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# Self-Care: A Nation's Best Health Insurance

Even though this is the richest nation in the world, the average American family, which spent \$2115 for health care in 1978, is finding it cannot afford to be ill. President Carter and Senator Edward Kennedy have both proposed national health insurance plans that would relieve Americans of much of this burden. But as the debate over these multibillion-dollar plans heats up, the nation risks losing sight of the fact that one of the cheapest and most effective ways to put a cap on spiraling health care costs is through greater self-care.

Most illnesses run their own course and are seldom life-threatening, permitting most people to provide themselves and their families with rudimentary health care without professional medical help. Studies in Denmark by Poul A. Pedersen and in Great Britain by C. P. Elliott-Binns have shown that five out of ten people visiting a general practitioner have already begun self-prescribed treatment that is beneficial 60 to 80 percent of the time. Better health education—so that people know the best way to treat common illnesses themselves and the best time to see a physician—could improve the effectiveness of this health resource.

About 5 million people in the United States now belong to physical or mental self-help groups of some kind—including everything from Alcoholics Anonymous to feminist health collectives. Surveys by Helen I. Marieskind of women seeking health care have found that those who regularly attend gynecological self-help clinics better understand their anatomy and the frequency with which various medical examinations should be performed than women who attend other types of medical facilities. Their "health-care literacy" can mean early detection of breast and cervical cancer. The potential human and economic savings inherent in such efforts argues strongly that self-help groups should be encouraged and promoted.

Organized self-care programs have proved especially effective among those suffering chronic illnesses, which represent a growing proportion of the diseases afflicting Americans. In a self-care program with hemophiliacs at the Tufts New England Medical Center, total costs per patient were lowered 45 percent. A diabetics' self-care program run by the University of Southern California reduced the number of patients experiencing diabetic coma by two-thirds and halved the number of emergency room visits. Hospitals and consumers saved \$1.7 million over a 2-year period, a mere fraction of the overall savings that could be realized if self-care became the first line of medical defense nationwide.

Even the best self-care will not necessarily keep people from becoming patients. In life-threatening situations, the ill should have the benefit of the best medical expertise, drugs, and medical technology that they and society can afford. Since this is usually beyond the means of the average family, national medical insurance for catastrophic illnesses is essential.

To ensure that such a comprehensive health care plan does not lead to ever higher medical costs, national insurance should be tied to a program that would encourage people to take more responsibility for their own health. Self-care incentives should be built into any national health plan. If the first \$500 or \$1000 that families spend on health care each year came out of their own pockets, there would be a built-in incentive to limit trips to the doctor and to practice more self-care. To enable people to do this effectively, the government should use the money saved by providing less than full insurance coverage to finance courses for consumers on basic health care and the home treatment of chronic illnesses. Such a national health plan could help create a public awareness that runaway health care costs are, in part, a social problem arising from overreliance on the medical system for treatment of even the simplest illnesses and that cost containment is a joint government and individual responsibility.—BRUCE STOKES, *Worldwatch Institute, 1776 Massachusetts Avenue, NW, Washington, D.C. 20036*