

COMMONWEAL



Anna Mueck-Wodecki

## Hillary Clinton and My Grandmother's Toenails

by Ron Courtney

My grandmother was a frugal lady. She was a warm, friendly, and loving person, but she could squeeze a dollar until George Washington's eyes crossed. When she frosted a cake she used only half of each ingredient in the recipe, so the frosting was paper-thin and tended to disappear after a day or two, but she always had a slice for us kids when we wanted it.

Grandmother's legendary parsimony extended to all areas of her life. For example, no one in the family can remember her going to see a doctor during her first 85 years. I'm sure she had her share of colds and flu, but she would never have been willing to pay for a doctor's advice or treatment unless it was absolutely necessary. Most people of her generation felt the same way about doctors, which is one of the primary reasons why medical care was far less expensive in Grandmother's day.

Being a practical person, Grandmother decided around age 86 to sell her house and rent an apartment in a "senior citizens' home," where she would have the security of other people around her and a professional staff to call on if needed. The high rent seemed to be justified

by the amenities offered. One of these amenities was free medical care.

Of course, the medical care was not free at all. It was paid for by Medicare and by the tenants themselves as part of their rent, but since none of the seniors ever had to write a check to pay for a doctor's visit, the medical care appeared to be free. This was when the great change in my grandmother's attitude toward doctors occurred.

One day when I was visiting Grandmother she told me she had just gotten back from the doctor. I was surprised to hear this because I knew of her long noninvolvement with the medical profession and because she appeared to be in excellent health. When I asked her what was the matter, she smiled and said, "Well, nothing. I just had my toenails clipped."

Her toenails clipped! I was stunned! Could this be my grandmother, the one who saved her used Christmas wrapping paper to reuse the following year, going to a doctor to have her toenails cut? Seeing my disbelief, she said, "It doesn't cost me a thing! All my doctor visits here are free."

Then I understood why my grandmother would reverse her lifelong attitude toward doctors, and why, as I later learned, she was a frequent visitor at the doctor's office although she had no real health problems other than the normal ones of aging. As long as there was a direct connection between her pocketbook and the doctor's office, Grandmother avoided doctors whenever possible. As soon as her medical care appeared to be free (or prepaid through her rent), going to the doctor became part of her regular routine. Of course, the same thing occurred to all the other residents of Grandmother's senior complex and the demand for medical care hit the stratosphere. The next year, and every year after that, the rent went up dramatically to pay for all this "free" health care. It is now so exorbitant that my grandmother would never have considered moving into the complex had she been asked to pay at today's rate. The senior complex is reputed to have serious financial difficulties.

My grandmother died of natural causes several years ago at age 94. Now along comes Hillary Clinton, who wants

to establish the same kind of health care for the entire country through a system of nationally socialized medicine. Thanks to Mrs. Clinton, we'll all be able to get our toenails clipped for "free." However, since the law of supply and demand works relentlessly on both small and large economic systems, the results of Mrs. Clinton's plan will be the same as those at Grandmother's apartment complex: an explosion of demand for medical attention followed by an enormous increase in medical costs.

Ah, but Mrs. Clinton also has a plan to solve the higher medical costs caused by her first plan: she will institute price controls on doctor's fees, hospital fees, prescription drugs, and anything else connected with the health of the American people. In other words, it will become a crime for doctors or nurses or hospital administrators to raise their prices to cover their increased costs. This kind of government "solution" to social problems was tried in the Soviet Union, and it eventually destroyed the economy and the whole fabric of society there; people like Mrs. Clinton are now so discredited that they can't even get a job clipping toenails in a Moscow beauty parlor. My grandmother lived long enough to see all this: it's too bad for all of us that Mrs. Clinton doesn't see it, too.

Ron Courtney writes from Locust Hill, Virginia.

## The Death of Natural Causes

by Robert Weissberg

Let us begin with the obvious: Sooner or later, everyone dies. Even Bill and Hillary say they know that. No amount of money will head off the inevitable. We cannot "cure" death like we might rebuild our inner cities or clean up the air.

At best, we can use modern medicine to cheat death for a few years. Instead of dying at 50, a person may die at 70. Obviously, however, there are biological limits to this cheating. More important-

ly, the costs for such cheating rise astronomically with each increment in longevity. A few simple public health measures, an improved diet, and regular vaccinations can have a major impact on those under 50. Keeping a single seriously ill 90-year-old alive can cost a fortune. And this fortune squeezes out only a few more years at best.

It is the attempt to add a few more years of life to people who are seriously ill that escalates the cost of medicine. A sickly person, especially one of advanced age, not only requires more and more expensive health care, but for several reasons, he or she is also more likely to burden the government with this cost. Moreover, thanks to the onward march of high technology this situation will get worse. In the past there was relatively little that could be done for a person with a serious heart condition—some medication, a new diet, and advice to avoid strain constituted the treatment. Today, the same person might be given a new natural or artificial heart. What future treatments for heart ailments will be like we cannot say. It is likely, however, that they will be even more technically complex and thus more costly than present cures. And since only the government could afford such cures, it will be the taxpayer who pays for cheating death by a few more years.

Though it might make good financial sense for the government to recognize that higher expenditures for seriously ill people are likely to yield smaller health gains, such a recognition is politically unacceptable. Any administration that refused to help the seriously ill, even if this help was of limited value and highly expensive, would soon be labeled as coldhearted, inhuman, obsessed only with money, etc. The mass media would have a field day with cute ten-year-olds who were denied one last chance at life merely because the odds of a cure were low and the operation cost a small fortune. Together with all the moralizing there would be cries of pain from the scientific community about the government's failure to encourage medical breakthroughs and research.

The high-technology approach to increasing the life expectancy of the seriously ill person is clearly going to drive the government to a financial crisis. Yet we cannot simply abandon our commitment to providing for the sick. How can we help the sick, even the very sick, cheaply and in a way consistent with high

moral values? Preventive medicine is no solution since one still has to deal with those who eventually become seriously ill and therefore become candidates for expensive government-subsidized health care.

The solution is *renaming* the causes of illness and death. The fact that people get sick and die is *not* the problem; the problem is the *reason* for sickness and death. In the old days, before the development of good diagnostic techniques, what could not be accounted for was attributed to "natural causes." And since not much was known about disease or how the body operated, "natural causes" loomed large as explanations of illness and death. As medical knowledge grew, "natural causes" declined in importance. Today, they represent a miniscule cause of human misery and will probably cease to exist as medicine continues to become more sophisticated.

A biological event is viewed quite differently when it is labeled "natural causes" as opposed to, say, arteriosclerosis, cirrhosis, or cholelithiasis. The last three terms cause concern, alarm, and the feeling that something ought to be done, regardless of the cost. When grandpa dies of nephritis this is a tragedy. Had he died of "natural causes" or its close relative, "old age," people would not be bothered all that much. In fact, there is something vaguely pleasant or commendable about being a victim of natural causes.

The path to a solution of the health care crisis should now be clear. Instead of spending millions on diseases such as cancer, research on natural causes should be encouraged. Such research will inevitably lead to the discovery that "natural causes" are more common than previously believed. Indeed, thanks to improved diagnostic techniques and heightened awareness among physicians, illnesses once mistakenly classified as, say, heart attacks will now correctly be attributed to natural causes. In time, the proportion of troublesome, alarming, and horrible diseases will decline.

A few million dollars spent each year on the Natural Cause Institute and grants to other research facilities will pay handsome dividends. As already mentioned, the incidence of "disease" will decline as more and more people die a natural death. And because "death by natural causes" is not something that inspires a financially unrestricted holy war, the government can avoid financial in-

volvement in the name of keeping the hopeless alive for a little longer. Nor will anybody suggest a crash program to find a cure for natural causes. An emphasis on "natural" causes also fits nicely with current infatuations with natural foods and holistic approaches to health care. A call for a natural solution to illness rather than a reliance on drugs, radiation, and cutting people open will be a serviceable campaign promise for many politicians.

Natural causes is also consistent with high moral principle. Hardly anyone would fault a doctor who refused to perform a risky and expensive surgery once it had been discovered that the person suffered from natural causes. There is something vaguely divine and predetermined about natural causes that makes human intervention not only unnecessary, but slightly undesirable as well. The "should we pull the plug" debate is also neatly solved by a greater reliance on natural causes—there is no expensive life-support system to disconnect when the diagnosis is natural causes.

All in all, by focusing on natural causes as the root of sickness we would have a healthier citizenry, lower taxes, fewer people worried about the growing number of dreaded diseases and a solution to some of the ethical problems now facing doctors. What could be more natural?

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## When Sex Conquers Love

by B.K. Eakman

Much as I hate to admit it, AIDS Mazarina Kristine Gebbie got it right. The message to youngsters these days does indeed give the impression that sex is ugly, dirty, and a more perverse than pleasurable experience. Ms. Gebbie bungled only when she took on the role of anti-Victorian-morality crusader.

In the space of a few months, I read about public school teachers who "have sex with" (not merely "seduce") their