



## Letters to the Editor

To cite this article: (1991) Letters to the Editor, Oncology Issues, 6:3, 5-5, DOI:  
[10.1080/10463356.1991.11905033](https://doi.org/10.1080/10463356.1991.11905033)

To link to this article: <https://doi.org/10.1080/10463356.1991.11905033>



Published online: 19 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

## LETTERS TO THE EDITOR

### Rating Insurer's Cancer Coverage

Lee Mortenson's editorial, "Litigious Cancer Care: What Are the Alternatives?," (Spring 1991 issue) was right on target as far as the National Coalition for Cancer Survivorship (NCCS) is concerned.

It is a disgrace when consumers and employers have done their best to make sure their health insurance is adequate, only to find in their time of need that the insurer resists paying for legitimate, life-saving treatment. Even worse, a patient may be unaware of the possibility that his doctor may not even offer a specific treatment as an option, based on past difficulty in getting it approved for reimbursement.

The NCCS encourages the development of a method of rating major insurance plans for adequacy of their cancer coverage. We suggest the rating system identify insurance companies that are among the worst, as well as those that meet acceptable standards for reimbursement. Effectively publicizing the results will not only inform consumers and employers, it could also act as a motivator for insurers with inferior plans to reconsider their coverage.

The public deserves to know what it is paying for when making insurance choices. Some insurers persist in marketing policies that deny reimbursement for legitimate treatment. It's no less than unethical when they fail to inform policyholders up front of the risks they will be exposed to by those coverage restrictions.

—Larry G. Moore, MBA, CPA  
President

National Coalition for  
Cancer Survivorship  
Albuquerque, NM. ■

## PRESIDENT'S CORNER

### Cope, Or Divide And Conquer?



Will we "cope" or be divided and conquered? As health care providers, we are often called upon to help the patient with cancer. Cancer patients and their families deal with a myriad of problems associated with cancer. How do they cope, much less cope successfully, with a host of problems that include physical, social, financial, psychological, and spiritual issues?

First, I believe that most people have a tremendous amount of reserve talent that they bring to bear on their problems. Secondly, and perhaps most importantly, they have a family to rely on. It is this depth of strength, both in a patient's own reserves and in his or her family that can provide a rational and successful approach to dealing with the individual's cancer.

In many respects, cancer programs are coping with a similar myriad and complexity of issues. It is hard to find a journal, a meeting, or even a small group discussion about oncology issues that doesn't raise a quagmire of complex questions and problems. For instance, how does reimbursement affect quality of care? How do we deal with constricting budgets and operating margins? What is the answer to lack of access to health care for a growing part of our population? Where will funding come from for clinical research? Does anyone listen to us in the federal government, which now pays for at least 50 percent of the cancer care in this country?

Given the multiplicity of concerns that face us with regard to cancer care, it is no wonder that there is often a tendency to

focus on the issue of the moment and to forget about other parallel issues. Can we deal effectively with all of these issues? The answer is that we must and we can. However, as is true of the patient with cancer, one requires the reserves and strength of a larger family. As we deal with these issues, we need to strengthen and use our organization, the ACCC, to focus on and to provide a forum for discussing these problems.

Recently, I overheard an argument among my young son and his friends. The discussion issue was "who was going to be allowed into their club." Two, who wanted "in," felt that they didn't have a voice and threatened to leave and set up their own club. After a heated discussion, they agreed to enlarge the club's membership and adopt new voting privileges. They reached this conclusion because they saw that the consequences of not compromising would result in the loss of their friendship and, I suspect, an inability to deal effectively with a rival club. They recognized, even at their young age, that political strength in numbers means something. The alternative was to be "divided" and to risk being "conquered."

Perhaps there is a lesson to be found for ACCC and our individual cancer programs in these two examples of "strength in numbers." Yes, we as ACCC members can cope with the problems that face us in cancer care. As cancer organizations, we can deal with the complex and parallel challenges that face us in our communities. However, we can find unity of purpose and strength in focusing our energies on building an even stronger and broader-based organization, rather than looking to alternative forums. ACCC has a strong, visible, and admirable track record in providing leadership, insight, and vision for cancer program development and cancer care. As a strong organization, we have built on the foundation of a truly unique blend of membership. Such multidisciplinary representation is the strength of the ACCC. The Association has successfully coped, and will continue to cope both now and in the future.

Lloyd K. Everson, M.D.