Performing artists are used to dealing with uncertainty—how will the next performance go, what will the new conductor expect, will my current combination of jobs and gigs be enough to pay the bills? Likewise, health care professionals have to deal with uncertainty on a regular basis—is the patient’s chest pain due to myocardial ischemia or something else, will the treatment I prescribed for the pianist with arm pain be effective? But all of us on every continent are dealing with a great deal of economic uncertainty these days. From the “fiscal cliff” in the USA to the debt crisis affecting several of the Eurozone economies to the sluggish growth in Japan, the economic outlook for the global economy in 2013 and beyond is not good.

While The Conference Board projects growth in global economic activity to be around 2.9% in 2013, most of the developed countries will experience much more sluggish growth (if any). The USA can expect to see growth of 2%, assuming the fiscal cliff is avoided, with unemployment hanging around 8%. Canada is likely to have similar numbers in both categories. The Organization for Economic Cooperation and Development (OECD) countries in Europe are projected to have only 1.2% growth with 8 to 11% unemployment, higher is some countries. Australia and Japan are forecasted to have 2.7% and 1% growth, respectively, with unemployment around 5% and 4%, respectively. These growth and unemployment rates reflect the uncertainties that each of these nations face. As in the USA, multiple factors are contributing to the uncertainty and are making it very difficult to find a solution that will work.

How will these economic trends affect performing artists and the health care professionals who provide care for them? Looking at this on a country-by-country basis is beyond the scope of this editorial, so I will use the USA as the example. In 2010, approximately 176,000 Americans earned a living as a “musician or singer,” 25,600 as a “dancer or choreographer,” and 66,500 as actors according to the US Department of Labor. Employment growth in these three fields is projected at 10%, 18%, and 4%, respectively, for the decade ending in 2020. (By way of comparison, employment for physicians is expected to grow by 24%, and employment for professional athletes is expected to grow by 22%, both over the same 10 years.) These projections were made well before the Budget Control Act of 2011 was debated and passed but after the financial crisis of 2008, so they are driven by “the new economic realities” but not by the prospect of a drastic reduction in federal spending. The bottom line is that employment for performing artists in the USA could increase slowly, remain stable, or even shrink between now and 2020.

The outlook for health care professionals (and patients) isn’t much better if the USA goes over the fiscal cliff. Health care spending is going to be reduced by three separate legislative initiatives in 2013. “Sequestration” as mandated by the Budget Control Act of 2011 will cut the Medicare budget by 2%, and it will also reduce the amount of money available to implement the health insurance exchanges that are part of the Affordable Care Act (ACA). The ACA will also reduce hospital payments made by Medicare, and without full implementation of the expansion of Medicaid, the anticipated increase in the number of Americans with health insurance will not offset that cut. At the same time, physician payments made by Medicare are due to drop by 30% in the absence of a legislative fix. Some community health centers will also see a significant reduction in their federal support, although some budget lines will be partially protected.

Of potentially equal concern is the reduction in funding for health research in the USA. The budget of the National Institutes of Health is considered “discretionary spending” under the Budget Control Act of 2011 and is therefore subject to an 8.2% cut on January 2, 2013. Academic medical centers will be hit by a “double whammy,” since the cost of residency training programs is also supported by federal funds that are subject to the same reduction. In the absence of an agreement between Congress and the President, full implementation of the cuts in the discretionary federal budget will have a major and long-term effect on health care research in this country. This will inevitably have at least some effect on the speed at which our understanding of the problems that performing artists face will advance.

We should keep in mind the fact that there is no simple solution to this economic sword of Damocles. Even if the “sequestration” changes in federal spending are postponed, the federal debt ceiling will have to be raised again early in 2013, forcing another decision about the country’s economic future. If the changes called for in the Budget Control Act of 2011 are totally reversed, the country will move closer to the time when the federal debt becomes unmanageable. At that point, the changes that will have to be made will be even more drastic and cause greater disruption in the lives of more people. Many other countries face the same difficult decision with similar options to choose among unpopular policies.

Given that stark reality, what can we do? The loss of jobs in the USA that will likely result if we go over the fiscal cliff could be in the range of
two million—some of them will almost certainly be in the performing arts. That will have an impact on the ability of performing artists to obtain routine and performance-related health care. We should all urge our Representatives and Senators to agree on sensible reductions in the federal deficit that preserve access to health care. The reduction in support for research will not affect performing artists in the short term, but we need to advocate for a reasonable level of support in the longer term.

Musicians, dancers, and actors have to be resourceful individuals in order to survive and thrive in a very demanding environment. They are experts at managing uncertainty with creativity and persistence. The same can be said for health care professionals and teachers. Being successful in 2013 will be challenging, but it won’t be impossible. We will be better off as individuals and collectively if our elected representatives do their jobs as well as we do ours.

In closing, I want to draw attention to the changes in the Editorial Board. I’d like to thank Drs. Richard Eaton, James Garrick, Linda Hamilton, William Hamilton, Susan Harman, Helmut Möller, Kyle Pruett, Paul Salmon, and James Sammarco, who have served the journal ably for years and now have finished their time on the Board. I’m very happy to welcome the following individuals, who have agreed to join the Editorial Board: Drs. Shaw Bronner (New York), Nancy Byl (California), Steven Frucht (New York), Jonathan Livesey (Australia), Jaume Rosset i Llobet (Spain), Naotaka Sakai (Japan), Maria Schuppert (Germany), Paula Thomson (California), John White (UK), and Virginia Wilmerding (New Mexico). Each one has already made significant contributions to the field of performing arts medicine. We all owe them our thanks for their work that will make the journal ever better in the years to come.

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