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Health Care Solutions; AI Materials

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Upcoming Events

Moderated by [David Gleason](#)

Roundtables:

- **"Social Impact of AI"** March 18 & 25
- **"The Power of Attention"** April 8 & 22

State Consumer Advocate **Don Kreis** March 27, Evening, Town Hall.

All are Open to the Public

Good Morning!

This issue wraps up *Access to Health Care in the US*. As I had hoped, this issue is informed by the concurrent Roundtable discussions during the month. You will also find reading materials for our March Topic, the *Social Impact of AI*.

Access to health care is a sensitive topic, as it raises questions about equity, entitlement, and personal responsibility. On those issues we but scratched the surface.

Please share your thoughts and suggestions as we move forward together with this project/experiment in public dialog!

-David

American Health Care

Over the past six weeks, the Newsletter and Roundtable examined US health care from three perspectives:

1. [Access to Care](#)
2. [Cost of Care](#)
3. *Health Care Solutions* (this newsletter)

Summary

The US offers exceptional health care but it is costly and not easily accessible.

Actual patient care is generally provided by professionals consistently trying to do the right things, all of whom are caught in a chaotic and unsustainably chaotic and wasteful system. Patients are not the primary system stakeholders, but they should be.

Overall:

1. The US healthcare system is inequitable, expensive and produces worse outcomes than comparable countries. Capital investment, inertia, financial interests, etc. all inhibit change.
2. There are three alternative health care systems among our peer countries, none of which the US could feasibly adopt.
3. Practical solutions are available that could improve access and outcomes at lower costs (see below).

Changes are needed because:

- Annually the US spends \$4.9 trillion on health care
- This is twice as much per capita as comparable countries for shorter life expectancy (by 4-5 years)
- Over 26 million Americans have no health insurance
- Poverty, a key "social determinant of health," severely limits access to care
- Individually and collectively we are going bankrupt
- Feasible, practical solutions are [available](#) -- see below.

[Access to Care](#)

Those without access both suffer from curable diseases and become increasingly costly over time. One way or another, US residents pay these costs.

- There are enormous health benefits from quick access, thorough attention, and vigorous follow through! It's a winning model which demonstrably reduces disease and increases vitality.
- We discussed the ethics of health care for profit, and concierge medicine
- What values are driving US health care systems?
- Who gets access? At what cost?
- What incentives would improve patient access to care?

The Roundtable discussed personal vs. social responsibility for health. This is a sensitive and complex issue. Systemic poverty, lack of access, and malnutrition are social determinants over which most people have no control.

[Health Care Costs](#)

Replying to the last newsletter, my cousin Michael Margolin wrote, "As a physician, I see the problems as:

- The large (and again growing) numbers of uninsured.

- The inability of our system to improve the very unequal social determinants of health.
- The growing anti-science movement in this country.
- The excessive costs in our system."

Our system is wasteful and incentivizes insurers to deny claims.

Alternative Health Care Systems

Globally, four system models predominate: called Beveridge (state owned & operated), Bismarck (private, tightly regulated), Single Payer (Medicare), Market/Out of pocket (US).

Denmark, for example, under the Beveridge model, provides universal, tax-funded healthcare to all residents, ensuring free access to general practitioners, specialists, and hospital care. Primarily managed at regional and municipal levels, the system is highly regarded for quality, at about \$7K per capita -- the US pays almost twice that. A socialist country, Denmark's income tax rates range from 35%-55%. Thus, it's not an option for the US.

Each of the systems has pros and cons -- Please see below, and [The world has 4 key types of health service](#):

Four System Options:

Category/Model	Beveridge	Bismarck	Single-Payer	Out-of-Pocket / Market-Based
Country	UK, Spain, Sweden	Germany, France, Japan	Canada, Taiwan	United States
Per-Capita Cost	\$5,000–5,500 (UK/Sweden)	\$8,000 (Germany) / \$6,600 (France)	\$6,300 (Canada) / \$2,500 (Taiwan)*	\$12,600–14,800 (US)
Life Expectancy	81–83	80–84 (Japan 84)	81–81 (Canada) / 81 (Taiwan)*	77–78.5
Financing	Tax-funded, government providers	Employer + employee contributions to private ins & providers	Tax/compulsory insurance ("Medicare for All")	Employer, private premiums + out-of-pocket
Admin Structure	Government budgets & providers	Multiple regulated insurers	Single public insurer	Fragmented multi-payer
Cost Control	Price setting	Negotiated fees; regulated competition	Monopsony pricing power	Market pricing; low control
Access	Universal; no point-of-service fees	Universal or near	Universal	Variable by insurance status
Provider Structure	Public employees	Private providers	Private providers	Private providers
Advantages	Low admin costs; universal	Broad choice; stability	Low billing costs; universal	Innovation; quick access for insured
Disadvantages	Budget constraints; waits	More complexity than single payer	High taxes; waits	Highest costs; inequity

Practical Solutions

Without changing the delivery system, solutions are available to our market-based problems, but political and special interests together with huge capital investments and industry inertia make implementation difficult.

Back to Basics

Here are some of the best ideas floating around. They have all been successfully tested and documented.

Patient Care

- Make the patient the primary stakeholder, regardless of ability to pay
- Improve access strategically, e.g., offer alternatives to the ED for underinsured patients (e.g., health centers, urgent care)
- Adopt universal remote access
- Offer health care at home, self-infusion, dialysis, even ultrasound, etc.
- Deploy AI (with care)
- Preventive care is critical: delays become increasingly painful and expensive

Payments

- Maintain competitive service markets; prevent medical monopolies
- Set insurance company profit limits
- Simplify and clarify the entire payment process
- Phase out PPOs
- Legislate pricing limits for health services

Delivery of Care

- Increase access to primary care
 - Increase payment levels to primary care providers
 - Subsidize medical and vocational school for family/primary care students
 - Support preventive organizations like community health centers
 - Prioritize prevention & education
- Improve the medical supply chain
- Optimize the workforce: plan services, facilities, and the number of needed professionals by population and local conditions

Social Determinants of Health

- Address the deeper economic problems facing low-income patients
- Press politicians to improve social determinants of health (e.g., safe housing and available, affordable fresh food)
- Expand the availability of healthy food for kids at school and over weekends
- Create ongoing practical programs (like the "Bone Builders" exercise program in Francestown) to help people keep themselves healthy

In Sum

Annually the US spends \$4.9 Trillion for unsatisfactory outcomes -- twice as much for worse health and shorter lives than in comparable countries.

Other systems are more cost-effective, but come with their own problems, and are politically unfeasible in the US.

Applying tried and true strategies like those outlined above can improve outcomes while lowering costs, expanding patient access, and improving outcomes.

Read More About Health Care Alternatives

- [*The world has 4 key types of health service – this is how they work*](#) by Briony Harris, World Economic Forum, 10/9/20
- [*KFF Survey of Consumer Experiences with Health Insurance*](#) by Karen Pollitz et al., KFF, 6/15/23
- [*Unpacking "Medicare for All"*](#) by Kevin Schulman, Stanford Medicine News Center, 1/29/19
- [*Choices for Financing Medicare for All*](#) from the Committee for a Responsible Federal Budget, 3/17/20
- [*Needed: Blueprint for a U.S. Health System Overhaul*](#) by Mahshid Abir, et al., Rand, 10/22/25

Advance Materials for March:

The Social Impact of AI

- [*What Makes Us Human? How We Differ From Artificial Intelligence*](#) by Soren Kaplan, Ph.D. in Psychology Today
- [*How Anthropic's safety-first ethos collided with the Pentagon*](#) by Deni Ellis Béchard in Scientific American, 2/21/26
- From Pew Research Center
 - [*Artificial intelligence in daily life: Views and experiences*](#)
 - [*Views of AI's impact on society and human abilities*](#)
- From the [MyEthics.net](https://www.myethics.net) website
 - [*Just like every new tool ever, AI is electrifyingly jacked*](#)
 - [*Social Media is Bad For You, and AI Will Be Too*](#)
 - [*More Thoughts on AI as a Tool for Good or Ill*](#)
 - [*When AI Makes Your Financial Decisions for You*](#)
- [*Artificial intelligence*](#) from Wikipedia
- [*9 benefits of artificial intelligence \(AI\) in 2026*](#) from the University of Cincinnati

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