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other priorities is not a deal breaker. People make reasoned choices among more and less safe cars, better and worse diets, and more and less risky behaviors, weighing the costs against benefits and alternatives they might otherwise choose.

Such decisions are critically important in end-of-life care. Much of the cost of health care is spent in the last year of life. Having a third party (or worse, the physician) make decisions to restrict end-of-life care because of cost is repugnant. Putting patients and their families in charge of these difficult decisions may be a more reasonable way to deal with this problem.

The combination of health care savings accounts, catastrophic coverage, and significant copayments tied to

patients' income/wealth offers an economically rational approach to addressing the health care cost crisis. A "public option" based on such a system could immediately improve access for the uninsured while bending down the health care cost curve. Eliminating tax breaks for indemnity health insurance plans and providing tax breaks for high deductible, catastrophic plans would encourage rapid transition to patient-centered coverage that would encourage more appropriate use and pricing of medical resources.

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