 114-pound skeleton needing assistance to go from the bed to the bathroom. In spite of constant care from local specialists, the disease progressed rapidly, and the prognosis was dire. After an appeal to the insurance company, he was authorized for an experimental treatment that was not effective in his case.

Finally, we were able to get him in to see a specialist at Vanderbilt University Hospital. This specialist and the surgeon with whom he consulted told us there was good news and bad news. The good news: the disease was ulcerative colitis and therefore confined to the colon and not the rest of the digestive track. The bad news: it was the worst case they had ever seen. However, there was a cure: radical surgery to remove the disease, which meant removing the colon.

The surgeon was very explicit with us. He outlined the process, the procedure, and all of the probable and possible complications. It was as if he had written the script. Things, both good and bad, happened just as he predicted they would. The good things outweighed the bad,

and the net result has been even better than we could have hoped.

So what are my thoughts pertaining to these experiences?

- I am blessed to have good insurance. We in middle Tennessee are blessed to have excellent medical professionals and facilities close at hand.
- I am glad I was right here in middle Tennessee and not in France, Canada, the United Kingdom, or anywhere else with government-directed medical care when the need for medical care arose.
- I am pleased that the emergency care I needed in two of these instances did not have to wait on a ruling from some government czar.
- I am thrilled that I am not on a waiting list to determine what my place in line will be to get a knee replacement or whether, at my age, I am a worthy candidate.
- I am blessed beyond belief that the doctors were able to make medical decisions about my son's treatment without consulting a committee of government employees to see if it would be okay to do what had to be done.

You may have guessed by now that I prefer that government not become any more involved in my healthcare than it already is. I believe the plans currently under consideration by Congress are ill advised. Every bit of historical evidence I can find indicates that more government involvement in the process will make it less efficient, less effective, less professional, and more costly — in a word, worse.

I have had a good bit of experience dealing directly with the healthcare system. My experiences have been good. Why would I want government to mess that up? I don't.

I think there are at least a hundred more philosophical and financial arguments for not wanting government healthcare. This is just based on my personal experiences. ■

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