

A bad place to be sick: Health care myths debunked

by [John Buchanan](#) in the [April 6, 2010](#) issue

Whenever talk turns to how dreadful health care is in countries where the government has a large role in it, I think back to a summer spent in Scotland. Our young son began to suffer from what seemed to be a virulent new allergy, and after sleepless nights and several days of sneezing, we went to the local infirmary, part of the national health plan. The nurse on duty was cheerful, and she sized up the situation immediately. “You need a shot,” she pronounced. My son bravely rolled up his sleeve. “Oh, no,” she said. “It’s in the bum, dearie.” She administered the shot, at no charge, and the sneezing stopped.

“In the bum, dearie” entered our family lexicon, and ever since I’ve thought kindly about national health programs and doubted those who insist that government involvement in health care necessarily means poor treatment and long waits.

A good friend and leader in my congregation was the chief of surgery at one of the big Chicago hospitals. He taught and lectured all over the world. After he returned from an extended visit to several major Chinese medical centers, I asked him to compare health care in China to that in the U.S. “China,” he said “is not a great place to be really sick. But it is one of the best places in the world to be a little sick. Our country is the opposite. If you are really sick, the U.S. is the place to be, but we don’t do very well on a broad, public basis for people who are a little sick.”

Trudy Rubin, a columnist with the *Philadelphia Inquirer*, wrote an editorial recently which she cited T. R. Reid’s *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. Reid, a former *Washington Post* correspondent, explodes some myths about health care.

Myth number 1: that foreign systems with universal coverage are “socialized medicine.” Not so, says Reid. France, Germany, Switzerland and Japan have universal coverage but their physicians and insurance companies remain private. Individuals get insurance through their workplace, as most Americans do; the

government steps in if people are out of work and picks up the premium.

Myth number 2: that long waits and rationed care are part of universal coverage. “That’s a whopper,” Reid says. “In many countries people have quicker access than we do.”

Myth number 3 grabbed Rubin’s attention and mine: that universal care is characterized by wasteful, bloated bureaucracies. It turns out the opposite is true. In our country, “20 percent or more of every [insurance] premium dollar goes to nonmedical costs.” Reid points to an obvious truth about our system: “If a profit is to be made, you need an army of underwriters to deny claims and to turn down sick people.”

Health care is a complicated business, to be sure. But Reid shows that many Americans are simply refusing to learn from other countries while relying on myths about the superiority of our system. The issue finally comes down to whether you believe access to health care is a right or a privilege. It’s my conviction that in a country that wants to claim to provide the best health care in the world, it should be a right.