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## Letters

# Authors' reply to getting more for their dollar: Kaiser v the NHS

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EDITOR—Our paper comparing the NHS with Kaiser Permanente has generated lively interest and, on the whole, a constructive debate. [1](#) [2](#) Discerning commentators have noted that further refinement of the data and the analysis (which we strongly advocate) is unlikely to change the basic conclusions. These are that Kaiser Permanente offers improved performance at roughly the same cost and that, therefore, there are probably lessons to be learnt that would benefit the future performance of the NHS. We have further noted from the extensive debate that has followed the publication of our paper, that those without a political axe to grind and having a good working knowledge of both systems agree with this overall finding.

In light of this, we were amazed that the *BMJ* chose to publish such a distorted sample of the responses to our paper and did not even reference our extensive response to the comments raised by readers of [bmj.com](http://bmj.com) in our response of 7 February 2002. [3](#) [4](#) It is unfortunate that the *BMJ* chose to publish letters that were written by people who variously did not bother to read, did not understand, or seemed intent on misrepresenting the nature of our analysis and our conclusions. Space does not permit a comprehensive critique of all of the inaccuracies contained in the letters published on 1 June. We would note only that most of the letters contained serious factual errors and that the letter by Himmelstein and Woolhandler is particularly egregious in its misrepresentation.

Two persistent misunderstandings that occur in the letters published relate to the adjustment for purchasing power parity (PPP) and the nature of the comparison being made. The arguments for including the PPP adjustment have been clearly made and are robust. We are comparing two health delivery systems. We are not comparing two health finance systems and neither are we comparing the UK system as a whole with the US system as a whole. The cost environment in which the two delivery systems operate is exogenous to our analysis and therefore we control for it. We state clearly in our paper that we do not defend the inequitable financing system of the United States, neither do we hold it up as a model for the United Kingdom to emulate.

The good news is that, despite the extraordinary views published in the *BMJ*, there are an increasing number of practitioners and policymakers in the United Kingdom who realise that increased investments alone will not provide the health service that the British public expect or deserve. Fundamental change in the way services are organised and managed will also be necessary. Luckily, some people are ready to listen and learn, which provides great hope for the future of the NHS.

## References

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