

Medicare Reform?

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Medicare reform is shaping up to be the issue for our time. “We, the people,” like our bread buttered on both sides and we don’t like change. But Medicare is continuing to grow faster than we can afford. While retirees’ Social Security is fairly well covered for a few decades, Medicare is not; we do need to do something.

Common Sense Medicine is founded on the fact that we are adaptive organisms and able to read and cope with our environment in novel ways that defy the current analytical model’s wish to analyze everything. And we point out in our book that the organizations we form in our communities have the same characteristics since they are made up of adaptable human beings. We suggest a CASY approach that sees the system as the complex and adaptive system (CASY for short) that it really is. CASYs are alive or made up of living agents that can read their environment and adapt to it. Addressing our problems with Medicare in this way would be much more effective than continuing our current methods of the government passing entitlements and then spitting in the soup by regulations constraining them when they get too expensive.

When we see this system as a CASY we can understand better how we got into this mess in the first place. When the government establishes a program like Medicare everyone adapts. The players in the system are interested in surviving so they find ways to improve their profit margins: the beneficiaries of the program, in this case the elderly, become dependent on it, the players in the system adapt to get into the deep pocket of government with the rise in technological medicine after 1966 being only one example. Attempts by the government to reign in these escalating costs result in the outcry, “Don’t mess with my Medicare.” Not many options are left for the government so they do what they can tinkering with the system and hoping it will help. Which is where we are now.

A better approach would be for the government to help assure us that we have enough money in our pockets to pay for the bread and butter of health care ourselves. This would put “we, the people” in the position of controlling our health care choices and block the gaming options of the profit oriented players. Empowering the people to pay for their health care is also one way to stimulate an interest in improving their own health. The other side of this is empowering them with the information needed to make wise decisions.

Chicago’s Alternative Medicine Integration group is set up to provide information as well as health services and shows just how effective information can be. While making their customers happier than other health care providers they also show significant savings in the range of 60% in hospital as well as pharmaceutical expenses. Information and the financial ability to act on that information are the two things necessary to empower individuals.

Briefly stated federal support of Health Savings Accounts in both Medicaid and Medicare, as well as making individual contributions to them tax exempt, would cost our government far less than what it is shelling out in entitlements. Besides being less expensive it would make us all healthier.

People researching resilience see a prominent role for hardiness. Andrew Zolli, in his book *Resilience*, describes hardiness as: “(1) the belief that one can find a meaningful purpose in life, (2) the belief that one can influence one’s surroundings and the outcome of events, and (3) the belief that positive and negative experiences will lead to learning and growth.” (page 128) These ideas date back to the work of Aaron

Antonovsky who studied why some people were healthier than others and coined the term *salutogenesis*(literally the beginnings of good health) to describe exactly what Zolli and others call hardiness. As current research suggests promoting hardiness by empowering people with both the ability and the information they need to make better decisions builds their hardiness; and if we are hardier we are also healthier.