

Can We Afford to Be Healthy, Wealthy, and Wise?

Stephen Brunton, Editor-in-Chief

The debate between those who feel that health care is a basic right and those who don't leaves several questions unanswered. Who is responsible for paying for health care? What happens to people without insurance? And—the overarching concern—how can *anyone* afford to pay for health care?

The cost of health care in the United States has become unmanageable for many, and especially for those with chronic diseases. People with diabetes have some particular issues: multiple comorbidities, a plethora of medications, and, of course, the exorbitant cost of insulin.

Last year, the average family paid \$9,996 for health care coverage alone, and if they met their health insurance deductible, they spent a total of just under \$18,000. The average individual spent \$3,852 on coverage and another \$4,358 to meet their deductible, for a total of \$8,210 (1).

More than 27 million people in the United States do not even have health insurance, and this situation is not only expensive, but also associated with about 60,000 preventable deaths per year, depending on which study you read (2).

The United States spends more on health care per capita (\$9,403) and more on health care as a percentage of its gross domestic product (17.1%) than any other nation. However, it remains the sole industrialized nation in the world without universal health care coverage (3).

With this backdrop in mind, I was surprised by the cost, efficiency, and quality of care my 14-year-old daughter received in London, U.K., while on a recent vacation. She has had type 1 diabetes since the age of 8 years, and after a bout of severe vomiting, she was seen in the emergency department of St. Mary's Hospital in the city of Westminster, a National Health Service facility and, incidentally, the place where the newest member of the royal family was born.

In the pediatric emergency room (ER), my daughter was diagnosed with diabetic ketoacidosis and admitted to the children's ward, where she spent 2 days getting her diabetes under control. I was expecting (and dreading) a massive, American-style bill. However, I was shocked to learn that the ER visit was free, even for non-U.K. residents. The cost of the inpatient care was \$1,100 per day for us and free for British citizens; fortunately, it was covered by her U.S. health insurance.

When I left my native Australia many years ago, the country was embroiled in the transition to a national single payer system with the intention of providing essential care to all of its citizens. Although the discussions surrounding health care were, at times, contentious, the outcome was universal health care and affordable medicine.

It is difficult for us as health care providers to witness patients making decisions about whether to purchase medications or food. It is also difficult

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to be embroiled once again in a national health care debate. It is not difficult to understand that we need a more equitable delivery system that is truly health care and not disease care.

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