

# MEGAN MCARDLE THINKS I SHOULD PAY \$72,000 MORE FOR BREAST CANCER

Usually, Jane's slap-down of concern trolls talking about breast cancer stands by itself. But in this case, I'm going to pile on Megan McArdle's attack on a public option in the name of breast cancer survivors, because McArdle's basically arguing that I should be thankful my insurance company had to pay \$72,000 more for my breast cancer treatment.

Basically, for me, it all boils down to public choice theory. Once we've got a comprehensive national health care plan, what are the government's incentives? I think they're bad, for the same reason the TSA is bad. I'm afraid that instead of Security Theater, we'll get Health Care Theater, where the government goes to elaborate lengths to convince us that we're getting the best possible health care, without actually providing it.

That's not just verbal theatrics. Agencies like Britain's NICE are a case in point. As long as people don't know that there are cancer treatments they're not getting, they're happy. Once they find out, satisfaction plunges. But the reason that people in Britain know about things like herceptin for early stage breast cancer is a robust private market in the US that experiments with this sort of thing.

You see, I'm no doctor. But based on my fairly sophisticated understanding of the breast cancer diagnosis I had, I understand that instead of the treatment I had here in the US—6 rounds of chemo plus Neulasta, surgery, radiation, then

five years of Tamoxifen—the standard of care in Europe would have been just the Tamoxifen. Or, by my rough calculations, well over \$72,000 more in costs.

And, at least according to the limited studies they've done on women with breast cancer at my age, the outcomes are exactly the same.

Now, when I went through breast cancer treatment I had absolutely superb insurance. For example, when I had \$2,800 shots of Neulasta after each session of chemo, my insurance treated it as a prescription, so I paid just \$10 of that. Each session of chemo was a doctor's visit: \$15 for me. I'm not even sure what I paid for 30 days of radiation.

I'm complaining not because of the money out of my own pocket—though I am offended that that much money was spent. The care was paid for by my husband's company, which I'm sure could have productively spent the money on innovations in the auto industry rather than innovations in medicine that had no net positive on their bottom line.

But there was a cost to me. One of the chemos I had leads to heart problems and has basically turned the veins in my arms into solid tubes. The radiation—particularly in someone with my apparent genetic background—can lead to new cancers. And those known risks are basically short term risks—because so few women are diagnosed as young as I was, they don't know what happens 30 years after this stuff, because most women are diagnosed with just 20 years left in a normal life span. Who knows? Maybe my husband's company paid \$72,000 extra for treatments that will eventually kill me.

You see, as with McArdle's example of Britain, we here in the US also rarely learn about treatments we're not getting. Only here, we're not learning about the treatments that—according to admittedly limited science—have exactly the same outcomes for a tiny fraction of both the monetary and physical cost. We're not learning

that science says not all these experiments are worth it. We're not learning that the health care industry is basically getting rich off of treating us all like human guinea pigs.

I think the big question is, which method of assessment is better for health care. Science? Or the "science" of the market place?