

# PITTSBURGH TRIBUNE-REVIEW

## Universal suffering

By Ralph R. Reiland

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Colette Mills, a 58-year-old former nurse, found out the hard way that there's a huge difference between rhetoric and reality when it comes to "universal" health care in Britain.

Struggling with breast cancer, Mills "has run out of time to benefit from a potentially life-extending drug that the National Health Service (NHS) has denied her, even though she was prepared to pay for it," reported Sarah-Kate Templeton in the Sunday Times of London on Jan. 27.

"Mills is the victim of a ruling which states that any patient who wants to pay for additional drugs not prescribed by the NHS should lose their entitlement to their basic NHS cancer care and pay for all their treatment," explains Templeton, health editor at the Times. "She was prepared to pay for the drug but not her whole treatment."

Being treated with NHS-prescribed Taxol, Mills sought to add Avastin to her treatment, based on medical reports that showed an increased effectiveness of Taxol when used in concert with Avastin.

"An American trial has shown that taking the drugs in combination doubles the chance of preventing the disease from spreading compared to taking Taxol on its own," explains Templeton. "Taking Avastin in addition to Taxol is also likely to keep the disease under control for twice as long."

Mills sued to try to force the NHS to allow her to pay for the Avastin. During her four-month legal battle with the government, the cancer had spread to her liver and other parts of her body. Doctors have now advised Mills that it's too late for her to benefit from the combination of Avastin and Taxol.

"It wasn't going to cost them," says Mills, sentenced to death, in effect, by the state bureaucracy. "I was going to pay for it. How can they say this policy is far more important than somebody's life? I am just absolutely gutted. I just cannot believe people make these decisions about other people's lives. The NHS has taken this opportunity away from me, and if they are doing it to me, they are doing it to a lot of other women as well."

The Department of Health in Britain argues that individual payments for supplemental treatment can't be permitted alongside the one-size-fits-all system because that would "undermine" the "fundamental principle of the NHS, now supported by all the main political parties, that treatment should be free at

the point of need."

In the case of Colette Mills, that means "free" but unavailable -- "free at the point of need," but disallowed by the central planners.

Also playing a role in making Avastin unavailable to Mills was the ideology of egalitarianism, the idea that all inequalities are inherently malicious and immoral. As Templeton explains: "The government claims that to allow some patients to pay for additional drugs on top of their NHS treatment creates a two-tier system between those who can and cannot afford them." In other words, better dead than unequal.

Mills isn't unique. "The Health Service may not be able to afford the next generation of cancer drugs, senior doctors have warned," reported the Daily Mail in London in May 2007. "Specialists fear that the NHS will be 'crippled' by the increasing range of breakthrough treatments. Some believe that private health insurance is the only way to fund the most expensive drugs."

Similarly, a study published last year by Dr. Nils Wilking and Dr. Bengt Jonsson in the journal *Annals of Oncology* showed that cancer patients face "stark inequalities" in access to treatment globally, with Britain ranking "low" and "slow" in the availability of new and innovative cancer drugs and lagging behind other Western countries in cancer survival rates.

With strokes, England's third-biggest killer, a government study released in December showed that only 42 percent of British patients received a brain scan to confirm their diagnosis within 24 hours. Those unlucky enough to be admitted on weekends had the longest waits.

Currently, one person in eight who is admitted to a hospital in Britain for a nonemergency procedure had to wait more than a year before being treated. Nearly half -- 48 percent -- had to wait longer than 18 weeks.

"Universal health care" -- as in everyone's covered, care is omnipresent? Hardly.

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