

Cancer Society's Deadly Medicine

by Michael D. Tanner



This article appeared in the [New York Post](#) on September 10, 2007.

The American Cancer Society announced recently that it will spend its entire advertising budget next year not on urging Americans to stop smoking or get mammograms, but on campaigning for a government takeover of the U.S. health-care system. This is perverse: It's hard to imagine anything worse for cancer patients than government-run health care.

For all its faults and all the criticism that it has received, the United States' free-market health-care system has made America the place you want to be if you have a serious illness.

Cancer patients understand this. The overall five-year survival rate for all types of cancer for men in America is 66.3 percent, and 62.9 percent for women, the best outcome in the world.

We shouldn't be surprised. The one common characteristic of all national health-care systems is that they ration care.

Sometimes they ration it explicitly, denying certain types of treatment altogether. More often, they ration more indirectly - imposing global budgets or other cost constraints that limit the availability of high-tech medical equipment or imposing long waits on patients seeking treatment.

In the United States, there are no such government-set limits, meaning that the most advanced treatment options are far more available. This translates directly into saved lives.

Take prostate cancer, for example. Even though American men are more likely to be diagnosed with prostate cancer than their counterparts in other countries, we are less likely to die from the disease. Fewer than 20 percent of American men with prostate cancer will die from it, against 57 percent of British men and nearly half of French and German men. Even in Canada, prostate cancer kills a quarter of men diagnosed with the disease.

A big part of the reason is that, in most countries with national health insurance, the preferred treatment for prostate cancer is . . . nothing.

Prostate cancer is a slow-moving disease. Most patients are older and will live for several years after diagnosis. Therefore it is not cost-effective in a world of socialized medicine to treat the disease too aggressively. The approach saves money - but at a high human cost.

Similar results can be found for other forms of cancer. For instance, only 30 percent of U.S. citizens diagnosed with colon cancer die from it, compared to fully 74 percent in Britain, 62 percent in New Zealand, 58 percent in France, 57 percent in Germany, 53 percent in Australia and 36 percent in Canada.

And less than 25 percent of U.S. women die from breast cancer. In Britain, it's 46 percent; France, 35 percent; Germany, 31 percent; Canada, 28 percent; Australia, 28 percent, and New Zealand, 46 percent.

Even when there is a desire to offer treatment, national health-care systems often lack the resources to provide it. In Britain, for example, roughly 40 percent of cancer patients never get to see an oncology specialist. Delays in receiving treatment under Britain's national health service are often so long that nearly 20 percent of colon cancer cases considered treatable when first diagnosed are incurable by the time treatment is finally offered.

In Canada, the Society of Surgical Oncology recommends that cancer surgery take place within two weeks of preoperative tests. Yet one study indicates that median waiting time for cancer surgery in Canada ranged from 29 days for colorectal cancer to more than two months for urinary cancers. Radiation treatment and new therapies, such as brachytherapy, are also far less available than they are in the United States. Consider this: seven out of 10 Canadian provinces report sending prostate-cancer patients to the United States for radiation treatment.

But the advantages of free-market health care go far beyond an absence of rationing. With no price controls, free-market U.S. medicine provides the incentives that lead to innovative breakthroughs in new drugs and other medical technologies. U.S. companies have developed half of all the major new medicines introduced worldwide over the last 20 years.

In fact, Americans played a key role in 80 percent of the most important medical advances of the last 30 years. Eighteen of the last 25 winners of the Nobel Prize in Medicine either are U.S. citizens or work here.

If the American Cancer Society got the government-run national health-care system it wants, we would eliminate consumer choice and put a stop to the innovations we count on to improve our health. It would condemn thousands of cancer sufferers to waiting lists and denied care. In the end, it would cost lives.

If the Cancer Society truly wants to help Americans suffering from that complex array of diseases called cancer, it will get back to campaigning for mammograms and quitting smoking, and keep the government out of the picture.