

Coronavirus and health care economics

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Among other things, the coronavirus outbreak has clearly demonstrated the notion of health care as a right to be a fraud.¹ It turns out that patients do not have a right to a negative pressure room, a ventilator, or even testing for the virus. Health care consists of scarce resources which **MUST** be rationed by some method. Our government can legislate trillion-dollar bailouts, but even trillions of dollars created out of thin air by the Federal Reserve cannot conjure coronavirus test kits into existence. Although reasonable people can disagree as to how coronavirus resources should be rationed, nobody can claim a right to a scarce resource. In a recent commentary, the *New England Journal of Medicine* (NEJM) proposes that scarce health care resources be rationed in a fair way.² So, even the NEJM, a long standing champion of socialized medicine, acknowledges that there is no “right” to health care in the only meaningful sense possible: scarce resources are rationed; some get the resource while others do not.

The coronavirus outbreak has led to drastic—some would say draconian—government curtailments on individual liberties. Private businesses have been ordered to close out of fears that the virus would spread by people congregating in these private businesses. How will the workers and owners of restaurants be compensated for their lost income? New claims for unemployment have soared to an unprecedented 3.3 million for the most recent week; the previous record was 695,000 for the week ending October 2, 1982.³ Unemployment could reach levels of 30% or more—levels not seen since the Great Depression.

The stated goal of these draconian policies is to “flatten the curve” reducing the peak number of cases

and preventing the health care system from being overwhelmed. Forcefully preventing individuals from earning an income to provide for their families will have side effects. Will suicides—already a leading cause of death in the U.S.—increase due to economic dislocation? There is no way to predict how much effect there will be, but one can be certain the effect will not be zero. Will flattening the curve save lives?

A consequence of “flattening the curve” is that the epidemic lasts longer than it otherwise would. A longer epidemic raises the possibilities of multiple waves. A longer epidemic means the economic dislocations of quarantine last longer than they otherwise would. At what point do the unintended harms of quarantine outweigh the benefits? How are the victims of policy compensated by the beneficiaries of policy? These are important questions. Are these questions being considered? Or are we the public supposed to accept whatever decisions are made by so-called experts on unprecedented events without any debate?

How many people will die from coronavirus compared to other problems? What will the impact of closing clinics to minimize coronavirus exposure have on all the other health care problems? During 2015, about 57 million people died from all causes.⁴ The World Health Organization (WHO) estimates that influenza causes 3–5 million cases of severe illness and 290,000–650,000 deaths each year.⁵ To date, there are only 30,000 deaths from coronavirus. Even if one ignores deaths due to lower standards of living caused by economic dislocation, it is far from clear that coronavirus will be the #1 cause of death this year; we may be risking an economic tragedy with policies that will not even significantly reduce the total number of deaths.

The consequences of the coronavirus response will far outlive the epidemic itself. Will the current response become the new normal? Are we supposed to go into lockdown every winter? How about the Southern hemisphere? Should the flu be treated by

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similar responses? Like the questions above, these questions seem to be answered by imperial decrees rather than public debate.

When I discuss these issues with others, objections have been raised about assigning economic values to human lives. I am told by some that human life is invaluable. Choices that people make every day say otherwise. We take risks with our lives every day. We travel in cars. We cross streets. We risk being poisoned by food. Today, we risk getting an infectious disease by breathing air that unknown people may have contaminated earlier. If our lives were invaluable to even ourselves, we would be unable to take these risks with infinite expected loss in pursuit of finite economic gains.

At the time of this writing, there are 377,317 cases of coronavirus and 11,773 deaths attributed to coronavirus in the U.S.⁶ Over 10 million people have been unemployed by the lockdown.⁷ Is the loss of 1,000 jobs, many of which are the only source of livelihood for families, worth the saving of 1 life? The answer likely depends on which side of the question one is sitting. The question that I am asking is not precisely how many jobs should be equated with a single life, but rather is there some cost in lost livelihoods that is too high a price to pay to save a single life? If 1,000 lost jobs is OK, how about 10,000? How about 100,000? How about 1,000,000?

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