



Henry A. Nasrallah, MD  
Editor-in-Chief

I decided to formulate a hypothesis and then test it by polling a sample of CURRENT PSYCHIATRY readers

## Health care debate Do psychiatrists support the public option?

Like everyone else, I could not avoid being swept up by the national debate about how to reform our health care system. The debate has been highly politicized, with the liberal left strongly supporting and the conservative right vehemently opposing a single-payer government-run public option (but keeping Medicare and Medicaid). Independents seem to waver between the major overhaul of a public option and making the system more competitive and less expensive.

### Developing an idea

Recently I was speaking to psychiatry colleagues in the United Kingdom as their National Health Service (NHS) celebrated its 60th anniversary. Some raved about the NHS, others damned it with faint praise, and a few were scathingly critical. One psychiatrist said her father developed a brain tumor and was placed on a waiting list of several weeks before surgery would be performed. She paid a private neurosurgeon several thousand pounds to remove his tumor and save his life! She says this happens often, and only the wealthy can afford to bypass the NHS for prompt medical care.

Later, I was lecturing to psychiatrists in Canada and decided to poll them about their government-run national health service. I asked my audience to raise their hands if they believed their health care system is working well and if they would encourage the United States to adopt a similar model. Ninety percent raised their hands!

So I started thinking: where do U.S. psychiatrists stand on a public health care option? I decided to formulate a hypothesis and test it by polling a sample of CURRENT PSYCHIATRY readers. **My hypothesis:** A substantial proportion (>60%) of practicing U.S. psychiatrists favor a single-payer public option. **My rationale:** My hunch was that what we psychiatrists deal with in clinical practice may shape and predict how we think about health care, irrespective of our politics. For example:

- Empathy and caring about our patients are basic tenets of psychiatric practice.

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- Many of our patients are uninsured, underinsured, or belong to a government-run health plan.
- Chronic psychiatric patients tend to be indigent or poor and can barely afford to see a health care provider, were it not for government programs designed to help them.
- Psychiatrists are trained to work in teams including other mental health disciplines, and many of us work in community settings. In some ways, we are “community organizers” for our patients.
- Psychiatrists are passionately opposed to discrimination based on age, gender, race, religion, or sexual orientation. We serve as advocates for our patients who are “disabled” and depend on the government for food, shelter, and medical care.
- Psychiatrists are keenly aware of the importance of a “social placenta” to help nurture our patients and provide for their personal, social, vocational, and health needs.
- Psychiatrists believe in individual responsibility but in sharing the burden when an individual cannot cope because of biological, psychological, or social reasons.
- Psychiatrists suffer along with our patients. The stigma of mental illness is social and economic. Even so-called “good insurance” rarely offers parity for psychiatric disorders, leaving patients with high co-payments, ridiculous annual and lifetime caps, and arbitrary limits on hospital stays and outpatient visits.

**Poll results.** I wrote this editorial before I learned the results of an online poll of 5,000 CURRENT PSYCHIATRY readers conducted from September 24 to October 7, 2009 (320 responses [6% response rate]). To the statement, “If you could reform the nation’s health care system, you would favor a single government-run system to cover every American,” the responses were as follows:

- 32.5% for “strongly agree”
- 23.4% for “agree”
- 17.2% for “disagree”
- 26.9% for “strongly disagree.”

Thus, my hypothesis was confirmed by this poll but by a smaller margin than I predicted (56% of respondents favored a single-payer public option, instead of >60%). These colleagues sent in many insightful comments—agreeing and disagreeing—which you can read with this editorial at [CurrentPsychiatry.com](http://CurrentPsychiatry.com).

It appears that politics may be more potent in shaping psychiatrists’ attitudes about the government’s role in health care than I postulated. I would be happy to hear your thoughts.



Henry A. Nasrallah, MD  
Editor-in-Chief

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