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## John Goodman: Film buffs may praise Moore's 'Sicko,' but policy buffs can see all its defects

By John Goodman

Michael Moore's documentary *Sicko* is full of errors and omissions, but that is almost beside the point. Since the stated purpose of the film is to compare the worst features of American health care with the best features of health care in Britain, Canada, France and even Cuba, who can complain about a few errors here and there?

A majority of movie reviewers and columnists have praised Mr. Moore's filmmaking and lauded him for "raising the important questions." The problem is, few of them can speak to the policy issues Mr. Moore pretends to objectively present. *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.

Mr. Moore 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 Mr. Moore, "people are dying in this

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

If you have never tried to see a doctor in Britain or Canada, you might even believe it. 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 wait for needed care. For example:

- In Britain, about 1 million are waiting to be admitted to hospitals at any one time.

- In Canada, more than 876,000 are waiting for treatment of all types.

- In New Zealand, the number of people on waiting lists for surgery and other treatments is more than 90,000.

Patients who wait are often 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. When Mr. Moore boldly asserts that Britons "wouldn't trade their NHS cards for his Blue Cross card," he could not be more wrong. In fact, people in other countries often have to pay out of pocket for care that has been denied them by the government.

Why, then, is national health insurance in other countries as popular as Mr. 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 under-provide to the seriously ill and over-provide to patients with minor ailments. Thus, the scene where patients in a Canadian waiting room are asked how long they had to wait, and they all reply with times under an hour. Mr. Moore didn't bother to revisit these

patients and ask how long they would have to wait to see a specialist. Seventeen and half weeks would definitely add to the average wait time.

In a typical U.S. private health care plan, 4 percent of the enrollees spend more than half the money. In a government-run, universal health care system, politicians

cannot afford to spend half of the budget on 4 percent of the voters, many of whom are probably too sick to vote anyway. The temptation is always to take from the few who are sick and spend instead on the many.

So what are we to make of Mr. Moore's work? Economists study reality in order to adapt to it. Artists

selectively focus on some facts and ignore others in order to recreate reality.

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