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Britain--Which White House Suggests is Model of Single-Payer Health Care System That 'Works'--Doesn't 'Work' for Everyone

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By Christopher Neefus

(CNSNews.com) - White House Press Secretary Robert Gibbs raised eyebrows last week when he attempted to clarify President Obama's startling admission that he thought there were countries where single-payer healthcare systems work "pretty well."

Obama made the comment to the American Medical Association last Monday, as reported by CNSNewscom, but no major newspapers reported his remark. At the White House press breifing on Wednesday, White House Spokesman Gibbs told CNSNews.com he did not know which countries Obama had in mind, Gibbs but suggested Britain might be one of them.

“I don’t know exactly the countries,” Gibbs told CNSNews.com at a briefing last Wednesday.

“I assume Canada, Britain, maybe France,” he continued. “I don’t think the president is going way out on a limb that people in other countries have a health care system that they like.”

However, the record of Britain’s National Health Service (NHS), perhaps the leading single-payer health-care program on the globe, is checkered, at best, with startling deficits and horror stories about bad patient care.

-- In a turnaround from just a year ago, when the NHS reported it was on track for a 2008 budget surplus, the government-run health service now faces a $24 billion dollar deficit for 5 years, beginning in 2011. That number would represent a record shortfall for the 50-year-old institution.

BMJ, an international, peer-reviewed medical journal based in London, reported in May that the surplus was likely a facade all along, with officials hoarding money already allocated in their accounts to create a positive balance sheet.

As a result, the journal said, “(p)atients could be missing out on crucial health care, the cost of which has already been financially allocated, because NHS organisations are trying to make a surplus in their finances, MPs (Members of Parliament) have said. Surpluses for the NHS are good but can leave money ‘sitting unspent in bank accounts’ rather than being used to treat patients, said a report published this week by the parliamentary committee for public accounts.”

According to the Associated Press, the national health provider’s newfound shortfall could “force the government to skimp on dentistry, fertility treatments, and cutting-edge drugs.

The NHS administers both health and social services through health-care “trusts.”

A June report from the new U.K. Care Quality Commission found that care is improving, but “only half of trusts say they meet all current standards” and that “there is significant variation between regions.”

Problems with patient care, meanwhile, have been endemic.

-- On June 15, a 69-year-old man from Stockton-on-Tees, Cleveland, in North England, fell victim to an NHS ambulance driver wanting to go home at the end of his shift. Stroke victim Ali Ashgar died in the back of an ambulance when the driver realized his shift had ended and took a detour to clock out and get a replacement driver, the (London) Telegraph newspaper reported. Ashgar’s outraged son told the Telegraph: “If you have a patient in an ambulance you don’t worry about your bloody shift finishing.”

Hospital care and treatment horror stories are a regular feature of the British press.

-- In January, a 43-year old man, Martin Ryan, died of starvation in an NHS hospital, the Telegraph reported. Ryan was left unable to swallow after suffering a stroke, the paper reported, “but a ‘total breakdown in communication’ meant he was never fitted with a feeding tube.” According to an internal investigation, doctors thought that nurses were feeding Ryan through a tube in his nose. By the time they discovered he was starving – 26 days this was not happening, he was too weak for an operation to insert a tube into his stomach.

“Mr. Ryan, who had Down's syndrome, died in agony five days later,” the newspaper stated.

The Telegraph added: “Disability charity Mencap said the case was one of several where the NHS ‘completely and unacceptably failed’ patients with learning difficulties through a ‘catalogue of disasters.’”

-- In 2007, the now-defunct Commission for Patient and Public Involvement in Health released a study suggesting about 6 percent of patients were forced to treat their own dental problems, with one man using a pair of pliers to remove his own teeth, and several respondents using crazy glue to reaffix crowns.

At the time of the study, Londoner Celestine Bridgeman told the Associated Press: “Trying to find good NHS dentists is like trying to hit the lottery because the service is underfunded.”

-- A June 10 report for the consulting firm Tribal suggested “raising the level of self-care” as a solution to the current budget deficit.

The NHS also comes up short on introducing new cancer drugs, receiving a failing grade from many patients, according to Britain’s major papers.

-- Kidney cancer patients were enraged in 2005 when they were refused access to the drug Sutent, which could prolong their lives up to two years, because the National Institute for Health and Clinical Excellence, ironically nicknamed “NICE,” did not deem it cost-efficient.

NICE says it “provides guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.”

James Whale, an irreverent British television and radio personality who survived the disease, lashed out at the NHS when it reported its most recent surplus in May.

“They have been pleading poverty throughout the last year, denying sick and dying kinder cancer patients’ drugs, treatment and support,” Whale said in a statement. “(A)ll the while they actually did have the money to save lives and make a difference.”

Sutent has since been made available on a limited basis after public outcry.

-- NICE was forced into a similar position in 2006 when Ann Marie Rodgers, then 53, was suffering from breast cancer and was denied Herceptin, a drug that could aggressively attack her tumor.

“They’ve got no right to decide who can have this life-saving drug,” Rodgers told the (London) Daily Mail at the time. “This is not a poor country, after all. I have worked all my life and paid my taxes.”

The group Women Fighting for Herceptin was formed to raise money to fund the drug and held rallies decrying the fact that NHS and private trusts where the drug was not offered.

“It makes me sick to think a lot of women are in my position,” Rodgers told the Daily Mail. (Rodgers died in June, two years after finally winning a court battle forcing the NHS to make the drug available.)

While the U.S. has no equivalent to NICE, the economic stimulus package signed into law last February allocates $1.1 billion for “comparative effectiveness research,” and according to the Wall Street Journal, the House version of the bill was meant to determine treatments that were less cost-effective so that they could “be no longer prescribed.”

That language sent the pharmaceutical lobby clamoring to ensure that cost would not be a factor in comparative effectiveness research, and the final version of the bill did remedy the issue.

Michael Cannon, director of health policy studies for the Washington, D.C.-based libertarian Cato Institute, has similar concerns.

Cannon, who authored a report on CER in February, said that comparative effectiveness research could lend itself to misuse and political manipulation.

“Unlike market-generated research, a federal comparative effectiveness agency would be subject to political manipulation,” Cannon said.

“If a government agency produces unwelcome research, those groups will spend vast sums on lobbying campaigns to discredit or defund the agency,” he added.

Cannon also compared the idea of CER to Britain's NICE, saying it is “likewise under constant assault from the

industry and individual patients."

British doctors are increasingly concerned that patients are being put at risk. A survey conducted in June by the British Medical Association suggests only 4 in 10 doctors feel comfortable voicing concerns about quality of care in their hospital workplace. In the same survey, 74 percent said that when they did voice complaints, they were ignored.

In May, Dr. Karol Sikora, former head of the World Health Organization's cancer section and a professor at London's Imperial College School of Medicine, warned Americans not to go the way of the British by nationaling health care in an editorial publihed in The Washington Examiner.

"Partly as a result of these restriction on new medicines, we are stuck with Soviet quality care," Sikora wrote.

In 2000, Sikora issued an estimate through the WHO that roughly 25,000 cancer patients in the UK were dying annually due to under-provision of care.

Yet between 2005 and 2006, British taxpayers shelled out for 24 girls, often of Islamic backgrounds, to receive "virginity repair" operations. The procedure involves constructing an artificial membrane, sometimes with a capsule of a liquid blood substitute, to give the illusion of virginity.

"In Britain, the reality is that life-and-death decisions are driven by electoral politics rather than clinical need," Sikora wrote. "Diseases with less vocal lobby groups, such as strokes and mental health, get neglected at the expense of those that can shout louder. That is a principle that could soon be exported to America."

Speaking before Britain's annual Conference of Local Medical Committees, Dr. Laurence Buckman agreed patients aren't getting what they want and need.

"We must persuade the NHS to stop playing along with this deception that patients are getting what they want," he said. "They want high quality service with good access, not a sham to get a government re-elected on promises nobody believes anymore."

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