

# [America and canada’s universal health care system](https://assignbuster.com/america-and-canadas-universal-health-care-system/)

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America is full of social and economic problems that need to be addressed. The one problem that affects all citizens of the country is access and affordability ofhealthcare. The health care problem is unique in that every American will need health care at some point in their life, and this coupled with the fact that health care costs continue to rise further exacerbate the situation. In order to attempt a solution to America’s growing health care problem, it is essential that the country look to another country that has effectively addressed the health care problem.

The only solution to America’s health care problem is to implement a universal health care system. Canada has implemented a universal health care policy whereby each citizen is afforded health care at no cost, and Canada’s efforts should serve as an example for America to emulate. Canada’s Health Care System, and Comparison to the United States The Canadian system works because of two important factors, which actually relate to one another.

The first factor is the lowered cost of health care as compared to the United States, and the second factor is the greater accessibility of health care as compared to the United States. These two factors are inter-related because with lower costs, citizens in Canada are able to procure greater access to care. Essentially these patients have more options. In America an uninsured patient may believe that the only options they have are the cheaper clinics, and when these clinics do not accept them as patients they have no other options.

The same cannot be said about Canadian patients, which makes Canada a viable model for the United States to follow. The first investigation should include the costs associated with care in Canada and the United States. Two figures in particular will be investigated. The first is the percentage of GDP that is spent on health care comparing each country respectively. Canada segments 10% of GDP on health care, while the United States relies on 14% of GDP for the procurement of health care. (Armstrong, Armstrong & Fegan, 2005, p. 8) A discrepancy of the GDP between the two countries is important because while the Canadian system is close somewhat to the American system in GDP percentage, the fact that all Canadians are covered while a drastically smaller number are covered in America demonstrates how the Canadian system works. Another argument about these facts is that America has a much larger GDP than Canada, yet still cannot keep up with the health care crisis. Another important figure concerning expenditures is the cost per person.

Canada spends about $2, 049 per person, which is about 55% less than what is spent per person in America. (Armstrong, Armstrong & Fegan, 2005, p. 8) Many opponents of Canada’s system may look at these figures and suggest that Canada is cheaper because they have less people, but the figures take this into account and have calculated the costs per person. This allows the figures to take shape and demonstrate how Canada’s system seems to be more efficient. The next question is how Canada keeps their costs so low as compared to the United States.

It has been suggested that Canadian costs for health care are low because of the use of public administration. (Armstrong, Armstrong & Fegan, 2005, p. 8) Essentially Canada relies heavily on universal health care whereby the government pays for the services and monitors the country’s health care field. Some opponents of this system will suggest that government control will only increase costs because governments such as Canada’s cannot operate within the health care field as efficiently as private enterprise. (Krasny, 1992, p. 43) This suggestion by Krasny is incorrect.

The public sector in Canada handles all of the administrative tasks associated with a hospital, which lowers costs. (Armstrong, Armstrong & Fegan, 2005, p. 8) Other cost savings measures associated with Canada’s universal health care system are the decreased overhead expenditures. Hospitals no longer have to include entire teams to conduct insurance calculations and coverage implementations as well as entire teams to keep track of billing and collection efforts. (Armstrong, Armstrong & Fegan, 2005, p. 8) This drastically decreases costs, especially when compared to the American system.

The American system implements all of these overhead policies, which only strain the system further. For example, hospitals in America " must keep more extensive records in order to facilitate billing to the state and federal governments, insurance companies and patients, and in anticipation of malpractice suits. " (Armstrong, Armstrong & Fegan, 2005, p. 8) Canadian doctors who leave Canada and practice in America make about the same amount ofmoneybecause the overhead was so large in America, despite their lowered pay in Canada due to universal health care.

(Armstrong, Armstrong & Fegan, 2005, p. 8) All of these benefits of the Canadian system would be pointless if the care was not adequate. Canadians live longer, are ahead of America in healthiness in the world, have far less infant fatalities, and have much greater percentage of disability free life. (Armstrong, Armstrong & Fegan, 2005, p. 8) All of these health factors tend to point toward greater health care practices as compared to America, as well as greater access to health care facilities.

The benefits of the Canadian system are clear, which makes the Canadian system a viable alternative to the American system. America still maintains a payment rate health care system where the patient must pay a certain amount in order to receive health care from a provider. American hospitals will not turn away a patient in need of care if it is of the utmost importance, but the hospitals will turn away a patient that is not being threatened by illness and does not have the ability to pay. (" Looking to Canada for," 2006, p. 8) This idea is very peculiar in the grand scheme of assisting patients. On one hand the hospital is supposed to help the sick, but on the other hand a patient will receive little to no help if they do not have the ability to pay. The American government is to blame for a majority of the crisis that has resulted. Currently, many patients waiting on organ donations and transplant die because of the American legislative regulations. It is stated that “ more than 6, 000 American patients die each year while waiting for suitable organs, and that those waiting lists are caused by the U.

S. Congress, which prohibits payments to organ providers and thereby dries up the supply of transplantable organs. ” (" Looking to Canada for," 2006, p. 8) The legislature not only makes health care unaffordable, but they also help create longer waits for patients who cannot wait any longer. The entire system in the United States has caused a health care crisis that will not alleviate until something is done. The current American climate when dealing with health care has caused major problems to result in the country.

As Callahan states, Public opinion surveys show considerable discontent with American health care, the business community is increasingly distressed in trying to cope with ever- rising costs, and a long-awaited stimulus for serious reform may be at hand: middle-class alarm at a deteriorating situation for those previously well covered by insurance. The fact that a majority of personal bankruptcies in this country are occasioned by individual andfamilyhealth care debts is a sobering figure.

If the 46 million uninsured do not catch the congressional eye, maybe the steady increase of the uninsured and the rise in bankruptcies will. (2006, p. 28) Callahan suggests that the health care crisis in America has spread to nearly every facet of American life. The economy suffers, the savings sector suffers, the credit sector suffers, and the employment sector suffers. The current aspects of the American health care system are alarming and need to be addressed or it is predicted that dire consequences could develop, which will lead to a better understanding and acceptance of universal health care. care coverage. The change to a universal system will not be easy because many in the medical field do not want universal health care coverage.

Callahan has stated that during Canada’s attempt at socialized medicine, American members of the medical community enlisted propaganda and other forms of persuasion in an attempt to cause Canada to reject any form of universal coverage and these attempts failed. (2006, p. 28) The United States medical community understood that socialized medicine would cause a possible lowering of wages and rates as well as an increase in patients, which they did not want. If Canada’s system was implemented and succeeded, then possibly the American public would realize the benefits and would want universal coverage as well. The American medical elite identified this possibility and have been fighting the change ever since. Accompanying this fight has been the American Medical Association (AMA), which initially established the attempts at making the Canadian system fail.

Currently, the AMA has proposed a health care plan that does not even address the idea of universal coverage, and the group is a major political and public force in America with a lot of leverage to influence public policy. (2006, p. 28) The end result is a large organization that is supposedly watching out for patients, but at the same time is eliminating any type of universal health care opportunities. The American system allows groups such as the AMA to control public policy, which does not even recognize what the American public wants in health care.

Callahan has stated that well over 60% of Americans would be in favor of universal health care in some form, yet the AMA ignores this need and continues to cater to the medical elite in America. (2006, p. 29) If the AMA remains in control over medical public policy then nothing will ever get done to address the increasing need for American medical reform. The proper reformation of the health care system lies in universal health care, and Canada’s system is a prime example of health care effectiveness. A look into the actual facts surrounding America’s current health care position is beneficial into discovering the current state of the country. The facts about America’s system are shocking when put into perspective with other countries in the world. The World Health Organization puts America at number 37 overall in health care performance, which is in between the two countries Costa Rica and Slovenia.

Out of all the industrialized countries, America is lagging way behind many of the top countries in the world, and it appears that this ranking will continue to plummet if nothing is done to alleviate the health care crisis. The ranking of America is a strange outcome for the country because America spends more than any country in health care services. According to Lesnik, In 2004, U. S. health spending rose to a whopping 15 percent of the gross domestic product, a higher percentage than any other nation, including those that provide universal coverage to all residents and those with much more modest Gross Domestic Products. (2004, p. 1) Lesnik’s figures present a dire circumstance for America. The American medical field has more expenditures than countries that already provide universal coverage, which includes Canada.

If the expenditures are so high, it would make sense that America should have the best medical coverage of any nation in the world, but this is not the case. The idea as to why the United States ranked so low can be summed up with one idea and that is access to care. The numbers involved in a lack of access show further harms the stretch to the livelihood of Americans as well as the economic well being of the country. Illness affects every person and does not discriminate according to wealth or ability, which causes many citizens in the economic sectors of the country to lower their productivity because they do not have adequate access to care. (Lesnik, 2004, p. 1) This can cause a drop in growth in America, which will further exacerbate the situation.

Fundamentally, if the economy falters then the ability of sick workers to pay for care diminishes, which increases the problem of access. Lesnik identifies the fact that tens of millions of Americans lack adoctorto call on if they are in pain or a medical facility that will accept them when they are sick. (2004, p. 1) Lesnik states, According to the U. S. Census Bureau, a staggering 45 million Americans--or 15. 6 percent of the population--permanently live without any form of health insurance. This creates serious barriers to care, which lead to unnecessary illness and death. It is increasingly clear that, for individuals and their families, the financial burden of medical expenses is unmanageable without insurance. (2004, p. 1)

It appears that the major problem affecting the US health care crisis is access to care. Access to care encompasses the ability to pay as well as suitable facilities in which to receive care. These are the main culprits in America’s health care shortcomings, and if not addressed will only become worse. One of the possible reasons that America has shied away from universal health care is the enactment of legislation in the 1960s. In 1965, the American legislature enacted the Medicare program, and many experts noted that this piece of legislation may open the door for universal health care. (Callahan, 2006, p. 29) Obviously this never happened, and America has maintained the status quo since.

Another side effect of the Medicare program is that it had extreme costs to the government, which Callahan believes has caused many within government to shun any sort of grand expenditure such as universal health care. (2006, p. 29) The battle between whether small implementation or extreme implementation of a socialized health care system is needed has been at the forefront of the health care debate. Many experts believe small increments in the government’s socialization will be beneficial, but Callahan suggests that according to Canada’s model only a grand implementation will solve the health care problem and small increments will do little to alleviate the crisis that is occurring right now. (2006, p. 29) According to Callahan, America needs a major overhaul and needs to look north to Canada for the ideal health care system.

It appears that without this major change, America’s health care crisis will continue to grow to astronomical proportions. The American health care system is in a crisis and needs a change. Canada’s system appears to be better for the patient. A study into Canada’s system is essential in understanding how the policies would affect the United States. Conclusion The success of the Canadian universal health care system demonstrates how America should switch to a universal-style system as soon as possible. The deteriorating state of the health care system in America illustrates how the American free-enterprise system does not work and does not provide adequate care, access, and lower costs.