

Uninsured and ill, a woman is forced to ration her care



Writing Assignment Writing Assignment Health care system for the American people has become a significant issue for concern over the past years. The national health care system has been affected by both political and economic forces; pharmaceutical industries have been reported to be opposed to price control, hospitals, on the other hand, are unable to control cost, and the government on their side have failed to expand coverage to the working poor. This makes it difficult for citizens, especially the working poor, to access a better health care system (Lagnado, 2003). To elaborate on this, we take a look into Ms. Kaur, a year old lady who has suffered from glaucoma since she was a child. Hailing from a poor background, we see how her family struggled to take her to an optometrist who through and through prescribed stronger and stronger spectacles. Now a grown, married lady her illness is a crucial problem to her day to day work. Ms. Kaur's access to care for her eye condition has been affected by many situations.

Ms. Kaur works in Manhattan newsstand, at her husband's uncle, she makes \$6 an hour, and she works from 6 am to 3 pm without lunch break for seven days a week. In her health condition, she uses glasses to see well. Her annual income when calculate sums up to \$16000 per year. This amount does not qualify her or Medicaid or any other government health program for the poor. Occasionally she experiences eye throbbing pain that require medical attention. Her visits to the New York eye and ear infirmary, where she has been treated for glaucoma on and off since 1999, leave her in debt and having exhausted her earnings on medication and other necessities Ms. Kaur, sometimes avoids regular doctor visits. On many occasions, Ms. Kaur acts as her own physician and druggist though it is said that, with lack of professional attention, she may wind up causing a problem in her other eye.

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The absence of a regular doctor to examine her condition has also been seen as a barrier since she does not receive the free samples that many patients enjoy with regular doctors. A spokes' woman for allergen explained that pharmaceutical companies have free drug programs for the poor. Ignorance is another barrier to Ms. Kaur health access the fact that she lacks a source of information about the readily available insurance programs for the poor, company programs for the uninsured this would have enabled her to receive xalatang for at least 6 months. Ms. Klau is also faced with cultural barriers, culturally a young woman in India was not allowed to work to make money, and her mother argues that life in America has proven to be hard that her daughter is forced to work to meet her medical fees and other needs. The lack of consistence in Ms. kaur has been mentioned to be a fugitive of debt this being another hindrance to access better health attention. (Lagnado, 2002).

In conclusion, it is my opinion that health care providers and medical professionals should sensitise their patients about their insurance policy options and investigate their patience background as they assist them in accessing the required health check. Medical professionals should be able to acquire their patients' trust, so they can open to them without any doubt. The health system in New York should be checked such that the policies presented cater for both the working and the poor. The health system should also carry out campaigns to sensitise the public about their policies on their offers, also inform them on general information about the health care system journals and publications which should be printed and given to the public to enlighten them on such issues. Price control, health insurance policies, and government take on the whole health system.

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Reference

Lagnado, L. (2002). uninsured and ill, a woman is forced to ration her care.

New York: Dow Jones & Company, Inc. .