The rapid proliferation of science in the second half of the 20th century and the creation of all-powerful professional guilds in control of that science is the fundamental barrier to the public use of the knowledge. Physicians and all other health professionals and institutions divide and sub-divide into yet another named specialty with each new discovery. The United States spends nearly twice the amount paid by other countries for personal medical services. Yet, the US is 24th in the world in terms of life expectancy adjusted for disability, and an increasing number of people have no insurance for physician or hospital services. The services of physicians and other professionals (medical care) are only part of the human search for health. Nations attempt to manage access to and the cost of medical services and the guilds that control the services based on prevailing economic ideology in that county. All economic theory overlooks the core of medical care reality. The patient is the consumer of medical services but not the purchaser. The physician is the purchaser of nearly all medical services and has a financial interest in the services provided and a professional stake in fragmentation of service.

Keywords: guild, purchaser, consumer, medical care, health care


Stichworte: berufliche Vereinigung, Käufer, Verbraucher, medizinische Versorgung, Gesundheitsversorgung

Human beings are rational and rational humans can develop a logical response to, at least, important questions. This is one of the few issues that will find broad agreement regardless of religion, national origin or political affiliation,
extreme left to extreme right. Philosophers, political scientists, historians, sociologists, and theologians have all preached this doctrine as fact for the past two hundred years.

As we begin a new century, I ask: If humans are rational and capable of logical behavior, please explain why every industrialized country in the world has a failed or failing system of organizing and providing personal medical care? The following observations are directed at the experience in the United States with a note about Canada. However, my limited insight into Europe, China, and Australia lead me to believe the problem is universal.

**Lessons from the 20th Century**

We have, in North America, expropriated the word health to write about and discuss medical care. It is hazardous public policy to persuade the public they are receiving health care when health, in fact, requires much more than medical professionals can deliver. In Germany medical coverage is quite properly called sickness insurance. All of the “scientific” evidence would attribute health to a variable mixture of genes, family environment, education, income, and a purposeful role in society. Doctors and hospitals have a supporting role in health. It is pretense that medical care can produce health in the absence of other essential social and economic conditions.

There is no great mystery to the efficient organization and provision of personal medical care services. It requires no great skill or unusual insight. The United States has, for decades, collected mountains of statistics on the organization and financing of care. Certain elemental truths have been evident for several decades. It does not require a genius or even a computer to examine the data and then predict with reasonable certainty the utilization of doctor office visits, days of hospital care, laboratory tests or x-rays for a defined population. We know these patterns by symptom and disease, by time of day, and day of the week the patients will arrive. We can see clearly that if the physician is not available, the patient will go elsewhere if there is an alternative. Emergency room visits will decline during popular community activities and go up immediately after; in Christian countries, no one gets sick past noon on December 23, but many seek medical attention after dark on Christmas Day. The number of heart attacks per 1,000 males and the number of breast cancers per 1,000 females can be estimated with accuracy.

The incidence per 1,000 populations for virtually every disease is well known although we lack the capacity to identify the specific individuals who will become ill.

**Cost Distribution**

We also know how the cost of illness is distributed in the U.S. population. Of all medical care spending, 10% of the population consumed 59% in 1963 and 73% 1999. Half of the population consumes 97% of all care, a fairly consistent number for four decades. At the other end of the spectrum, 25% of the population consumes 3% of care and 25% uses no care in a given year. The population more than 65 years of age have a similar use pattern. There is no data to demonstrate that patients who consume no services in one year will remain non-users for any given period of time.