

Dear Senator Kerry,

Your reported call for "lies" about health care reform to be refuted is essential and requires an urgent response. To that end, may we – British health professionals and patients - respectfully expose those "lies" which are about our National Health Service, a service which our experience shows to work successfully for the benefit of all in this country.

PATIENT CHOICE: There is NO "death panel" in the UK NHS or anywhere else in the UK health care sector.

-Termination of a pregnancy is a personal decision if approved by two doctors. NO board or organization of any kind makes any decision about termination for fetal abnormality. Such decisions are personally made by those seeking such procedures after counselling by medical and other health professionals.

-Elderly people can get counselling and advice to help them determine *their* requirements for *their* future care, but only if they wish it. It is a service that provides information about issues such as living wills. This is similar to the US proposed Section 1233, which provides counselling and assistance to those wishing *voluntarily* to make their own arrangements for their future, medically and physically.

-Patients are normally registered with a family doctor practice of their choice. A patient is able to see a doctor immediately for urgent care in general practice although seeing his or her own family doctor for non-urgent care may require waiting a few days. If the patient requires referral for specialist opinion or treatment, they can choose whichever hospital they prefer.

CARE FOR THOSE WITH PRE-EXISTING CONDITIONS: In the US, people with pre-existing health problems are rarely covered by private insurance companies for those problems. Many do not change jobs for fear of losing cover for such conditions from their new insurers. The NHS is literally a life saver for those with pre-existing health problems - they are not denied care. It is vitally important that the NHS, and any government financed health plan anywhere, undertakes the care of such people.

CARE FOR THE ELDERLY: There is NO cut-off age for health care in the NHS. Senator Kennedy, *like anyone else of that age*, or older, and with health problems such as his, would have been treated by the NHS with the same high levels of care as someone younger. Care for the elderly includes free flu vaccinations, free medication, free operations as needed, nursing care visits, and help and adaptations for the home. Many hospitals now offer "hospital at home" programs for palliative and end of life care to enable very ill people to remain at home.

CARE FOR THE DISABLED: Professor Stephen Hawking of Cambridge University, recently awarded the Presidential Medal of Freedom by President Obama, is disabled and has always been under the care of the NHS. Professor Hawking is an outspoken admirer of NHS care. Like thousands of others who are disabled, he is entitled to free medical care and medicine, and he can get adaptations, equipment and home care to allow him to live at home.

FREE MEDICATION: NO ONE is denied medicine if they need it. All children up to the age of 16, pregnant women and adults over the age of 60, unemployed people, patients with cancer and many with chronic conditions, don't pay for their medication from the NHS. 88% of medicines are dispensed without charge. For the minority who pay there is a standard charge of \$11 per prescription, regardless of the real cost of the drug. Some parts of the UK have abolished prescription charges altogether.

INSURANCE: Like the Healthy San Francisco medical plan, those in the UK can also take out private insurance, if they can afford it, although less than 1 in 8 currently do so. The co-existence of public and private coverage ensures complete freedom of choice.

THE COST: The NHS is funded by taxes and provides universal coverage while costing 8% of UK GDP. The US system currently costs 16% of GDP but leaves 45 million without insurance and a further 25 million underinsured.

BACKGROUND: The NHS was created in 1948. Its goal was to provide comprehensive medical care through taxation, universal coverage for the population which is free of charge at the point of care. It still does that despite the huge, and increasing, demands on its financial and practical resources.

The NHS is available free of charge to all regardless of ability to pay, and does not discriminate against those with pre-existing conditions. Importantly it gives freedom from fear of the financial consequences of illness.

Survey after survey shows that British patients express a high degree of satisfaction with the care they personally receive from the NHS. On average, British users of the NHS live longer and have a lower infant mortality rate than the US.

The NHS has shown itself to be open to – and often the source of – innovation. How the US manages its own health care reform will doubtless provide us with new ideas about how to improve some aspects of our own NHS service. In the same spirit, we respectfully draw to your attention what evidently works well here

Yours sincerely,

Professor Alan Maryon-Davis FFPH FRCP
President, UK Faculty of Public Health

Professor Anthony Costello FRCP FRCPCH
Professor of International Child Health
Director of Institute of Child Health, UCL

Professor Andrew JM Boulton, MD, FRCP
Professor of Medicine, University of Manchester, UK
Consultant Physician, Manchester Royal Infirmary

Professor Mark B Gabbay MD FRCGP
Professor of General Practice
Head of Division of Primary Care
University of Liverpool

Professor Rodney Grahame CBE MD FRCP FACP
Consultant Rheumatologist, UCH
Honorary Professor at UCL, Department of Medicine

Professor Ian Banks
President of the Men's Health Forum and member BMA Council

Professor Eileen O'Keefe
Professor of Public Health
London Metropolitan University

Professor Gill Walt
Professor of International Health Policy
Health Policy Unit,
Dept Public Health & Policy,
LSHTM, Keppel Street,

Professor Rosalind Raine
Professor of Health Care Evaluation
UCL Dept of Epidemiology & Public Health
1-19 Torrington Place, London WC1E 6BT

Dr Alex Scott-Samuel
Director, International Health Impact Assessment Consortium
Division of Public Health
University of Liverpool

Sir Alexander Macara
President , National Heart Forum
Trustee, Patients' Association

Dr Jean Taylor
Scottish Patients Association

Dot Gibson
Secretary, National Pensioners' Convention

(100 + further signatures, available on request)

The letter was co-authored by Dr Jacky Davis and Barbara Rafaeli