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Reframing the Debate on Health Care Reform by Replacing Our Metaphors

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posed by the Physician Payment Review Commission, in the main House Democratic bills, and in the Clinton proposal.³³ Unfortunately, however, their logic was not well explained.

Under the current system, larger shares of health costs will continue to go to insurers and other “managers.” An increasing number of people will lose their insurance altogether or have it reduced because of increasing restrictions on coverage. When the political window for major reforms reopens, we can only expect that costs will be higher.

But the facts about health care financing will remain the same. The combination of diminishing coverage and spiraling costs is not some law of nature. It is a peculiarly American disease, inculcated by ignorance and worsened by political failure. We can and should do better, and perhaps eventually we will.

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REFRAMING THE DEBATE ON HEALTH CARE REFORM BY REPLACING OUR METAPHORS

METAPHORS matter, as our sterile debate on the financing of health insurance demonstrates so well. In that debate the traditional metaphor of American medicine, the military metaphor, was displaced by the market metaphor in public discourse. Metaphors, which entice us to understand and experience “one kind of thing in terms of another . . . play a central role in the construction of social and political reality.”¹ The market metaphor proved virtually irresistible in the public arena and led Congress to defer to market forces to “reform” the financing of health insurance in the United States.

We live in a country founded on the proposition that

we are all endowed by our creator with certain inalienable rights, especially the rights to life, liberty, and the pursuit of happiness. Any government-sponsored health care plan must take into account the assumption by Americans that these rights support entitlement to whatever makes them happy. Perhaps equally important, we live in a wasteful, technologically driven, individualistic, and death-denying culture. Every health care plan, government-sponsored or not, must also take these postmodern American characteristics into account. How is it even possible to think seriously about reforming a health care system that reflects these primal and pervasive American values and characteristics? I believe the first necessary step — which will require us to look deeper than money and means, to goals and ends — is to devise a new metaphor to frame

our discussion of public policy and to help us develop a new conception of health care. We have tried the military metaphor and the market metaphor; both narrow our field of vision, and neither can take us where we need to go.

THE MILITARY METAPHOR

The military metaphor has had a pervasive influence on both the practice and the financing of medicine in the United States, perhaps because until recently, most U.S. physicians had served in the military. Examples are legion.^{2,3} Medicine is a battle against death. Diseases attack the body, and physicians intervene. We are almost constantly engaged in wars on various diseases, such as cancer and AIDS. Physicians, who are mostly specialists backed by allied health professionals and trained to be aggressive, fight these invading diseases with weapons designed to knock them out. Physicians give orders in the trenches and on the front lines, using their armamentaria in search of breakthroughs. Treatments are conventional or heroic, and the brave patients soldier on. We engage in triage in the emergency department, invasive procedures in the operating theater, and even defensive medicine when a legal enemy is suspected.

The military metaphor leads us to overmobilize and to think of medicine in terms that have become dysfunctional. For example, this perspective encourages us to ignore costs and prompts hospitals and physicians to engage in medical arms races in the belief that all problems can be solved with more sophisticated technology. The military metaphor also leads us to accept as inevitable organizations that are hierarchical and dominated by men. It suggests that viewing the patient's body as a battlefield is appropriate, as are short-term, single-minded tactical goals. Military thinking concentrates on the physical, sees control as central, and encourages the expenditure of massive resources to achieve dominance.

As pervasive as the military metaphor is in medicine, the metaphor itself has been so sanitized that it is virtually unrelated to the reality of war. We have not, for example, used the metaphor to assert that medicine, like war, should be financed and controlled only by the government. The metaphor has also become mythic.⁴ As a historian of war, John Keegan, correctly argues, modern warfare has become so horrible that "it is scarcely possible anywhere in the world today to raise a body of reasoned support for the opinion that war is a justifiable activity."⁵

THE MARKET METAPHOR

The market metaphor has already transformed the way we think about fundamental relations in medical care but is just as dysfunctional as the military metaphor. In the language of the market, for example, health plans and hospitals market products to consumers, who purchase them on the basis of price. Medical care is a business that necessarily involves marketing through advertising and competition among suppliers who are primarily motivated by profit. Health care becomes managed care. Mergers and acquisitions become

core activities. Chains are developed, vertical integration is pursued, and antitrust worries proliferate. Consumer choice becomes the central theme of the market metaphor.⁶ In the language of insurance, consumers become "covered lives" (or even "money-generating biological structures"⁷). Economists become health-financing gurus. The role of physicians is radically altered as they are instructed by managers that they can no longer be patient advocates (but instead must advocate for the entire group of covered lives in the health plan). The goal of medicine becomes a healthy bottom line instead of a healthy population.

The market metaphor leads us to think about medicine in already familiar ways: emphasis is placed on efficiency, profit maximization, customer satisfaction, the ability to pay, planning, entrepreneurship, and competitive models. The ideology of medicine is displaced by the ideology of the marketplace.^{8,9} Trust is replaced by caveat emptor. There is no place for the poor and uninsured in the metaphor of the market. Business ethics supplant medical ethics as the practice of medicine becomes corporate. Nonprofit medical organizations tend to be corrupted by adopting the values of their for-profit competitors. A management degree becomes at least as important as a medical degree. Public institutions, which by definition cannot compete in the for-profit arena, risk demise, second-class status, or simply privatization.

Like the military metaphor, the market metaphor is also a myth. Patients, as consumers, are to make decisions, but these decisions are now relegated to corporate entities. The market metaphor conceals the inherent imperfections of the market and ignores the public nature of many aspects of medicine. This perspective also ignores the inability of the market to distribute goods and services whose supply and demand are unrelated to price. The metaphor pretends that there is such a thing as a free market in health insurance plans and that purchasers can and should be content with their choices when unexpected injuries or illnesses strike them or their family members. The reality is that American markets are highly regulated, major industries enjoy large public subsidies, industrial organizations tend toward oligopoly, and strong laws that protect consumers and offer them recourse through product-liability suits have become essential to prevent profits from being too ruthlessly pursued.

THE CLINTONS' MIXED METAPHORS

This summary of American medicine's two predominant metaphors helps explain why President Bill Clinton and Hillary Rodham Clinton were never able to articulate a coherent view of their goals for a reformed health care financing system. Their plan, according to the Clintons, rested on six pillars (or was guided by six "shining stars"): security, savings, choice, simplicity, responsibility, and quality. These six characteristics mix the military and market metaphors in impossible and inconsistent ways, and also introduce new, unrelated concepts.

The predominant metaphor of the Clintons seems to have been the military one: security was the first goal

(“health care that will always be there”). But in the post–Cold War era, the pursuit of security as a reason to make a major change has been a tough sell. Even harder to sell was the idea of health care alliances as the centerpiece of the new security arrangement. The military metaphor (undercut by such words as “savings” and “choice”) simply could not provide a coherent vision of the Clinton plan.

Nor could the market metaphor. The key concept of the market is, of course, consumer choice, and this was promised by the Clinton plan. The plan was founded on the choice of a health care plan, however, not on the choice of a physician or treatment. When the latter choices were seen as central (by television’s Harry and Louise, for example, who said of government health care, “They choose, we lose”), the plan itself collapsed, and the alliances with it. Choice, quality, and even savings can be generated by a market plan, but such an approach has little room for either responsibility or simplicity. In retrospect, the Clinton plan seems to have been doomed from the day its six inconsistent principles, goals, or guidelines were articulated.

The Clintons also failed to engage the four negative characteristics of American culture that dominate medical care. Especially noteworthy is our denial of death. In perhaps the best response to the successful Harry-and-Louise campaign against their proposal, the Clintons taped a parody for the annual Gridiron Dinner. The centerpiece was the following dialogue:

Hillary: On Page 12,743 . . . no, I got that wrong. It’s Page 27,655; it says that eventually we are all going to die.

Bill: Under the Clinton Health Plan? (*Hillary nods gravely*) You mean that after Bill and Hillary put all those new bureaucrats and taxes on us, we’re still going to die?

Hillary: Even Leon Panetta.

Bill: Wow, that *is* scary! I’ve never been so frightened in all my life!

Hillary: Me neither, Harry. (*They face the camera*)

Bill and Hillary: There’s *got* to be a better way.¹⁰

Some commentators, like ABC’s Sam Donaldson, reacted by stating that one cannot discuss death in political discourse and have it help one’s cause. The Clintons apparently agreed, and the White House refused to release copies of the videotape of the spoof even for educational use (and even though it had been broadcast on national television), adopting another leaf from military metaphor by treating the videotape as if it were a top-secret document.

THE ECOLOGIC METAPHOR

It seems reasonable to conclude that if Congress is ever to make meaningful progress in reforming our fast-changing system for financing and delivering medical care, a new way must be found to think about health itself. This will require at least a new metaphorical framework that permits us to envision and thus to reconstruct the American medical care system. I suggest that the leading candidate for a new metaphor is ecology.

Ecologists use words such as “integrity,” “balance,”

“natural,” “limited (resources),” “quality (of life),” “diversity,” “renewable,” “sustainable,” “responsibility (for future generations),” “community,” and “conservation.”¹¹ If applied to health care, the concepts embedded in these words and others common to the ecology movement could have a profound influence on the way the debate about reform is conducted and on plans for change that are seen as reasonable. The ecologic metaphor could, for example, help us confront and accept limits (both on expectations about the length of our lives and on the expenditure of resources we think reasonable to increase longevity), value nature, and emphasize the quality of life. This metaphor could lead us to worry about our grandchildren and thus to plan for the long term, to favor sustainable technology over technology we cannot afford to provide to all who could benefit from it, to emphasize prevention and public health measures, and to debate the merits of rationing.

Use of the ecologic metaphor is not unprecedented in medicine. Two physician writers, for example, have used it extensively. Lewis Thomas often invoked this metaphor in his essays in the *Journal*, and his idea that the earth itself could best be thought of as a “single cell” became the title for his first collection of essays, *The Lives of a Cell*.¹² Using this metaphor helped him, I think, to develop many of his important insights into modern medicine, including his concept of a “halfway technology,” his argument that death should not be seen as the enemy, and his suggestion that in viewing humans as part of the environment, we could see ourselves from a new perspective, as highly specialized “handymen” for the earth.¹²

The other leading physician spokesperson for an ecologic view of medicine is Van Rensselaer Potter, who in coining the term “bioethics” in 1971 meant it to apply not just to medical ethics (its contemporary application) but to a blend of biologic knowledge and human values that would take special account of environmental values.¹³ In his words, “Today we need biologists who respect the fragile web of life and who can broaden their knowledge to include the nature of man and his relation to the biological and physical worlds.”¹³

Drawing on the attempts of the “deep ecologists” to ask more fundamental questions than their “shallow” environmental counterparts (who concentrate on the abatement of pollution and recycling),¹⁴ psychiatrist Willard Gaylin fruitfully pointed out that the Clinton approach to health care reform was itself shallow.¹⁵ He suggested — correctly, I think — that what was needed was a “wide-open far-ranging public debate about the deeper issues of health care — our attitudes toward life and death, the goals of medicine, the meaning of health, suffering versus survival, who shall live and who shall die (and who shall decide).”¹⁵ Without addressing these deeper questions, Gaylin rightly argues, we can never solve our health care crisis.

The ecologic metaphor also naturally leads us to considerations of population health. This perspective shifts the emphasis from individual risk factors, for example, “toward the social structures and processes within which ill-health originates, and which will often

be more amenable to modification.”¹⁶ Use of the ecologic metaphor encourages us to look upstream to see what is causing the illnesses and injuries downstream.¹⁷ This is a reference to another metaphor, about villagers who devised complex methods to save people from drowning, instead of looking upstream to see who was pushing them in. The ecologic perspective puts more emphasis on prevention and public health interventions and less on wasteful interventions at the end of life.¹⁸

CONTROL AND COMMUNITY

The predominance of the military and market metaphors in our thinking about medicine has reinforced the quest for control that seems to define both modern medicine and postmodern politics. Medicine’s accomplishments have been astonishing at both borders of life. Medical technology has, for example, eliminated the necessity to engage in sexual intercourse to procreate and has thereby radically altered the meaning of parenthood in ways we have yet to confront socially. At life’s other border, we continue our effort to banish death and, if unsuccessful, to assert control in the name of freedom to end life itself.

Unlike the military and market metaphors, which only reinforce our counterproductive American characteristics of wastefulness, obsession with technology, fear of death, and individualism, the ecologic metaphor can help us confront them. Applied to medicine, the ecologic metaphor can encourage an alternative vision of resource conservation, sustainable technology, acceptance of death as natural and necessary, responsibility for others, and at least some degree of community.¹⁹ It can also help move us from standards of medical practice determined by the law, an integral part of the market, to standards that provide a greater role for ethics and ethical behavior in the practice of medicine.

CONCLUSIONS

The challenge remains to create a health care system that provides affordable, high-quality care for all, and we will not face, let alone meet, this challenge if we continue to rely on visions of health care mediated by

the military and market metaphors. Language has a powerful effect on how we think and is infectious; as William S. Burroughs has aptly put it, “Language is a virus.” We need a new vision of health care, and the ecologic metaphor provides one that can directly address the major problems with our current culture, as well as the deeper issues in health care. Physicians can invigorate the stagnant and depressing debate on health care reform by adopting a new metaphor that can in turn lead us to think and act in a new and productive way.

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