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between practitioners, it is not surprising that their recommendations will also vary. We additionally suggest that the very nature of a telephone survey to determine PCC recommendations could artificially highlight any differences, when, in fact, clinical practice is more consistent.

## CONCLUSION

Considerable variation exists among the recommendations given by PCCs in the United States and Canada regarding the management of pediatric benzocaine exposures. The general consensus among our survey respondents was that: 1) the need for observation or any interventions is related to the estimated ingested dose, 2) patients evaluated in a healthcare facility should receive some kind of gastrointestinal decontamination, 3) patients should be observed for several hours (between 2 to 4 hours), 4) the primary signs to observe for are cyanosis, respiratory distress, and altered level of consciousness, 5) arterial blood gas sampling should be obtained on cyanotic patients, even if asymptomatic, and 6) antidotal treatment with methylene blue should be given for methemoglobin levels at or above 20%.

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# CaJEM PRO/CON

This is a forum for the discussion of controversial topics in emergency medicine. Views expressed in this series are those of the discussants and may not reflect those of the editors. We asked, "should the United States adopt a universal health care coverage system?"

## Why the US Should Adopt a Universal Health Care Coverage Program

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There has been increasing interest in the development of universal health care coverage in the United States.<sup>1-3</sup> The most prominent of these calls has come from a recent Institute of Medicine (IOM) report calling for universal health care coverage in the United States by 2010.<sup>4</sup> There are several key points made in this report that are clearly worth consideration. Over a series of five reports, the IOM Committee on Consequences of Uninsurance made the following conclusions:<sup>4</sup>

- The number of uninsured individuals under age 65 is large, growing, and has persisted even during periods of strong economic growth.
- Uninsured children and adults do not receive the care they need; they suffer from poorer health and development, and are more likely to die early than are those with coverage.
- Even one uninsured person in a family can put the financial stability and health of the whole family at risk.
- A community's high uninsured rate can adversely affect the overall health status of the community, its health care institutions and providers, and the access of its residents to certain services.
- The estimated value across the population in healthy years of life gained by providing health insurance

coverage is almost certainly greater than the additional costs of an “insured” level of services for those who now lack coverage.

These five conclusions are quite thought provoking and suggest that universal insurance, properly implemented, would benefit the public of the United States. To understand the benefits of universal health insurance coverage, it is prudent to evaluate the impact of universal health insurance coverage from multiple perspectives.

**MULTIPLE PERSPECTIVES**

***The Uninsured Family***

This family clearly would benefit from universal health care coverage. Chronic conditions could be managed because family members could get appointments with primary care providers who would be paid for their services. Acute, expensive conditions (e.g., a prolonged intensive care unit stay following trauma) would not lead to financial ruin for the family. Given that there are an estimated 43 million uninsured Americans, the positive impact for this group is clear.<sup>2</sup>

***The Insured Family***

The benefits to the insured family are less obvious. However, those insured families living in areas with a relatively high percentage of uninsured individuals may see their local health care facilities close due to lack of funds. In this way, the insured family has lost their local health care because other families lack insurance. If hospitals could receive funds for the care they provide to those patients who are currently uninsured, perhaps they could open more hospital beds. The insured patient, who now has their elective surgery delayed, cannot be placed in a hospital bed due to overcrowding, cannot get emergency access to

specialty consultants no longer taking call, or has to drive away from the closest hospital due to ambulance diversion, could directly benefit from universal health care coverage.

***The Emergency Physician***

Currently, primarily due to the implementation of the Emergency Medical Treatment and Active Labor Act (EMTALA), emergency physicians have a legal obligation to perform a medical screening exam (very broadly defined) on every single patient presenting to the emergency department regardless of their ability to pay. Since we frequently receive no pay for the uninsured patients we treat, why not implement universal health care coverage and get paid for the services we provide? Even if some component of universal health care coverage pays relatively less than other components, something is better than nothing.

***The Consultants***

Consultants may be called in to treat uninsured patients in the emergency department. Just as with emergency physicians—since these consultants currently are receiving no pay—universal health care coverage would provide them at least some pay. This might encourage more consultants to take call at their hospitals. Specialty care could become more available to all patients.

***The Taxpayer***

At first glance, the insured taxpayer has the smallest incentive to support universal health care coverage. This group may experience an increase in their taxes to pay for universal health care coverage for other people. I suggest that there are direct benefits to nearly everyone if universal health care coverage can be properly implemented. As mentioned above, hospitals may not close, consultants may make themselves available, ambulance diversion may decrease, and prolonged waits in the emergency department may be minimized. All of this benefits the insured taxpayer. Universal health care coverage may make health care available to more people. If there are no health care providers available and the health care facilities have closed in the insured taxpayer’s community, the insured taxpayer will not be able to find care even though they are insured. If an uninsured man who has uncontrolled hypertension and diabetes can no longer work, all taxpayers would benefit from this individual receiving better health care by helping him get back to work.

<b>Table 1. Potential benefits from universal health care coverage</b>
Enhanced chronic/preventative care opportunities
Improved compliance with immunizations
Avoidance of financial ruin for families
Improved physician payment for services provided
Increased specialist availability for all patients
Decreases in ambulance diversion times
Sustained viability of health care in areas with high proportions of the uninsured

Instead of a potential financial drain on the taxpayer, this hypertensive, diabetic man could be a taxpayer and contributor to the economy.

**IMPLEMENTATION IS THE KEY**

There are several potential benefits to universal health care coverage (Table 1). However, the details of the implementation of a universal health care coverage program are really the keys to whether any particular program would be successful. Notably, the IOM report, although calling for universal health care coverage by 2010, specifically avoided formulating a strategy for implementing universal health care coverage, and instead deemed this process to be political.<sup>3</sup>

I think that there are several features to a universal health care coverage program that are key to the program’s success (Table 2). Given our current health care environment, I do not think that the wholesale control of health care by the federal government is politically palatable at this point. There is already an abundant alphabet soup of regulations and evaluative processes (e.g., HIPAA, JCAHO) that dictate how physicians are to behave.<sup>5-6</sup> I do not think that the physician community would tolerate the federal government further dictating where they work or how many patients they see per hour. A universal health care program must avoid this. I also do not think that the populace would tolerate the elimination of cash services such as plastic surgery or Lasik. Given the experience with the Clinton administration’s complex and cumbersome universal health care plan of the early 1990’s, any successful universal health care program must be simple to administrate. The administrative costs of health care in the United States consume more than

**Table 2. Necessary features of a successful universal health care coverage program.**

- Avoid government-controlled health care
- Avoid the elimination of private/cash pay services
- Avoid excessive burdens on small businesses
- Avoid a “witch hunt” for illegal immigrants
- Have a politically palatable cost to the taxpayers
- Be simple and inexpensive to administrate
- Provide adequate compensation to providers allowing continuance of service
- Be universal in both name and in practice
- Avoid the “Tragedy of the Commons”<sup>7</sup>

25 cents of each health care dollar.<sup>2</sup> Surely we can do better than that. Canada’s administrative costs only consume 16% of each dollar.<sup>2</sup> Also, the program must avoid the “Tragedy of the Commons.”<sup>7</sup> This refers to the fate of a commonly shared resource that is destroyed by each individual acting in their own self-interest. A successful universal health care program would need to add resources to our current “system.” A program that would take funds from our already overburdened and financially tenuous health care institutions to pay for universal health care would fail, and the commonly shared resource of hospitals and ambulances, for example, would collapse.

**CONCLUSION**

There is little question that universal health care coverage is appealing from multiple points of view. In particular, uninsured families, insured families, taxpayers, emergency physicians, and consultants would all benefit directly from an effective universal health care coverage program. Even countries that have universal health care coverage are not free of problems, including influence by politicians and sensationalized media coverage.<sup>8</sup> If we can develop a proper implementation strategy, there is no reason to avoid the development of universal health care coverage.

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