

# Physician

## Political divisiveness in health care

*Learning to work together*

By Ed Weisbart, MD

**Y**ou wouldn't know it by looking at the health care debate in America today, but one of our nation's foundational pillars used to be political collaboration. Although the 2009 passage of the Affordable Care Act was intensely partisan, we have a proud, centuries-old legacy of collaboratively solving our problems despite our differences, and many of our past solutions were made stronger because of our differences.

I have had the honor of testifying on a variety of topics in a number of state legislatures across the nation. My experiences make me wonder how our noble national history led to political statements such as these that were said directly to me: From a cattle rancher serving as a state representative: "As a former embryo, I have expertise about women's reproductive choices." This was the basis for his ignoring medical evidence about conception, embryology, and the guidance of the American College of Obstetrics and Gynecology. It's difficult to build an evidence-based strategy with a legislator who believes his personal history as an embryo gives him as much information about reproductive issues as being board-certified in ob-gyn.

- From an attorney serving as a state representative: "I oppose raising the tax on cigarettes because you can't assure me the money won't be used to clone humans." It's hard to determine the best strategy to prevent adolescent tobacco addiction without also having to weigh the risks and merits of stem cell research.

- From a psychiatrist serving as a state senator: "I think about all 12 antidepressants, and I think about my patient, and something



inside me moves and tells me which one to prescribe." I was a bit worried about what might be moving inside of him, but held my tongue in the interest of finding common ground.

- Finally, from another attorney serving as a state senator: "I acknowledge your evidence that expanding Medicaid would save many lives, but as a state senator I'm still going to block it for political reasons." Rigorous analysis of the emerging clinical and economic data from expansion states (those states that have taken advantage of the ACA's offer to expand Medicaid) has no place in a policy discussion when the decision has already been made based on political goals. At least this senator was willing to be open and direct.

How did we get to the point where uninformed conjecture is valued as highly as reproducible evidence, where attitude and philosophy are considered as independent truths, and politics trumps science even for professionals? And how do we get back to building public policies on evidence, reason, and collaboration?

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There is a body of science that can help us find our way back. The imperative is stronger, especially when it comes to health care.

The Centers for Medicare & Medicaid Services (CMS) projects that by 2022, health care spending will consume 19.9 percent of our GDP. It is difficult to see how our nation can bear this burden—roughly double that of any other modern nation—and expect our businesses to remain globally competitive. As difficult as it may be to entertain solutions that would impact such a large percentage of our GDP today, the problem will only get worse the longer we fail to fully address it. These days, it seems we cannot even talk with each other, let alone co-forgo constructive solutions.

## A history of collaboration

We Americans have solved some very difficult problems by working together. In 1787, the Great Compromise innovatively created a bicameral legislature, resolving a struggle that threatened to end the Constitutional Convention.

In 1860, President Abraham Lincoln appointed a “team of rivals” to his cabinet, embracing the competition from both his own party’s primary and the general election. Lincoln explained that he felt he had no right to deprive the country of its strongest minds simply because they sometimes disagreed with him.

In 1935, the Social Security Act was passed with overwhelming majorities in both major parties. In 1965, Medicare was enacted with strong support from both parties.

In 1984, bipartisan legislation transformed the pharmaceutical manufacturing industry with the Drug Price Competition and Patent Term Restoration Act, commonly referred to as the Hatch-Waxman Act. While extending brand drug patent periods, it also created a new FDA pathway for the more rapid approval of generic equivalents to those brand drugs. As a result, generic manufacturers are no longer required to reproduce the expensive clinical studies that brought the originator drug to market; Hatch-Waxman only requires the generic drug manufacturers to provide proof of bioequivalency, essentially creating the generic drug industry. From 1983 to 2016, generic drug utilization has increased from 19 percent to 90 percent of all prescriptions in the U.S.

The Hatch-Waxman Act struck a balance between economically entrenched polarities: it created a far less costly generic drug manufacturing niche while providing substantially stronger market protection for new drugs. This contentious, groundbreaking, and ultimately transformative bill was co-written by a Republican from Utah and a Democrat from California. It passed by voice vote in both chambers, and reminds us where we once were and

how far we’ve drifted off course. We need to return to that place of civil discourse where we were united by evidence and purpose, and not divided by party. We need to relearn how to respect those with whom we disagree, how to find common ground, and how to collaborate in building the necessary innovative solutions for today and tomorrow.

## Understanding political polarization

Fortunately, there is a body of research that can help us better understand each other. Jonathan Haidt, social psychologist and professor of ethical leadership at New York University’s Stern School of Business, describes what he calls “moral foundations theory” in his 2012 book, “The Righteous Mind: Why Good People Are Divided by Politics and Religion.” By analyzing 132,000 online surveys of Americans, he has determined how five moral values (fairness, caring, loyalty, authority, and sanctity) correlate with positions on the political spectrum. His results illustrate why it’s so easy for us to unintentionally disrespect each other.

*We need to relearn how to respect those with whom we disagree.*

According to Haidt, liberals tend to endorse both *fairness* (reciprocal altruism, justice, rights, and autonomy) and *caring* (empathy, kindness, gentleness, and nurturance). Conservatives endorse these values with less enthusiasm, but additionally endorse three other values: *loyalty* (patriotism and self-sacrifice), *authority* (deference to leadership and respect for traditions), and *sanctity* (the notion that bodies are temples desecrated by immorality).

Liberals, thus, often see conservatives as inadequately sensitive to the demands for fairness and caring. Conservatives, on the other hand, see liberals as immorally deficient in loyalty, authority, and sanctity. It’s not difficult to see how collaboration could be undermined by a failure to respect these differences.

## Examining the use of language

The century-old movement for universal access to health care demonstrates how these moral values can help us find the elusive common ground. Common themes by universal health care advocates include phrases like “Everybody in, nobody out,” or “Health care is a right, not a privilege.” They resonate strongly with liberals because they activate a liberal’s core values of caring and fairness. At the same time, these statements unwittingly distress

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many conservatives for whom these phrases suggest an undeserved entitlement, divorcing actions from consequences, enabling weakness, undermining individual responsibility, and exacerbating the moral hazard that leads to unhealthy personal decisions. Phrases that liberals so proudly rally around are unwittingly corrosive to a broader consensus.

A less-polarizing statement for the desired goal of health care reform might be, “The best health care in the world, efficiently delivered.” This statement elicits both liberal and conservative frames, with an emphasis on the liberal value of caring, equally paired with more conservative values of loyalty, authority, and sanctity.

### Analyzing progressive talking points

The progressive health care community has four common talking points, each of which can inadvertently offend conservatives. Let’s walk through these, apply the lessons of Haidt’s research, and look for the common ground.

The first core tenet of progressive policies is *universal access to health care*, tapping into the liberal values of fairness and caring. Conservatives don’t generally disagree with this goal, but are equally concerned about the implications for their other moral values. When presented only through the liberal lenses of caring and fairness, some conservatives worry that an entitlement to health care could be corrosive to the moral imperative for individual responsibility, or that granting broader access to health care can undermine access for the group to which they themselves are the most loyal. Conservatives may thus see a conflict between their values of fairness/caring as opposed to loyalty/sanctity, a conflict to which liberals are often blind.

Haidt’s data could guide us toward a different discussion about universal access to health care, one that better resonates with the moral values held by many conservatives:

- Preventable premature deaths caused by a lack of universal access to health care is a violation of the conservative moral value of *sanctity*. This is a moral value of lower relative priority to many liberals, who typically center discussions about health care access on fairness and caring, and infrequently as an issue of sanctity.
- Enhancing your community’s health should tap the conservative moral value of *loyalty*. The issue becomes one of defining your community as the entire nation.
- The large body of faith-based leaders advocating for universal health care aligns with the conservative moral value of *authority*.

*Eliminating financial barriers to care* (copays, deductibles, etc.) resonates with liberal values of caring and fairness. Again applying

Haidt’s data, this part of the discussion could also resonate with conservative values of sanctity (no one’s health should be compromised because they can’t pay for care) and loyalty (every American should be able to get health care).

*Stabilizing the nation’s costs* resonates with the conservative values of sanctity (we should be good stewards of resources) and loyalty (draining business resources through excessive insurance overhead weakens America). It also resonates with the liberal values of caring (wasting health care money undermines other important social programs) and fairness.

No matter where one falls on the political spectrum, most are offended by systems that *restrict their choice of physicians* and other providers. Losing control over these choices is a clear violation of sanctity, and a health-care system wherein insurance companies contradict physicians’ recommendations is a violation of the authority value.

When either side believes it alone holds the “moral high ground,” it has already lost the argument. From the Great Compromise to Hatch-Waxman and beyond, our greatest social advances have come from listening to and respecting, not demonizing and alienating, each other.

### The importance of respect

Anyone interested in developing diplomatic skills for dealing with colleagues who seem to have intractable and negative opinions should begin by better understanding the moral and psychic underpinnings driving those opinions. Embrace the dialogue by granting the respect and dignity your colleagues deserve. One of the best ways to have them respect you is to show colleagues the respect you think your opinions deserve.

The fabric of democracy has endured for centuries, but never without challenges and struggles. Today, however, we’re at a high-water mark of disparate points of view, and we’re finding it increasingly difficult to listen to and understand each other. More important than the fleeting issues of electoral politics, more important than the issues related to reforming our national health insurance strategy, the fabric of our democracy must be preserved and strengthened. Only by understanding and regaining the respect for—and the respect of—those with whom we disagree can we move forward toward solving our growing national health care problem. 

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