

Re: US Healthcare further destroyed by right wing extremism

Source: <http://sci.tech-archive.net/Archive/sci.med.nutrition/2004-08/1743.html>

From: Robert (*RobertJ_at_hotmail.com*)

Date: 08/24/04

Date: Tue, 24 Aug 2004 00:12:46 -0700

"fresh~horses" <fresh~horses@despammed.com> wrote in message
news:abf8de5b.0408232203.4139ccc9@posting.google.com...
> "Howard McCollister" <nospam@nospam.net> wrote in message
news:<412aad52\$0\$61950\$45beb828@newscene.com>...
>> "fresh~horses" <fresh~horses@despammed.com> wrote in message
>> news:abf8de5b.0408231411.e105249@posting.google.com...
>>> "Howard McCollister" <nospam@nospam.net> wrote in message
>>> news:<4129205b\$0\$87167\$45beb828@newscene.com>...
>>>> "Robert" <RobertJ@hotmail.com> wrote in message
>>>> news:10ihqhlhtj881rf0@corp.supernews.com...
>>>>>
>>>>> *More will die because waiting is the name of the game in Canada.*
>>>>>>
>>>>> *Actually, the statistics tend to show that the health care rationing*
>>> *that*
>>>> *forms the basis of Canada's health care system *doesn't* result in*
>>>> *substantially more deaths. The patients just suffer more.*
>>>>>
>>>>> *HMc*
>>>>
>>>>
>>>> *Do I get a choice Dr. McCollister? <g>*
>>>>
>> *Certainly. But if you live in Canada, you'll have to come across the*
border
>> *to get it.*
>>
>> *Hmc*
>
>
> *A choice between death and suffering? Guess which I would choose. But*
> *to respond to your latter comment: I assume I would have to purchase*
> *health insurance if I wanted to visit any of my American friends. I*
> *long to. I have been invited to West Virginia repeatedly, for example.*
> *But I could not afford the health insurance, and I would not risk*

- > *travel into your country without it.*
- > *If I were a U.S. citizen, with no change in my health circumstances, I*
- > *would not have health coverage and would be ineligible for any health*
- > *care. I'm not indigent, just working poor.*
- >
- > *I assume there are many like me. 43 million is it?*
- >
- > *Zee*

If you were an Inuit you would have no coverage in Canada but then again you don't really care about them as you only care about yourself.

Listen about what they say about your elderly that can not afford care in Canada. Canadians are trying to make changes into the system because of the problems and he gets upset because of some of those solutions. Many families juggling jobs to pay for drugs going bankrupt. I don't see that as good do you? I thought there was price controls on drugs or was that just government propoganda? People in the US pay for cheaper meds in Canada and Canadian's are going bankrupt paying for them.

Your system is falling apart and if you take a trip to WV by the time you return and judging from the lawsuits and warning from all those involved in healthcare, it won't be there.

I love the bottom line where he states that it's time they must give the people the facts. This from a government official

<http://www.hc-sc.gc.ca/english/care/romanow/hcc0581.html>

Roy Romanow, Commissioner
Commission on the Future of Health Care in Canada

Before leaving the sustainability issue, let me point out that individual Canadians view it from a very different perspective. The issue for them is not "what does it cost?" but it also is: "will it be there for me and for my family when we need it?". The two issues are intertwined.

These questions are already very real for Aboriginal peoples and those living in rural or remote areas, where care is not always available, certainly not in a timely way.

Let's face the facts: across the system we have significant gaps in supply and demand, resulting in unacceptably long waiting lines for many medical procedures. These problems threaten to undermine public confidence, and when that goes, the siren call of privatization begins to sound as a panacea for all of our problems.

Many families, struggling to juggle jobs with the provision of homecare and drug therapies to loved ones are facing real financial pressures. And some are going bankrupt trying. That's not Canadians' idea of fairness. That's not Canadians' idea of equity.

But the opposite danger is equally real: that medicare will fragment into 13 or more separate health care systems, each with differing methods of payment and each with its own list of covered services. The most important point of all is this: quality care for all Canadians may be compromised.

Today, we are seeing this very trend develop. Provinces and territories – sometimes by design, sometimes by financial necessity – are increasingly willing to go it alone. This trend is divisive. It offends the notion of equity. And it is no way to renew a program of such immense national importance or to strengthen the foundations that unify us as a nation.

.....

Because as much as we talk about a health care "system", what we really have is a series of isolated islands of service, often with no bridges between them. Patients are forced to navigate a complex labyrinth of services and specialists; required to find the nearest facility, the best treatment; to repeat lab tests and retell their medical history over and over, all because the various parts of the so-called "system" aren't connected to one another.

Take the elderly person who is discharged from hospital and can't find the home or community services they need, or, if they can find them, can't afford them. Or women – one in five – who are providing care to someone in the home, an average of 28 hours per week, half of whom are working, many of whom have children, almost all of whom are experiencing levels of stress that cannot be countenanced and must not continue.

Or health care professionals, working longer hours, and being asked to perform tasks ill-suited to their training.

The data we do collect is haphazard. We gather information on some health issues and not others. And much of the information can't be properly analysed or shared. How can we hold health care managers accountable if what they're managing is not being measured? And how can we make evidence-based decisions if we don't have the evidence?

What's more, Canadians demand – and certainly deserve – a much fuller accounting of how the health care system is operating. They have a right to know if things are getting better or getting worse; what's happening with waiting lists; what's going on with respect to the number of hospital beds, doctors and nurses; whether gaps are being closed, or community care is being strengthened and whether the number of diagnostic machines is adequate.

Quite simply, the time has come to give Canadians the facts!