

The to nine other countries with similar economies.

[Economics](#), [Currency](#)



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

S. an Outlier?”¹ is to analyze U. S. spending in regard to pharmaceuticals and compare these statistics to nine other countries with similar economies.

Furthermore, this article seeks to determine the impact of pharmaceutical pricing on patients themselves via purchasing trends over the past several years. The literature review supported the undertaking of this study by pointing out that the U. S. trumps all other countries in total healthcare spending. Pharmaceutical spending falls under this umbrella, which is worthy of further exploration. There were no participants included in this article, as raw data served as the main source, or subject of comparison. Thus, there are no identifiable dependent variables.

The “ Organisation for Economic Co-operation and Development (OECD) and the 2016 Commonwealth Fund International Health Policy Survey,”¹ provided the majority of the information in this article, among several other databases. The OECD was chosen as a viable source of information due to its yearly reports on “ health care measures across 34 high-income countries, from population health status to health care spending and 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 graphs were included, with many being sourced from the OECD or Commonwealth Fund.

In viewing the graphs, “ all currency amounts are listed in U. S. dollars (USD) and adjusted for national differences in cost of living.”¹ Furthermore, “ total
<https://assignbuster.com/the-to-nine-other-countries-with-similar-economies/>

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 pharmaceutical use and spending statistics obtained from hospitals or any other inpatient or outpatient facility. Thus, the dollar amounts reported in this article reflect the retail price of medications only. The results were three-fold, as indicated by the purpose of this article. In order to compare the U. S.

to other countries, a line graph was included which depicted the trend in pharmaceutical spending per capita from 1980 to 2015. In comparing the U. S.

to the nine other countries noted in this article, the graph showed the enormous disparity- the U. S. simply spends more, totaling \$1, 000 per capita. This is notable, seeing as the second runner 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 2015 found that the U.

S.'s spending is " 30 percent to 190 percent higher than in the other nine countries." 1 Several postulations for this increased spending were identified, such as the U. S.'s push towards generic medications. Although generic medications are usually equated with affordability, " 20 percent of U. S.

generics underwent a rapid price increase between 2010 and 2015." 1 With most Americans taking more than one medication per day, this rise in cost may significantly attribute to U. S. total spending. Another reason to

explain for this spending gap is the fact that the U. S. is the only country out of the sample group to not have universal healthcare, meaning a greater population of citizens pay out-of-pocket, or simply an additional amount of money not covered by insurance for medicine. The remaining nine countries with universal healthcare purport a “ more centralized process for procuring pharmaceuticals and determining coverage.

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

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

S. claims to be a leader in healthcare, the reality is that Americans pay more for their medications than anywhere in the world. If the U. S. wishes to

address this issue, the pharmaceutical process in other, thriving countries must be evaluated, and perhaps, replicated.

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