

IN ALL FAIRNESS

Dr. Government

The same government which has given us abysmal veterans' medical care, a disgraceful Hurricane Katrina response, an estimated 13 million illegal aliens, and the Postal Service now wants to fix our health care system. Can the American patient really trust government bureaucracy with such complex surgery?

The medical maxim "first, do no harm" certainly comes to mind, especially considering that many of the problems with American health care are of the government's own making. The nation's massive health regulatory structure continues to exercise control over private care decisions and undermines

**First, do
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access to the latest medical innovations. Congress never intended FDA to practice medicine. Yet, isn't that what the agency does when it denies terminally ill patients access to promising experimental drugs? Some sufferers of Lou Gehrig's disease, with Washington Legal Foundation's assistance, successfully fought FDA and won access to an experimental treatment. Unfortunately, FDA is forcing others with the disease to enter a lottery to participate in a clinical trial; it is unlikely, though, that many patients will live long enough to get the drug.

Federal Medicare bureaucrats at CMS routinely ration medical care through reimbursement and coverage decisions. CMS and its cost cutting policies relegate America's sick to ineffective or lesser treatments, and ignore the benefits of modern, personalized medicine. The agency, for instance, denies full coverage for BiDil, a unique and highly effective medication which

FDA approved specifically for heart failure in African-Americans. Such patients instead must take two medicines whose combined use hasn't been proven effective. Last year, CMS slashed reimbursement rates for breakthrough non-Hodgkins lymphoma drugs to below hospitals' own costs, limiting access to what is often a treatment of last resort for these cancer patients.

Despite bitter complaints from patients and doctors about bureaucratic intrusions into our private medical decisions, government remains convinced it is the cure. Some U.S. reformers admire Canada's and England's approach to care, and are working to create a board of economists and health policy experts to study the cost effectiveness of the latest treatments. Such government-run "comparative effectiveness" programs bottle up new drugs and devices in econometric studies, and then make medical decisions based not on what's best for sick patients, but on meeting national budgetary goals. These politically-driven health judgments have chased medical innovation out of many countries with nationalized care, and stifled their citizens' ability to make choices about their own health. Are we headed down the same road?

We must confront the reality that big government solutions can be hazardous to America's health. Bureaucrats have held back the modernization of medical care. America can't afford more government-run experimentation. For those who think the health care system is too big to fail, they must realize it's also too big to bail out.



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