Caught in the Healthcare Reform Discourses

Beyond the attack rhetoric accusing President Obama of pulling the plug on Grandma and trying to socialize healthcare, the healthcare reform discussions have been dominated by three arguments or discourses: economic, personal choice, and public vs. private healthcare insurance. Obama has enlisted all three discourses to convince people of the need for reform. Republicans and their advisors offer their own version of the discourses that affirm the need for the “right” reform while denouncing a “Washington” takeover. In order to move forward from these discourses that are controlling our conversations so we can find alternatives, it is important to understand how discourse operates and the elements of the current healthcare discourses.

The nature of discourse

Following upon the work of Michel Foucault, discourse can be defined as the learned systems of thought and language and the taken for granted social norms and assumptions through which we construct our understanding of phenomena and relate to each other. There are ways in which instead of speaking, we are spoken by what we have learned as every conversation calls us to being a respondent/speaker with pre-set expected responses. We automatically respond with phrases from radio/TV commentators, trusted friends, and even what we heard growing up from our parents and community. We automatically enter the discourse offered by the speaker and provide the expected affirmative or contrary answer: we agree government control is wrong or we tout the efficiencies of Medicare and the Veterans Administration. Discourse also includes the common narrative structure we use to construct our response to change or conflict: what is the problem, how did it come about, who are the protagonists and antagonists, and how are we going to resolve this. The antagonists are insurance companies, fee for service, frivolous malpractice suits, or big government. The solutions are to provide a viable alternative to private health insurance or let people own their own health insurance policy no matter where they work. Foucault further states that all discourse is about power: through discourse people maintain control by determining what can be considered, how things are described, who can speak, and how the conversation will proceed. Winslade and Monk (2008) give an example of two discourses working simultaneously and at odds with each other. A white woman reporter asks the African American boxer Mike Tyson:

Reporter: Can you tell me where all the rage within you comes from?

Tyson: You know, you’re so white asking me a question like that.

The white reporter is possibly offering Tyson to participate in a psychological discourse about his individual rage, which also may be shaped by racist assumptions about black men being more subject to rage than whites. Tyson offers a conversation about race and the reporter’s privileged assumptions about race. Rage becomes a response to historical racial oppression rather than an individual psychodynamic emotion. Similar confusion and impasse mark most of the healthcare reform discourses. One side may use an economic argument and the other side engages with a personal argument; and even if the parties operate within the same discourse there are different pre-set responses.

The Economic Discourse

The economic discourse emphasizes efficiency, cost savings, and productivity. Healthcare is a national strategic resource important for securing United States’ competitive advantage, and fighting healthcare costs is central to decreasing the deficit and building a sustainable economy. Without reforms, the steady increase in healthcare costs will undermine profits for both small and large businesses. High costs can be offset if Medicare payments are trimmed to provide an incentive for hospitals and other health care providers to become more efficient. High costs could also be diminished if we change the current fee-for-service system by which physicians, hospitals and other health care providers are paid for services they provide, encouraging them to deliver more tests and procedures. This would be replaced by putting doctors on salaries, having risk adjusted “global payments” or capitation for care over a contracted period. Costs of healthcare reform will be offset by reduced spending or new tax revenues. Or, in response, waste, fraud, and abuse are rampant in anything the government controls. There will be increases in the federal budget deficit beyond 2019 in part because health costs are rising faster than the rate of inflation and proposed new taxes would not keep up. The already scheduled increase in Medicare spending to avert sharp cuts in payments to doctors will increase the deficit by $239 billion. Our children will be burdened with a heavy debt. TV ads include the bright red deficit, taxes, and government control balloon. High costs of healthcare can be offset if “frivolous” malpractice lawsuits are minimized and people control their own health care dollars. Numbers
are a favorite “truth” for both sides of this discourse: how much insurance companies spend on administration, the number of uninsured, how many people will be covered by employer insurance under the House’s bill, how many will be enrolled in the possible public plan, and whether the health care overhaul will be deficit neutral.

**Personal Discourse**
The personal discourse emphasizes the importance of individual freedom to choose, a family doctor for every family, and personal ownership and control of health insurance. President Obama says that every family will have access to a family doctor. Insurance companies will not be able to drop people if they are sick or deny them coverage for pre-existing conditions. The reforms will not compromise the patient doctor decisions about healthcare options. Or, in response, the reforms will ration care and deny treatment to older people. There will be long delays in getting treatments and even denied procedures and medications. The quality of healthcare, defined as getting treatment when one needs it, will decline. One size does not fit all. The reform would mean a committee of Washington bureaucrats will establish standards of care and decide who gets what treatment based upon how much it costs. Let people own their health insurance policy so they can keep it no matter where they work. There should be tax benefits for buying health insurance on the individual market. Remove statutory prohibitions and any tax or regulatory penalties when individuals and families want to buy health insurance sold in another state (Marshner, 2007).

**Public vs. Private Healthcare Insurance**
The public vs. private argument speaks of a Washington take over, a bureaucrat’s dream and a patient’s nightmare. Healthcare will be of low quality and like welfare (a.k.a., demeaning and ripe with abuse). There are the insured and those others: the underinsured and uninsured who will contribute to everyone’s healthcare being rationed. What is wrong is not economics but bureaucratic red tape and delay. The government plan will drive insurers out of business and lead to socialized medicine. The reforms are focused on government run health care rather than fixing a broken system. Or the healthcare reform plan is a uniquely American system with public and private elements. Instead of choices dictated by the insurance industry, people will have a range of choices. Right now people are paying too much to insurance companies to cover all that they spend on marketing, administration, profits, and high salaries for their CEOs. A government plan would spend less on administration. The government has proven it can run an efficient and effective healthcare plan; look at the success of Medicare and the Veterans Administration. The current House bill does set detailed standards for acceptable health care coverage, essential benefits, and permissible co-payments. Individuals would not necessarily retain their current doctors and health care plan. Employers that already offer insurance would have five years to bring their plans into compliance with the new federal standards. The Senate health committee bill offers the option to retain current insurance coverage.

**Beyond the Discourses**
As Foucault said, discourse is about power. Insurers, hospitals, drug makers, and many others benefit from the current system. An outside idea is to put aside the above discourses and have a conversation about what would healthcare look like if we started with the question: what kind of system would we build that could produce better than current health outcomes at an affordable price for both individuals, businesses, and the government. Short of that we need to recognize that we are being spoken by discourses that have contributed to minor tweaking of the system at best and major impasses at the worse. With that recognition is the possibility to stop and, at least, ask how we can re-construct this conversation to allow new possibilities.

**References**