

SICKO: Michael Moore's latest fantasy

Michael Tanner

Michael Moore's newest film, *Sicko*, opened in June in the United States, and will open in Australia in August. As one might expect of a film attacking the US health system, the early reviews have been close to ecstatic. But perhaps the most telling review came from *Time* magazine reporter Richard Corliss, who rejoiced that 'the upside of this populist documentary is that there are no policy wonks crunching numbers...'

Of course. We wouldn't want anyone who knows something about health care messing up Moore's fantasy with facts.

No-one would deny that there are serious problems with the American health care system, and Moore effectively dramatises the suffering of people caught up in it.

Yet he frequently exaggerates those problems. For example, he often refers to the 47 million Americans without health insurance, but fails to point out that most of those are uninsured for only brief periods, or that millions are already eligible for government programmes but fail to apply. Moreover, he implies that people without health insurance don't receive health care. In reality, most do. Hospitals are legally obligated to provide care, regardless of ability to pay, and while physicians do not face the same legal requirements, few are willing to deny treatment because a patient lacks insurance. Treatment for the uninsured may well mean financial hardship, but by and large they do receive care.

On the other hand, Moore ignores the positive side of American health care. For all its problems, the United States still provides the highest quality health care in the world. Eighteen of the last 25 winners of the Nobel

Prize in Medicine are either US citizens or work there. With no price controls, free-market US medicine provides the incentives that lead to innovative breakthroughs in new drugs and other medical technologies. US companies have developed half of all the major new medicines introduced worldwide over the past 20 years. In fact, Americans played a key role in 80 per cent of the most important medical advances of the past 30 years.

Instead, Moore focuses on life expectancy, suggesting that people in Canada, Britain, France and even Cuba live longer than Americans because of their health care systems. But most experts agree that life expectancies are a poor measure of health care, because they are affected by too many exogenous factors such as violent crime, poverty, obesity, tobacco and drug use, and other issues unrelated to a country's health system. When you compare the outcome for specific diseases, for example cancer or heart disease, the United States clearly outperforms the rest of the world.

Take prostate cancer, for example. Even though American men are more likely to be diagnosed with prostate cancer than their counterparts in other countries, they are less likely to die from the disease. Less than one out of five American men with prostate cancer will die from it, but a quarter of Canadian men will and, even more ominously, 57 per cent of British men and nearly half of French and German men will. Similar results can be found for other forms of cancer, AIDS, and heart disease. It is notable that when former Italian Prime Minister Silvio Berlusconi needed heart surgery last year, he went to the Cleveland Clinic in the United States, not to France, Canada, or Cuba—or even an Italian hospital.

While overly critical of US health care, Moore overlooks the real flaws of other countries' national health care systems. Moore downplays waiting lists in Canada, suggesting that they are no more than inconveniences. He interviews, apparently

healthy Canadians who claim that they have no problem getting care. Yet nearly 800,000 Canadians are not so lucky. No less an authority than the Canadian Supreme Court has pointed out that many Canadians waiting for treatment suffer chronic pain and that 'patients die while on the waiting list'.

Similarly, Moore shows happy Britons who don't have to pay for their prescription drugs. But he didn't talk to any of the 850,000 Britons waiting for admission to National Health Service hospitals. Every year, shortages force the NHS to cancel as many as 50,000 operations. Roughly 40 per cent of cancer patients never get to see an oncology specialist. Delays in receiving treatment are often so long that nearly 20 per cent of colon cancer cases considered treatable when first diagnosed are incurable by the time treatment is finally offered.

Moore calls the French system 'free', conveniently ignoring the 13.55 per cent payroll tax, 5.25 per cent income tax, and additional taxes on tobacco, alcohol, and pharmaceutical company revenues that fund the world's third most expensive health care system. (Despite the high taxes, the system is running an €11.6 billion annual deficit.) The French system is not even free in terms of what patients pay. There are high co-payments and other out-of-pocket expenses, and physicians are able to bill patients for charges over and above what the government reimburses. As a result, 92 per cent of French citizens have private health insurance to complement the government system. Despite this, there remain shortages of modern healthcare technology and a lack of access to the most advanced care.

Countries all over the world are debating how to reform their health care systems. But Michael Moore's demagoguery and his refusal to address the facts will do little to contribute to that debate. Maybe he could have used a few policy wonks after all.

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