

## Editor's Note

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Yet another article appeared in our local paper recently, quoting a politician's disgust over the fact that Medicaid in our region is funded as a lower level than elsewhere. Poor people are not being granted the right to medical care which government should guarantee, she said. She elaborated her opinion that federalizing the administration of Medicaid would go a long way toward providing equity between Medicaid recipients and everyone else. Also, a payroll tax on small employers who do not provide medical coverage for their employees would help pay costs for the uninsured.

Aside from the issue of whether a political government has any role in the provision of individual medical care, there are other problems with the opinions the politician stated with such moral fervor. One of the problems is in the definition of a medical problem. Who decides what is a medical problem needing therapy, and what is a political, social, vocational, legal, moral or other problem? The trend in medicine is definitely established to involve medical personnel in all sorts of "problems in living" (to borrow the preferred terminology of Dr. T.S. Szasz).

Some years ago, I was asked to see a young man who was brought in "on papers". That is, he had been taken into custody by the county sheriff on the authority of the probate court, because his mother wanted him committed to a state institution for mental illness because he was a homosexual. After interviews with him and several others a fuller view of his problems emerged. He habitually wrote bad checks. The last straw was stealing his mother's checkbook and forging checks in amounts she could no longer cover for him.

The mother arranged for an older brother to go into a homosexual bar in a neighboring county where the offender was dallying. He was drugged with chloral hydrate and alcohol so that he could be brought into the county where he was taken by the sheriff, who

appreciated the mother's plight. Initially, he was charged by his mother with theft and forgery. In a change of heart, his mother decided to have the criminal charges dropped, but to make her point by having him incarcerated for "treatment". Seeing many family problems, but no medical problem, I refused to agree to commitment. Nevertheless, the family worked out a deal whereby he would voluntarily have himself admitted to the institution in exchange for withdrawal of the mother's charges. He spent two weeks in the institution at state expense, then resumed his former habits.

Later the same week, in a county emergency room, an angry young divorcee brought in her two-year-old son. The admitting complaint was confusing to the nurse and to me. It finally developed that the mother's only desire was to have a doctor "document" that the child was too ill with his head cold to be taken 90 miles to spend the weekend with his father, as the court had directed in the divorce arrangement. The mother did not want or expect any therapy for the cold, and in fact was doing all that anyone could do to relieve him. Medicaid was sent the bill.

The same evening in the same emergency room, a young man arrived in a county ambulance he had summoned. He had been in pain for several hours from a thrombosed hemorrhoid. His wife followed a few minutes later in their car! Under much stress at work and at home he began to focus on his pain and suddenly became afraid it was cancer. If the patient insists, the ambulance personnel are not permitted to exercise their generally excellent judgment and refuse to transport a patient. Their judgment is not perfect, of course, and a single error or alleged error could lead to a lawsuit for an enormous amount. The ambulance bill was never paid. Others, who do pay their bills, paid his bill in the form of higher bills for themselves. The next time the man called for an ambulance, he could not be refused

service.

Unfortunately, such occurrences are not rare. Fifty to eighty percent (estimates vary) of all visits to primary care physicians are for problems that are not mainly rooted in a biological malfunction. They are for "problems in living." If managing such problems is a state function at all, the medical system is not the agency of choice; it is both expensive and of extremely doubtful effectiveness.

Many people believe, as does the politician cited above, that medical care is something that can be purchased by government or private insurance the way concrete highways or CT scanners can be bought. **Such is not the** case. The manner in which care for the body is sought is intimately tied to the beliefs and habits of the one who owns the body. The Christian is only a steward before God of his body (I Cor 6:19,20). Those who believe that someone else can take care of their medical problems, while their beliefs and habits go unchanged, are not only going to have to contend with high costs, poor results and frustration, they are going to find that they have sold their very privilege of using medical care as a wise steward. It will be done for them, not according to biblical principles but as politicians and bureaucrats direct. "You were bought at a price; do not become slaves of men" (I Cor 7:23).