



A Curse or a Blessing?

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FROM THE EDITOR



A Curse or a Blessing?

by Lee E. Mortenson, D.P.A.

There is an old Chinese fable of extraordinary power. A man and his son, living on the edge of a province, are confronted with a series of happenings. At each turn, the wiser, older man says, "Is it a blessing or is it a curse? Who is to know?" And more often than not, he is right. A beautiful horse appears from nowhere. An apparent blessing. His son rides it and falls off, breaking a leg. An apparent curse. The country goes to war, but the son cannot because of his broken leg. An apparent blessing. And so it is with many things we all know about and see every day in our lives.

Health care reform legislation on Capitol Hill is dead for the fall. Is it a blessing or a curse? Who knows? Other federal legislation may show up that complicates our lives in other ways, putting together a piecemeal system. A number of states are interested in opening up the ERISA legislation, an opportunity for us to extend the same off-label provisions now covering 17 states, Medicare, and Medicaid to the large number of people under self-insured plans. Yet, the states want to open up ERISA to do their own state health care reform plans. On the other hand, we have been extremely effective in passage of state legislation. Who is to know?

Without federal health care reform, we will still be getting commercial and state reform. Voluntary alliances will still be formed. We will still see the struggle between academic and community institutions for patient referral streams—a real struggle for survival. We will still see real questions about managed care's quality, and we will have no uniform benefits package. Who is to know?

New types of care-giving entities will continue to be formed. Research will meet new limits. Pharmaceutical and biotechnology companies will still face economic pressures, which will limit their abilities to bring new products to a less receptive marketplace.

Without any further effort, we will see the number of people that we treat double in the next five years. We will see a decline in the number of oncology specialists and a real increase in the demand...and we have not yet prepared for the paradigm shift of patient care farther away from the physician and closer to the other members of the patient care team.

There is no question that we will have turmoil between now and the end of the decade. There is no question that there will be change. Yet, who is to say if it will be a blessing or a curse? ■