

# [The to nine other countries with similar economies.](https://assignbuster.com/the-to-nine-other-countries-with-similar-economies/)

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The purpose of “ Paying for Prescription DrugsAround the World: Why Is the U.

S. an Outlier?” 1 is to analyze U. S. spendingin regard to pharmaceuticals and compare these statistics to nine othercountries with similar economies.

Furthermore, this article seeks to determinethe impact of pharmaceutical pricing on patients themselves via purchasing trendsover the past several years. The literature review supported the undertaking ofthis study by pointing out that the U. S. trumps all other countries in totalhealthcare spending. Pharmaceutical spending falls under this umbrella, whichis worthy of further exploration. There were no participantsincluded in this article, as raw data served as the main source, or subject of comparison. Thus, there are no identifiable dependentvariables.

The “ Organisation for Economic Co-operationand Development (OECD) and the 2016 Commonwealth Fund International HealthPolicy Survey,” 1 provided the majority of the information in thisarticle, among several other databases. The OECD was chosen as a viable sourceof information due to its yearly reports on “ health care measures across 34high-income countries, from population health status to health care spendingand utilization.” 1 While OECD’s data was collected from 34 countries, this article narrowed it down to the top ten countries with the highest income, including the U. S. All data incorporated was from 2013 or later. Eight total graphswere included, with many being sourced from the OECD or Commonwealth Fund.

In viewing the graphs, “ allcurrency amounts are listed in U. S. dollars(USD) and adjusted for national differences in cost of living.” 1 Furthermore, “ total pharmaceutical spending refers in most countries to ‘ net’spending, i. e., adjusted for possible rebates payable by manufacturers, wholesalers, or pharmacies.

“ 1 Data excluded from this article consisted of pharmaceuticaluse and spending statistics obtained from hospitals or any other inpatient or outpatientfacility. Thus, the dollar amounts reported in this article reflect the retailprice of medications only. The results were three-fold, as indicated by thepurpose of this article. In order to compare the U. S.

to other countries, aline graph was included which depicted the trend in pharmaceutical spending percaptia from 1980 to 2015. In comparing the U. S.

to the nine other countriesnoted in this article, the graph showed the enormous disparity- the U. S. simplyspends more, totaling $1, 000 per captia. This is notable, seeing as the secondrunner up, Switzerland, spends around $780 per capita, with the lowest, Sweden, coming in at 350$ per capita. In fact, another data set from the OECD in 2015found that the U.

S.’s spending is “ 30 percent to 190 percent higher thanin the other nine countries.” 1 Several postulations for this increased spendingwere identified, such as the U. S.’s push towards generic medications. Althoughgeneric medications are usually equated with affordability, “ 20 percent ofU. S.

generics underwent a rapid price increase between 2010 and 2015.” 1With most Americans taking more than one medication per day, this rise in costmay significantly attribute to U. S. total spending. Another reason to explain forthis spending gap is the fact that the U. S. is the only country out of the samplegroup to not have universal healthcare, meaning a greater population ofcitizens pay out-of-pocket, or simply an additional amount of money not coveredby insurance for medicine. The remaining nine countries with universalhealthcare purport a “ more centralized process for procuring pharmaceuticalsand determining coverage.

“ 1The last facet of the results includes a line graphshowing the percent of Americans who did not fill their medications due tocost, from 2003 to 2016. This line graph peaks at 42% in 2007, which has since droppedto to 24% in 2016. The article attributes this steady decline to the AffordableCare Act, which not only insured millions of lower-income Americans, but mademedications accessible for those who have multiple, chronic illness. Seeing as the nature of this article was not astudy or experiment, there were no identified limitations. However, thisarticle was rather limited in evaluating data from two main sources. A thorough, accurate article should aim for multiple sources of data to decrease bias anderror. This article evaluates the position of the U.

S. among its contenders in regard to pharmaceutical spending, and attempts touncover the reasoning behind the disparity. In addition, this article revealedthe improvement in medication compliance and affordability, as enforced by theAffordable Care Act. While the U.

S. claims to be a leader in healthcare, thereality is that Americans pay more for their medications than anywhere in theworld. If the U. S. wishes to address this issue, the pharmaceutical process inother, thriving countries must be evaluated, and perhaps, replicated.

In turn, U. S. pharmaceuticals can more accurately attend to the needs of its citizens, givingeven greater access to medications for all Americans.