Health Care Happy Endings

New Zealand's health care system still allows for happy endings. But what about the U.S.?

by Dr. Ken Fabert

After 28 years as a primary care physician in the U.S., Dr. Ken Fabert traveled to New Zealand to see what it's like to work within a single-payer system.

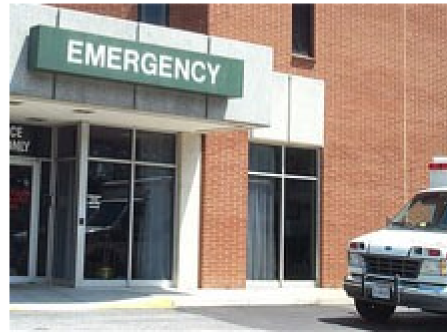


Photo by Taber Andrew Bain

Recently, the New Zealand One television channel aired a brief feature about the tragic injury and astonishing recovery of a young man named Darryl Sabin. Darryl sustained a severe brain injury while playing rugby. For some time, his survival—and then later, any meaningful recovery—was in doubt. But through the combination of skilled medical care, intensive physiotherapy, community support, unrelenting family love and involvement, and, most importantly, his sheer will to live, Darryl gradually regained speech and mobility.

Even though his injury occurred during a rugby match, Darrell has turned to that very sport for further inspiration. And that sport has in turn supported him to the extent that the coach and players of the New Zealand national rugby team, the All Blacks, have given him a seat with the team on the sidelines on the injury bench. It turns out that he has been as much an inspiration to his heroes and they have been to him. As a physician and a human being I found the story of Darryl's will to survive to be truly inspiring. Equally inspirational was the extent to which his family, community, and society supported him.

In New Zealand, the social infrastructure still exists to allow for happy endings. Today in the USA, such a positive outcome would by impossible for many.

I guess I'm always attracted to a story like this because my life, too, was strongly influenced by an equally tenacious and inspirational person with an equally amazing tale of recovery: my father. In August of 1954 the United States was swept by yet another wave of poliomyelitis, the dreaded summer killer. My father, 33 years old at the time, was unfortunate enough to contract this disease literally months before an effective vaccine was available to the public. At the time I was 18 months old and my brother was 3 1/2.

At first my father was in a coma. Several days later he awoke in an iron lung with quadriplegia. At this point, the medical team at Cook County Hospital in Chicago was unsure if there was much hope of progress; they were not optimistic about his long term prognosis. My father, however, insists that he knew even then that paralysis was simply not an option. In the ensuing weeks he regained most of the use of his upper extremities and was able to breathe on his own. But he still remained paraplegic.

He was then selected for a research program designed to test whether intensive physical therapy could rehabilitate patients who were considered "older" victims of the disease. For the next year we drove back and forth to Illinois Research Hospital (which later became University of Illinois-Chicago) for daily physical therapy, mostly in the pool. Dad frequently said that boot camp in the Army during World War II was a cakewalk compared to the rigors of his rehab. And I don't think I ever saw him get in a swimming pool in all the years

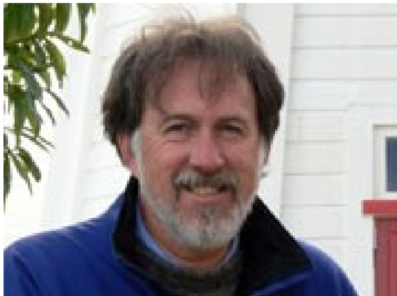
afterward. But within a year he was able to walk again without braces or crutches, his disability betrayed only by a pronounced limp and a markedly atrophic leg.

And how did we fare financially and socially as a family? Before his illness, my father had been hired by a specialty steel company in Chicago Heights, Illinois, as a promising metallurgical engineer who had recently used the G.I. Bill to finish his studies at Case Institute of Technology (now Case Western Reserve) in Cleveland Ohio. As difficult as it is to believe when viewed from a 21st-century US perspective, my father's employment with that firm was never interrupted and he never missed a paycheck. His boss, a man named Joe Mullen (whose name I've heard spoken reverentially but whom I never personally met), insisted that our family be supported during this health crisis. There was no disability policy, no social health network. There was only the decision of one man to do something compassionate and vital.

To me, this is a reflection of a set of corporate ethics and a level of humanitarian engagement that simply would never occur today. Had something like this happened to us in contemporary America, I would have grown up in poverty. The Joe Mullens of that era were part of an entirely different corporate culture. Rather than blindly and obsessively pursuing a so-called fiduciary responsibility to maximize profit for abstract shareholders and investment entities, this corporation still had a human face.

Of course, there are other social entities that can mitigate risk and invest in human outcomes. The story of Darryl Sabin is an example of how societies can be organized to take care of all their members. In New Zealand, the social infrastructure still exists to allow for happy endings. Today in the USA, such a positive outcome would be, for many, far less likely than it was in the America my father knew—and unimaginable for many more.

This is not a foregone conclusion. It is the logical extension of the misguided policies that relegate the tasks of caring for people and families to faceless corporate entities. Nothing short of the wholesale reorganization of the health system in the United States will allow us to reliably care for those in such situations, without subjecting them to unbearable social stress and financial hardship or ruin. As I have said before, as a nation we have the treasure, the talent and knowledge. It is ultimately a question of moral courage and political will. But unless we change, there will be fewer and fewer happy endings.



Dr. Ken Fabert wrote this article for YES! Magazine, a national, nonprofit media organization that fuses powerful ideas with practical actions. Ken has been a practicing primary care physician in the United States for 28 years, from rural New England and South Carolina to urban Chicago and metro Seattle. A member of Physicians for a National Health Program, he is spending three months as a roving clinician in New Zealand to find out more about how their single-payer health care system works.