



# The Benjamin Rush Society

## Doctors for Health Care Freedom

An *Insider* Interview

Pacific Research Institute President Sally Pipes started the Benjamin Rush Society after realizing that medical schools have the same problem as other institutions of higher learning: They tend to transmit, with little critical examination, the leftist faith in centralized control over society. On health care policy, that faith works out to support for government-run health care. The Benjamin Rush Society is an organization of medical students and doctors “who believe that the profession of medicine calls its practitioners to serve their patients, rather than the government.” One of its primary goals is to get medical students thinking critically about health care policy issues by exposing them to free-market, limited-government perspectives that they might not otherwise encounter. We talked with Pipes and Society director Jeffrey Anderson about their vision for the Benjamin Rush Society, about what doctors and medical students think, and about Obamacare.

**THE INSIDER:** *Who was Benjamin Rush?*

**SALLY PIPES:** He was a physician, an educator, and a very good friend of Thomas Jefferson. He signed the Declaration of Inde-

pendence and attended the Continental Congress. One of the things he is very well known for is restoring the friendship between Thomas Jefferson and John Adams. For a time during the War of Independence, he was the surgeon general for the Continental Army. So he seemed like a person who would be a good symbol representing our mission.

**TI:** *And what is the mission of the Society?*

**JEFFREY ANDERSON:** The Benjamin Rush Society is a society primarily of medical students and doctors—and other concerned citizens—who oppose excessive government involvement in health care and who believe the practice of medicine should be one that is privately controlled (aside from a limited government role).

**TI:** *Sally, you started the Society. Where did the idea come from?*

**SP:** Several of my friends had children in medical school. They were studying medicine at Columbia and Harvard, and they found that the professors at the universities and the doctors in the teaching hospitals were all major proponents of single-payer health care. The students



never heard any alternative view. I thought back to what Eugene Meyer had done with the Federalist Society—how justices Antonin Scalia and John Roberts and Sam Alito were strongly influenced by the Federalist Society. I thought it was very important that medical students know that there is an alternative to the government taking over the health care system.

**TI:** *How many chapters do you have?*

**JA:** We have about a dozen at this point, perhaps a couple more, depending on at what point you mark the establishment of a chapter. Right now we are mostly focused on debates as a way to facilitate chapter creation. We have had a number of debates that have been quite successful. We have had debates at Columbia, Harvard, George Washington University, and Texas A&M. I think the average attendance at those events has been in the range of 150, mostly medical students.

**SP:** The debates focused on the question: “Is universal coverage the responsibility of the federal government?” The debates were Oxford-style: We had little voting machines so that people could vote before and after, and in each case the pre-vote was around 65 percent answering yes. And then at the post-vote at Harvard, Columbia, and Texas A&M, the support went down from around 65 percent to about 62 percent. At George Washington University, the yes votes went up to around 70 percent, but it just showed me that really the students don’t know that there is another way. Afterwards several students came up and said: “You know I had never even thought about this. I voted for the resolution but I have learned a lot and I am going to start thinking about this.”

**TI:** *Your Web site says: “We believe that the physician–patient relationship is a voluntary and mutually beneficial one. Both parties have the right to enter this relationship freely. The*

*role of the government is to protect this freedom, not diminish it.” Is that not the typical view of doctors?*

**JA:** I think a tremendous number of doctors, quite possibly a majority—I do not think anyone really knows for sure—oppose government control of their profession. It is hard to imagine most doctors would welcome it. I’m sure a lot of people who would be otherwise inclined to go into this profession are veering away from it out of concern for all the red tape and bureaucracy. I think the need for the society is that the limited-government view is not given voice to any great extent.

**TI:** *But isn’t it common sense that doctors should serve their patients? From where does the disconnect come?*

**JA:** I do not think it is doctors who have been driving a wedge between doctors and patients. It has been various other entities. The government has certainly been heavily involved. You also have the whole issue of the third-party payment system and insurance. Probably most doctors would prefer to deal directly with their patients to advise them on their care. I think most doctors would be more than happy to talk about the costs of that care and make those sorts of decisions in a rational way.

But when the patient isn’t the one controlling the purse strings, you end with a middle man who muddies the waters. The problem is especially acute when the government is the middle man, and the government ends up saying: “You need to do this and that and keep costs down in this way and report to us in the following manner.” Then you end up, to some extent, with doctors serving the government based on some sort of notion of widespread societal utility rather than serving the individual patient.

**TI:** *What do you make of the American Medical Association’s support for Obama-care? Is it serving doctors’ interests?*



**SP:** I think it is not. I think only about 17 percent of doctors now belong to the American Medical Association and, in particular, young doctors are not joining the AMA. I think the reason is that the AMA has become very political and is not really helping doctors and particularly young doctors. I would hope that the Benjamin Rush Society ultimately would be the alternative to the AMA and that we will be able to hold an annual conference.

**TI:** *So what comes next, when Congress is done debating and voting on Obamacare?*

**SP:** I think the Benjamin Rush Society becomes even more important if Obamacare doesn't pass. We want to get these young doctors educated and thinking about the future of health care. They went into medicine to serve people and they don't want to be prevented from providing the type of medicine they were trained to provide. But not all medical students will become practicing physicians. Some will become professors, some will work as doctors at hospitals, some will go into the Department of Health and Human Services, and some will go into state health departments. So it would be good to have people who have these kinds of views in various aspects of federal, state, and local government.

**JA:** Part of the problem after the defeat of Hillarycare in 1994 was that few of these sorts of organizations sprung up. Whatever happens with Obamacare, we are going to need to do a better job in the future of having these sorts of organizations in place so that next time around there is not such a fertile field for those who would like to have government control the medical profession.

**TI:** *It sounds like you agree with the view that some conservatives made a mistake back in the '90s by adopting the line that there is no health care crisis, rather than working to develop conservative reforms. Is that right?*

**JA:** Yes, I feel that very strongly.

I do want to make it clear that the Benjamin Rush Society has one and only one position and that is to allow the practice of medicine to be carried out with only limited government involvement. It is up to its individual members to figure out how that applies in specific situations. I have put forth a proposal that you can see at [SmallBill.org](http://SmallBill.org). It includes giving a tax credit to end the unfair tax on the uninsured and would allow the purchase of health care across state lines. It would move toward medical malpractice reform. It would also throw out the federal bans that keep private companies from offering lower premiums for healthier lifestyles. Another key element is funding for state-run or state-organized high-risk pools, which I think is pretty crucial—especially for the people who are in the roughest spot of having prohibitively expensive pre-existing conditions.

**TI:** *What reforms do you support, Sally?*

**SP:** We should change the tax code so that individuals can buy health insurance in the individual market with pre-tax dollars just like those who get insurance through their employer. I support medical malpractice reform at the state level. We have seen tremendous improvement in Texas. Since 2003, 16,000 doctors have moved to Texas, where doctors' medical malpractice rates have gone down.

I also think people should be able to buy insurance across state lines, because if you are a young man living in New York, with all its benefit mandates plus guaranteed issue and community rating, you have the most expensive insurance in the country at about \$9,000 per year for a premium. And a lot of young people don't want \$9,000 worth of insurance. They want insurance for catastrophes and that's why the health savings accounts are such an important part of patient-centered solutions to health care.

