

August 16, 2009

USA versus the NHS

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When Bobbie Whiteman moved to the United States from Britain, she did not give medical insurance a thought. She had no cover for six months and it was only when she was offered a job at Variety, the Hollywood newspaper, that it became an issue. It was part of her salary package and she had to decide between several schemes the company had on offer.

Seven years later, in 2007, the value of the scheme she chose became all too evident. Suffering from persistent backache – which doctors initially attributed to being “unfit” - she was given an MRI scan which showed she had a string of cancerous tumors down her back.

Instead of heading for home and the National Health Service, she had treatment in America - and is glad she did. “Every time you go for any treatment here, they want to see your insurance card and check every detail they have about you and that is wearisome,” said Whiteman, 49. “But I’ve had some terrific treatment.”

Little expense was spared in having the necessary scans, tests, radiation treatment and drugs. So far her cancer is stabilized: “There are all sorts of things you have to be aware of: some treatments you part-pay for and you have to choose a doctor who is approved by your insurer. But it’s not all about money here. The doctors are doctors - they really want to help you.”

About 84% of Americans have health insurance (compared with just 10% in Britain) and value the care it buys. So proposals by President Barack Obama to reform the system, extending cover to those who lack it, have sparked uncertainty and fear. Uncertainty over where the changes might lead and fear that standards might fall.

In the furore, Obama’s critics have been damning about the concept of universal state-funded healthcare, accusing the National Health Service of poor standards and being “Orwellian”.

Charles Grassley, a Republican senator from Iowa, said (wrongly) that Ted Kennedy, 77, would not have been treated for his brain tumor in Britain because he was too old. The National Center for Policy Analysis said Britain was “infamous” for denying state-of-the-art drugs to cancer patients. Sarah Palin, the former vice-presidential candidate, said Obama’s proposal that a panel of medical experts should rule on cover for specific conditions – in the way the NHS restricts some treatments – was “downright evil”.

The criticisms were so strident they spurred Gordon Brown to react even while on holiday. Via Twitter the prime minister said the NHS “often makes the difference between pain and comfort, despair and hope, life and death. Thanks for always being there”. Also leaping to its defense was Andy

Burnham, the health secretary, who claimed it is “world-class”.

David Cameron who, like the Browns, has had extensive experience of the NHS through having a sick child, declared the Conservatives are “the party of the NHS” and improving the service would be his “No 1 mission” in government. Yet Daniel Hannan, a Tory MEP, lambasted the service, telling an American television station that he “wouldn’t wish it on anybody”. However, Us President Barack Obama's stepmother said last night she owed her life to the NHS. British doctors and nurses saved Kezia Obama, who lives in Berkshire, when she suffered kidney failure. "If it wasn't for the NHS I wouldn't have been alive to see our family's greatest moment - when Barack became president and was sworn into the White House," she said.

Who is right? Does the NHS trail the United States as portrayed and what lessons can each side learn from the other? AMID the outpouring of support from many Britons for the NHS last week, there were acknowledgments of its problems.

“Most people value our health system and wouldn’t be without it,” said Michael Summers, vice-chairman of the Patients Association. Investment in recent years has improved it, he says, but it remains far from perfect: “We are still worried about waiting times, mixed sex wards and the restrictions imposed by the National Institute for Health and Clinical Excellence.”

Last week Professor Kefah Mokbel, a London cancer specialist, warned that a lack of resources meant women were not being properly screened for breast cancer. The government target is women aged 50 to 70 to be checked every three years. Some areas screen more than 90% of eligible women

within the target time; in others only one in five is checked. Mokbel believes women should be seen every 12 to 18 months.

Although the once horrendous waiting lists of the NHS have been drastically reduced after huge increases in spending, more than 230,000 people are still waiting at least 18 weeks for treatment. NHS productivity has fallen by at least 4% over the past decade. In addition, the gap in life expectancy between the most and least deprived areas of England has widened. Concerns also remain over restrictions on expensive or experimental treatments.

When Andrew Lawson, a consultant in pain medicine at the Royal Berkshire hospital, was diagnosed with an aggressive lung cancer two years ago, he had no time to lose: the average life expectancy for people with mesothelioma is 12 months.

He decided that allowing the NHS to take its course was not enough. Researching his condition on the internet, Lawson, 50, found a trial of a radical treatment at the University of Pennsylvania hospital in Philadelphia. He was impressed by what he saw and took part in the trial. “Most doctors in Britain, if they’ve worked overseas, will admit that somewhere like America has the best of the best. What it doesn’t have is the breadth of coverage,” he said.

“Ours is an equitable, morally cogent way of doing things. But looking at the amount and quality of research into my cancer, there was a clear difference between Britain and the United States.”

Thanks to the vast sums poured into the US system, those Americans with insurance undergo more x-rays and other diagnostic tests than British patients, which appears to have some impressive spin-offs. America’s

superior survival rate from prostate cancer – 92% after five years compared with 51% here – is probably down to diagnoses being made earlier.

Indeed, in the United States the complaint is sometimes too much healthcare, not too little. “Overconsumption or overprovision of healthcare is a huge problem in the States,” said James Gubb, director of the health unit at Civitas, the British think tank. “You get paid in some cases for each x-ray you carry out or each operation and clearly, if that’s happening, then there’s a big incentive to overtreat.

“There is unquestionably more of a sense of customer service in the States – that it is important to look after the patient as a customer and provide the services they want – than there is in the NHS.”

What are the problems and why is reform needed? In essence, the US system costs a fortune yet fails to cover everyone adequately. Insurance that provides for the majority of Americans costs about \$12,000 (£7,300) per year for the average family. At least part of that cost is usually picked up by an employer. But some 47m people do not have insurance.

The British tend to think this means they are left out in the cold. Care can be limited, or charges high, but as one expat returned to the UK explained: “It’s not as excluding as people think. If you get run over, the ambulance man will rifle through your wallet for an insurance card. But if you don’t have one you won’t be left by the road; you will be taken to a public hospital.

“That’s what many people are afraid of – that if Obama gets his way it will all come down to the level of the public hospitals, in other words, the level of the NHS.”

The bigger problem is that healthcare bills threaten to be crippling for the state and for people who have limited insurance. Some 60% of bankruptcies in the United States are related to healthcare costs. Companies complain that the costs are making them uncompetitive.

Although the system is market-based, insurance has the effect of encouraging costs to rise. The bureaucracy is enormous: for every two doctors in America there is one administrator, working either for an insurance company or for a firm that sort out billing, or which arranges treatments on behalf of patients.

At the same time the costs of Medicare, a government-run scheme to provide cover for the elderly, and Medicaid, for the poor, are rising sharply. Half of America’s health spending comes through Medicare, Medicaid and a body called the Veterans Health Administration.

In total the United States spends in the region of 16% of its gross domestic product (GDP) on healthcare – nearly twice the percentage spent in Britain. At the top it can boast the most advanced treatment in the world – but overall its health outcomes are no better.

“Anybody looking at the American system from the outside would say it needs radical reform,” said Anna Dixon, director of policy at the King’s Fund, a medical think tank. “America is spending more than anyone else, yet millions of people are either uninsured or underinsured. That’s not sustainable. The signals have been there for some time, with companies wanting to pull out of providing employees with insurance.”

Does it mean reducing standards to those of the NHS or is there an alternative? BOTH

the United States and Britain could learn from other European healthcare systems, says Gubb. “There are insurance-based systems in Europe which provide universal coverage,” he said. “In Switzerland and the Netherlands, for example, every person has to have health insurance cover and every patient is ensured cover by the state if they cannot afford it.

“They have a choice of health plan and there’s a minimum standard of care those plans have to cover. For me that sort of idea would make a lot more sense in terms of the US debate than looking at the NHS.”

Neither the United States nor Britain compares well with the results achieved by

some European countries. The model of compulsory insurance for all, used by France, has led the World Health Organization to rank it the most efficient service in the world. France spends 11% of its GDP on health; yet its infant mortality rate, life expectancy and mortality rate for cardio-vascular illness are all better than the United States and Britain.

The diagnosis seems to be that both Britain and the United States are in need of treatment – and a European-style combination of insurance backed by a government safety net may be the best outcome.