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'Sicko' is hardly a model for reforming U.S. health care system

John C. Goodman

While Michael Moore's documentary "Sicko" predictably opened to media raves in late June, it shouldn't be used as a launching pad for reforming America's health-care system.

Generally lauded as "thought-provoking" and "affecting" by critics, Moore's new polemic was applauded by many for "asking the right questions." But "right questions" is a subjective phrase and is defined far differently by those familiar with the issues Moore is attacking than by those who make their living as movie reviewers.

"Sicko" isn't a movie about health care and how to fix it. It is a one-sided attempt to drive a very specific agenda - single-payer, government-run health care.

Moore recently told ABC's "Good Morning America" that in Britain and Canada, people "have a basic core belief that if you get sick, you have a human right to see a doctor and not have to worry about paying for it." By contrast, according to Moore, "people are dying in this

country as a result of the decisions that get made by (private) health insurance companies."

If you've never tried to see a doctor in Britain or Canada, you might even believe that. People who actually live there, however, know they have no right to any particular health-care service.

A Canadian, for example, has no "right" to an MRI scan or heart surgery. There is not even a right to a place in line. Far from enjoying a "right to health care," people in other countries often have long waits for needed care.

Patients who wait often are waiting in pain. Many are risking their lives. People have to wait for care because of a conscious decision by the government to limit health-care resources.

Why then, is national health insurance in other countries as popular as Moore says it is? One reason is that people do not realize how much they pay for it in taxes. Even mediocre care looks good if you think it is free.

A second reason is that doctors in other countries often don't tell their patients their care is being rationed. Instead, they say, "There's nothing more we can do." A third reason is that most people are healthy. Relative to U.S. levels of provision, countries with national health insurance routinely underprovide to the seriously ill and overprovide to patients with minor ailments. Thus, the scene where patients in Canadian waiting rooms are asked how long they had to wait, and they all reply with times under an hour.

So what are we to make of Moore and his "documentary"? Economists, like other scientists, study reality in order to adapt to it. Artists, by contrast, selectively focus on some facts and ignore others in order to recreate reality. For some, this subjective recreation doesn't cease just because the camera has stopped rolling.

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