



# STUDY GUIDE

## WHAT'S WRONG WITH GOVERNMENT RUN HEALTHCARE?

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**KEY TERMS:** health care  
single-payer

right  
private sector

bureaucrats  
utopia

**NOTE-TAKING COLUMN:** Complete this section during the video. Include definitions and key terms.

**CUE COLUMN:** Complete this section after the video.

How long do patients in London emergency rooms have to wait before they are tended to?

How is health care in the U.S. different from the health care systems in other Western nations?

What percentage of the budget is projected for health care costs by 2030 in Ontario, Canada?

What would the negative consequences be of changing health care in the U.S. to a government-run system?

How much did private sector firms in the U.S. spend on biomedical research and development in 2012?

## DISCUSSION & REVIEW QUESTIONS:

- Towards the beginning of the video, Dr. Chen notes that, “For skilled doctors, cutting edge medical treatments, and care without long delays, no other country rivals the United States. Not even close. Nobody from Texas is going to Canada for medical treatment. It’s almost always the other way around.” Why do you think that health care in the U.S. is so much better than in many other countries?
- In response to those who argue for a change in the U.S. health care system to a government-run program, Dr. Chen asks, “...do we really want to upend all the advantages that we do have and start from scratch? Because that’s what would have to happen if we completely turn health care over to the government... ...government-run health care takes medical decisions away from patients – that means you – and puts them in the hands of bureaucrats. They decide, for example, how many MRI machines are going to be available or under what conditions you can get back surgery or a bypass, or even whether you qualify for cancer treatment.” Do you think that having the government make health care decisions for people is better than having doctors and patients decide what care is best? Why or why not? How would you answer Dr. Chen’s question? Explain.
- Later in the video Dr. Chen points out that, “A second big problem with single-payer systems is that they are expensive – really expensive. A recent study by the Mercatus Center at George Mason University found that a Bernie Sanders-style Medicare-for-all health system would cost a tidy \$32.6 trillion over ten years. That’s on top of what the Federal government spends on healthcare today.” What do you think makes health care, especially single-payer systems, so expensive? Do you think that government-run health care systems can be economically viable? Why or why not?
- Dr. Chen goes on to explain that, “...government-run systems depress the search for new cures. Biomedical research spending in the U.S. far outpaces that of any country with nationalized health care... That’s one reason medical breakthroughs rarely come from countries where the government controls health care- they come from the United States, where the government doesn’t [control health care]... ...biomedical Research and Development spending in the US – over \$70 billion in 2012 – comes from the private sector.” In what ways, specifically, do government-run health systems dampen and restrain the search for cures? What is significant about the fact that it is the private sector in the U.S. that spends so much on biomedical research and development? How might a change to a government-run healthcare system in the U.S. negatively affect other nations too- especially in terms of cures, better medical practices, and better medical equipment? Explain.
- At the end of the video, Dr. Chen concludes that, “Single payer, free health care, Medicare for All: they might sound great, but like all visions of utopia, they ultimately produce a lot more harm than good.” Considering the failures demonstrated in other nations, why do you think that some people advocate for government-run healthcare in the U.S.? Do you support a change to government-run healthcare? Why or why not?

## EXTEND THE LEARNING:

### CASE STUDY: London emergency rooms

INSTRUCTIONS: Read the article “Lifesavers often left waiting in hospitals when they should be available for emergencies, officials say,” and “NHS patients dying in hospital corridors, A&E doctors tell Theresa May,” then answer the questions that follow.

- How much time did paramedics, who are only supposed to spend up to a half hour dropping off patients spend at Victoria and University hospitals in 2017? What is Code Zero coverage? Why did the London Health Sciences Centre borrow practices from Toyota? How often are the ERs short staffed? Who else does the crisis affect besides patients? Why are patients dying in hospital corridors during the ongoing winter crisis? What did 68 hospitals tell Prime Minister May in a letter? How many patients a day have some hospitals been having to put in corridors? Who is Dr. Haj, and what did he have to say about the state of emergency departments? What was the Department of Health and Social Care’s response to the letter from the doctors?
- Based on the articles, do you think that the system in Britain is better than the one in the U.S.? Why or why not? Why do you think that Leftists hold up the system in England as a gold standard for the U.S. to aspire to? Would you want to live in a country where ambulance service is often non-existent and where average patients must lie in hospital corridors for hours before being examined and treated- often right there in the hallway... sometimes even dying there? Explain.
- Which facts in the articles support points made in the video? Give at least three examples.



# QUIZ

## WHAT'S WRONG WITH GOVERNMENT RUN HEALTHCARE?

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- 1. Where is a person's best chance of finding quality health care?**
  - a. Canada
  - b. England
  - c. America
  - d. Sweden
  
- 2. Government-run health care puts patients' medical decisions in the hands of \_\_\_\_\_.**
  - a. the patient
  - b. bureaucrats
  - c. the European Union
  - d. the United Nations
  
- 3. It is projected that \_\_\_\_\_ of Ontario, Canada's 2030 budget will go to health care.**
  - a. 33%
  - b. 46%
  - c. 58%
  - d. 80%
  
- 4. In the United Kingdom, under its single-payer health care system, the National Health Service sharply restricts access to which of the following:**
  - a. Hip and knee replacements
  - b. Cataract surgery
  - c. Prescription drugs for arthritis and diabetes
  - d. All of the above.
  
- 5. Medical breakthroughs rarely come from countries where the government controls health care.**
  - a. True
  - b. False



# QUIZ - ANSWER KEY

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<https://lfpres.com/2018/01/17/lifesavers-often-left-waiting-in-hospitals-when-they-should-be-available-for-emergencies-officials-say/wcm/f223263d-6194-2f91-c2a0-98f8c53c8636>

# Lifesavers often left waiting in hospitals when they should be available for emergencies, officials say

The London Free Press  
Updated: January 18, 2018

The bottleneck in London's two hospital emergency rooms has grown so bad so fast, that some paramedics are spending more time waiting in hospital hallways than responding to emergencies.

In the first two weeks of 2018, Victoria and University hospitals were filled with patients, data show, leaving little room for a flood of flu patients as an especially nasty influenza season swept across the region.

But even before the latest onslaught, paramedics have increasingly been stranded in hospitals.

In 2017, paramedics who are supposed to spend no more than 30 minutes each time they drop off patients at Victoria and University hospitals instead spent an extra 10,800 hours, the equivalent of losing a 24/7 ambulance crew for more than 451 days.

“When . . . ambulances are delayed at hospital, they are out of service, thereby decreasing the system's ability to provide lifesaving support throughout Middlesex-London,” Neal Roberts, chief of Middlesex-London Paramedic Service and director of emergency services, warned in a recent report to Middlesex County council.

Instead of having 24 ambulance crews during the day and 16 at night to respond to 911 calls, too often, there are few ambulances available or none at all.

“Incidents of Code Critical coverage (when coverage is down to three available ambulances) and Code Zero coverage (no ambulances available) are becoming more frequent, which have a direct impact on patient care,” Roberts wrote.

While local paramedics borrow ambulance crews from the county and surrounding areas when most or all London paramedics are stuck at the ERs, crews are spread thin and response times can suffer, Roberts told The Free Press.

That there are lengthy delays at hospital ERs isn't new — such delays were one of the reasons London Health Sciences Centre (LHSC) embarked four years ago on an ambitious project to streamline care, borrowing methods made popular by giant automaker Toyota.

In fact, those behind the Toyota changes said they might reduce delays for paramedics, and even suggested early on that the changes were having their intended effect.

“It is possible that (the Toyota changes) may have (reduced) off-load times,” Dr. Adam Dukelow, the chief of emergency medicine, wrote in a preliminary study published last April.

“Off-load times are one of many outcomes we aim to improve.”

But instead of improvement, the opposite occurred: Delays for paramedics have more than doubled since 2015, including a 45 per cent jump from 2016 to 2017, data from paramedics shows.

“It’s a massive increase,” Roberts said.

It’s not unusual to find seven or eight ambulance crews stuck at each of the city’s two ERs, Deputy Chief Al Hunt said.

Faced with ER woes and overcrowded wards, London hospital brass frequently say problems here reflect what’s happening in hospitals across Ontario, a refrain Dukelow repeated Wednesday.

“We do our best to get patients off of stretchers,” he said, praising the work of ER staff faced with daunting challenges, including increasing demands by patients who must wait long times to be assigned a room in chronically overcrowded hospital wards.

The needs in the ER are so great, “occasionally” managers re-assign an offload nurse to work elsewhere, such as to help with a trauma, he said.

But it’s not an occasional occurrence, local paramedics say — it happens with regularity. When it comes to offload delays, paramedics in London say our city’s hospitals have played a unique role making a bad situation worse.

Since 2008, Ontario’s Health Ministry has provided funding to hospitals to assign nurses to focus only on taking over the care of patients brought there by ambulance — that way, paramedics can be freed up more quickly to return to the road.

Other hospitals have made full use of that funding and sometimes even added to it, Roberts said.

But LHSC appears to be alone in directing offload nurses to instead return to the ER.

In the budget year ending last March 31, the hospital yanked offload nurses so often from shifts that are supposed to be covered daily from 7 a.m. to 11 pm, the hospital had to return \$170,000 to the provincial government. From April to September of 2017, that practice stripped offload nurses of 1,739 hours, and if that pace continues this budget year, the hospital would have to return \$206,000 to the province.

“Almost daily, the LHSC (ERs) are short staffed, which ultimately results in LHSC pulling the Dedicated Offload Nurse as well as closing patient care beds and/or pods within the ED. Paramedics are used to support patient care while sitting for hours on end in the hallways in the ED,” Roberts wrote.

The growing delays prompted county politicians to seek meetings with LHSC’s chief executive and the agency that oversees health care spending in the region, the South West Local Health Integration Network, Roberts said.

The crisis would have peaked the first few weeks this year, as the number of flu cases spiked in what’s expected to be an especially bad season for influenza, but paramedics planned for that by adding two or three extra crews each shift, and LHSC has done better not pulling so many offload nurses from their assigned work, Roberts said.

The crisis not only affects patients but also taxpayers – more than \$1.5 million in lost paramedic coverage and extra costs for items such as overtime and extra staffing.

“Middlesex-London Paramedic Service Senior Management have met with LHSC Senior Management on numerous occasions to discuss these issues and work on solutions, but offload delays continue to escalate in the face of increasing (ER) patient volumes,” Roberts wrote in the report to Middlesex politicians.

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### **OFFLOAD HOURS**

(Any time greater than 30 minutes spent by a paramedic crew at the hospital ER is considered an offload delay)

2013 – 5,921

2014 – 6,019.

2015 – 5,017

2016 – 7,437

2017 – 10,800+\*

*\*Preliminary figure still being finalized*

### **BED OCCUPANCY LEVELS**

At University and Victoria hospitals, and the latter’s psychiatric ward, as the percentage of funded capacity

<b>Date</b>	<b>UH</b>	<b>VH</b>	<b>Mental Health</b>
Jan. 2	100	103.9	127.4
Jan. 3	103.3	104.7	133.9
Jan. 4	105.7	104.9	132.3
Jan. 5	105.5	105.5	122.6
Jan. 6	103.4	104.7	121
Jan. 7	102.6	102.7	133.9
Jan. 8	103.1	103.5	140.3
Jan. 9	105.1	105.5	129
Jan. 10	109.3	104.3	129
Jan. 11	107.9	105.4	130.6
Jan. 12	107.1	107.4	133.9
Jan. 13	107.1	104.3	125.8
Jan. 14	105.1	105.2	127.4
Jan. 15	103.4	102.9	124.2



<https://www.theguardian.com/society/2018/jan/11/nhs-patients-dying-in-hospital-corridors-doctors-tell-theresa-may>

# NHS patients dying in hospital corridors, A&E doctors tell Theresa May

Doctors running 68 A&E departments tell PM patients are dying prematurely because staff are too busy to treat them

Denis Campbell, Pamela Duncan and Sarah Marsh

Thu 11 Jan 2018 15.40 EST First published on Thu 11 Jan 2018 07.14 EST



The doctors paint a stark picture of how hospitals are struggling amid extra demand. Photograph: vm/Getty Images

Patients are dying in hospital corridors during the ongoing winter crisis because the NHS is so underfunded and short-staffed that it cannot cope, senior doctors have warned Theresa May.

A&E units are under such intense strain that patients are at “intolerable” risk of being harmed by receiving poor care, specialists in emergency medicine from 68 hospitals have told the prime minister in a letter of unprecedented alarm.

In recent weeks some hospitals have become so overloaded that they have been looking after as many as 120 patients a day in corridors, with “some dying prematurely” as a result, the letter says.

The doctors, consultants who work in or run A&E units in England and Wales, have written to May to highlight “the very serious concerns we have for the safety of our patients. This current level of safety compromise is at times intolerable, despite the best efforts of staff.”

Conditions in many A&E units are so appalling that they could kill patients, claim the signatories, who work at both major teaching hospitals and smaller district general hospitals. They include Frimley health trust in Surrey, which May visited last week in an attempt to reassure the public that the NHS was coping well this winter.

“As you will know a number of scientific publications have shown that crowded emergency departments are dangerous for patients. The longer that the patients stay in [the] emergency department after their treatment has been completed, the greater is their morbidity and associated morbidity,” they write.

Their intervention came as new NHS figures showed that the percentage of patients being treated within four hours at hospital-based A&E units in England fell last month to its lowest-ever level – 77.3%. The performance of all types of settings offering A&E-type care taken together, including walk-in centres and urgent care centres, was better but still the joint worst ever at 85.1% – far below the politically important target of 95%.

Only three of the NHS’s 137 acute trusts hit the 95% target, while 32 were at or below 70%. Blackpool teaching hospitals trust had by far the lowest performance, at 40.1%. The figures reinforced the warning to ministers on Thursday from NHS Providers that it would be impossible to deliver on their pledge that all hospitals would be achieving 95% by March.

“Our emergency departments are not just under pressure, but in a state of emergency,” said Dr Taj Hassan, the president of the Royal College of Emergency Medicine, which represents A&E doctors.

The NHS undertook unprecedented planning to help services cope with the annual spike in demand in December and January. Despite that, hospitals had a record number of emergency admissions last month – 520,163, a 4.5% rise on the numbers admitted in December 2016.

A drive to free up 2,000-3,000 beds by 1 September, to avoid hospitals becoming dangerously full, appears to have failed. Separate NHS figures for last week show that 19 trusts were on 99% or 100% bed occupancy between 1 and 7 January. Three were completely full.

Average bed occupancy shot up last week to 95%, far higher than the 85% that experts say, and the NHS accepts, hospitals need to maintain in order to stop patients getting hospital-acquired infections such as MRSA or Clostridium difficile, or experiencing poor care.

Bed occupancy as high as 95% is “a danger to patient safety, with around 7,000 fewer beds open than in the same period last year”, said Hassan.

Drawing on their own experiences in recent weeks, the doctors who signed the letter painted a stark picture of conditions inside A&E units. Common situations include “over 50 patients at a time waiting beds in the emergency department [and] patients sleeping in clinics as makeshift wards”.

A Department of Health and Social Care spokeswoman said in response to the letter: “There has been a 68.7% increase in the number of A&E consultants since 2010, and the NHS was given top priority in the recent budget with an extra £2.8bn allocated over the next two years.

“But we know there is a great deal of pressure in A&E departments, and we are grateful to all NHS staff for their incredible work in challenging circumstances. That’s why we recently announced the largest single increase in doctor training places in the history of the NHS – a 25% expansion.”

May stressed on Thursday that flu was a key factor in the intense strain that NHS services were facing. “We have seen the extra pressures that the NHS has come under this year. One of the issues that determines the extent of that pressure is flu and we have seen in recent days an increase in the number of people presenting at A&E from flu,” she said.

### ***Why is the NHS winter crisis so bad in 2017-18?***

Hours after she spoke, new figures from Public Health England confirmed that flu was putting a sharply increased burden on GP surgeries as well as hospitals.

Last week 758 people around the UK were hospitalised because of flu, up from 421 the week before. Of those, 240 were so sick they had to be admitted to an intensive care or a high dependency unit, up from 114. The number of people consulting a GP with flu-like symptoms almost doubled.

A further 27 people died of flu-related symptoms last week, three more than the week before, taking the toll of deaths this winter to 85.