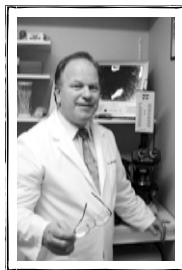

The Legacy Continues

by: A. Jay Kessinger IV, DC, ND, DABCI
jay@drkessinger.com



Dr. Jay Kessinger

Someone once told me, “You can’t expect those that set the rules to rule in your favor if you make them look foolish.” I took that as a fundamental lesson in politics; i.e., Politics 101. Within my first year of practice I realized that I was not in a good location for myself. Distraught, I remember telling Grandad, Dr. A. J. Kessinger II, “I thought I was entering the ‘living happily ever after’ portion of my life, but I’m just not getting there.” He explained to me that there’s always one major problem, sometimes three or four that simultaneously have to be dealt with, and a whole host of little ones that need to be taken care of at all times. I recall thinking, “there are only glimpses of utopia this side of heaven. So much for my short sighted idealistic view of the post collegiate world I was now a part of.” I took that as a fundamental lesson in life; i.e., Life 101.

The current political climate consists of many governmental corrections for the private sector. One such correction our federal government is fervently grappling to attain is within the health provisionary system. National health care, many have touted, may very well have little to do with individual attainment of the tools necessary to prevent disease, nor the freedom to receive all the necessary aspects of care needed to treat each persons’ diseased/injured/infected state of unhealth. Rationing of governmental resources has been sited as a potential problem with nationalized health care as well. The health care consumers will most assuredly be affected by many of the proposed changes, as will their employers.

The other side of the coin is how the proposed nationalized health insurance plan will affect the providers. Of course, as American citizens and employers, this will affect us more than most, it appears. This has the feel of a mandated federal HMO, where non-physicians will determine how often, how much,

and what type of care individual patients will be able to receive. The art of health care will potentially be degraded to technical applications of prepackaged protocols with the fundamental purpose of cost and resource containment for the greater good of the masses. No longer will the health care consumer be in the authoritative position of employer, but they will be another subservient cog in the wheel of the bureau of our governments’ new social health provision division. Of course, that will put you and I on the bottom of that food chain. I don’t mind being employed directly by those I’ve chose to serve, I understand the whole employer/employee concept and I’m comfortable with it; however, when the patient, the one we have the privilege to serve, no longer has the last word, much less signs our paycheck, I wonder how this will effect our psyche/drive and bottom line, our ability to provide for them and our families.

I’ve gathered, the rift against the “nay sayers” of national health care, is that we complain about the(ir) solution given, but we contribute no new ideas to solve the division in this country between the haves’ and have nots’. First, I’d like to point out that we do not have anyone in this country so destitute that they are beyond receiving emergency and life continuing types of health care, from before and including child birth to diabetic, cardiac and even cancer medical care. Most importantly, I hope to illustrate our need for a paradigm shift in health care delivery, not in its payment system. It is true that the pharmaceutical companies appear to have a strangle-hold on the health care industry, with both its consumers and providers alike; however, this is capitalism at work. Curbing pharmaceutical appeal is what they did in New Zealand when television advertising of prescription medications was halted. Let’s face it, when people can go to a prescribing physician and eagerly accept and expect the side effects so they can enjoy the superficial benefits without the full understanding of the pathophysiology involved in the treatment of their disorder and then, if serious unknown complications arise, join a class action lawsuit for damages incurred, there is an egregious work of capitalism at play. Health care is by definition to care for health, and not to be disregardent of it.

The paradigm shift we really need of our health care is in its provision, not in its payment. The answers to most health loss and the enhancing longevity dilemmas are presently known; i.e., diet, exercise, and other healthy, life style habits; but are too often ignored and made unattainable for most through the advertising media. The proposed nationalized health care system will not give this human touch we need. ♦