

## **Dr. Thiel's Thoughts on Health Insurance**

As a physician for twenty-five years and a health care consumer we are all in the current medical environment together. Patients are paying more for coverage and it is now estimated that between 50-80% of your health care dollar goes to administrative costs and not direct health care. Most Americans do not understand the difference between health care coverage and health care insurance. Health insurance, although we would like it, cannot cover all routine care, medications, and expected expenses. The cost to all of us and the bureaucracy created would be huge if the individual did not assume some financial responsibility. Imagine if your auto insurance premiums reflected the costs of everyone's oil changes, tires, and minor repairs and the bureaucracy required for the submission and payment of the claims for all these routine matters. Instead, most of us have a deductible and coverage for major accidents and budget for expected car payments and repairs.

We all need to have health insurance for catastrophic illness and trauma yet 45 million Americans are not insured. The actual costs of medical care has skyrocketed due to technological advances, longer life, use of multiple medications, and the treatment of prevalent disorders such as increased cholesterol, bone loss, and high blood pressure. We all want coverage for everything at little or no cost. Few Americans want a maximum tax rate of 70% as they have in Germany to ensure we all have health care. There is no government source or insurance company that can assume these huge costs. Like it or not we all must contribute to our health care costs. Medicare will run huge deficits with an aging population. The proportionately fewer younger Americans cannot shoulder the huge Medicare and Social Security burden of aging Americans.

We all know this, but few of us want to budget and save for this probable huge expense. Even trying to estimate what amount to save is daunting. A safety net must remain for severe and catastrophic illness. Long term care covers only a very limited scenario,

with much of the expense, as my patients with aging parents tell me, being born by the individual.

One partial solution is the medical savings account in which an individual sets aside pre-tax dollars to use for routine medical expenses, giving the individual more control. This is an option we can ask for and use. Additional solutions will require both government and individual planning. A more cumbersome government system or a continuation of the present large bureaucratic insurance industry will not solve these pressing and important problems.

Doctors are very lucky to be able to practice medicine and help others. To be board certified in Obstetrics and Gynecology takes ten years after college (seven more years than being an attorney). The practice of medicine is more and more complex and we need more motivated and bright young men and women to want to enter this profession and be there for us, especially as we get old. Unfortunately, fewer students are applying to medical schools and very few are going into women's health or obstetrics and gynecology. In many areas, obstetricians and gynecologists are quitting and there are no obstetricians to deliver our most valuable resource, the next generation. For many years, I have been privileged to practice medicine and enjoy my wonderful patients. There is nothing I would rather do. To my loyal patients, thank you for the opportunity to care for you.

Sincerely,  
Dr. Melissa J. Thiel