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Dear C-SPAN:

As a Canadian citizen--a physician's daughter, married to an American, and going to school in the U.S.--I have been following the debate over health care reform with great interest and considerable horror. I'm also a huge C-SPAN fan. I tried desperately to get a call through for Susan Swain's April 25 session with Harvard's Dr. Arnold Relman, but couldn't. I have no idea what happens to comments sent to you by mail, but here goes.

I have been scandalized by what passes as a U.S. health care "system" since I arrived here, and appalled by the lame, logically unsound arguments against a single-payer system I have heard ever since health care reform became a prominent election issue. The George Mason Univ. professor's remarks on your show today are a case in point. The argument that a Canadian-type system would prompt doctors to see more and more patients, thereby compromising the quality of care, is based on several suspect assumptions. First and foremost, that all doctors are money-grubbing pigs. While this may be true of some, maybe many, we cannot generalize greed as a universal trait. Some Canadian doctors I know, and no doubt a few Americans, would resent this aspersion on their character--not to mention, the willingness to act on the basis of this aspersion. The Mason prof's point says less about actual health care providers than about the peculiarly American equation of merit with money/income. Under the present, barbaric system, it's no wonder that malpractice suits are so legion in this country; some people pay so much for health care--inflated costs condoned under the logic that quality is directly proportional to the amount people spend for a service--that they are justified in expecting perfection from medical practitioners (i.e., to live forever).

Second, such a comment assumes that social medicine limits patients' choices. Under a single-payer system, most patients--whatever their economic status--get to choose private physicians they trust, and are not financially restricted from seeking second opinions, etc.; in other words, patients are relatively free to stay away from status-seeking, avaricious, overbooked doctors. I've consciously and successfully managed to do so, finding dedicated doctors who simply don't care about making big bucks; and it so happens that such doctors conform the most to my personal "consumer preference." What's more, the notion of "choice" so vaunted in this country requires the exclusion and subjection of the majority of the population, and applies only to the privileged--who happen to be those most able and likely to sue. In everything from the purchase of sodas and cars to health care and education, rich Americans ritually and ecstatically congratulate themselves for spending their own money. Spending money, I'm afraid, requires no special skill or strength of character. To equate money with human worth is obscene.

I appreciated Dr. Relman's comments, which did respond to my above objections. And I share his pessimism about a single-payer system being adopted any time soon in this country. What the conservative arguments against real reform,

including those for "managed care," reveal are the embedded cultural conditions acting as the truly insuperable constraints against change. The George Mason professor assumes, like many Americans, that social medicine=socialism=a total absence of individuality (a.k.a. choice, merit, quality, freedom). It's this kind of paranoia and vanity about red-blooded American capitalism that sees Canadians, Brits and Germans (patients and health care providers), by comparison, as zombies lacking in individual traits and choices. It's a just plain stupid way to (not) think, supported not by evidence but by smugness, fear and greed. Worst of all, this overall attitude, which takes a lick but keeps on ticking, will ensure that millions of Americans remain without access to health care for a long time to come. All so the very few get to keep their self-serving illusions intact, and others continue to make their mercenary millions. This is barbarism that--along with such wonderful things as the death penalty and a virtually unrestricted "right to bear arms"--is matched only by South Africa in the advanced industrial world.

As for individual choice and what not, I had the great misfortune two years ago of getting sick in the U.S. and having to go a hospital Emergency Room. With my confused "consent," the doctor performed such useless or redundant tests as a pregnancy test, a pap smear, and a cholesterol level test, together with the more pressing ones. While the doctors, technicians, and nurses seemed very concerned with my comfort, I often imagined I was a client in an exclusive spa, hopeful for my repeat business or a generous tip. My total bill, came to almost \$2,000--at least \$600 of which applied to the aforesaid unnecessary testing. Even with my (expensive) insurance coverage, it took this student-on-a-budget a year to pay off her hospital bill. I cannot help but compare this to the kind of medical care I have received while in Canada. For a major operation, I once had to pay \$10 for some tests, and other than that my insurance (for which I paid an affordable monthly premium) covered everything I needed. So I, for one, hope to take my consumer dollars and choices eventually back to Canada--and my husband looks forward to the prospect of coming with me.

Thank-you for providing such detailed and wide-ranging coverage of the health care/insurance issue, and for reading (?) these comments.

Your fan,

