

Healthcare in america vs healthcare in the united kingdom



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The United Kingdom, which consists of Northern Ireland, England, Scotland and Wales, provides healthcare for any and all of their country's citizens. It appears that many Americans, especially Generation Z, believe that free healthcare is a more superior alternative than the current system (Harrell). In reality, the citizens of the United Kingdom are charged higher taxes in order to make this available. However, healthcare to all citizens might not be considered fair, since those who have the financial ability believe that they should not be burdened with the responsibility of being also financially responsible for the other citizens who are not financially reliable. In addition, many citizens do not want to be responsible for patients who are negligent in their own care and noncompliant with their medications (Harrell). On the other hand, universal healthcare deems considers a patient that is obese, smokes and drinks, even after being educated on the health risks, the same as a patient who eats healthy and takes care of themselves. Another reason why universal healthcare is actually unfavorable is the fact that there are excessive waiting periods, making patients wait for a few months before even seeing a specialist. Hospitals will then be owned by the government, which may mean that they will all compete for grants and further lessen the quality of care given to patients (Harrell). Therefore, the United Kingdom and other countries that provide universal healthcare to their citizens need to increase their taxes for this to occur; however, the United States does not and should not provide universal healthcare to the all the population because of cost, patient unreliability, and excessive wait times (Harrell).

The National Healthcare System was launched in the United Kingdom on July 5, 1948 and for the first time in history every aspect of healthcare from the

nurses, doctors, hospitals, eye doctors, pharmacists, and dentists were brought together to provide healthcare at no cost for all (NHS. UK). The health service would be free to all financed by taxes of its citizens. The NHS was founded on 3 core principles and they are to meet the needs of everyone, be free at the point of delivery, based on clinical need and not the ability to pay. Those principles have not changed in over 70 years that the NHS has been in operation (NHS. UK). In Michael Moran's 2005 article Health Policy: choice and rationing in *Politics Review*, he states that there are three ways that health coverage is paid for; the first being the commercial insurance market where the person wanting insurance pays for it, the second way is where coverage is paid for by the employer through a payroll tax, and the third way to provide coverage is through taxation of the citizens (Moran). The NHS has also been deemed as cheap, British citizens spend less on healthcare than other developed nations (Moran, figure 1).

One problem with the NHS is that there is no choice, the patient has no choice in choosing their doctors or facilities or treatment (Moran). Patients get whatever their doctor orders, whatever the doctor decides is suitable. And patients do not get to even choose their own general practitioner, and if they don't like the choice of GP that the government has chosen for them, it is impossible to change (Moran). When the NHS was founded in the late 1940s, the citizens had very little choices in their lives, much of the essentials of life such as fuel, food and clothing were rationed in post-World War 2 Britain (Moran). So now that 70 years has passed since the inception of the NHS, more of the population are educated and more likely to question their doctor's judgement. Educating patients is bad for doctor authority; it

makes the patient better informed, more questioning, and generally less inclined to take doctors' orders (Moran). According to the UK. gov website in response to the patients now being better educated the United Kingdom government has decided to give patients better choices (UK. gov NHS Choice Framework). On their government website UK. gov, The NHS Choice Framework, they outline when the patient has choices in their healthcare, where to get information to help the patient choose, and how to complain if the patient is not offered a choice (UK. gov NHS Choice).

So, what's not to like about a system like the NHS? To begin with the maximum waiting time for non-urgent care is 18 weeks, and the maximum waiting time to see a specialist for suspected cancer is 2 weeks (UK. gov NHS Choice). There are rules and regulations to abide by that would restrict a patient from changing hospitals if the patient has to wait longer than 18 weeks for treatment such as if delaying the start of treatment is in your best interest, the doctor has decided that it's appropriate to monitor for a time without treatment, the patient fails to attend appointments which they themselves had chosen from a set of reasonable options provided by the doctor (UK. gov NHS Choices). In Eben Harrell's 2009 article in *Time*, "How Does Britain's National Health Service Work? Is Britain's Healthcare System Really that Bad?" The NHS has a body called the National Institute for Health and Clinical Excellence, known by the acronym NICE (Harrell). NICE decides which new treatments and drugs the NHS should pay for, one factor used in the decision is cost-effectiveness (Harrell). NICE determines what is cost-effective and what isn't by setting a threshold (Harrell). NICE looked to Britain's Department of Transport for their threshold, \$45, 000 per life year

gained and so NICE rarely approves a drug or treatment that costs more than \$45, 000 per life year gained. Translated to mean that NICE does not want the NHS to spend more than \$45, 000 to extend a citizen's life by one year (Harrell).

Jonathan Oberlander, in his 2012 article in the *New England Journal of Medicine*, *Unfinished Journey - A Century of Healthcare Reform in the United States*, states that healthcare in America began over one hundred years ago in 1915 with the first proposal for national health insurance in the United States, they believed that America should be more like Germany and England where their system focused on medical care for the workers (Oberlander). The American Medical Association was on board with this decision. By 1920 the reform for American health care had failed due to a number of reasons ranging from businesses opposing the idea, America joining the war in Europe (WW I), and the nation's fear of anything foreign (Oberlander). Things remained quiet until the 1940s when those seeking reform of the United States health care system were looking for a universal health insurance for all Americans (Oberlander). The same issues that plagued America in 1920 still endured in the 1940s and so began the development of both public and private insurance in America. According to Jacob S. Hacker, Jill Quadagno and J. Brandon McKelvey in *Health at Risk: America's Ailing Health System - and How to Heal it*, unions won health benefits for their members and the nonunionized businesses began to offer the same health coverage and by the 1950s more than half of America had health insurance through their jobs (Hacker, Quadagno, McKelvey). In David Blumenthal's 2006 article for the *New England Journal of Medicine*, *Employer*

- Sponsored Health Insurance in the United States - Origins and Implications

he says “ the heavy reliance on employer – sponsored insurance in the United States is, by many accounts, an accident of history that evolved in an unplanned way, and in the view of some, with the benefit of intelligent design” (Blumenthal). It seems like when the creators of the health insurance institutions of the United States, it was planned haphazardly and in a “ as a situation comes up a plan is made” fashion, and after watching all of the news channels one could attribute this to the problems in healthcare today.

A system where the only health insurance coverage is obtained by one’s employer doesn’t really address the small business owner or the sole business owner or even the working poor who can’t get coverage through their employer or even afford to pay for it on their own. And what about the seniors who have retired and don’t have continued coverage from their former employer? So in 1965, Congress enacted Medicare and Medicaid, which is government sponsored health care coverage for retirees and for those unable to afford insurance or those that are permanently disabled (Oberlander). Jonathan Oberlander goes on to state that there are gaps in both private and government insurance, from cancelling insurance coverage for the sick to not providing enough coverage for the elderly. Hospitals and doctors share the blame as well, after all, Oberlander also points out that “ uninsured patients are financial losers for health care institutions, and they face serious barriers to care” resulting in a 1986 law that fought to stop hospitals from dumping patients who lacked coverage (Oberlander).

According to Jacob S. Hacker, Jill Quadagno and J. Brandon McKelvey in *Health at Risk: America's Ailing Health System - and How to Heal it*, each year for the past 25 years, the number of people without health insurance has continued to rise (Hacker, Quadagno, McKelvey). Health care expenses are increasing at a great rate and they feel that the problem is not that people have too little insurance, but that people have too much insurance and that leads to wasteful consumption because patients aren't aware of the actual cost of care - known as the moral hazard risk (Hacker, Quadagno, McKelvey) (Pauly 531 - 37)

In conclusion, sometimes things that are free come at a cost. What may be an important aspect of obtaining health insurance to one person, may not be as important to another. Maybe if free doctor and hospital care is of importance to one person and they don't mind long wait times and high taxes, then that's where they should choose to live so they can have that. But maybe what is important to another person is being able to get in to see their doctor quickly, being able to choose or change their doctors and hospitals on a whim and they don't mind a higher cost of insurance premiums then that's where they should choose to live. It's all a matter of freedom of choice.

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