

John C. Goodman

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Author: John C. Goodman is president and CEO of the National Center for Policy Analysis, research fellow at The Independent Institute, and author of the forthcoming book, *Priceless: Curing the Healthcare Crisis*. The Wall Street Journal and National Journal, among other media, have called him the "Father of Health Savings Accounts." He is also the Kellye Wright Fellow in health care. The mission of the Wright Fellowship is to promote a more patient-centered, consumer-driven health care system.

Personalized medicine is the future. It's where the science is going. It's where the technology is going. It's where doctors and patients will want to go. Yet, unfortunately for many of us, this is not where the Obama administration wants to go.

First, the good news. All this is great news. Unless you happen to be in traditional Medicare. Or in Medicaid. Or unless you acquire subsidized insurance in a health insurance exchange. Or in some cases, even if you get health insurance from an employer.

[Implantable or attachable devices](#) already exist — or soon will exist — that can monitor the conditions of diabetics, asthmatics, heart patients and patients with numerous other chronic conditions. These devices will allow patients and doctors to modify therapeutic regimes and tailor treatments to individual needs and responses. [Genetic testing](#) is reaching the point where patients can be directed to take certain drugs or avoid other drugs, based solely on the patient's own genes.

As many as [1,300 genetic tests](#) currently are available that relate to some 2,500 medical conditions. These tests can predict your probability of getting particular types of cancer, whether you'll respond to routine chemotherapy or whether there's a special therapy that only works on people with your particular physiology. The days when experts argued over whether men should get a prostate cancer test could be long gone. A simple test can tell if you have a high probability of contracting the disease, or a low one.

In an interview with CNN the other day former White House health adviser Ezekiel Emanuel called ["personalized medicine a myth."](#) According to his [own center's summary](#) of the interview:

But if custom-made suits fit better and look better, what's wrong with that? Ditto for health care. And if individualized care is better and more promising care, how does Emanuel know it would be cost-prohibitive? Even more puzzling, given the spectacular results with eye cancer, why would anyone — especially an oncologist — react so hostilely?

The answer is: ObamaCare's entire approach to cost control is premised on the idea that we are all alike. And if we aren't alike, everything they are doing doesn't make sense.

The Obama administration's entire approach to health reform revolves around the idea that patients are not unique and that bureaucrats can develop standardized treatments that will apply to almost everybody with a given condition.

Bottom line: We are not all alike. And our health care shouldn't be either.