More medical malaise

Richard Epstein (“No Canadian Cure for Our Health Care Malaise,” Medicine on the Midway, Spring 2003) presents a cogent argument that belys his surprising lack of appreciation for the devastating consequences of poor access to health care. Instead of debating issues like the moral imperative for providing adequate health care or the soundness of his zeal for decreasing regulation and allowing market forces to work (Enron and WorldCom speak for themselves), I would like to respond to some of his other questionable points.

Although people are complaing about the high cost of health insurance, the idea that employees are complaining for medical talent into the stock market is ludicrous. On the contrary, employees are complaining about the lack of access to health care programs that have already ceased to be important. Epstein focuses mainly on ways to restrict access to care. Perhaps his statement that “a single provider is also a social provider” and “a single provider is also a political provider” misrepresents Professor Epstein’s views on how adopting Canada’s single-payer universal health care model would affect the United States— if one looks at other questionable points.

For instance, his concern with mass layoffs (as compared with the rise in corporate profits and high expense burdens, and the availability of health care for the most severe health care access problem) is incapable of meeting the public needs of the public. The Institute of Medicine (2002) Issue Brief compared the health care systems of several countries in the United States in particular states out having the most severe health care access problems, the greatest medical expense burdens, and the most pervasive inequities in care between adults with above average income and below average income.

Sydney G. Bik, MD
Chicago, IL

As a retired alumnus of the University of Chicago, I was hurt, shocked and then indignant to read of the Orwellian and antediluvian views of Richard Epstein in your summer issue.

There are so many fallacies in his reasoning that it is hard to know where to begin. Perhaps his statement that “a single provider is also a social provider” is most egregious. Obviously under Medicare the government supplies the money and the programs are administered by private organizations such as Blue Cross/Blue Shield in Montana. The government is NOT the employee!

The Hoover Institution is dedicated to restricting the intrusion of the federal government into the lives of individuals, yet the Professor would deny people the right to decide the level of treatment in their final days. He says, “We need to curtail access to the Secretary of Health in order to prevent people from making unwise decisions.”

The Institute of Medicine of the National Institutes of Health, in 2002, reported to the Secretary of Health and Human Services that “the U.S. health care system is incapable of meeting the summary, it stated: “The United States in particular states out having the most severe health care access problems, the greatest medical expense burdens, and the most pervasive inequities in care between adults with above average income and below average income.”

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The Institute of Medicine of the National Institutes of Health, in 2002, reported to the Secretary of Health and Human Services that “the U.S. health care system is incapable of meeting the present, let alone the future needs of the public.”

Professor Epstein opened his remarks with an unsupported statement that “Most Americans expect satisfaction with their own health care.” From that throw-away remark one might conclude that “most Americans are insensitive.”

Professor Epstein is most disturbed by comparisons of the U.S. and Canadian health care systems. Canada, in 1967, began enacting single payer national health insurance, which has lowered its per capita health care costs to 75 percent of that of the United States while providing universal access to high quality care. By eliminating the high cost of administration, advertising, stockholder, corporate profits and high executive salaries/benefits, all of which characterize managed American health care, Canada is able to achieve more services at lower costs. Canadians pay less for health care through the application of taxation than Americans pay by taxing health care to family income. Most Canadian physicians prefer their system to that of the United States — if one can believe the Canadian Medical Association.

Canada has higher life expectancy and lower infant mortality with 30 percent less spending as a percentage of gross domestic product. Professor Epstein’s attack on the Canadian system may be well grounded in economic theory, but seems shortsighted as we search for ideas to provide basic medical care to all our citizens.

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Cochrane Collaboration (2007) estimates that 18,000 Americans die and society incurs $65 billion to $130 billion in costs annually due to lack of national health insurance. Despite its significant problems, the Canadian health care system delivers longer life expectancy and lower infant mortality with 30 percent less spending as a percentage of gross domestic product. Professor Epstein’s attack on the Canadian system may be well grounded in economic theory, but seems shortsighted as we search for ideas to provide basic medical care to all our citizens.

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To err is human
A couple of minor carps about your otherwise enjoyable magazine, which recently came to my mailbox. A caption to the photograph of James D. Watson refers to “...the double helix structure of genes.” This is not correct. A gene is in RNA, which is transcribed from DNA, whose double helix structure was deduced by Watson and Crick. In “New path to an old bug,” the first paragraph reads: “Capturing iron is a crucial step...” The resistance, by whatever mechanism, is a very recent adaptation to the assaults of antibiotics. Unless you can state that the iron-capturing is a new phenomenon in the life of the bacterium, the sentence as written is incorrect. Robert Evans, PhD
Davis, CA

Evans is correct; the caption to the story “After the double helix...” should have read: “Watson and Crick discovered the double helix structure of DNA.” And to clarify the story titled, “New path to an old bug,” capturing iron is a critical step in how this disease-causing bacterium causes life-threatening infections and knowing how could provide a new target to treat this persistent pathogen. — Editor

Disease initiatives
The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, has awarded more than $50 million to the University of Chicago for two major projects to combat infectious diseases. Chicago will be the lead institution for a Regional Center of Excellence (RCE) for Biodefense and Emerging Infectious Diseases Research. The other major project is to help build a Regional Biocontainment Laboratory.

The RCE, a collaborative effort including researchers from the University of Chicago, Northwestern University, Argonne National Laboratory and 11 additional upper-Midwestern universities, hospitals and research organizations, will be one of eight regional centers funded by the NIAID to battle infectious disease.

A five-year, $35 million grant will support the Midwestern RCE, which will be headed by Olaf Schneewind, MD, PhD, professor of molecular genetics and cell biology and chairman of the committee on microbiology at the University of Chicago, and Robert Murphy, MD, the John P. Flair Professor of Infectious Diseases at Northwestern University Medical School.

While this project has been driven by recent concerns about bioterrorism, the knowledge we will gain from it could have a significant impact on humanity’s eternal battle against all infectious diseases.

Olaf Schneewind, Professor of Molecular Genetics and Cell Biology

Emerging pathogen to be studied
The Centers for Disease Control and Prevention awarded four universities, including the University of California, a $2 million grant to study community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA). Concerned about increasing reports of the disease, the CDC is placing the pathogen high on its priority list. The university’s principal investigator, Robert Daum, section chief for pediatric infectious diseases, has assembled a team that will use a variety of molecular techniques to assess isolate(s) of MRSA for their virulence. Daum’s team will receive $650,000 annually for three years to study clinical, epidemiologic and molecular characteristics of CA-MRSA. Also participating in the project are Columbia University, Harbor-UCLA Research & Education Institute and the University of California, San Francisco.

GORD
A newly minimally invasive procedure is helping children with gastroesophageal reflux disease (GERD). Performed in Chicago only at the University of Chicago Children’s Hospital, the Stretta procedure is a one-hour outpatient surgery that allows most patients to resume normal activities the next day. According to pediatric surgeon Donald Liu, each year several thousand American children are diagnosed with GERD, which causes inflammation and irritation in the esophagus and, if left untreated, can lead to esophagitis or cancer. The Stretta System lowers a tiny video camera through the mouth along with a catheter that emits radiofrequency energy, which narrows the opening in the area where the esophagus meets the stomach. A tighter valve in the gastroesophageal junction helps prevent reflux and, in most patients, reduces esophageal acid by 90 percent within six months. Children ineligible for Stretta can be helped with laparoscopic surgery, which requires only tiny keyhole incisions in the abdomen.

In addition to performing research, the RCE will act as a regional resource for disease control, epidemiology, vaccine research and pharmacology, as well as related disciplines such as biochemistry, computer science, engineering, mathematics and nanotechnology. This fits well into our continuing efforts to encourage innovative research that crosses boundaries, bringing together specialists from many different disciplines, including the physical and even the social sciences,” Madara said. “The RCE will extend that approach to crossing institutional boundaries.”

As written is incorrect.

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