The American Journal of Bioethics ›

Volume 7, 2007 - Issue 10

210 Views | 1 CrossRef citations to date | 0 Altmetric

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Pages 49-51 | Published online: 09 Oct 2007

Cite this article https://doi.org/10.1080/15265160701638751

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The American Journal of Bioethics, 7(10): 49–51, 2007
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ISSN: 1526-5161 print / 1536-0075 online
DOI: 10.1080/15265160701638751

Film Reviews

What It Is, What It Does and What It Might Do: A Review of Michael Moore's *Sicko*, 113 Minutes, Dog Eat Dog Films, USA, 2007

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Within two weeks of its American screening, Michael Moore's *Sicko* had already divided the American public into zealous supporters and agitated detractors. Amidst extraordinary media attention, it created some 15 million Internet "hits", with Larry King, Jon Stewart and CNN debates with Sanjay Gupta helping to turn Moore into a populist star. The movie itself is a combination of biting satire, goofy stunts, and touching tales, all in the service of arousing American citizens to demand universal health insurance. But much of the commentary, anxious to celebrate or damn, obscures what the movie actually does and, ultimately, what it will mean politically.

In his full-frontal attack on the health insurance industry, Moore employs a bewildering mix of techniques to support his central message: Americans deserve universal health care free at the point of service. The movie is explicitly *not* about the millions of uninsured in America, as some critics have wrongly assumed. Rather, it depicts in vignettes, statistics, and through stories and exaggerated gags the anxieties and struggles of insured American middle-class families. His accurate claim is that millions of American are underinsured. They are at risk of devastating financial consequences from illnesses or injuries if their health insurers, with one technique or another, figure out how to deny care or avoid reimbursement of claims.

Moore's individual stories touch a raw nerve, which prompts claims from insurance firms that that his examples are not representative. But many American families do face such problems. A 2005 Harvard study, for example, found that more than twenty-five percent of debtors cited illness or injury as the specific cause of bankruptcy. Moreover, nearly half of all bankruptcies were in fact related to a major medical cause (Himmelstein et al. 2007). So, Moore is using stories to represent social and financial realities, but his techniques diverge sharply from the practices of ordinary policy analysis. No one can fail to be moved by the story of the young woman injured in an automobile accident whose insurance denied reimbursement because her ambulance trip to the hospital was not "authorized." As she ironically put it, "when was I supposed to make that call? Did they expect me to get up from the ambulance to retrieve my cell from the tarmac?"

Moore is at his best and most vulnerable when he uses individual stories to make factually sound comparisons of American medicine to that of Canada, France and Britain. In a final segment, he moves close to the implausible in depicting Cuban health care as free, modern, and a relevant comparison. This is the least convincing segment of the movie, funny and poignant in its use of 9/11 rescue workers being treated royally in a modern Cuban hospital. Because Cuba is at a completely different level of income, the truth about its medical triumphs is simply not relevant to American lesson-drawing.

That is not the case with the other comparative examples. In each case, an essential truth emerges from what are not necessarily representative citizens abroad. So, for instance, we learn about the readily accessible French medical care from American expatriates grateful for their welfare state benefits. We see interviews with British physicians in relatively appealing circumstances, when other parts of the British National Health Service (NHS) would certainly convey a more complicated picture. And we see the exaggerated fears of Moore's Canadian relatives fearing to spend a day in the United States without special insurance protection. None of those stories, however, are inconsistent with this defensible claim: medical care in the rest of

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