

# National Black Church Initiative

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## The National Black Church Initiative Strongly Disagrees with the National College of Physicians *Cost Should Not be a Factor*

**Washington DC** – The National Black Church Initiative (NBCI), a faith-based coalition of 34,000 churches comprised of 15 denominations and 15.7 million African Americans dedicated to the eradication of racial disparities around the world, is urging all religious communities to join together in the promotion of peace. Our Black leadership partners - 66,000 churches nationwide – are called upon to use the full force of our combined 100,000 churches to oppose the use of costs as a factor in making health care decisions.

Recently, the American College of Physicians, the second-largest US doctors' group after the American Medical Association, has argued in favor of the position that doctors consider cost-effectiveness when deciding how to treat patients. It has gone so far as to include the recommendation in its latest ethics manual. Due to health care costs in the US that are twice those of other industrialized countries, they argue that:

"In making recommendations to patients, designing practice guidelines and formularies, and making decisions on medical benefits review boards, physicians considered judgments should reflect the best available evidence in the biomedical literature, **including data on the cost-effectiveness of different clinical approaches.**"

This is a dangerous precedent as doctors should be seeking to provide the best health care to their patients not making decisions about how to ration care by deciding who should receive which procedure or medicine based on cost. They are not qualified to do so and it is professionally and morally inappropriate. This can and will lead us down the road to health care rationing and will

have a disproportionate impact on underserved populations such as African Americans who do not typically have the funds to spend as much on health care as other groups. Studies have shown that African Americans receive less health care than White Americans, particularly when the care involved expensive, lifesaving new technologies.<sup>1</sup> This situation will be exacerbated with health rationing based upon cost considerations.

As the Reverend Anthony Evans states: “We are not saying that cost should never be a factor, but given the history of disadvantages African Americans have had we need to see preventive care, drug therapy, the latest scientific therapies and procedures and health maintenance over the next 30 years to reduce significantly African Americans horrible health personality and to raise the life expectancy, especially among black males over the next 10 yrs.”

A critical flaw in the American College of Physicians argument is that they believe that you can reduce health care costs through rationing. This is simply not the case. The cancer at the heart of the US health care system is structural as the critical driver of health care costs is the fact that the US has a for-profit health care system with massive overhead and administrative costs since a private sector middleman is required and there is a great degree of fragmentation amongst the myriad health care providers that prevents the economies of scale evident in other countries. For the purpose of maximizing profits not health outcomes, this privately run system incentives the denial of care to those who need it the most, inhibits the use of less costly preventative procedures and encourages the use of the most expensive technologies to maximize revenues.

The classic comparison is between the US and the UK which have similar legal systems and economic structures. The US with its for profit health system spends about 15% of GDP on health care annually while failing to cover 50 million people. In contrast, the public National Health System of the UK spends about 8% of GDP on health care while covering 100% of the population. The differences are startling and can only be addressed through fundamental structural change in moving the US health care system to a greater focus on public good rather than private profit.

Amazingly, as part of its argument in favor of having doctors factor cost considerations into health care considerations, the ACP is actually quite extreme and explicit in favoring what is tantamount to stinginess:

**"Parsimonious** care that utilizes the most efficient means to effectively diagnose a condition and treat a patient respects the need to use resources wisely and to help ensure that resources are equitably available."

The use of the term parsimonious goes far beyond having doctors be more efficient in what they proscribe but implies that doctors be cheap and withhold care for particular patients. Your doctor should be concerned about your health not about your ability to pay. Doctors obtain MDs not MBAs so they are simply not qualified to make these decisions. Moreover, trust is an important

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<sup>1</sup> [Council on ethical and judicial affairs. Black-white disparities in health care.](#) JAMA. 1990;263:2344–2346.

part of the doctor-patient relationship and it will undoubtedly be undermined if patients believe that they may have been offered a procedure based upon cost rather than effectiveness. As the Tuskegee experiments demonstrate, racism is as rife in the health care system as it is in all other aspects of American life so there is little doubt that the use of cost as a criteria for health decisions will open up a new avenue for discrimination.

As the saying goes, an ounce of prevention is worth a pound of cure. For that reason, the National Black Church Initiative is calling for 25 billion dollars to be spent on prevention and primary care in the United States. That would do far more to improve health care outcomes than health care rationing.

The NBCI cannot support recent efforts to take costs into consideration when determining a patient's eligibility for health care procedures. Health care costs are rising in general as expensive but nonetheless lifesaving technologies should not be denied to Americans based upon their cost. These kinds of standards have the potential to be highly discriminatory and would serve to provide the health care industry with a powerful tool to deny much needed health care to US citizens at a time when we are trying to expand health coverage to the over 50 million uninsured Americans. The whole point of national health care is to avoid the de facto health care rationing that has become part of the dysfunctional health care regime in America. Cost-based standards should not be a factor in determining access to health care.

### **About NBCI**

The National Black Church Initiative (NBCI) is a coalition of 34,000 churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. NBCI offers faith-based, out-of-the box and cutting edge solutions to stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science based strategies and techniques, and methods that work. Visit our website at [www.naltblackchurch.com](http://www.naltblackchurch.com).