

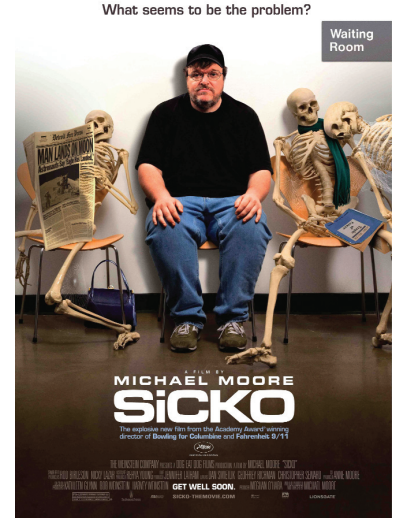


**SCRIPT DOCTOR: MEDICINE IN THE MEDIA**

# Will *SiCKO* Reframe the Health Care Reform Debate?

By Andrew Holtz, MPH

I had expectations. Although I tried to ignore preview stories and ads, I suspected Michael Moore would strum some clichéd chords in his film on the US health care system, *SiCKO*. As I settled in for a media screening, I was expecting to see attacks on insurance companies. I thought



**TABLE 1: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

**TABLE 2: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

**TABLE 3: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

**TABLE 4: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

Moore would lay blame on various greedy executives and venal politicians. I doubted he would grapple with powerful cost drivers, such as drug and device discovery or patient expectations for rescue, regardless of circumstances.

My expectations were fulfilled; and yet *SiCKO* also surprised me. It is not entirely a rant. Parts of it are really funny.

But what was totally unexpected, to me at least, was how clearly Moore identifies the values, beliefs, and assumptions that underlie debate about the health care system.

*"I suspect that while most of the chatter will be about which of Michael Moore's facts are right or wrong, the real effect will be to help clarify what we're really arguing about—not co-pays, but care; not underwriting, but responsibility."*

No single movie is going to instantly change the terms of the national discussion, but Moore may influence some of the popular themes by going beyond the clutter of co-pays, deductibles, underwriting, insurance contract clauses, and so on to get to the real points: What do we want from our health care system, and what do we expect of each other in order to get it?

Many debates about health care reform fizzle into irrelevance because

**TABLE 5: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

**TABLE 6: 3 movies (1, 2, 3) and 100 people (1-100) who are not in the movie. (1) = *SiCKO*, (2) = *SiCKO*, (3) = *SiCKO*.**

Movie	1 (SiCKO)	2 (SiCKO)	3 (SiCKO)
1 (SiCKO)	100%	100%	100%
2 (SiCKO)	100%	100%	100%
3 (SiCKO)	100%	100%	100%
100 people	100%	100%	100%

© 2007 Andrew Holtz, MPH. All rights reserved. This document is for informational purposes only. It is not intended to be used as a substitute for professional medical advice. For more information, please contact Andrew Holtz, MPH at andrew@scriptdoctor.com.

**EDITORIAL BOARD**

**Chairman: Robert C. Young, MD**  
Chancellor, Fox Chase Cancer Center, Philadelphia

**James O. Armitage, MD**  
Professor of Medicine, University of Nebraska

**Joseph S. Bailes, MD**  
Partner, Texas Oncology

**Paul A. Bunn, Jr., MD**  
Director, University of Colorado Cancer Center  
Grohne/Stapp Chair in Cancer Research

**Harold P. Freeman, MD**  
President and Medical Director, Ralph Lauren Center for Cancer Care and Prevention, New York City  
Senior Advisor to the Director of the National Cancer Institute

**Jean Hermann, LSW**  
Director, Social Work Services, Fox Chase Cancer Center

**Richard T. Hoppe, MD**  
Professor and Chairman, Department of Radiation Oncology  
Stanford University School of Medicine

**Robert J. Mayer, MD**  
Professor of Medicine, Harvard Medical School; Director, Center for Gastrointestinal Oncology, Dana-Farber Cancer Institute

**Frank L. Meyskens, Jr., MD**  
Professor of Medicine and Biological Chemistry  
Director, Chao Family Comprehensive Cancer Center  
Senior Associate Dean of Health Sciences  
College of Medicine, UC Irvine

**Joseph V. Simone, MD**  
President, Simone Consulting, Dunwoody, GA  
Clinical Director Emeritus, Huntsman Cancer Institute

**Ellen Stovall**  
President and CEO, National Coalition for Cancer Survivorship

**Paul A. Volberding, MD**  
Professor of Medicine, University of California, San Francisco  
Chief, Medical Service, San Francisco Veterans Affairs Medical Center; Vice Chair, Dept. of Medicine, UCSF

**Jane C. Weeks, MD, MSc**  
Director, Center for Outcomes & Policy Research  
Dana-Farber Cancer Institute, Harvard Medical School

**Norman Wolmark, MD**  
Chairman and Principal Investigator for Operations  
National Surgical Adjuvant Breast and Bowel Project  
Allegheny General Hospital Cancer Center, Pittsburgh

**PUBLISHED BY LIPPINCOTT WILLIAMS & WILKINS**

EDITOR: **Serena Stockwell**

ART DIRECTOR: **Ellen Oxild**

ASSOCIATE EDITOR: **Michelle Hogan**

COVER: **Kathleen Giarrano**

ASSOCIATE DIRECTOR OF PRODUCTION: **Barbara Nakahara**

PRODUCTION ASSOCIATE: **Nick Strickland**

DESKTOP MANAGER: **Peter Castro**

DESKTOP ASSOCIATE: **Monica Dyba**

MANAGER OF CIRCULATION: **Deborah Benward**

CIRCULATION ASSOCIATE: **Fred Rella**

COLUMNISTS: **Joseph V. Simone, MD; Wendy Harpham, MD; Andrew Holtz, MPH; Lola Butcher**

SPECIAL CORRESPONDENT: **Eric T. Rosenthal**

CONTRIBUTING WRITERS: **Robert H. Carlson, Peggy Eastman, Jane Erikson, Margot Fromer, Alice Goodman, Charlene Laino, Heather Lindsey, Naomi Pfeiffer, Rabiya S. Tuma**

PUBLISHER: **Ken Senerth**

EXECUTIVE VICE PRESIDENT, JOURNALS PUBLISHING: **Matthew Cahill**

VICE PRESIDENT, EXECUTIVE PUBLISHER: **Ray Thibodeau**

DIRECTOR OF ADVERTISING SALES: **Michael Guire**

MANAGER OF ADVERTISING SALES: **Martha McGarity**

ADVERTISING REPRESENTATIVES:  
**Frank Cox, Patrice V. Culligan**, Pharmaceutical Media, Inc.  
30 East 33rd St., 4th Fl. NY, NY 10016, 212-685-5010

EDITORIAL/PUBLISHING OFFICES: 333 Seventh Ave., 19th Fl., New York, NY 10001; 646-674-6544; fax 646-674-6500; OT@lwwny.com; www.oncology-times.com

UK Edition: www.oncology-times-uk.com

CLASSIFIED ADS: Melissa Moody, Lippincott Williams & Wilkins, 351 West Camden St., Baltimore, MD 21201; 800-269-4339, fax 410-528-4452; e-mail Melissa.Moody@wolterskluwer.com

**BPA** International  
Oncology Times (ISSN 0276-2234) is published twice a month by Lippincott Williams & Wilkins, at 116522 Hunters Green Parkway, Hagerstown, MD 21740. Business, editorial, and production offices are at 333 Seventh Ave., 19th Fl., New York, NY 10001, 646-674-6544, fax 646-674-6500, OT@lwwny.com, oncology-times.com. Printed in USA. Copyright 2007 by Lippincott Williams & Wilkins. Indexed in the CINAHL® database of nursing and allied health literature. Periodical postage rates paid at Hagerstown, MD, and at additional mailing offices. Physicians who are registered with AMA/ AOA as having a primary or secondary specialty related to oncology, as well as oncology pharmacists (within the U.S.), are eligible for a free subscription. To place an order, cancel a subscription, change your address or for other subscription services, please call: 800-430-5450, fax 800-383-1781; or send an e-mail to ot@dmddata.com. (Please remember to include your current mailing address and specialty.) POSTMASTER: Send address changes to: Oncology Times, 2340 River Rd., Ste 408, Des Plaines, IL 60019-9883. No part of this publication may be reproduced without the prior written permission of the publisher. The appearance of advertising in Oncology Times does not constitute on the part of Lippincott Williams & Wilkins a guarantee or endorsement of the quality or value of the advertised product or services or of the claims made for them by their advertisers.

**'SiCKO'**

continued from page 3

they never connect with the emotional guts of the citizenry. Journals like *Health Affairs* are chockfull of dazzling and insightful analyses of the health care system's characteristics, shortcomings, and potential remedies; but that sort of airy analysis will never incite crowds.

Moore tells stories of individual people, and drops in facts that suit his interpretation of what was happening to them. Sure, he gets a lot of details wrong, but his storytelling will resonate with audiences.

In part, that's because he made a smart decision: He avoids the usual recitation of bad things that happen to people without insurance. He undoubtedly knows that most of the ticket buyers for his movies have jobs and insurance, so he profiles people who generally thought they were covered, up until the moment they really needed their benefits.

People sitting in darkened theaters will see characters on the screen that remind them of themselves or family or friends. The tales are not about "them," they are about "us." That's good storytelling.

**Spoiler Alert!**

Fair warning, if you haven't seen *SiCKO*, that the following paragraphs reveal plot details.

Moore makes the US system look pitiful compared with those of other countries. He's no pioneer on this topic—just take a look at the "Mirror, Mirror on the Wall"<sup>1</sup> report from the Commonwealth Fund for a recent example of the many academic analyses of our poor showing on international health scales.

But it's likely that many more people will pay attention to Moore's depiction; and people need to know that despite our unrivaled spending on health care, the health of Americans lags far behind that of residents of most other developed nations.

Still, he presses the point with unfair comparisons. For instance, while going on about the many ways that the French system of social welfare is more comprehensive than ours, on the one hand he points to Americans bankrupted by medical expenses and forced to move in with their adult children, and then on the other hand, to professional Parisians living apparently idyllic lives in tony neighborhoods. But he never visits the Paris suburbs that erupted in fiery riots two years ago, where one of three young adults is unemployed and incomes are only a quarter of the French average.

The movie also leaves out essential information. One vignette is set near

where the Watts riots scarred neighborhoods in Los Angeles a generation ago. The mother of a child with an intense fever rushes her daughter to King-Drew Medical Center. But she's a member of the Kaiser Permanente health plan, and Moore says she was told to transfer the girl to a Kaiser Permanente facility. The mother resists, then relents. The child's condition nose-dives. The girl dies.

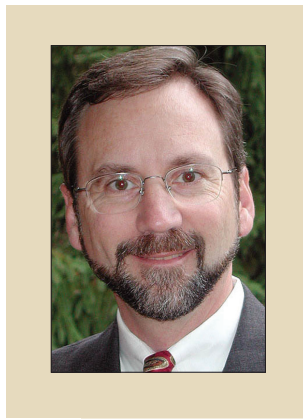
The clear implication is that she would have been better off receiving care at King-Drew and that heartless health plan calculations contributed to her death.

But Moore never tells filmgoers at least two key facts: (1) febrile convulsions in children may be really scary, but they rarely have serious consequences (and it's not clear the health plan had any reason to suspect that this case was potentially life threatening); and (2) King-Drew Medical Center is a terribly troubled institution. The hospital lost its Joint Commission accreditation and has been under intense scrutiny for years. Things are so bad there that the hospital was reorganized as King-Harbor to bring in UCLA management. As the *Los Angeles Times* recently reported, "The public hospital has flunked more than a dozen inspections, and four times has been cited for problems so severe that regulators deemed patients in 'immediate jeopardy.'"

*"Despite its many shortcomings, 'SiCKO' may influence how Americans talk about our health care system and what we want from it, because it's the big picture that counts....The film explicitly—and I think correctly—identifies the balance between the individual and the community as being at the core of the differences between the US system and those of most other nations."*

While Moore likes to portray himself as a mythbuster, *SiCKO* feeds the myth that more medical care is always better.

A widow recounts in teary detail the apparently mercenary denial of coverage for a bone marrow transplant to help treat her late husband's kidney cancer. The story reminded me of the widely reported howls demanding insurance coverage for autologous bone marrow transplants for women with advanced breast cancer. Clinical trials later determined that the aggressive treatment did not increase survival, and indeed up to one in five women died from the treatment. Yet Moore's account implies that aggressive treatment would have almost certainly cured the kidney cancer.



Andrew Holtz, MPH, is a former CNN Medical Correspondent and the author of "The Medical Science of House, M.D." Send questions to him about how the media treat

medical topics or suggestions for future columns to OT@lwwny.com

He also neglects to say whether this sort of aggressive medical intervention would be provided in the other nations he praises. I'd bet it isn't, since being more conservative about treatment in extreme cases is one way most nations conserve resources for the mainstream care of the majority of patients.

And, by the way, being more conservative also generally means less treatment-related harm. Moore never seems to consider that aggressive treatment might be futile or even damaging.

The film also makes the common mistake of commingling the concepts of universal coverage and single-payer financing systems.

Even as he ridicules those who equate criticizing Iraq War policies with supporting terrorists, he asserts that opposition to single-payer financing is the same as being unconcerned about the millions of Americans without health care coverage. And he implies that the Canadian, British, and French health care systems are virtually unblemished by domestic criticism. Yeah, right.

**The Facts vs The Story**

I could go on with a list of inaccuracies and half-truths, and I'm certain many of Moore's critics will; but this column is

about the media's portrayals of health and medical issues, I'm not taking sides in the health care reform debate. What's more, he scores many direct hits on a reimbursement system that often rewards health plans for putting roadblocks in the way of treatment or for shutting out applicants who might actually use their insurance benefits.

It's important not to let the gaps in his logic or the flaws in his facts obscure the effective thrust of Moore's filmmaking.

When he asks staff members at a UK National Health Service hospital for directions to the billing department, their bewilderment is delicious. And when he finally finds a window marked "Cashier," the punch line

(continued on page 5)

## Advanced Cancer More Likely in Uninsured, Those on Medicaid

By Jane Erikson

Americans without health insurance and those covered by Medicaid are far more likely to be diagnosed with advanced cancer than those with private insurance, two new studies from the Amer-

ican Cancer Society show.

The findings, published in the July 15th issue of *Cancer*, further demonstrate the critical need not just for health care coverage for all Americans, but for coverage that will provide adequate access to care, said American Cancer Society President Richard C.

Wender, MD, Chairman of the Department of Family Medicine at Thomas Jefferson University in Philadelphia, who wrote an accompanying editorial.

"I join with people who say all Americans should have health insurance, and the ability to pay for needed care," Dr. Wender told *OT*. "But the

reality is, if all we did in the next five years is provide health insurance for those people who don't have it, we would still have a failing health care system, we would still have disparities, and we would still have patients who are not able to pay for the health care (continued on page 6)

### 'SiCKO'

continued from page 4

(painfully funny to Americans) is that the man behind the counter is not demanding payment, he is giving cash to patients to reimburse their transportation expenses.

Moore interviews a man in Canada whose hand was severed by a power saw. Four surgeons took shifts over 24 hours to reconstruct his hand. There was no bill. Moore tells the man from Canada about an American who lost the tips of two fingers to a power saw and was told that reattaching both would cost \$72,000, a price the man could not afford, so the American decided to discard one finger tip. The look of startled shock on the Canadian man's face is palpable.

*SiCKO* communicates essential human concerns and desires, not a treatise on health system organization. It is centered on values, dreams, and nightmares. Moore explicitly (and I think correctly) identifies the balance between the individual and the community as being at the core of the differences between the US system and those of most other nations.

The movies, like television, are essentially emotional media—poor at conveying facts, powerful at making emotional connections. And when it comes to motivating people, I'll put my money on emotions over facts any day.

So I suspect that while most of the chatter about *SiCKO* will be about which of his facts are right or wrong, the real effect of this piece of motion picture communication will be to help clarify what we're really arguing about—not co-pays, but care; not underwriting, but responsibility.

Near the end of his film, Moore sums up what he has learned: "They live in a word of *we*, not *me*, he concludes. Despite its many shortcomings, *SiCKO* may influence how Americans talk about our health care system and what we want from it, because it's the big picture that counts.

#### Reference

1. Davis K, Schoen C, Schoenbaum SC, Doty MM, Holmgren AL, Kriss JL, Shea KK: Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care. The Commonwealth Fund, 5/07. Available at [www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=482678](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=482678)



# Now Approved

Wyeth

© 2007, Wyeth Pharmaceuticals Inc., Philadelphia, PA 19101

2028-6-01