

Women's health in the United States

Jeffrey D Zajac

Women pay more than men for health insurance in the United States. Much, much more. This issue might be hard for Australians, covered by Medicare and community-rated private health insurance, to understand. Women's health floods the media in New York City, and you can learn a lot from the information provided — newspaper articles, television programs and advertisements. Pharmaceutical companies are allowed to advertise drugs on television, hospitals advertise in the newspapers, and doctors advertise on the subway. Women are prominent in ads for antihistamines, antidepressants, analgesics and heartburn treatment. Even the ads for Viagra, Cialis and Levitra are filled with smiling, contented women.

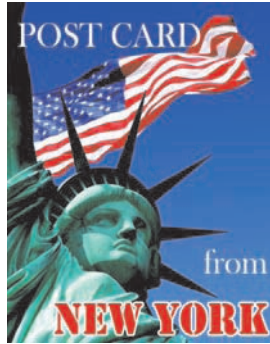
I regularly read the *New York Times*. (What else would a university academic read while living in New York City?) The *Times* has had several recent articles detailing the problems women have with health insurance. One of these articles¹ suggests that women insured with individual policies from health insurance companies pay between 22% and 49% more than men for the same policy. The data come from the companies' websites.

You might think it's because women get pregnant. Many US health insurance policies specifically exclude maternity care or charge a significant extra fee for it. But, even excluding maternity care, health insurance is more expensive for women. The insurance companies argue this is based on actuarial data. Women go to the doctor more than men; they take more medication and are more likely to have regular check-ups than men; they have illnesses caused by pregnancy (some policies cover complications of pregnancy but not pregnancy itself); and they go to doctors for regular reproductive care (contraception, Pap smears, mammography).

A quote by Mr Bykerk, a former executive of Mutual of Omaha, starkly demonstrates the differences in the US and Australian approaches to health care and health insurance: "If maternity care is included as a benefit, it drives up rates for everybody, making the whole policy less affordable".¹ In Australia, in terms of health care, we are all in it together. In the US, the land of opportunity and free enterprise, you are on your own. However, the US is not monolithic. In some states (New York included) it is illegal to have sex-based individual health insurance premiums, and insurance obtained through an employer is not sex-based.

We must be very careful in Australia not to mimic this very negative aspect of the US health care system. It turns out that the same type of actuarial arguments were used to justify race-based insurance premiums in the US many years ago.

There are many effects of this insurance system. Today I learnt, much to my surprise, while watching one of my 500 channels of cable TV, that uninsured women cannot get mammographic screening for breast cancer unless they pay. I'm not sure why this aspect of the US health care system surprised me more than other features. Just because it's in the public interest to reduce the risk of morbidity and mortality from breast cancer doesn't mean that the public here thinks the government should pay for it. Most of the people I speak to have similar views: "You should be responsible for your own health care and make provision", "Why should the government pay for you?", and "I don't want the government interfering in my health care". This is from the people I deal with here — educated, urban, slightly left-leaning academic folk. I'm not sure what the rest must think.



St Vincent's is my local hospital. On the TV news I learnt that it offers free mammographic screening for women without insurance. Unfortunately, they do only 250 of these mammograms a year because someone has to pay and, despite fundraising, 250 is all they can afford. This project was started by an uninsured woman who had breast cancer diagnosed by mammography, for which she had to pay out of pocket. The perceptive among you will instantly be wondering how she paid for her treatment. Answer: she got married 3 weeks after diagnosis and was therefore covered by her husband's group plan! This would not happen in Australia, although of course we have Medicare and the public hospital system available for those without insurance.

A major strength of the Medicare and BreastScreen programs in Australia is the ability to pursue such public health screening activities. Indeed, this is one of the best features of the Australian health care system, and you might say it is the role of a civilised society to provide this.

On the other hand, one of the strengths of the US health care system as it relates to women is its massive commitment to research, both publicly funded and privately funded, and the rapidity with which new treatments are introduced and paid for. Studies such as the Women's Health Initiative trial of hormone replacement therapy² could have been done nowhere else. Although the results were negative, they clarified a very important women's health issue.

The funding available for breast cancer research in the US is staggering by Australian standards. Speaking as one who has done research (though not on breast cancer) for 25 years, the feeling that there is *never* enough research funding is deeply ingrained in me. Here in the US, the best cancer treatments in the world are available and almost all are developed here — it's just that they're not available to *everyone*. Although there are many aspects of the US health care system that Australians would not wish to imitate, we can learn from the US about the importance of adequate research funding for women's health. We need to find better ways of increasing both public and private money for this purpose.

As for the cable TV, I must admit I have 500 channels in Melbourne as well. I am busier at home and can't make comparisons, but we do seem to follow the US in our TV programming. In which case, I have seen the future and it is bleak.

Author details

Jeffrey D Zajac, MBBS, FRACP, PhD, Head

Department of Medicine, University of Melbourne, Austin Hospital, Melbourne, VIC. (The author is currently on sabbatical leave at Columbia University Medical Center in New York.)

Correspondence: j.zajac@unimelb.edu.au

References

- 1 Pear R. Women buying health policies pay a penalty. *New York Times* 2008; 30 Oct. <http://www.nytimes.com/2008/10/30/us/30insure.html> (accessed Nov 2008).
- 2 Rossouw JE, Anderson GL, Prentice RL, et al; Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *JAMA* 2002; 288: 321-333. □