

# Re: Insurance thoughts

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- *From:* "Sue" <[medlawtrans@xxxxxxxxxxxx](mailto:medlawtrans@xxxxxxxxxxxx)>
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No, we just need what the congressmen and senators have but they won't do that! :)

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Sue -- Firefighter mom -- still rabid UW DAWG fan!

"Marsha" <[mas@xxxxxxx](mailto:mas@xxxxxxx)> wrote in message [news:fl480b\\$9e2\\$1@xxxxxxxxxxxxxxxxxxxxxx](mailto:news:fl480b$9e2$1@xxxxxxxxxxxxxxxxxxxxxx)

Bam wrote:

Given our recent discussion, I checked with a few of my friends in the UK. I'm still waiting on a response from the one woman as she's a speech therapist in the system so her viewpoint would be lovely. But here's the account from one of the women on care in the UK:

"LOL, I started to type something and it looked like it would turn into a marathon, so I stopped. If I say something good about it, I then catch myself saying 'actually it's not that good?', and yet when I say something bad about it, I start justifying it and saying it is the best you could hope to have in this day and age??.isn't Norway, Sweden or Denmark supposed to have the best in the world nowadays?"

At least our system means no matter how rich or poor you are you are entitled to treatment – we pay a fixed amount for a prescription no matter how much the drugs cost (can't remember if it is £6 or £8). We have waiting lists ? you can't jump the queue no matter how rich or poor you are (supposedly!) but you can get private treatment virtually immediately if you are prepared to pay for it (or if your private health insurance will pay). The government is trying to bring waiting lists down ? though from what I gather, the hospitals work out ways to doctor them and pretend they are getting better but they actually are not.

My personal experience of our NHS ? I go see the doc about a mole on Tues, he says come back tomorrow to see the specialist, next day specialist sees me gives me 2 choices ? she will chop out mole there and then or I can be referred to hospital and will be seen within 2 weeks and they will chop it out. I ask what she would do, she said chop it off today. She did. Told results back within 2 weeks. 10 days later I get a call, come in see doc in 2 days. Next I get referral to skin specialist in hospital, he sees me within a week. All clear but was borderline so

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doc was being v cautious. Cost? NIL! And I don't have private insurance, the whole thing was done on the NHS. If it looks like something could be life threatening, I think you can't beat our system most times, though nothing is perfect.

Son was ill for 2 weeks, I couldn't get a standard appointment at docs cos they were fully booked, I spoke to emergency doc in our surgery, told him it was probably nothing but wanted him checked as it had gone on so long, he saw him 2 hours later. Virus. No charge.

When I was worried about son's eating, he was referred to a specialist, did it privately as he had insurance (added onto school fees), nicer, newer hospital, got seen 2 weeks earlier than would have done on NHS. Same doctor though, same results, cost approx £400 (US\$800). "

She then added:

"Oh, and a lot of people over here already think we do have a 2 tier system (Caste system), one for the rich and one for the poor ? which in a way we do ? but at least everyone gets healthcare and wouldn't be left in your situation Bam!"

And then (all of us who work at home LOVE a topic we can chat about!)

"With son's bill for fees there come a load of 'optional' extras. School bus, school lunches, dental care (to cover accidents at school ? think it is about £5 a term), healthcare, insurance for my income/health in case I am unable to pay for the school fees, insurance for the kids health in case he misses too much school I can claim back the school fees (come to think of it I need to check if I have that or not and what the rules are). All are added automatically so you have to opt out of them if you don't want them.

Re the healthcare ? there is a company over here called BUPA who I think contacts all the private schools and offers them cheaper rates than individuals would get, just to cover the child in the school. I think I pay about £50 a term for it (when I looked into it, it was definitely cheaper doing it through the school). There are 3 terms in a school year. Entitles him to private treatment for investigations, operations etc, which is supposed to mean he gets seen quicker and often, if necessary, would end up in a nicer hospital. When seen on the end of the size of the school fees bill it looks like nothing so I signed up for it (which I guess is the principal behind it ? a lot of parents just let it stand so it is a good way for the insurance companies to sign up a lot of people in one go!). Must admit, it worked v well and quickly when I used it. It covers him for almost everything he would need to be covered for ? can't really think of any exceptions. But for your average trip to the GP (Doctor) you wouldn't claim ? our GP system is second to none!

I used to have insurance with BUPA for all of us but I cancelled it as it worked out at about £100 a month. We have quite a lot of insurance companies over here nowadays for healthcare, BUPA I think is the most

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famous/popular."

I also chatted with a friend in SA who said the system there is similar to UK. Apparently, however, both are seeing more and more suits going against the "system" to get things that were previously denied.

And one more from the UK friend:

"Interesting ? the basic principal behind our system is that everyone is entitled to all treatment for free. Problem is the NHS, like everything else, has to run on a budget. So if a fancy expensive new medicine comes out it is up to an organisation called NICE (I think!) to decide if the NHS system should offer it.

There was a huge outcry a few months back about a cancer treatment that wasn't available on the NHS but was available privately. A woman fought the case through the courts and won the right to the drugs on the NHS. That left the NHS stuck with the possibility of being inundated with court cases from women who wanted the drugs or to make them available to all. They tried to stick to their original plans but public outcry etc, and the fact a precedent had been set, I think the drug is now available to all??.(Other friend) will know more about that than me though!

And like with everything else, the ?red tape? (or paperwork) has to be paid for. So loads on the NHS money goes on management and ?red tape?. That is always a point for argument over here as well. ?Management? earns big bucks to mess things up and the nurses and doctors on the ground don't get paid enough, there isn't enough in the pot to pay for enough of them etc which leads to staff shortages etc.

My brother in law is a doctor and I remember about 2 years ago he virtually stopped work/operations for 2 months (think it was feb/march) as the hospital was running out of money, had to meet its budgets, so all ops etc were cancelled until the start of the next fiscal year.

And yet!...those are stories to me, my personal experience of our NHS service is that it is fab

And private hospitals aren't perfect either?...my Mum was in one when she had cancer, they forgot to give her drugs, they forgot to feed her (once) and they pumped too much liquid into her (can't remember if it was liver, lungs, kidneys ? but it was one of them). Looked like a hotel but bottom line was the care wasn't really any better."

In our open-heart surgery experience in Toledo, we have had many patients who came to us from Canada for surgery, because their doctor wouldn't refer them for it. These patients were told that they really didn't need

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surgery and could just control it with nitro or, if they were deemed to need surgery, they most often had to wait for an ungodly amount of time. We have even had patients who came to the US to visit "family members" and had an anginal attack serious enough to admit them here for surgery, and their NHC pays for this. You have to wonder how many patients have to do this to get expensive, albeit needed, medical care. National health care may seem great for minor illnesses, but let's talk about those serious money-sucking illnesses. Our system may need some fixing, of which I don't have the answer, but it's certainly not NHC.

Marsha/Ohio