

Editorial

“Managing” Care: We Can’t Have It All

As I write this, the movie *John Q.*, although poorly received by many film critics, is number 1 at the box office.¹ Although I have not seen the film, I have been exposed to enough advertising and have read enough reviews^{2,3} to know that the story line follows the populist theme of a solitary man against “the system.” In describing the hero’s inability to get his dying son on the list for a heart transplant due to lack of coverage and personal funds, the reviews have employed such disparaging terms as “evil HMO,” “mean HMO,” “greedy insurance company,” and “coldhearted hospital staff.” I have no idea what type of medical plan the fictional John Q. has, but this is not the point. The message is that if a decent, loving father is driven to take the desperate steps John Q. takes, “the system” must be broken.

It would be wonderful if this film promoted constructive dialogue and action on the problems facing health care delivery and financing in the United States. However, it is more likely to perpetuate the negative perception of health plans and health insurance companies. An “us against them” mentality is exceedingly counterproductive. Negative public sentiment has occasionally led health plans to bend to pressure and reverse coverage decisions that were based on solid scientific evidence. Although emotional public criticism and political outrage can be compelling, there are times when health plans are entirely justified in standing their ground; to do otherwise would be abdicating their fiduciary responsibility to the payers and plan enrollees. In discussing an insurance company’s unpopular decision not to cover bone marrow transplants for breast cancer patients, Ellen Goodman of *The Boston Globe* commented that based on the medical evidence, “this time the insurance company is right. . . . And this time the old familiar scenario—a patient fighting for payment of life-saving therapy against uncaring insurance company—is temporarily turned on its head.”⁴

In his book *Pricing Life: Why It’s Time for Health Care Rationing*, Peter A. Ubel, MD, emphasizes that people have to resign themselves to the fact that we cannot have it all when it comes to medical care.⁵ The sad reality is that individuals are going to die, some of whom might have been saved had resources been available. Medical care is rationed every day in the United States, although few are willing to admit it. Ubel’s main message is that we must talk explicitly about rationing and carry it out in a rational and reasoned way, rather than in the ad hoc, often ill-informed, inequitable, and inefficient manner in which it is currently done. Although some of our political leaders would have us believe that managed care is the culprit, they are being disingenuous; they want it both ways. Managed health care is an easy political target. As Ubel states, “Managed care organizations did not create health care rationing. Instead, the need to ration created managed care.”⁵

The mechanisms for managing care in an equitable and efficient manner continue to evolve. There is no doubt that managed care organizations have made many missteps and have sometimes been their own worst enemy,⁶⁻⁸ but we are asking them to do the near-impossible. Access to health care services and medical technologies has to be managed; to

believe otherwise is delusional. Instead of engaging in political rhetoric and passing laws that restrict the ability of health plans and health insurance companies to fulfill their promise, our elected state and federal representatives should be focusing on the more fundamental issues surrounding health care delivery and financing in the United States. Problems such as the fictional dilemma portrayed in *John Q.* will not be resolved in any other way.

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