

# Could Britain-Style Healthcare Work in America?

The Democrat Party has been shifting to the left on healthcare. A recent Gallup [poll](#) found that nearly 70 percent of Democrats favor a single-payer system. But the same poll found that when given the choice of “Favor,” “Oppose,” or “Don’t know enough to say,” a whopping 61 percent of responders chose the third option. This suggests that many supporters of single-payer do not feel confident in their understanding of the system.

One way to better understand is to learn from countries around the world who have implemented a single-payer system, such as Britain.

The main problem with any single-payer system is scarcity – because healthcare is free at the point of sale, individuals have no incentive to limit their utilization. However, the ability to treat patients is limited by the number of doctors. As a result, waiting times are a huge problem in countries with single-payer.

Britain is no exception, as [pointed out](#) by the Hoover Institute:

*“In the UK alone, more than 3.9 million patients are on the National Health System’s waiting lists; 362,600 patients waited longer than 18 weeks for hospital treatment in March 2017. . . 95,252 have been waiting more than six months for treatment—all after already receiving initial diagnosis and referral. As of late 2016, their average waiting time exceeded 100 days for hip or knee replacements, hernia, adenoid surgery, and tonsillectomies.”*

The perpetual inability to promptly treat patients leaves single-payer systems especially fragile. An unexpected rise in

flu cases last winter brought the NHS to its knees. The *Telegraph* [reported](#) that hospitals canceled 50,000 operations, doctors warned of “third world conditions,” and ambulance providers resorted to taxis to transport patients in need.

A former head of numerous NHS branches [explains](#) that the system is stretched to its limit:

*“Things don’t get worse by 3% because demand has increased by 3%, they get worse by 50% or 100% because there is no slack left to deal with what is only a 3% increase. And the figures are now showing just this: failure multiplying while demand increases only marginally.”*

Frustration with the NHS has grown in Britain, as [thousands have protested](#) this year demanding additional funding for the much-maligned agency. Britain spends far less on healthcare per person than America, but also has the “lowest per capita numbers for doctors, nurses and hospital beds in the western world,” as [noted](#) by the *Guardian*. More money would help, but with the tax burden on British families the [highest](#) it’s been in twenty years, any tax increase could anger the public.

Another consideration is that single-payer systems like the NHS restrict the sovereignty of patients to make healthcare decisions. This was clearly displayed in the cases of British children [Charlie Gard](#) and [Alfie Evans](#). Both were severely ill, and their hospitals decided that it was in the best interest of the children to remove their life support. Each child’s parents vehemently disagreed and beseeched the British government and international agencies to let them travel abroad for treatment. However, all requests were denied, the directives were carried out, and both children passed away.

Healthcare scholar and former cardiologist Dr. Deane Waldman [lays out](#) Britain’s policy:

*According to the [NHS Constitution](#), “You have the right to drugs and treatments that have been recommended by NICE.” The National Institute for Clinical Excellence is an agency that*

*“advises” the government whether to authorize payments or withhold them for treatments deemed “not cost effective.” Your right to do what you and your doctor think[s] best for you medically does not override what NICE decides is cost effective for the government. NICE was [the model](#) on which the Independent Payment Advisory Board ([IPAB](#)) was created under the Affordable Care Act.*

If treatment is dispersed on a “cost-effective” basis as determined by the government, that doesn’t bode well for single-payer in America, as single-payer initiatives in [California](#), [Maryland](#), and [Vermont](#) have all stalled from prohibitively high projected costs.

No one would deny that the American healthcare system desperately needs reform, but what direction should it go? Singapore and Switzerland both have heavily market-oriented healthcare systems that operate at a [far lower cost per person](#). Perhaps we should be paying closer attention to them than single-payer countries like Britain.

Do you think a single-payer system is viable in America? If so, why?

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