

Gaps between Healthcare in the United States and other Nations

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ABSTRACT

The United States is consistently seen as one of, if not the top nation in terms of economic, military, and technological prowess. In these three areas, it faces minimal competition. However, there is one certain trait of a prosperous country in which it lags behind: healthcare. The United States healthcare system, despite its high costs, falls to other developed countries. This paper seeks to analyze the differences between the United States healthcare system and that of other nations, both better (such as the leader in life expectancy Monaco) and worse (Afghanistan).

The paper shows how facets of Monaco's healthcare system, among other nations', can serve as examples for the US to follow, as well as illustrate some pros and cons between the two systems. It also shows the immense progress the nation has already made when compared to lower-ranked countries such as Afghanistan. However, any comments made in this paper are purely for analysis and do not show support or dissent against any such party.

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Method of Selection & Selection

One factor that illustrates gaps in quality of healthcare is the life expectancy of a particular region. A 2023 estimate had the United States with a life expectancy at birth of 80.8 years, putting it in an underwhelming 48th place and the 78th percentile out of 227 ranked countries and special territories (i.e., Hong Kong) [1]. When compared solely with nations comprising the American continents, it rises to 80th in percentile (10th place out of 50). Regardless, its position is significantly lower in this than it might be predicted. To understand what could be changed, we will compare and contrast the country ranked highest on this chart (Monaco) with the US.

Monaco

One key difference is the availability of healthcare. Monaco, like much of Europe, boasts a "public healthcare system... available to all citizens and long-term residents," given they have paid into the nation's social security system [2]. By contrast, the United States does not have universal coverage for its residents. Instead, it works as a "mixed system" [3]. Medicare and Medicaid, two publicly financed insurance systems coexist with private plans. This shows the first difference when it comes to availability: affordability. At face-value, a healthcare system that is fully open to the public for medical needs (not voluntary items such as cosmetic surgeries) makes the Monegasque system seem more appealing. However, it should be noted that the compulsory program that funds this takes 15% of an employee's income, and 24% of an employer's payroll. That is the downside to this system: obligation/a lack of independence. The American healthcare system allows for the opportunity to pick and choose the insurance that fits best per person, at various rates. While private insurance does also exist in Monaco, it is supplementary to the public system that is a required opt-in. Furthermore, the overall cost of living index of Monaco is over forty points higher than in the United States [4]. Therefore, while the healthcare system may be cheaper, nearly everything else in the country that would be purchased as everyday items (such as groceries and rent) is not.

Another difference is the control of care. Monaco's main health facility, the Centre Hospitalier Princesse Grace (CHPG), is the sole public hospital in the Principality. It provides care for any typical medical emergencies/events. It receives financial support from the Monegasque government, as well as money from the country's health insurance system as well as that of France (due to agreements between the two nations). "The Principality prides itself on the quality of its medical teams and equipment," Böbel and Martis of the International University of Monaco note [5].

By comparison, the majority of healthcare systems/providers in the United States are private. While this hurts the patient body as a whole, it most critically affects the group that can afford healthcare the least: those covered by Medicaid. The country's health coverage program for low-income individuals has "reimbursement rates [that] are so low that treating patients covered by the program is often unprofitable" [6]. This is a problem for two reasons: One, 25% of americans are now covered by Medicaid, and two, control of the healthcare sector by public entities shrunk by 42% from 1983 to 2019, due to closures or takeovers/transfers/switches to private interests [7]. This then goes back to the original concern of affordability of care. The privatization of hospitals and clinics exacerbates "the notion that a patient is a customer seeking a service," hiding the basic values of caring and charity that medical practitioners serve with [8].

Disclaimer & Selection

Out of 277 areas ranked on the aforementioned CIA World Factbook listings, there is a clear trend. First-world countries (in the modern context, not its Cold War definition) dominate the top of the list. These are typically west and central European countries, as well as Canada, the United States, and major Oceanic countries such as Australia and New Zealand. At the bottom lie an assortment of countries typically considered still developing most African nations, conflict-ridden Middle Eastern countries,

and South and Southeast Asian countries, with South American ones appearing intermittently [9]. To liken with (at the top) or alienate from (at the bottom) the US any such country would be a game of generalization and cliché statements. Just as the analysis of the system of highest-ranked Monaco was not meant to marvel at the country, the comparisons and differences for this next choice are not meant to elevate the United States or bring the other nation down either.

With that being said, the lowest ranked location in the list of life expectancy at birth has a rather fitting nickname: the Graveyard of Empires, Afghanistan. With an estimated expectancy of just 54.1 years, it sits 1.9 years behind the Central African Republic (at 226th), 26.7 years behind the US, and a staggering 35.5 behind Monaco.

Afghanistan

This section of the paper understands what the United States has done right (or what it has right going for it), to illustrate the amount of progress and fortune the nation already has. Afghanistan is a medium-sized country just northwest of Pakistan, near the Indian subcontinent. After decades of turmoil, its people rely heavily on foreign aid to keep up their health sector [10]. With the withdrawal of American and NATO forces, and recontrol of the capital by the Taliban, there has been a scarcity of adequate supplies and professionals to assist.

The world is facing a healthcare workforce shortage, so this problem is not limited to just a few countries [11]. In fact, it is estimated that through 2036, the United States will be short 68,020 primary care physicians alone [2]. However, this number is far less than the shortage that Afghanistan already faces. There are only 9.4 healthcare workers per 10,000 patients in the country. For reference, the World Health Organization recommends at least 22.8 [3]. This lack of practitioners can be attributed to two reasons. First is the emigration from Afghanistan to seek a better, safer life. The United States has only 3 million emigrants for its population of 333 million, while taking in 50 million immigrants (the most of any country). Conversely, for its population of just 41 million, about 6 million Afghans reside elsewhere, putting the country 10th on the list of those with the most emigrants [12]. This “brain drain” starves the already crippled country of competent doctors and nurses.

The other cause of a lack of medical personnel is the limit on education, especially that of women [5]. With the government banning women from working in non-governmental jobs and receiving university-level schooling, barring about half of the country from bettering their lives.

Another difference between the United States and Afghanistan is the economy of the two. While the US has the highest GDP and 6th highest GDP per capita, the latter country falls much shorter, at 134th [13]. Furthermore, the US Dollar is the most traded and 10th most powerful currency in the world, further highlighting its economic dominance [14].

While one dollar (USD) is of course equal to one dollar, one Afghan Afghani (AFN) is equal to less than two cents (coming out to \$0.014). With these drawbacks, affordability of care such as medicine becomes an intensive burden for Afghans. A Medicines Sans Frontiers (MSF) patient recounts “[receiving] a prescription for drugs that cost 1,000 AFG,” and a “nearby public hospital [which could] only [give]...half a tablet” [5]. While costs of drugs such as insulin are too exorbitantly high in the United

States, especially without generous insurance, the progression of the American economy has kept prices more reasonable when compared to other nations such as Afghanistan. This can be attributed in part to the country’s age. The republic has existed with the same government since the 18th century, as opposed to the most recent of many shifts in the Afghani government, with the Taliban reoccupation in 2021.

Summary

The United States boasts supremacy in many aspects of what makes a strong country. With a strong economy that has risen after every major fall and the largest military in the world, it has the ground to continue its existence as a global superpower for decades, if not centuries. However, in the day-to-day lives of its residents, the nation lacks, among other things, a healthcare system that would reinforce its position as number 1. This paper sought to look at the American healthcare system and assess its strengths and weaknesses by comparing it to two other countries that ranked higher on a certain metric (life expectancy) used to determine which countries would be chosen for the comparisons.

It showed that while the United States has a strong foundation that is already ahead of most of the world, it lags behind other developed, high-income nations in its access and affordability of healthcare, due to privatization of much of the system, and an apathy towards those that rely on government aid. It also briefly listed an example of a struggle all countries are facing in the healthcare market and showed that the country’s tenured history provides it an economic backbone upon which it can fall and afford to have the type of system it currently has, as the comparison with Afghanistan’s economy and workforce were meant to illustrate.

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