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The tragedy of the underinsured

My mom had a job and health coverage. In the end, it wasn't enough.

By **Stephen Patrick**

Just 21 months into my mother's cancer treatment, she had reached her medical insurance policy's cap for chemotherapy — \$100,000. As if dealing with cancer were not enough, she now had to deal with the reality that our health care system had left her financially exposed.

Lost in our daily debates on health care reform is the devastating impact our current system has on people like my mom.



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She, like 25 million others, was underinsured. They, along with the [46 million uninsured](#), are forced into a high-stakes game with their lives. Many of these people have jobs yet are left out of our system. Along with other disparities in health care, our employer-based system also discriminates. Where you work matters greatly.

Mom was self-employed and, like more than 5% of the country, was forced to purchase medical insurance as an individual on the open market. These policies are typically more expensive, provide less coverage and don't receive the [federal tax subsidy](#) given to employer-based plans.

Seemingly overnight, my mother, 56 at the time, was faced with chemotherapy, surgery, more chemotherapy and radiation. She soon became nauseated and physically weak. Being self-employed meant that when she did not work, she did not get paid. Her income fell, and her business struggled just as tens of thousands of dollars of bills began to pile up.

All of the physical, emotional and spiritual angst she was feeling was compounded by the complexity of her insurance policy, which was written by the Mid-West National Life Insurance Co. of Tennessee.

Mom's insurance had odd provisions. For example, she had a \$1,000 limit per day on radiological scans and chemotherapy. When she needed a CT scan of her chest, abdomen and pelvis, she had to spread those out over three days when they could have all been done in one appointment.

Her policy also had bizarre limits on what drugs could be given on a single day, which resulted in multiple visits to her oncologist. These limits, along with the \$100,000 lifetime caps on radiological scans and chemotherapy, made her care far more convoluted. Treatments were often delayed or changed, depending on her coverage.

A growing problem

The underinsured are more likely to go without medical care because of cost, including skipping tests or treatments and not filling prescriptions. Compounding the problem is that fewer employers are even providing coverage for their employees. In 2008, [63% of employers offered health insurance](#) compared with 69% in 2000.

Like many working Americans, my mother had no safety net. She was not poor enough, yet, to qualify for Medicaid. She could apply for Social Security disability benefits and hope to survive two years to qualify for Medicare. As if this were not enough, her insurance premium increased more than 33% during the two years of her illness. Why? According to a letter she received, Mid-West blamed the rapid increase on rising national expenditures due to "heart and liver transplants," "experimental procedures" and "state mandates for specific diseases." This seemed less than sincere.

It has been more than two years since my mother lost her battle with cancer. I wonder whether Mid-West continues to sell policies such as these. I called multiple times, yet agent after agent refused to answer my questions. One thing is certain: The individual insurance market is plagued by problems.

Insurance is essentially a social contract — each of the insured pays into a pool. If one of the insured gets sick, that money helps pay for her and vice versa. When people enroll, they generally don't worry about their medical history or restrictive caps. And the insurance company banks on getting more healthy people than sick ones. Large group insurance works this way.

But when a person buys a policy on the individual market, insurers can and do weed out [sick or high-risk people](#). So they refuse to cover certain diagnoses and provide caps. This is what my mother faced. What happens if patients like her exhaust their health coverage and need emergency care? We all pay for it through hospital uncompensated care, and payments for such care from the government or [hospitals absorb the cost](#).

What must change

The [president's plan](#) addresses much of what I've just laid out. People with pre-existing conditions could get insurance, restrictive caps would fall away, and an insurance mandate would bring in young, healthy people into the insurance market to offset the sick who are using the system.

Millions in my mother's predicament would benefit from such changes, no doubt saving lives and helping families avert financial ruin.

After my mother died, her life insurance helped my father recover from the \$125,000 in bills that were piling up on the dining room table. Before her illness, my parents had good incomes and resources. Toward the end, they were living off a home equity line of credit.

We have waited long enough for universal, equitable insurance coverage for all Americans. We need an intelligent and honest debate. And we need to remember the many people like my mother.

Stephen Patrick, a physician, is house officer in the Department of Pediatrics at the University of Michigan.

(In 2001: Stephen Patrick dances at his wedding with his mom, who has died of cancer./Family photo.)

Posted at 12:16 AM/ET, September 23, 2009 in Forum commentary, Health care/Insurance - Forum, Politics, Government - Forum | [Permalink](#)

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jgalt (0 friends, [send message](#)) wrote: 1d 10h ago
 My sympathies. My mother also died an execrable death from cancer, HMO induced horrors and mis-diagnosis by her very wealthy, highly active surgeon. Both my dad and brother were practicing physicians at the time. But...

You're fantasy contention that "People with pre-existing conditions could get insurance" makes a mockery of the fundamental 'displaced risk' which defines the concept of insurance. Why buy it before you need it? What you're describing is an UNSUSTAINABLE fiscal model, the cost of which you plan to pass on to generations to follow. I don't have children...but you people are truly re-defining the term child abuse.

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Carln (18 friends, [send message](#)) wrote: 1d 8h ago
jgalt (0 friends, [send message](#)) wrote:2h 3m ago
 My sympathies. My mother also died an execrable death from cancer, HMO induced horrors and mis-diagnosis by her very wealthy, highly active surgeon. Both my dad and brother were practicing physicians at the time. But...

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It would be if everyone was in this situation. Everyone isn't.

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AlsoNewman (0 friends, [send message](#)) wrote: 1d 8h ago
 ... didn't seem to be "child abuse" when we were asked to spend our blood and treasure in Iraq. How much did that little jaunt add to the deficit - always "emergency funding" and never in the budget.

So excuse me I would rather solve the health care for the people who are already here than wax eloquent about those kids in the future -

Seen a list of the what CEO's get paid? Why should I suffer so they can prosper?

ANNUAL COMPENSATION OF HEALTH INSURANCE COMPANY EXECS (2006, 2007, or 2008 figures):

- Ronald A. Williams, Chair/ CEO, Aetna Inc.,

\$23,045,834; \$24.3 million in 2008

- H. Edward Hanway, Chair/ CEO, Cigna Corp, \$30.16 million
- David B. Snow, Jr, Chair/ CEO, Medco Health, \$21.76 million
- Michael B. McCallister, CEO, Humana Inc, \$20.06 million
- Stephen J. Hemsley, CEO, UnitedHealth Group, \$13,164,529
- Dale B. Wolf, CEO, Coventry Health Care, \$20.86 million
- Jay M. Gellert, President/ CEO, Health Net, \$16.65 million
- William C. Van Faasen, Chairman, Blue Cross Blue Shield of Massachusetts, \$3 million plus \$16.4 million in retirement benefits
- Raymond McCaskey, CEO, Health Care Service Corp (Blue Cross Blue Shield), \$10.3 million

... just a sample plus millions for lobbyists and and more millions for stock holders

... and this lady's mother died in agony ...

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John Q. Public (2 friends, [send message](#)) wrote: 1d 7h ago

Capitalism is the greatest economic system yet invented by man to address our wants. It doesn't work worth a diddy for our needs.

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Trina Wood (0 friends, [send message](#)) wrote: 1d 6h ago

I am so sorry for your loss. Thank you so much for speaking out. You have helped put a face on the real problems we face and hopefully more people like you will share your stories of grief and pain caused by our current crazy system.

If the more of the media was like USA Today, we would be seeing, hearing and reading more about folks like yourself, instead of coverage of "Teabaggers".

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specialneedsmom (0 friends, [send message](#)) wrote: 1d 6h ago

I have paid insurance premiums for 20 years, but when I adopted two children, later diagnosed with autism, the insurance company refused to pay one dime of therapy for either child. So all occupational and physical therapy costs have come out of my family's pocket.

And I know plenty of autistic children who have no family money to fall back on (my in laws all helped with costs over the years), and those children sit at home unable to attend school or in some cases even speak.

The result for American taxpayers? My kids mainstreamed into public charter schools, and the kids with no help and insurance that refuses to pay will end up living off of taxpayers for the rest of their lives.

Under insurance is killing American budgets, our businesses and our future. You don't want to pay to help sick people now, or to fund prevention that will stop future illness?

Ok. It is your children and grandchildren who will pay down the road for the short sightedness of US health care policy.

Insurance industries should not determine our health care policies. Health care policy comes from a society

committed to good health and the cost savings of investing in a health society.

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willid3 (0 friends, [send message](#)) wrote: 1d 5h ago

jgalt said

My sympathies. My mother also died an execrable death from cancer, HMO induced horrors and mis-diagnosis by her very wealthy, highly active surgeon.

Both my dad and brother were practicing physicians at the time.

But...

You're fantasy contention that "People with pre-existing conditions could get insurance" makes a mockery of the fundamental 'displaced risk' which defines the concept of insurance. Why buy it before you need it?

What you're describing is an UNSUSTAINABLE fiscal model, the cost of which you plan to pass on to generations to follow.

I don't have children...but you people are truly re-defining the term child abuse.

jgalt you are correct that is how insurance is done. but if you buy an individual policy, they have calculate the risk of any particular claim as being more than 0. even if that particular claim happens only 1 in 10000 people. you will never be able to avoid that being a risk (as opposed to say a group policy for 100000 people, where the risk end up 1 in 10, so 9 policy holders will likely not file such a claim).

the purpose for insurance is to spread the risk otherwise the entire process ends up being like the lottery, some win, most don't.

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cwolf88 (0 friends, [send message](#)) wrote: 1d 4h ago

It is difficult to juxtapose your Mom's tragedy and pain with population-level healthcare issues without seeming like an idiot.

There are several difficult issues.

Shared risk works if there is a large healthy pool and a small ill pool. Somewhere in there is a tipping point.

The current linear medical model focuses on pills and symptoms without treating the whole patient. For example, the military takes high stress fractures which were treated by casting and rest. Nobody asked why these folks broke for over 20 years. Asking that question led to discovery of entry osteopenia (Rivero; Lappe), inadequate calcium-D for an athletic population (Lappe) and re-looking the inadequate military diet (McClung).

Health is largely invisible, i.e. you cannot see insufficient vit D or high cholesterol. RVN autopsies revealed 18 y/o with 50% occlusion. Yet, giving everybody comprehensive blood chemistries (even on a sampling basis) would be stunningly expensive. Maybe require participants to buy one every 5-10 years (\$130) as part of the insurance premium structure?

Compliance is often very low. T2 diabetics immediately go back to eating cookies after getting their feet cut off. Or the heart surgery patient resumes smoking.

The various cost studies are sort of flawed because they basically "prove" dying early is cheaper than living longer.

Unless we move to risk pools (cheaper insurance for exercising healthy eaters who don't smoke or chew or drink heavily), then the only alternative is aggressive rehabilitation (which may cost more than pills).

T2 diabetes? Ok, here's the meds, mandatory supervised exercise program, mandatory serum monitoring, diet

training with hands-on cooking/shopping school, etc.

High blood pressure? Here is the mandatory supervised walking program and 2 month diet school.

Horrified? Which is better and kinder to the patient?
Popping expensive pills forever with serious side effects?
Or becoming healthy and independent?

I know. Crazy.

Certainly what we must stop doing is paying folks money for being sick or injured. Aggressive rehab, vocational re-training, etc., but never pay folks to be sick.

The fed has mandated supplements in food with an extraordinary positive impact on the population's health for years. Why not take the next step and mandate validated healthy diets in all schools, military, etc?

"In the early 1880's, Dr. Kanehiro Takaki set up an experiment with two ships on similar voyages, but with different diets. The first ship served the usual fare of rice, ... with some vegetables and fish. The second served the crew wheat and milk, in addition to more meat than was served on the first ship.

Beriberi ravaged the first ship, causing twenty-five deaths. There were no deaths on the second ship. Takaki persuaded the Japanese Admiralty to adopt a new diet for the entire navy. "

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