Why Our Health Care is Expensive

My first wife, Renee, died of cancer in 1995. She was 42. I returned to the Winship Cancer Center in Atlanta to see what progress has been made in diagnosis and treatment.

Dr. Carl D'Orsi, head of radiology noted that we have a cure for cancer; early detection. Big advances are being made in imaging and diagnosis. Dr. D'Orsi demonstrated a topographical mammogram. This experimental machine can take a remarkably clear image of a tumor too small to be detected by a traditional mammogram . This same machine can also read a section more clearly that may look suspicious in a mammogram and see that there is no tumor, effectively avoiding unnecessary biopsies.

This machine will likely be able to increase the effectiveness of treatments by catching it earlier. But it is expensive, and it is experimental. Few places have them. I saw other imaging systems that are also experimental and offer great hope.

I also saw huge laboratories involved in new techniques of delivering chemotherapies such as nanotech targeting systems.

They have developed genetic testing that can determine your odds of getting certain types of cancer. This aids the patient is selecting treatments that can dramatically reduce the chances of contracting cancer even in a high risk pool. One of these tests costs $3,000.

Because of the costs of these treatments it is used selectively only for those whose risk profiles merits the extra expense. But the underlying point is that our health care system may be expensive because it is just so damn good. Anyone who has dealt with the fear and trauma of cancer know the value of these new developments; but we also must realize it is not cheap. Otherwise we risk never making these improvements available.

While the large insurance companies are commonly demonized, the reality is that their annual profits would not cover our health care bill for 48 hours. The far more significant costs drivers are the quality of the technologies that deliver the best treatment systems in the world.

The cancer specialists at the Emory Winship Clinic were troubled over the new government standards restricting mammograms for younger women. The committee establishing these new standards, which will likely be adapted by the insurance companies, did not have a single radiologist or oncologist on them. Clearly these standards should rely more on individual case histories than simple age categories.

I would much rather trust my health and the health of my family to the professionals at the Winship Center and other advanced centers than to the government data crunching agencies that know nothing. They may not be a death squad but such irresponsible regulations accomplish the same goal.

Perhaps it is not the end of the world if our health care system is expensive. Perhaps it is worth it.