

Social-Capitalism, Protecting Healthcare, Capitalism and Democracy

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A NEWS SERIES ABOUT HOW WE GOT HERE - AND HOW WE MIGHT FIX IT

ARTICLE 9 • CONCLUSION

Social-Capitalism

Protecting Healthcare, Capitalism and Democracy

America does not have to choose between caring for its people and protecting the competitive economy that creates its prosperity.

We began this series with a frightened family in an emergency room. That was deliberate.

A person who believes that a husband, wife, child, parent or friend may die does not behave like an ordinary shopper. Fear changes the economic relationship. The patient cannot always postpone the purchase, compare every price or simply walk away.

From that simple observation came eight articles and a much larger question.

Should America expect the same economic system to perform every social function equally well?

Perhaps not.

That does not require rejecting capitalism. It may require understanding capitalism well enough to know where it works best.

What We Have Learned

The first eight articles followed healthcare from the patient's bedside into the larger American economy.

- Fear and inelastic demand can weaken the bargaining power that ordinary consumers use to discipline prices.
- Medicine depends upon professional trust and independence that should be protected from unnecessary financial pressure.
- The patient receives the healthcare even though employers, insurers and government may finance or negotiate much of its cost.
- Concentrated markets, negotiated prices, networks and steering can make competition more complicated and require careful antitrust scrutiny.
- Hospital charges, negotiated amounts, contractual adjustments, accounting treatment and tax treatment are related questions, but they are not automatically the same question.
- Tax-exempt status does not place an organization outside otherwise applicable law.
- Other democratic countries use many different mixtures of public financing, social insurance, regulated private insurance and private medical delivery.

- America's healthcare costs do not stop at the hospital door; they can reach wages, employers, government budgets, manufacturing and the country's international competitiveness.

Those observations do not produce one automatic solution.

But they do suggest that the traditional argument - capitalism on one side and social responsibility on the other - may be asking the wrong question.

What Is Social-Capitalism?

For purposes of this series, Social-Capitalism is a proposed framework, not a claim that one established ideology has all the answers.

Its principle is straightforward:

**USE COMPETITIVE CAPITALISM WHERE COMPETITION WORKS.
USE COLLECTIVE RESPONSIBILITY WHERE ESSENTIAL HUMAN NEEDS CANNOT RELY
SAFELY ON ORDINARY MARKET BARGAINING.**

The objective is not to divide America into a capitalist half and a socialist half.

It is to recognize that different economic tools can perform different jobs inside the same democratic country.

Protect Capitalism Where Capitalism Is Strongest

Competitive capitalism has extraordinary strengths.

Manufacturers have powerful incentives to build a better product for less money. Technology companies compete to invent. Farmers improve productivity. Builders search for better methods. Transportation companies improve logistics. Entrepreneurs risk their own capital because success can produce a reward.

Customers in these markets often possess the power that began this series: they can compare, substitute, postpone and walk away.

That consumer power helps make competition work.

America should protect that engine.

It should encourage entrepreneurship, private investment, manufacturing, innovation, competition and the creation of wealth.

A healthcare reform that unnecessarily damages those strengths would solve one problem by creating another.

Healthcare Presents a Different Bargaining Problem

Essential healthcare can be different because the patient may not possess ordinary consumer power.

A heart attack does not wait for a sale. Cancer does not negotiate. A frightened parent does not shop for emergency surgery the way that parent shops for an automobile.

Insurance adds another layer because the patient may consume the service while another organization negotiates or pays much of its price.

That is why this series proposes considering essential healthcare as a social guarantee rather than relying upon the frightened patient to create market discipline.

A social guarantee does not necessarily mean government must own every hospital, employ every physician or manufacture every medicine.

Article 7 demonstrated that democratic countries have constructed many different combinations of public responsibility and private delivery.

America can design its own.

Protect the Doctor-Patient Relationship

Any American reform should begin by protecting the independence of medicine.

The physician should remain accountable to professional standards and the welfare of the patient.

Doctors should be compensated fairly. Nurses and other caregivers should be valued. Hospitals must have sufficient resources to operate safely. Researchers must have incentives to discover new treatments.

But the financial system should be designed so that medical judgment is not unnecessarily distorted by reimbursement arrangements, ownership structures, referral incentives or the patient's ability to negotiate while frightened.

The purpose of reform should be to put the healer and the patient back at the center of healthcare.

Keep Private Innovation

A universal social guarantee for essential healthcare need not eliminate competitive private enterprise surrounding medicine.

Companies can still compete to develop medicines, artificial joints, diagnostic machines, hospital equipment, software, robotics and biotechnology.

Construction companies can compete to build hospitals. Technology companies can compete to improve medical records and diagnostics. Pharmaceutical and medical-device companies can continue to earn returns when they create genuine value, subject to the laws governing their markets.

Social responsibility for access and capitalist competition in production can coexist.

That distinction is at the heart of Social-Capitalism.

Separate Healthcare Security From the Job

Article 8 raised another possibility.

Employers can remain important participants in American economic life without being the principal mechanism through which millions of families obtain basic healthcare security.

A manufacturer exists to manufacture. A restaurant exists to serve food. A construction company exists to build. A small business owner should not necessarily need to become an expert in medical insurance simply to employ people.

Moving toward a broader healthcare guarantee could change the role employers play in financing coverage.

But there is no free healthcare. If employer premiums are reduced or eliminated, another financing mechanism must replace them.

Taxes, social-insurance contributions or another national financing method would still impose economic costs.

The relevant test is whether a redesigned system can provide necessary care more efficiently, predictably and fairly while reducing the overall burden that healthcare places on households, businesses and government.

Enforcement Must Be Part of Reform

Changing the financing system without enforcing the rules would leave an important part of the problem untouched.

This series has raised questions involving competition, steering, contractual arrangements, accounting, taxation, nonprofit status and government oversight.

Some practices discussed in the series are lawful. Others may become unlawful only under particular facts. Some propositions advanced by the author remain disputed legal or tax theories.

A reformed system therefore needs something more durable than accusations.

It needs transparent rules and credible enforcement.

- Similar conduct should be examined under the same law regardless of the size or prestige of the institution.
- Nonprofit status should bring neither automatic suspicion nor immunity.
- Whistleblower allegations should be evaluated on evidence rather than treated as verdicts.
- Antitrust enforcement should protect genuine competition without treating ordinary independent business decisions as conspiracies.
- Tax administration should determine tax consequences from the actual transaction and governing law, not merely from labels used in financial accounting.

Public confidence depends upon knowing that the same rules apply to everyone.

Democracy Is the Safeguard

A social guarantee also creates government power, and government power deserves scrutiny just as corporate power does.

A healthcare system cannot be considered successful merely because government operates or finances it.

Government can waste money. Bureaucracies can become unresponsive. Rules can become outdated. Political pressure can distort decisions.

That is why democracy, transparency, independent courts, legislative oversight, audits, free journalism and the ability of citizens to challenge government remain essential.

Social-Capitalism should therefore never mean exchanging unchecked corporate power for unchecked government power.

The objective is accountable power - wherever that power resides.

Measure the Results

Any reform should be judged by measurable results rather than ideological labels.

America should ask:

- Are people healthier and able to obtain necessary care?
- Are patients protected from financial catastrophe caused by essential treatment?
- Are physicians able to exercise independent medical judgment?
- Are total healthcare costs sustainable?
- Are taxpayers receiving value for the money spent?
- Can hospitals remain financially capable of providing high-quality care?
- Does the system encourage useful medical innovation?
- Are fraud, anticompetitive conduct and unlawful financial practices investigated and punished when proven?
- Does healthcare financing strengthen or weaken American workers and businesses?
- Does the system preserve individual freedom, democratic accountability and the rule of law?

If a reform cannot answer those questions successfully, its political label should not save it.

The United States as a Whole

Healthcare debates frequently divide Americans into groups: patients against insurers, employers against workers, taxpayers against beneficiaries, government against business, capitalism against socialism.

But the country ultimately pays for all of it.

The patient is also a worker, taxpayer and consumer. The employer depends upon healthy workers and customers. Hospitals depend upon communities. Government depends upon a productive economy. Manufacturing depends upon workers, infrastructure, investment and purchasing power.

The pieces cannot be separated indefinitely.

That is why the final measure of healthcare reform should be the United States as a whole.

A system that helps one sector while weakening the rest of the country is not enough.

A successful system should protect the sick without damaging the productive economy that must support it.

Return to the Beginning

Imagine again the family in the emergency room.

Someone they love may die.

Their fear is real. No economic system will eliminate it.

But perhaps we can master what happens around that fear.

We can insist that the physician's first concern remain the patient. We can make prices and financial relationships understandable. We can enforce laws without attacking medicine. We can protect competition where competition works. We can study other democracies without surrendering our own institutions. And we can ask businesses to compete at what they do best rather than making healthcare insecurity part of every employment relationship.

That is the proposal behind Social-Capitalism.

Not capitalism versus society.

Not government versus freedom.

Not business versus the patient.

The goal is to use the strengths of each system to protect the strengths of the other.

If America can protect essential healthcare while strengthening competitive enterprise, independent medicine, the rule of law and democratic accountability, healthcare reform becomes more than a medical policy.

It becomes an investment in the future strength of the United States.

END OF THE NINE-ARTICLE SERIES

Healthcare in the United States began by asking why fear changes the rules of competition. It ends by asking whether America can design a system that protects people when ordinary market bargaining is weakest while preserving competitive capitalism where it is strongest.

Editor's note: Social-Capitalism is presented here as the author's proposed framework for discussion. The series distinguishes documented facts and established law from allegations, disputed interpretations and proposed legal, tax or economic theories. Any detailed national reform would require separate analysis of financing, transition costs, federal and state authority, provider payment, insurance, taxation, patient choice and budget effects.

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