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Honors Senior Project

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Abstract

In the first section of a three part series looking at health care reform, this segment analyzes a brief history of healthcare, a comparison of selected health care systems in the world, and the ethical and moral basis for health care systems in the respective countries. After analyzing the health care systems in England, France, and Germany, the ethical basis for health care in America will be established.

It is important to analyze important paradigm shifts in healthcare as the latest is advent of employee sponsored healthcare. Without this advancement, it is very difficult for a majority of individuals to access healthcare because of its high, rising costs. Before getting into the ethical dimension of healthcare in America, the healthcare systems of the United Kingdom, France, and Germany will be analyzed in order to illustrate the driving force for healthcare in the respective countries. British citizens believe healthcare is a public service, French citizens believe in the concept of *solidarité* when thinking of healthcare reform, and German citizens believe healthcare is an inalienable right as it was given to them by Iron Chancellor.

Furthermore, comparing health outcomes – life expectancy and infant mortality rates – and healthcare costs – as a percent of gross domestic product – will exemplify how these European countries have both better health outcomes and lower costs with universal healthcare. Finally, the ethical and moral basis for healthcare in the United Kingdom, France, and Germany will be used to analyze whether or not healthcare is considered a right in the United States.

I: History of Healthcare

Before generating a look at current healthcare reform, it is imperative to look back to the history of healthcare to gain a better understanding of what lies ahead. By looking back in time, important paradigm shifts can be seen that can explain how we got to where we are today. Analyzing these shifts and learning why they occurred will allow the American healthcare system to understand what it needs to do in order to move forward in this day and age.

In early American history, healthcare started out as individual doctors - some highly trained, others not trained well – treating those who were ill. Hospitals were then created to bring the sick together in order to make it easier for doctors to treat them. As a result of this haphazard approach to medicine, hospitals were viewed negatively during this time. To most Americans, hospitals were simply a place used to house the “insane” and the poor that feel victim to diseases and maladies¹.

Before the first paradigm shift American healthcare occurred, new ideas about curing and prevention came about during the mid to late 19th century. As war is always the machine that drives immense invention and innovation, the American Civil War provided such as stimulus. People started to recognize the need for clean air and water, Koch discovered that bacteria are the source of disease in 1860, and the layout and function of the hospital was changed to fit the need of the wounded masses from the battlefields.

The post-civil war hospital was a place where people willingly came to get help now that health professionals knew that bacteria were the cause of disease and they had some idea of how to control them. Then, during the 20th century, new scientific advances – how to study a living organism at the cellular level, cholesterol and insulin were discovered as the key to coronary artery disease and diabetes, respectively, and penicillin was perfected to save thousands of thousands of lives during WWII²– coupled with new medical technology shaped this new idea of healthcare.

New medical technology shaped the efficiency of hospitals to mirror the improvements seen in factories as a result of improvements in manufacturing technology. Throughout the time in which there were new scientific advances and improved efficiencies of hospitals, there was a period of tremendous economic growth. The combination of these factors led to a new social attitude towards hospitals. No longer were hospitals a place where only the sick and poor went or a place where wounded masses had limbs amputated, hospitals became a place where people could go to improve their health. This new social attitude was the first paradigm shift in American healthcare.

Now that there was a positive social attitude towards hospitals and healthcare, the next question became how the average person can pay for healthcare if they became ill. Because medicine is a science with almost zero certainty, there is a high cost in developing and maintaining treatments. Thus, the idea for an insurance plan came around as school teachers around Baylor hospital decided to pay “dues” into a pool that would be used to pay for care if any of the members became ill. By deciding to pool their risk, these teachers created the first healthcare insurance entity that would later become Blue Cross. This generation of health insurance to support the high cost of scientific medicine was the second paradigm shift in American healthcare.

Health insurance became mainstream following the conclusion of WWII. During the war, federal mandates restricted employers from increasing wages because of looming rampant inflation. As a result, employers turned to offering health insurance as a way to recruit and retain their workforce³. This move expanded the reach of health insurance to many more Americans and is the main avenue for health insurance for most Americans. The fact that, over the last 35 years, health care spending in the US has risen 9.8% versus 7.2 % elsewhere in the economy⁴ illustrates that health care is unaffordable to many without insurance.

American’s main access to healthcare has been threatened as a result of globalization. With all the good that globalization has brought to improving the world around us, it has forced companies to become leaner in a way that many workers do not appreciate. As a result of a more competitive marketplace in which American companies are suffering from high legacy costs - such as paying health insurance for workers – firms face the difficult decision of lessening or dropping health insurance for their employees. Without health insurance, many Americans have do not have access to healthcare.

Even before the recent economic downturn, companies have been looking for ways to cut their health insurance expenses. After the American financial collapse, both large and small businesses are cutting or eliminating health insurance to workers. This near elimination of insurance benefits makes it more difficult for individuals to access increasingly expensive healthcare. In order to the United States to have a great healthcare system, there must be another paradigm shift in American social values that allows all Americans some basic access to healthcare.

II: Healthcare around the world

Before taking a look at the healthcare system in America, it is important to understand where the driving force for American healthcare is. In other words, why is healthcare important to Americans? In order to do this, the healthcare of similar countries needs to be analyzed in order to see how their values are incorporated into their respective health systems. Analyzing the ideologies of the respective countries will illustrate the driving force in which their healthcare systems derive from; it will show how they got to where they are today. After analyzing the ethics behind healthcare in these world powers, their costs and outcomes will be compared to the American health system.

Three countries were chosen to be compared to the United States because they were some of the countries chosen by T.R. Reid in his book, *The Healing of America*. England, France, and Germany were chosen because they, “have political, economic, and educational structures like ours: free market democracies that have embraced the high tech world”⁵. Diving into the identity of these countries will exemplify why their respective citizens value healthcare; furthermore, it will illustrate to America what kind of healthcare system they should have by having them first understand the ethics of the nations.

While it is difficult to compare health statistics between different nations as a result of different societal and cultural disparities, comparisons can still be made that pinpoint valid differences. For instance, a 2007 study by the Commonwealth Fund compared the performance of health care systems of Australia, New Zealand, the United Kingdom, Germany, Canada, and the United States. The main conclusion that the study found was that America’s healthcare system consistently underperforms those of the other nations even though it is the most expensive. They reasoned this was true because the United States was the only country without universal health care⁶.

A more straight forward approach can be taken when comparing the statistics of these countries using this conclusion. By comparing all of these countries against the United States, a more accurate reflection of the disparities in cost and outcomes will be seen between universal coverage and without it. While this may seem like comparing the all-star stats of all other countries against the worst American stats, it simply shows the potential that America can reach with its vast human and financial resources.

Furthermore, a relative comparison of healthcare costs paid by the government illustrate that America is the only country between the aforementioned countries not to have universal healthcare. The Organization for Economic Co-operation and Development (OECD), a Paris based organization, released a data study that indicated the percentage of health costs paid for by the government. Among the countries selected, France (79%), Germany (76.9%), and the United Kingdom (81.7%) had 80% of their healthcare costs paid by the government while the United States had a noticeably lower 45.4%⁷. While this percentage may be high for some Americans who believe in small government, it still pales in comparison to the percentage that America’s European brothers pay.

For America, this percentage represents the government spending on its civil servants (politicians, military, teachers, police, etc) and the spending for Medicare and Medicaid. The European countries’ percentages also include these populations in addition to a majority of the general populace. While this statistic serves to prove that the government of the United States spends much less than its European counterparts, healthcare costs as a percentage of gross domestic product (GDP) will be used as the proxy for healthcare costs in the nation as it incorporates both public and private financing of healthcare.

Another reason that GDP will be used is that, at its core, it is basically a percentage of what a country actually creates. Comparing the per capita or aggregate spending on healthcare is not as accurate because of different economic and social conditions between the various countries. In other words, a country with a high GDP should spend more on healthcare because that nation’s economy is flourishing. Comparing the percentages shows a standardized comparison of what each country can spend relative to their total expenditures. It illustrates how each country allocates its resources for healthcare.

The main statistics that will be used to compare health outcomes between the various countries are life expectancy – it encompasses the entire spectrum of healthcare – and infant mortality rate - often used as an indicator of the level of health in a country. Life expectancy, according to the CIA Factbook, is the overall quality of life in a country⁸. As these nations are all highly developed nations, the life expectancies between these countries do not differ significantly.

While Americans still have the lowest life expectancy 78.11 years (ranked #49) compared to England (79.01 years, ranked #36), Germany (79.26 years, ranked #32), and France (80.98 years, ranked #6)⁸, the close spread cannot be purely attributed to healthcare as there can be no true distinction the high stress, high calorie American lifestyle and its healthcare system. Thus, from this statistic it can be pointed out that the American healthcare system gets good health outcomes. While this statement is true; however, America should not be the 49th ranked country in the world when it comes to overall quality of their healthcare system with the amount of capital and resources put into it.

While the life expectancies between these nations do not differ significantly, the infant mortality rate is relatively different between the United States and the three European Countries. The CIA Factbook defines the infant mortality rate as the deaths of infants under one year old in a given year per 1,000 live births in the same year⁹. Thus, a lower infant mortality rate represents a better indication of the level of comprehensive health in the country. The United States has a higher infant mortality rate (6.22 deaths) compared to England (4.85 deaths), France (3.33 deaths), and Germany (3.99 deaths)⁸. From this data, America appears to have much worse health outcomes and this fact affirms that the American health system needs to be reanalyzed.

The United Kingdom

Although the United Kingdom is the neighbor across the pond, it bears the closest resemblance to America as they both have similar pasts and futures. As mentioned before, England has a higher life expectancy at 79.01 years compared to 78.11 years for Americans⁸ and has a lower infant mortality rate at 4.85 deaths compared to 6.22 deaths for Americans⁹. From this data, England clearly has better health outcomes than the United States.

What is interesting is that the United Kingdom is able to accomplish a better health system while spending a much lower percentage on healthcare. While the United States spends 16% of their GDP on healthcare, Great Britain only spends 8.4% of their GDP on healthcare⁷ and has much better health outcomes. It is a common fact that America has this inverse relationship between cost and outcomes due to, among other factors, overutilization and the "American mindset". The key here is that the United Kingdom has better health outcomes while spending a lower percentage of their resources.

England epitomizes the idea of socialized medicine as the government is the major player in healthcare. One thing to note is that although the government owns most hospitals and clinics, there are some private ones. As T.R. Reid describes healthcare in the United Kingdom, "health care is a public service, like the fire department or the public library"¹⁰. In other words, British citizens expect the government to provide healthcare in the same way they run other public services. The government should use tax dollars to fund healthcare for every citizen in the nation. It is the way it was and it is the way that is always going to be.

The next question for Americans to ask is how well the people like this system. In *Sickness around the World*, T.R. Reid states that Great Britain is the world leader in preventative medicine because general practitioners promote prevention¹¹. With the emphasis on prevention, patients are much happier because they are less likely to become sick. Furthermore, the fact that patients never have to pay a bill is a positive attribute in the eyes of many British citizens. However, England defiantly has its fair share of horror stories that cause many citizens to hate the healthcare system.

The general practitioners that allow the United Kingdom to become the world leader in preventative medicine are also the same group that causes patients the most hardship. The double-edge sword of the GP serves as the gatekeeper of the health system that keeps costs down but can also lead to difficult access to care. For example, overutilization of care is prevented because a referral from a general

practitioner is required to access secondary and tertiary treatment. This allows government costs for healthcare, which come from tax dollars, to be fiscally responsible.

The problem stems from the fact that people do not want someone, in this case the GPs and the government, in the way of their treatment. This is where horror stories about rationing and having to wait in line for care are born. In every essence of healthcare, this is a valid concern. The important information here is that while the United Kingdom is world leader in preventative medicine, it leaves little for a world superpower to strive for with respect to the “serious stuff”. Furthermore, the fact that English citizens believe that health care is a public service illustrates the moral obligation that every citizen has to helping others access healthcare.

The director of the Civitas Health Unit, Mr. James Gubb, eloquently describes England’s healthcare system, National Health Services (NHS), on a media press release in August 2009. “The NHS is neither deity nor dinosaur, but if the United States is serious about health reform and providing universal coverage, it should look to Europe, where systems are more competitive, responsive, and patient-led than the NHS; and where coverage is based on insurance, not on taxation”¹². From this quote, it is clear that England’s healthcare system has both good (prevention) and bad (rationing) as illustrated in previous paragraphs. Furthermore, Mr. Gubb states the President Obama should look towards other European countries to emulate a health care system.

France

France, the top ranked healthcare system by the World Health Organization (WHO), also has better health outcomes and lower costs compared the United States. As mentioned before, France has a higher life expectancy at 80.98 years compared to 78.11 years for Americans⁸ and has a lower infant mortality rate at 3.33 deaths compared to 6.22 deaths for Americans⁹. Furthermore, France is able to gain these better health outcomes as compared to the United States while only spending 11% of its GDP on healthcare versus the Americans 16%⁷.

Similar to the United States, France has a large system of private doctors that treat patients who buy health insurance through the job where the employer and the employee split premiums. The key difference is that these insurance plans – the caisses d’assurance maladie, or “sickness insurance funds” – are nonprofit entities whose main concern is paying for people’s health care instead of providing a return to investors¹³. In other words, these insurance funds are much more efficient with respect to healthcare as they only focus on providing care to the patient.

Another key difference between insurance plans in the United States and France is that the insurance funds in France cannot deny coverage or a claim and every health facility is “in-network” under French law. Furthermore, a clear separation of the British system that had general practitioners serve as gatekeepers to access, there are no gatekeepers under the French system. While the French acknowledge that gatekeepers would lower costs, people do not want to lose their choices. This is the key reason that France’s 11% of GDP spending on healthcare is the highest of the aforementioned European countries; even so, it is still ranked the top healthcare system by the WHO.

T.R. Reid asked a doctor in France why they take the time collecting the co-pay when the insurance funds will reimburse the patient for most, if not all, of the bill. The doctor responded with the following quote:

No, I think it is entirely reasonable. Medical care is a valuable commodity. Its value can be life or death. When we ask the patient to pay the 21 Euros in my office, we remind her that she is receiving a costly service. Even though she’s going to get

the money back from insurance in a week, maybe two, it is important to convey that something of value is being exchanged when they come to see me....¹⁴

While insurance covers most of the cost, there is a fee for service list in each clinical setting that lists the price and amount of reimbursement for every specific service¹⁵. This simple chart reminds patients what health care costs - which reduces overutilization - and allows them to compare healthcare prices. While they will be reimbursed by the insurance funds within a couple of weeks, the percentage paid out of pocket upon each visit reminds French citizens that healthcare costs money. Because patients are forced to surrender the use of their earned money for a couple of weeks, they will not over-utilize health services that they do not need. In the end, everyone pays something for healthcare to remind them of its cost.

Another aspect of France's health care system that allows them to avoid spending a higher percentage of its GDP on healthcare is its *carte vitale*, or the card of life. This card increases medical efficiencies as it contains a patients' entire medical record – a digital record of every doctor visit, referral, injection, operation, x-ray, diagnostic test, prescription, warning - with how much doctor billed, how much paid by insurance and by patient. As a result, there is a lower cost of storing files, billing, and having clerical support. Furthermore, it reduces and lowers feedback time for various bureaucratic necessities (paperwork).

While the card of life and surrendering cash upon clinic visits that will be later reimbursed serves as two mechanisms to lower health care costs in France, French citizens still believe that costs are too high compared to other European countries¹⁶. While they are happy with their maximum choice in choosing doctors and hospitals, little or no waiting, and bargain out of pocket prices, French citizens still cry for health care reform. The key reason for this is that the insurance funds continually run a deficit. Over a period of time, these deficits will danger the choice and access that the France currently enjoys with respect to healthcare.

Their universal response to this upcoming crisis is the key fact to remember about France and their moral obligation concerning healthcare. With the French healthcare reform, the key is to ensure that everyone has equal access to medical care. This universal coverage stems from the fact that whenever, "the French talk about health care, they invoke the concept of *solidarité*, the notion that all French citizens must stick solidly together to help one another in times of need".¹⁷ No matter what changes come in France's health care system, the citizens want to look out for one another as they believe that they are stronger as a country when they all stick together.

While France provides one the best health care systems in the world, it still faces future uncertainty with high medical costs. With unlimited choice and great access to care, France is able to boast some of the best health outcomes in the world. While the *carte vitale* increases medical efficiencies and their payment system acting as a proactive measure to reduce overutilization, France is working towards lowering the percent of GDP they spend on healthcare. Although the ongoing deficits in the insurance funds will be addressed through certain cuts, *solidarité* will ensure that equal access to medical care will not be one of them.

Germany

Germany also has a health care system that has better health outcomes and lower costs compared to the United States. As mentioned before, Germany has a higher life expectancy at 79.26 years compared to 78.11 years for Americans⁸ and has a lower infant mortality rate at 3.99 deaths compared to 6.22 deaths for Americans⁹. Furthermore, France is able to gain these better health outcomes as compared to the United States while only spending 10.4% of its GDP on healthcare versus the Americans 16%⁷.

Germany has the world's oldest publicly sponsored health-care system that dates back to 1883, the days of Otto von Bismarck¹⁸. For a brief refresher on history, Otto von Bismarck was known as the "Iron Chancellor" who united various serfdoms, principalities, and tribes into a single German Reich through "iron and blood, not speeches and the resolutions of majorities" (Reid, T.R.). While the Iron chancellor was a no nonsense ruler to wanted to unify Germany, he was also a humanitarian leader who wanted to help ordinary people with sickness. He enacted the world's first national health care system in which there is mandated medical insurance for the entire population. As a result of its history, health care in Germany is considered a basic right.

Very little tax money is used to fund the German health system¹⁹ as the majority of the funds are paid from premiums from workers and employers to insurance companies. Unlike the American system in which people only pay into their respective insurance provider, the German system sees people paying for everyone. These "sickness funds", or the funds that everyone is required to be a part of, are required to be financially self-sufficient through premiums that are set as a percentage of income. There are various funds, and each fund has a different percentage that is paid through a deduction in an employee's paycheck. The average deduction of 14% is split equally between the employee and the employer²⁰.

As everyone is obliged to pay into the plan, the costs paid into the centralized German health-care pot are shared equally between employers and workers¹⁸. Basing these premiums as a percentage of income is the result of Bismarck's historical importance in the founding of Germany. Even though people who make less pay less into the pot and people who make more pay more into the pot, there is minimal moral outrage. Germans believe in the idea of solidarity, or the idea that everybody's in it together and nobody should be without health insurance¹⁹.

Germany has universal coverage (88% is employee-employer based) with 99.8% of people covered¹⁹ while spending 10.7% of their GDP on health care (\$3,628/capita). While there is both public and private insurance, the public insurance companies are privately run and this promotes competition. The public insurance is mandatory for all Germans as it is funded through payroll deductions; however, individuals who are self-employed or are making a gross income above a certain level (around \$75,000) can also join the private system. As a result, nearly all of the 82 million Germans and the millions of "guest workers" get the generous packet of benefits that Germany has to offer (Reid, T.R.).

German policy makers do not waste their time trying to stop the rich from buying a premium service; they "focus on ensuring that the standard of care available to the poorest people is acceptably high"²⁰. As such, the Germans have successfully integrated consumer choice and access for everyone. The comprehensive coverage includes basic dental, long term care, and short waits in which there is normally less than a month wait for elective procedures. Furthermore, there are no long waits for treatments as the European stereotypes portray because there is an ample supply of doctors and hospitals. (Reid, T.R.).

III: Is Healthcare an American Right?

The United Kingdom believes that health care is a public service in the same regard as the local library and the fire department; thus, Britain's expect the government to provide care and finance it through taxes. Although France's healthcare system is the one of the elite in the world, citizens still demand healthcare reform. However, at the end of the day many French citizens believe in the concept of *solidarité* in which the rich, the poor, and the migrants all stick together to have equal access to the same healthcare. Germany's healthcare value system is based on their history in with the Iron Chancellor made healthcare a basic right for every German citizen. Collectively, these respective values are the reasons that these three countries have healthcare systems that have both good health outcomes and low costs.

The key question for Americans to consider with respect to healthcare resides within the collective value system of the American people. The only way the United States will attain a utopian healthcare system is to understand what the answer to that question is. What do Americans really value? As the “collective states” of America, our country was founded on independence, freedom, and a free market.

The Constitution provides the basis for everything that Americans value. The right to free speech, religion, trade, and the right to vote are some of the key elements of the Constitution that every American values. While the loose language extended the many freedoms and rights from white males to the rest of the population that made America their home, the non-specific nature of the Constitution also leaves everything up to interpretation

However, the complex and diverse “melting pot” nature of the country makes it very difficult to pinpoint an aspect that can be used to create a health care system that the country collectively believes in. For example, what exactly is the right to life? Pro-life advocates state that fetuses should not have their right to life violated through abortions. Pro-choice advocates believe that if a pregnant women’s life is in danger as a result of the pregnancy, she should have the right to her life.

In a similar way, the right to life in the Bill of Rights is cited as a primary reason that many people believe that the government should in fact hold jurisdiction on the nation’s healthcare system. On the other hand, opponents of universal healthcare also cite the fact that the Constitution never explicitly states the right to healthcare as many other nations have stated in their respective constitutions. As the pro-choice/pro-life argument will probably never be solved in this lifetime, using the Constitution as the basis for America’s value system will also not solve the question of what Americans value with respect to healthcare.

While there will never be a concrete answer as to whether or not healthcare is considered an American right, there is another way to determine the basis for healthcare values. On the Sunday night in 2010 in which the House bill was passed, I had a debate with a “Fox News friend” regarding healthcare. While we both believed that healthcare was not a right, I tried to convince him that in this day and age – in which healthcare is the only industry in which technology is making the industry more expensive²¹ – the government and wealthy Americans needs to step in and help those who cannot help themselves.

As a part of my argument, I made an analogy between the healthcare system and the infrastructure system (roads, satellites, etc) in the United States. . In this day and age, the road system is vital for people to get to work, school, the grocery store, etc. While the building and maintenance of roads are not stated in the Constitution as something that the government is required to do, not doing so would restrict trade, commerce, travel, and many other aspects of society as the flow of people are information will be disrupted.

More importantly, many governmental measures are taken in order to assist members of the population who need a stepping stone towards a better life. Without a government provided road system, poor and immigrants would not be able to work towards improving their socioeconomic status. If all roads were privately owned toll roads, it would be much more difficult for these citizens to access this service. While paying an extra couple of dollars a day for travel is similar to an increase in gas prices with respect to affordability, these costs pale in comparison to the substantially higher costs of healthcare.

Another aspect of my argument dealt with the moral responsibility for society to help those who cannot help themselves. Not every American is able to grow up in a nurturing environment that emphasizes family, education, and morals. As future college and medical school graduates, it is our moral

responsibility to help those who did not have the same opportunities growing up. While it is not society's responsibility to accept these individuals' poor choices, it is a greater evil to simply stand by as a bystander.

In our debate, my "Fox News friend" - who coincidentally is also a pre-med - stated that people who cannot afford insurance should not receive care. In response I made up a scenario in the future in which he is a practicing doctor and comes across a morbidly obese man on his way to the beach. It is evident that this man does not eat healthy and has probably not exercised a day in his life. The man is having a heart attack that, for all intensive purposes, is his fault. I ask my friend if he would help this man. His response, "No, I wouldn't".

While not everyone agrees that society should help those on the fringes, people in need are still people who need medical help. While no one should applaud a drug addict that hurts themselves attempting suicide, society should still fulfill its moral obligation to heal them. As society as a whole is only as strong as its weakest link, it is the public's job to help those who cannot help themselves.

Furthermore, another argument against government funded healthcare is the fact that the founding fathers wanted and believed in small government. However, after the financial crises that stemmed from collateralized debt obligations and various hedging strategies in which there was little to no regulation, government intervention does not seem like a bad idea in industries that currently have public black eyes. Furthermore, it was the first Republican President, Abraham Lincoln, who said that the role of government is to do for the people what they cannot do better for themselves.²²

If the notion that big banks are "too big to fail" merits government attention, America's health outcomes should be "too important to ignore". Government assistance is one of those necessary evils in which society wants individuals to work hard towards obtaining their own avenue to social, financial, and physical health; however, the difficulty and complexity in the journey is what creates the need for government assistance.

Simply because medicine is much more expensive than toll roads – which are akin to private insurance, the government needs to step in and remedy the situation. Without a government provided infrastructure system, society would not survive in its current travel-friendly state. If the government can spend billions of dollars on infrastructure and bank bailouts, why is there such alarm when government spends on healthcare? While governmental influence in the market should always be minimal, certain instances require intervention. However, the government must be fiscally responsible while maintaining a high level of care.

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