Switching sides

I have had only two first-hand experiences with the British health system. The first was during a walking trip to Cornwall, when my wife, 4 months' pregnant with our third child, woke up with labour pains at midnight one Friday at a bed and breakfast. The local general practitioner was there before 2 am, bringing reassurance and prescribing bed rest and banana liqueur. He returned on Saturday and again on Sunday morning, when he pronounced her fit for further travel. We were not charged for his services. The ultimate product of his ministrations has just left home for university; he has been a gentle, cheerful child, reflecting the character of that Cornish physician who delayed his birth.

My second experience occurred earlier this year, when I admitted to hospital the mother of a colleague with anaemia and gastrointestinal bleeding. She was visiting from England and had purchased medical insurance in Britain to cover her 3-week vacation in the USA.

Never before have I interacted with such an insurance company. It had doctors—real doctors—on the other end of the phone. One of them called me from London the morning after the woman was admitted and again later in the week to say I should continue to get any evaluations that I thought necessary. They were so cheerful, so sincere, so professional.

Perhaps the UK reader is asking why I am waxing ecstatic about behaviour that is simply normal and human. In reply I will tell one more story.

My eldest daughter was admitted to hospital last month with pyleonephritis while visiting friends in Milan. I am not a good doctor to my children—I have misdiagnosed a non-displaced fractured femur as attention-seeking behaviour; and I have mistaken nocturnal epilepsy for bed wetting. I have not improved with time. So, when my daughter called from Italy complaining of fever, shaking chills, and back pain, I sent her to the pharmacy for oral antibiotics. A day later, she was in hospital on intravenous antibiotics. She was released after a week, promising that her father would handle the bill.

I was faced with a decision with clear moral implications. Could I, in good conscience, ask the Italian hospital to seek reimbursement from my insurance company? I could imagine the nine-page list of demands for information, or the code-laden faxes inscrutable even to those for whom English is the first language.

I chose the nobler path. I paid the Italian hospital. I will fight the American insurance company on my own. I will fill out the forms, make the phone calls, listen to hours of classical music while on hold, plead and shout at obdurate clerks, while all along in search of a human being who will make a human decision, to pay for my daughter's medical care.

So what is the relevance of this story? 10 years ago, national health insurance, or a “one-payer” system was anathema to American physicians. We feared the arbitrary controls, and the loss of our professionalism and values. No more; we have seen them evaporate quicker than anyone could have imagined. Everything in the USA is money. Many in the “health-care industry” do not even pretend to have values any more, other than optimising monetary gain. Community hospitals now are bought and sold and closed like gas stations. The chaos that managed care has brought to physicians and their patients has rendered the bogeyman of socialised medicine far less frightening than it was a decade earlier.

Societal decisions about major issues, such as the reimbursement structure for medical care, represent the sum of individual opinions, which, in turn, are the product of individual experience. My opinion has changed.

National health insurance works pretty well. The mess that we call managed care does not. I am switching sides.

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