Letters

COMMENT & RESPONSE

What to Do With Sideline Guilt

To the Editor As the coronavirus disease 2019 (COVID-19) pandemic charges ahead, I too have felt the sideline guilt that David Reuben1 described in his recent Physician Perspective. I retired from active patient care several years ago. Truth be told, it has been decades since I had acute-care skills that might be useful in today's intensive care units. Nevertheless, as a retiree, I am tormented by the undeniable horrors of the pandemic.

The COVID-19 pandemic has sharply clarified the structural flaws in US medical care and the inadequacy of our public health infrastructure. Even before the current economic recession, tens of millions in the US could not afford medical care while private corporations enriched themselves through expanding their roles in hospital management and ownership of physicians' practices.2 With the pandemic's arrival and proliferation of massive unemployment, job-related medical coverage has become increasingly irrelevant. The modest benefits of the Affordable Care Act have largely evaporated, yet the profits of investor-owned insurance companies have soared to record levels.3

Retirement deepens my perspective about what must be done. Responding to Reuben's challenge, the most “efficient and ethical thing”1 I can do is increase my advocacy for a fundamental change in how the US finances medical care and supports public health. I believe that the adoption of improved, expanded Medicare for all would be a great first step. For US physicians who may now find themselves on the COVID-19 sidelines, I recommend committing to improving the US health care system in ways that move us toward universal coverage and away from for-profit, corporate capture.

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