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Exploring Healthcare in the United States: Should We Follow the Rest of the Developed World
in Implementing a Truly Universal System for All?

The sociopolitical issue of healthcare structure and access in the United States is one that has increasingly divided politicians and regular citizens alike for decades. There is a general understanding that the current healthcare and insurance system in place in the United States is unsustainable, with incredible gaps in access and quality of care in particularly marginalized communities. However, the debate lies in what should actually be done to rectify these wrongs—from completely privatizing the healthcare market to moving to an entirely socialized universal healthcare system.

Universal healthcare “characterizes national health systems wherein all individuals can access quality health services without individual or familial financial hardship” (Bloom et al. 1). While this concept may seem far-fetched to some in the United States, nearly every single other developed nation in the entire world has achieved universal healthcare in some fashion. After careful research into universal healthcare systems around the globe, how they compare to the current system in the United States, and what universal healthcare could mean to the US, we can conclude that what would certainly be most beneficial for the United States is to join the rest of the modern world in providing guaranteed universal healthcare coverage for all.

In order to examine the potential implications of implementing a universal healthcare system in the United States, it is vital to fully understand our current healthcare and insurance

situation first. As of today, “48% of health-care expenditure comes from public payers, 40% comes from private payers and 12% is out-of-pocket payments by patients. The public purchasers of health care – primarily Medicare and Medicaid – cover approximately 30% of the population” (Rice et al. 895). Essentially, the United States has a healthcare insurance system that is a complex amalgamation of public, private, and out-of-pocket coverage. In addition, the United States spends a disproportionately high amount of their GDP for healthcare related costs when compared to a majority of other similarly developed nations, such as the United Kingdom and Australia, which do have universal healthcare coverage for all of their citizens (see fig. 1).

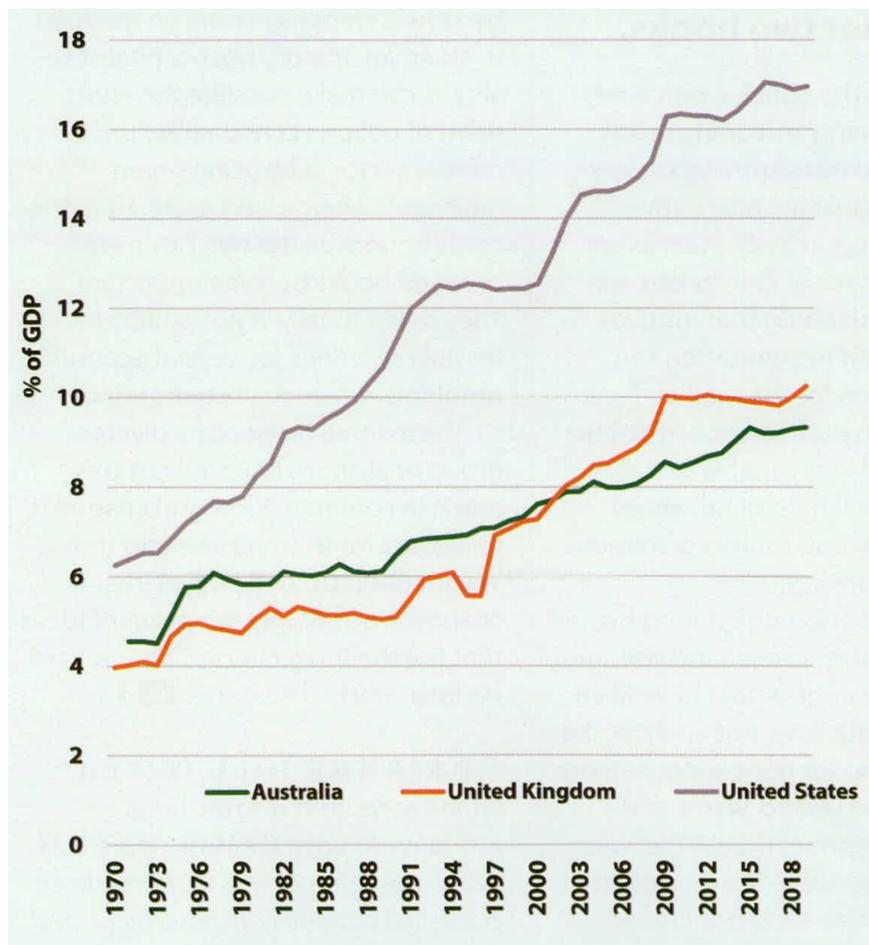


Fig. 1. Health Spending as a Share of GDP, 1970-2019. Graph from Maria Pita De Abreu, *High Costs, Low Quality: Other Systems Reveal the Shortcomings of the U.S. Health Care Model*, Dollars & Sense, no. 353. Mar. 2021. Web. Nov. 2021. p. 36.

With this in mind, one may assume based on the variety of options that we have here to access coverage as well as the amount that the United States spends on healthcare that everyone should be able to find insurance that works best for them, but this is not the case. The reality is that as recently as 2012, nearly 50 million people under 65 (18% of this particular age group) were uninsured entirely, and that minority groups as well as low-income individuals made up a large portion of this group. Since 2012, the Affordable Care Act (ACA)—created to be a concrete first step toward universal healthcare—has been enacted, and in 2016 we saw the number of those uninsured in the United States fall to 21 million, a number that without the ACA would have been around 56 million (Rice et al. 895). While these great improvements in the last few years should not be discredited in the slightest, the United States still certainly has a long way to go when it comes to providing better access to quality healthcare for each and every one of their citizens.

The best places to look toward when trying to determine if universal healthcare is achievable and sustainable would be the vast majority of developed nations that already have universal access to quality medical care. There are a number of different versions of universal healthcare systems, ranging from ‘single-payer’ systems funded solely by the national government (such as those in the United Kingdom, Canada, and Taiwan) to countries with a mix of mostly public and some private coverage (like systems in Australia, France, Germany, among others) (“Achieving” 65). We have already established that compared to all of these other nations that have universal healthcare systems, the United States spends an exorbitant amount of

money on healthcare, with reports that nearly 1 in 6 families (27 million) spent 10% or more of their income (5% or more if low-income) on out-of-pocket medical costs in 2001-2002 (“Achieving” 56). But even though healthcare in the United States is more expensive, this does not necessarily mean it is of better quality in the slightest.

One of the most prominent examples of disparities in care between the United States and other nations with established universal healthcare systems is simply life expectancy rates. While the United States has an impressive average lifespan of 78.7 years, many countries with guaranteed healthcare coverage top that, including the United Kingdom at 81.3 years and Australia at 82.8 years (De Abreu 37). These few years may seem insignificant and many factors undoubtedly play a role in this number. However, when we look at this issue on a larger, more macro level as one that is currently affecting the hundreds of millions of individual people in the United States (but seemingly not other similar countries), it becomes an issue worth examining in further depth.

Lack of access to medical care is shown to be directly linked to higher rates of preventable deaths (Crowley et al. 10). On the other hand, “achieving high coverage could benefit individuals through reduced disability, increased longevity, improved nutritional status, increased economic productivity, or decreased health-related financial hardship” and greater service coverage “can also have a population-level health impact, especially for leading infectious causes of death, such as tuberculosis (TB), HIV/AIDS, and malaria” (Bloom et al. 2-3). When all of these facts about length and quality of life being tied to universal healthcare coverage are taken into consideration, it is not difficult to see why so many nations comparable to the United States have strived to make universal healthcare coverage for all a priority.

We see this prioritizing paying off through the eyes of the citizens and consumers of universal healthcare in places such as Taiwan that have adopted a single-payer system of healthcare. Citizens of Taiwan express that while some areas of choice were limited in terms of specifically selecting insurance providers and contracts, the freedom of being able to choose their actual healthcare providers without risk of financial burden made any limits seem arbitrary. Under these conditions, income and wealth-based as well as racial and ethnic inequalities in access and quality of healthcare are eliminated (Crowley et al. 12). People get to know that their access to healthcare will not be dependent on any other factors, especially not ones that are out of their control.

To summarize our healthcare system against those in the remainder of the developed world, the Commonwealth Fund Commission defined the general mission of a well-performing healthcare model as being one “to help everyone, to the extent possible, lead long, healthy, and productive lives”. They also laid out specific indicators of achieving this goal: “high life expectancy, low preventable mortality, low infant mortality, and low proportions of adults with limitations on their activities” (“Achieving” 60). The United States ranked in last place on every one of these indicators.

If the United States has fared so poorly in terms of healthcare access and quality against the vast majority of countries with universal healthcare, why have we not already implemented a completely universal system? The reality of the situation is that while there are major and obvious benefits, the United States is fundamentally different both structurally and culturally than most other nations. There are many factors that make the idea of a universal healthcare model difficult to bring to fruition in our country. Even the aforementioned small step of implementing the Affordable Care Act (which was never advertised to be an actual universal

healthcare model in the first place) received major backlash at both local and congressional levels.

A lot of the general hesitancy to move towards a universal healthcare model stems from the very individualistic culture of the United States. People (generally right-wing/conservative Republicans) have expressed anger at the idea that their money through tax dollars would go towards paying for healthcare for other people. Essentially, they are taking a more “pull yourself by your bootstraps” approach and attitude towards healthcare coverage. With the divisiveness existing in American politics already, coming to an agreement on providing universal healthcare seems next to impossible.

Politics aside, employer-sponsored health insurance covers (to varying degrees) over 150 million people, approximately half of the population in the United States and 90% of the workforce (Rice et al. 895). Health insurance being provided by employers was originally introduced at all to offer an incentive for people to work other than actual wages. Since then, our society as a whole has been conditioned to accept that healthcare coverage is not just a given human right, and actually does not even become a real option to obtain unless you have legitimately worked for it. This group mindset would not change overnight, and is one that other countries did not necessarily have as a challenge standing in their way as they changed their healthcare models.

Furthermore, the complexity of the current healthcare and insurance system of the United States as it stands today also presents a considerable barrier by itself in attempting to alter our system into one with guaranteed coverage. Issues specifically begin to arise when trying to navigate around the vast private insurance market that as mentioned previously, covers 40% of Americans in some way (Rice et al. 895). No matter how one tries to approach the issue,

problems will undoubtedly arise in the process. You must be aware of an immense amount of elements of private providers, including: “if they are for-profit or not-for-profit, their social intentions, whether they have domestic or foreign affiliations, their social and ethical behaviour, and their willingness to support the government’s health policies” (Clarke et al. 435). After you have established this knowledge, you must be able to effectively establish a relationship and understanding of policy between the private sector and the universal system.

This will aid in decreasing risks, such as lack of transparency, lack of accountability, and thus mistrust between the two sectors during the implementation of “a mix of legal and financial regulatory tools to manage the private sector” in the new universal system (Clarke et al. 435). While there are obviously many moving parts, the United States has benefited greatly already by having a regulatory stake in the private sector in areas such as licensing and certification of workers, medical supplies, and more that establishes policy for managing the private sector (Clarke et al. 435).

Overall, the incredibly divisive issue of healthcare policy in the United States is not one with an overly simple solution on either side of the argument. The fact of the matter is that nearly every single other nation in the developed world has implemented a version of a universal healthcare system that guarantees coverage for all, and there is no doubt that this would ultimately be extremely helpful to the United States in solving modern inequities in both access to and quality of medical care. We know there are no shortage of challenges to the realization of universal healthcare coverage in the United States, both cultural and structural in terms of changing our individualistic mindsets and unraveling the intricacies of the healthcare system we have in place today. However, following the rest of the developed world in creating a universal

healthcare system that guarantees coverage for all Americans is vital to the well-being of ourselves and the country as a whole.

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