

# Sick around the world essay sample

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Health according to the World Health Organization is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Everybody deserves to have quality health care; it is a basic right of every human being. But in reality health comes with a price tag. In the United States being sick costs so much and not all can afford health care services. But there are countries, even much smaller than the United States, which have achieved universal health care, health for all.

In the United Kingdom, the health care system is “socialized medicine”. In this system, the government provides and pays for the health care of all people. Out of pocket health care is none for most services except some co-pays for dental, optometric and prescriptions. The downside of this system is that people have to pay higher taxes for their health care. The funds are then distributed by the National Health Service to health care providers.

Doctors are government employed and private General Practitioners are paid according to the number of patients they have. There is also a long waiting line for elective procedures like hip replacements and transplants. Besides the cost, a big difference can be seen in the “quality” of care patients receive depending on the financial capabilities of a person. In the United Kingdom all are equal when it comes to health, equal tax percentage and equal quality of care for the rich and poor, while in the United States quality health care depends on how much you pay. In my opinion, the socialized medicine of the United Kingdom will not be applicable to the United States because people nowadays have become more demanding. They want what is worth of their money. As long as people could pay they would want the best treatment there is and not just what everybody else gets.

As for Japan, the health care system they adapted is the “social insurance” system in which all are required to have health insurance. Insurance are either from work or purchased from a non-profit, community-based plan. The sectors which can’t afford the premiums receive assistance from the government. Most health insurance is privately owned, doctors and almost all hospitals are in the private sector. The downside of this system is that there is no regulation so Japanese can go to whatever specialist they want. Health care cost is also too low that some hospitals are operating with low funds and doctors have low income compared to other industrialized countries. This system could work in the United States since most insurance companies are privately owned but problems will be met regarding the cost of medical care. Medical care has been so commercialized and doctors and health practitioners are way above the social strata. Negotiating with physicians and hospitals on the cost of every procedure to keep the costs down would be a tedious job. The success of this system is dependent on the acceptance of the medical field and the political will of the government.

Germany uses the Bismark model of health care. This, like in Japan, is the social insurance model. But unlike in Japan, where people get insurance from work or are assigned to a community fund, Germans are free to buy their insurance from more than 200 private, nonprofit “sickness funds.” The poor receive public assistance to pay their premiums just like in Japan. What differs it from Japan it that medical services prices are negotiated by the said sickness funds, which are nonprofit health insurance companies, and the physician, so basically there is no government intervention. And the prices negotiated are then binding for all sickness funds. So that makes it possible

to have one price for medical procedures. This system works through competition with limited profit but with greater transparency. This system could also work for the United States, what is needed is competition. American insurance companies have monopolized the health care system. In Germany, there are over 200 sickness funds that the people can choose from. The biggest difference is that companies in Germany compete to survive while American companies compete for profit; that is why health care in the United State costs a lot more.

Taiwan adopted a “ National Health Insurance” model. Like Japan and Germany, all citizens must have insurance; the difference is that there is only one government-run insurer. NHI is mainly financed through premiums, which are based on the payroll tax, and is supplemented with out-of-pocket payments and direct government funding. The poor and veterans are fully supported by the government. The Taiwanese can see any doctor without a referral. Most health providers are in the private sector and form a competitive market on the health delivery. Like Japan, Taiwan’s system is not taking in enough money to cover the medical care it provides. This system is the least possible for the United States because centralizing health insurance to one government-run insurer will be very hard to especially today wherein private health insurance companies have gained power. What the United States can learn from Taiwan is that the effective use of information technology in health system. In Taiwan, people access care with a credit card-sized smart card. This card is presented to a doctor or a hospital, and then you are logged on to the system. This effective use of technology really helps in monitoring utilization of health services. The smart

card also helps in terms of health care quality; the card has records of services rendered for every diagnosis and whether the treatment was appropriate for a diagnosis.

In Switzerland, even though it is a capitalist nation with powerful insurance and pharmaceutical industries, the system is social insurance. All citizens are required to have coverage; those not covered were automatically assigned to a company. The government provides assistance to those who can't afford. Insurance companies are not allowed to make a profit on basic care and are prohibited to deny applicants and claims. The insurers negotiate with providers to set standard prices for services, but drug prices are set by the government. Compared to other countries that uses the same social insurance system, the Swiss system is the second most expensive in the world. I think the Swiss system is the best system that should be adapted by the United States. It preserves the right of people to choose from a broad array of health plans, sold by private insurance companies. And at the same time there is a law that requires everyone to have health coverage, with the government providing subsidies for those who couldn't afford it. It also gives protection to the people against "denials" of insurance companies. In this system, health insurance companies may not make a profit on the basic plan, health insurers gain profits on supplemental coverage. This is for things like dentistry, alternative medicine and semiprivate or private hospital rooms. I think this is the best compromise for the hurting health system of the United States.