



THE RUNDOWN

A BLOG OF NEWS AND INSIGHT
NEWS NOW: 

HEALTH

Health Costs: How the U.S. Compares With Other Countries

 772

BY JASON KANE *October 22, 2012 at 10:30 AM EDT*

 38

 +1



READ THIS NEXT

Tiananmen Square
China despite



EMAIL



How much is good health care worth to you? \$8,233 per year? That's how much the U.S. spends per person.

Worth it?

That figure is more than two-and-a-half times more than most developed nations in the world, including relatively rich European countries like France, Sweden and the United Kingdom. On a more global scale, it means U.S. health care costs now eat up 17.6 percent of GDP.

A sizable slice of Americans — including some top-ranking politicians — say the cost may be unfortunate but the U.S. has “the best health care in the world.”

But let's consider what 17 cents of every U.S. dollar is purchasing. According to the most recent report from the Organization for Economic Co-operation and Development (OECD) — an international economic group comprised of 34 member nations — it's not as much as many Americans expect.

In the United States:

- There are fewer physicians per person than in most other OECD countries. In

2010, for instance, the U.S. had 2.4 practicing physicians per 1,000 people — well below the OECD average of 3.1.

- The number of hospital beds in the U.S. was 2.6 per 1,000 population in 2009, lower than the OECD average of 3.4 beds.
- Life expectancy at birth increased by almost nine years between 1960 and 2010, but that's less than the increase of over 15 years in Japan and over 11 years on average in OECD countries. The average American now lives 78.7 years in 2010, more than one year below the average of 79.8 years.

There's a bright side, to be sure. The U.S. leads the world in health care research and cancer treatment, for instance. The five-year survival rate for breast cancer is higher in the U.S. than in other OECD countries and survival from colorectal cancer is also among the best, according to the group.

This week on the PBS NewsHour broadcast, health correspondent Betty Ann Bowser will explore one hospital system's unusual approach to improving performance while reducing costs — one based on Toyota's assembly line model for manufacturing cars. The concept is pretty simple: If waste is rooted out of the "assembly line process," the result will be better cars (or health outcomes, in this case) and lowered costs. At Virginia Mason Medical Center in Seattle, top officials decided that hospital "waste" can look like anything from unnecessary tests to elaborate waiting rooms to poorly designed floor plans. Tune in for the full report.

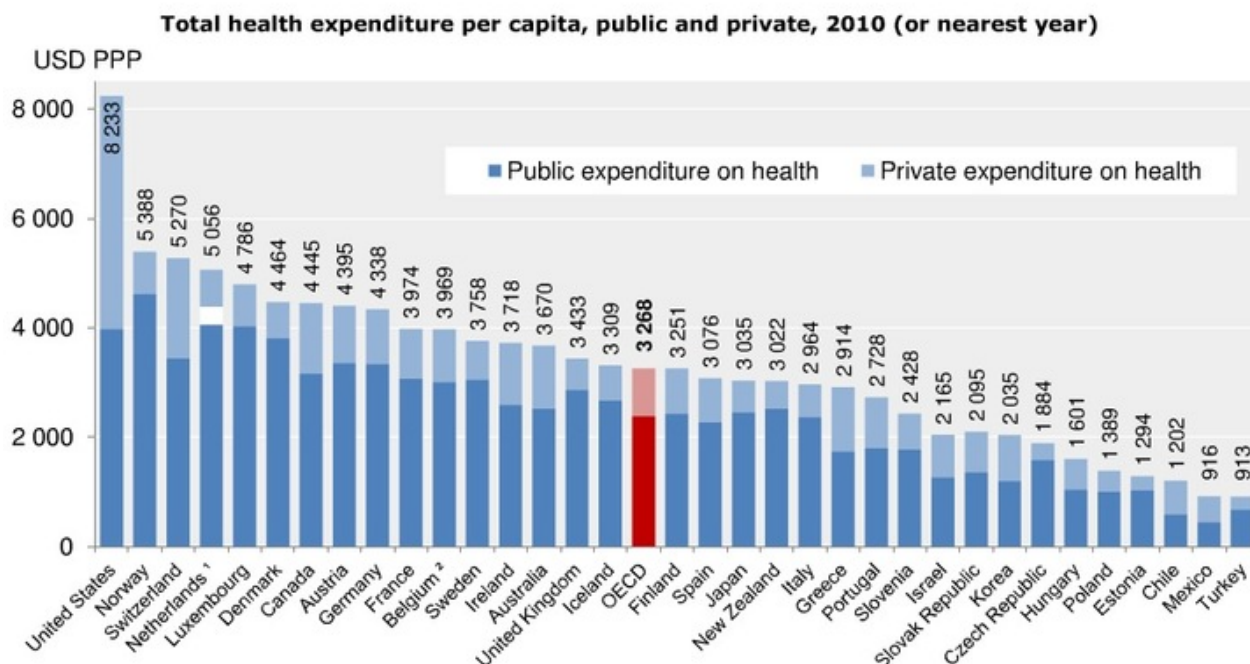
In the meantime, for a more detailed update on where the U.S. stands apart from its global peers, we spoke to Mark Pearson, head of Division on Health Policy at OECD.

NewsHour: Let's start broadly. Where does the U.S. health care spending stand relative to other OECD countries?

Pearson: Whether measured relative to its population or its economy, the United States spends by far the most in the world on health care.

The U.S. spent \$8,233 on health per person in 2010. Norway, the Netherlands and Switzerland are the next highest spenders, but in the same year, they all spent at least \$3,000 less per person. The average spending on health care among the other 33 developed OECD countries was \$3,268 per person.

US spends two-and-a-half times the OECD average



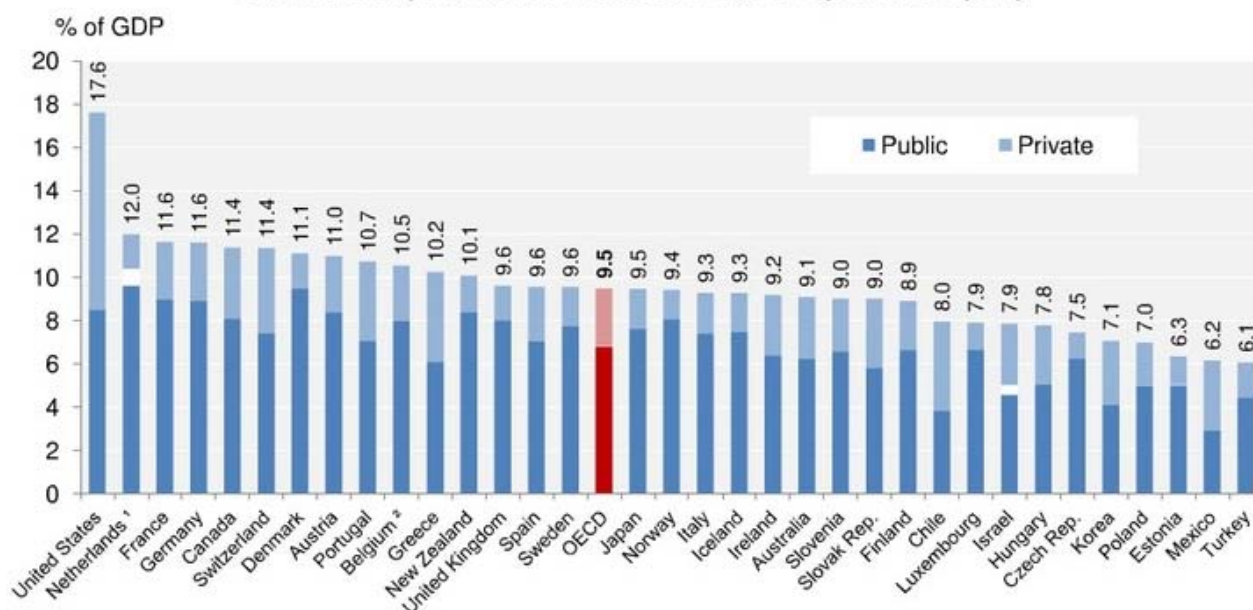
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
 2. Total expenditure excluding investments.
 Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

Source: OECD Health Data 2012.

The U.S. is a very rich country, but even so, it devotes far more of its economy — **17.6 percent of GDP in 2010** — to health than any other country. The Netherlands is the next highest, at 12 percent of GDP, and the average among OECD countries was almost half that of the U.S., at 9.5 percent of GDP.

At 17.6% of GDP in 2010, US health spending is one and a half as much as any other country, and nearly twice the OECD average

Total health expenditure as a share of GDP, 2010 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
 2. Total expenditure excluding investments.
 Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

Source: OECD Health Data 2012.

NewsHour: What are Japan and France doing, for instance, to keep down their costs?

Pearson: France and Japan demonstrate that it is possible to have cost-containment at the same time as paying physicians using similar tools to those used in the U.S. There are three key things that stand out when you compare these countries to the U.S.:

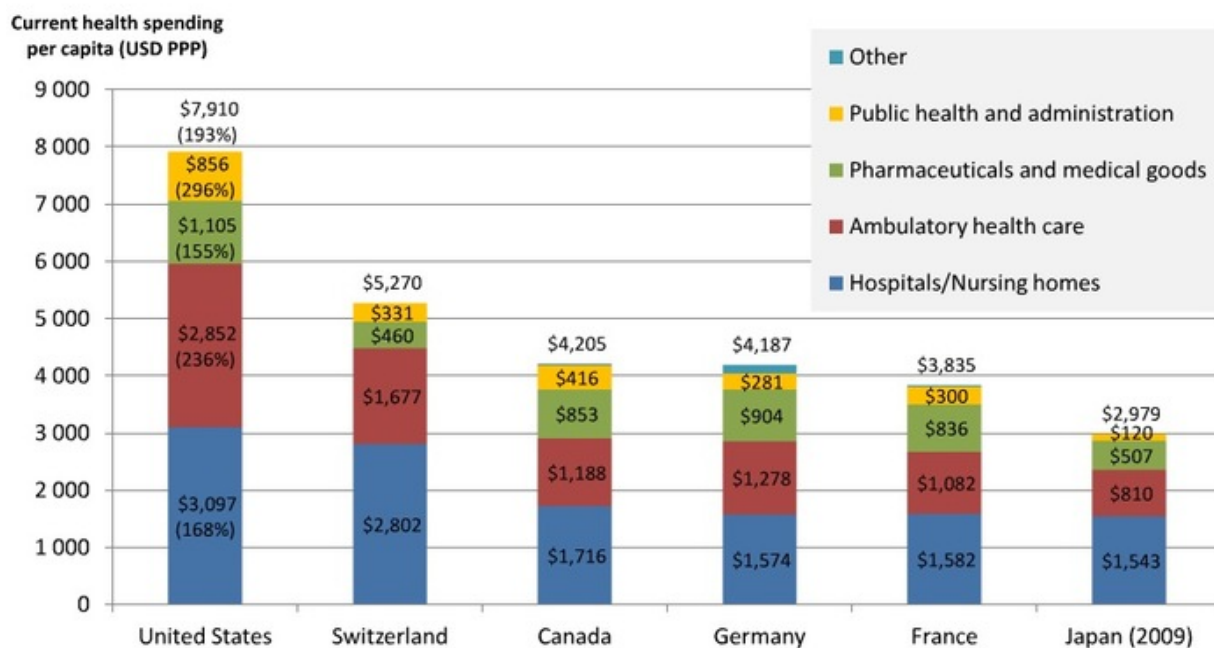
- They use a common fee schedule so that hospitals, doctors and health services are paid similar rates for most of the patients they see. In the U.S., how much a health care service gets paid depends on the kind of insurance a patient has. This means that health care services can choose patients who have an insurance policy that pays them more generously than other patients who have lower-paying insurers, such as Medicaid.
- They are flexible in responding if they think certain costs are exceeding what they budgeted for. In Japan, if spending in a specific area seems to be growing faster than projected, they lower fees for that area. Similarly, in France an organization called CNMATS closely monitors spending across all kinds of

services and if they see a particular area is growing faster than they expected (or deem it in the public interest), they can intervene by lowering the price for that service. These countries also supplement lowering fees with other tools. For example, they monitor how many generic drugs a physician is prescribing and can send someone from the insurance fund to visit physicians' offices to encourage them to use cheaper generic drugs where appropriate. In comparison, U.S. payment rates are much less flexible. They are often statutory and Medicare cannot change the rates without approval by Congress. This makes the system very inflexible for cost containment.

- There are few methods for controlling rising costs in private insurance in the U.S. In running their business, private health insurers continually face a choice between asking health care providers to contain their costs or passing on higher costs to patients in higher premiums. Many of them find it hard to do the former.

US health spending is much greater for all categories of care, particularly for ambulatory care and administration cost

2010 (or latest year available)



Note: Health spending excludes investments. The percentages in the US bar indicate how much more the US spends per category compared with the average of the five other OECD countries.
Source: OECD Health Data 2012.

NewsHour: Are there particular areas of care where the U.S. spends more? What are some successful models other countries are employing to keep costs down in those areas?

Pearson: Spending on almost every area of health care is higher in the United States than in other countries. For example, nearly \$900 per person per year goes on administrative costs. This is far higher than in, say, France, which spends \$300 per person, but which also has a system in which health care services are reimbursed in a similar way to the U.S.

In part, higher costs are also because the U.S. has been slow to embrace the advantages of information and communications technology in improving the administration of its system and in cutting down on waste. In Sweden, for example, all drug prescribing is done electronically — a message is sent directly from the doctor’s office to the pharmacy. Not only does this cut down on medical errors, it is also thought to save 1-2 hours of work by the pharmacists per day.

Where the United States health system does MORE than other countries

	United States	Rank compared with OECD countries	OECD average
MRI units	31.6 per million population	2 nd	12.5 per million population
MRI exams	97.7 per 1 000 population	2 nd	46.3 per 1 000 population
CT scanners	40.7 per million population	3 rd	22.6 per million population
CT exams	265.0 per 1 000 population	3 rd	123.8 per 1 000 population
Tonsillectomy	254.4 per 100 000 population	1 st	130.1 per 100 000 population
Coronary bypass	79.0 per 100 000 population	3 rd	47.3 per 100 000 population
Knee replacements	226.0 per 100 000 population	1 st	121.6 per 100 000 population
Caesarean sections	32.9 per 100 live births	6 th	26.1 per 100 live births

Source: OECD Health Data 2012.

NewsHour: For hospital care in particular, how much more does the U.S. spend? Do we know why it’s more? What might the U.S. learn from other OECD nations in this area?

Pearson: A large amount of higher overall hospital spending in the U.S. can be explained by services costing more in U.S. hospitals rather than because U.S. hospitals are delivering more services. When we look across a broad range of hospital

services (both medical and surgical), the average price in the United States is 85 percent higher than the average in other OECD countries. To put this in perspective, a hospital stay in the United States costs over \$18,000 on average. The countries that come closest to spending as much — Canada, the Netherlands, Japan — spend between \$4,000 and \$6,000 less per stay. Across OECD countries, the average cost of a hospital stay is about one-third that of the U.S., at \$6,200.

As we have previously said, many OECD countries use strong regulation to set prices that hospitals can charge for different services, and some of them even set budgets for how much hospitals can spend. The quality of care delivered in hospitals in these countries are comparable to that in the U.S., and universities are still able to attract the best students to medicine.

If strict price control is not a path that the U.S. wishes to follow, an interesting example that the U.S. could learn from is Switzerland, where the national government provides a ranking of hospital services from most expensive to least expensive. Groups of insurers and hospitals across different regions then use the national government's ranking to negotiate what prices they ought to pay across the board.

Such an approach still leaves room for differences in prices across regions and states, but it could help smooth out some of the huge differences you see in prices paid for the same services delivered in the same hospital, depending on whether a patient is on Medicare, Medicaid or their own health insurer.

NewsHour: What about specific procedures? Why is the cost of a hip replacement in the U.S. double what it costs in Germany, for instance?

Pearson: The table below gives some examples of the prices of some common procedures in the United States compared with some of the countries with the best quality health systems in the world. It shows that:

- A coronary bypasses costs between nearly 50 percent more than in Canada, Australia and France, and are double the price in Germany.
- Hip and knee replacements are generally cheaper in other countries than the U.S.
- PTCAs (coronary angioplasty) are much more expensive in the United States than elsewhere.

US prices for certain procedures are much higher than in other OECD countries

(US dollars, 2007)

Procedures	AUS	CAN	DEU	FIN	FRA	SWE	USA
Appendectomy	5 044	5 004	2 943	3 739	4 558	4 961	7 962
Normal delivery	2 984	2 800	1 789	1 521	2 894	2 591	4 451
Caesarean section	7 092	4 820	3 732	4 808	5 820	6 375	7 449
Coronary angioplasty	7 131	9 277	3 347	5 574	7 027	9 296	14 378
Coronary artery bypass graft	21 698	22 694	14 067	23 468	23 126	21 218	34 358
Hip replacement	15 918	11 983	8 899	10 834	11 162	11 568	17 406
Knee replacement	14 608	9 910	10 011	9 931	12 424	10 348	14 946

Source: Koechlin et al. (2010).

It is difficult to untangle precisely why prices are higher in the U.S., but two things are apparent: U.S. physicians get higher incomes than in other countries and the U.S. uses more expensive diagnostic procedures. More generally, with so many different kinds of insurance, no one organization has a strong incentive to cut out wasteful practices and ensure that all Americans get value for the very high levels of expenditure incurred when they are sick.

NewsHour: The U.S. system is known for over-testing and over-treating, everything from CT scans and MRIs, knee replacements to coronary bypasses. How severe is the over-testing and why is it occurring? Are there mechanisms in place to prevent this in other OECD countries?

Our data suggests that the U.S. does do more tests than other OECD countries. The U.S. did 100 MRI tests and 265 CT tests for every 1000 people in 2010 — more than twice the average in other OECD countries. It does more tonsillectomies and more knee replacements than any other OECD country. It also has more Caesarean sections and coronary bypass procedures than in most other countries.

These procedures and the use of expensive diagnostic tests are all subject to physician opinion on whether they are desirable or not. The fact that U.S. physicians decide that more procedures and tests are desirable compared to their peers in other countries

could be due to a few different things, such as:

- A fear of litigation that sees physicians test for everything so that they cannot be blamed for not having covered all bases
- Payments that mean that physicians get paid more if they do more interventions, regardless of medical necessity.
- Because patients ask for more tests and services. It is often comforting to feel that medical problems are being diagnosed or treated, regardless of whether they are medically necessary. As these services are often paid for by insurance policies, the immediate cost of extra treatment for a patient is often zero or very low.

It is often argued that differences in testing could reflect differences in patients' needs between and within countries. However, [research at the Dartmouth Institute](#) has documented that there are large variations in medical practice across different regions in the United States which cannot be explained by differences in population structure or differences in illness. They found that the rate of coronary bypass was five times greater in certain hospital referral regions in the United States than others between 2003 and 2007. Similarly, regional variations in hip and knee replacement are substantial, with the rates four to five times higher in some regions compared with others in 2005-06.

Some OECD countries have seen their medical profession and health policy makers develop 'clinical guidelines' to promote a more rational use of MRI and CT exams. In the United Kingdom, since the creation of the Diagnostic Advisory Committee by the National Institute for Health and Clinical Excellence (NICE), a number of guidelines have been issued on the appropriate use of MRI and CT exams for different purposes

NewsHour: Is the U.S. doing less than other countries in some instances?

Pearson: It is likely that this is happening in some instances. The U.S. has fewer physicians and fewer physician consultations relative to its population. The U.S. also has fewer hospital beds for its population size and shorter average stays in hospital relative to other countries. Indeed, the lower numbers of physicians could help

explain why they cost more; there is less competition for patients.

Having fewer hospital beds and shorter hospital stays can also be a good thing — a sign that wasteful overuse of hospitals is being avoided in the U.S. system. Medicare in the U.S. has long pioneered how hospitals are paid, by providing a fixed amount for a patient with a particular condition. This means that hospitals have an incentive to treat patients as quickly as possible and it also demonstrates how broader reform in the U.S. could potentially have large effects on costs.

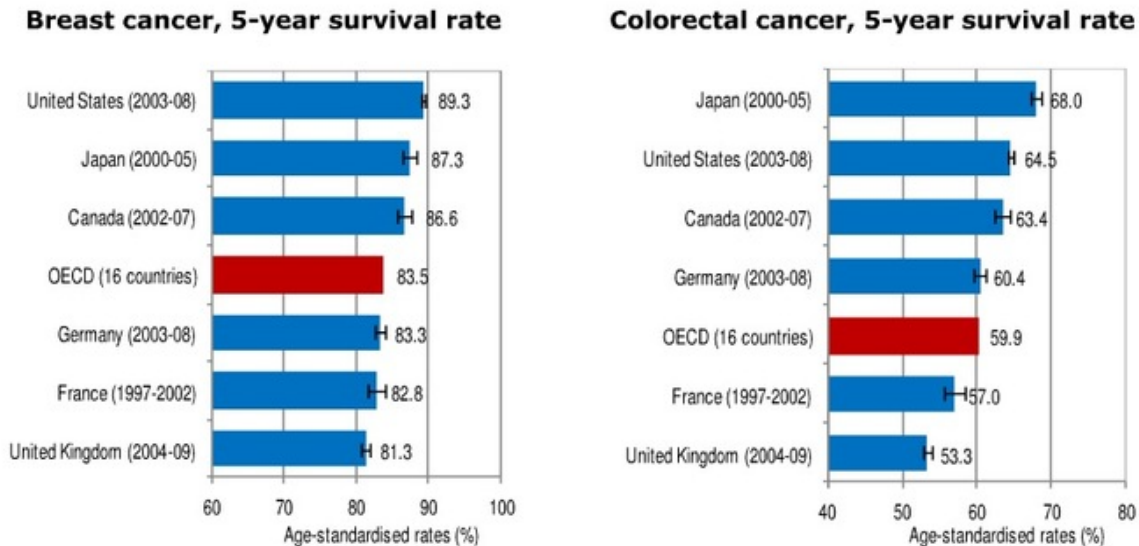
http://www-tc.pbs.org/blog_main_horizontal.jpg

NewsHour: Where is the U.S. getting value for its health care dollar?

Pearson: If insured, waiting times for U.S. patients are among the lowest in OECD countries. Relatively fewer patients (just 20 percent) wait more than four weeks for a specialist appointment or more than four months for elective surgery (7 percent).

U.S. patients also benefit from better cancer outcomes. OECD Health Data shows that the five-year survival rate for breast cancer is higher in the U.S. than in other OECD countries (89.3 percent compared to an OECD average of 83.5 between 2004 and 2009); survival from colorectal cancer is also among the best (64.5 percent compared to an OECD average of 59.9 percent, 2004-09).

Cancer system is generally performing well



Most obviously, the U.S. leads the world in health care research. Along with the FDA's comparatively shorter drug approval processes, this means that cutting-edge drugs and treatments are available more quickly to American patients than elsewhere. The average time from first (worldwide) launch of a new drug to use is 1.3 years in the U.S., the lowest of all OECD countries. The U.S. is also trialing more new procedures and treatments, with the National Institutes of Health currently registering 119,469 clinical trials underway in the U.S., vastly more than any other OECD country.

The U.S. has also led the way on safer hospitals and health care quality, with programs such as the Institute of Healthcare Improvement's 100,000 Lives campaign triggering far-reaching cultural shifts in the several thousand hospitals and clinical facilities that signed. Innovative centers such as the Mayo Clinic and Johns Hopkins that bring laboratory research and clinical practice together have also benefited patients enormously.

The size and diversity of the U.S. system has also provided room for more experimentation to try and find better ways to deliver health care. Examples that the

world is watching at the moment include Accountable Care Organisations, which seek to better manage risk-sharing by giving providers flexibility to coordinate and deliver health care while holding them accountable for costs and outcomes and the Medical Home model, which seeks to coordinate care and better engage patients and families, using health coaches, care transition pathways and other interventions to reduce expensive re-hospitalizations. Unfortunately, while the U.S. is better at trying out such innovations on a relatively small scale, it then struggles to roll out successful innovations nationally.

NewsHour: Are there particular areas the U.S. is doing poorly compared to other OECD countries?

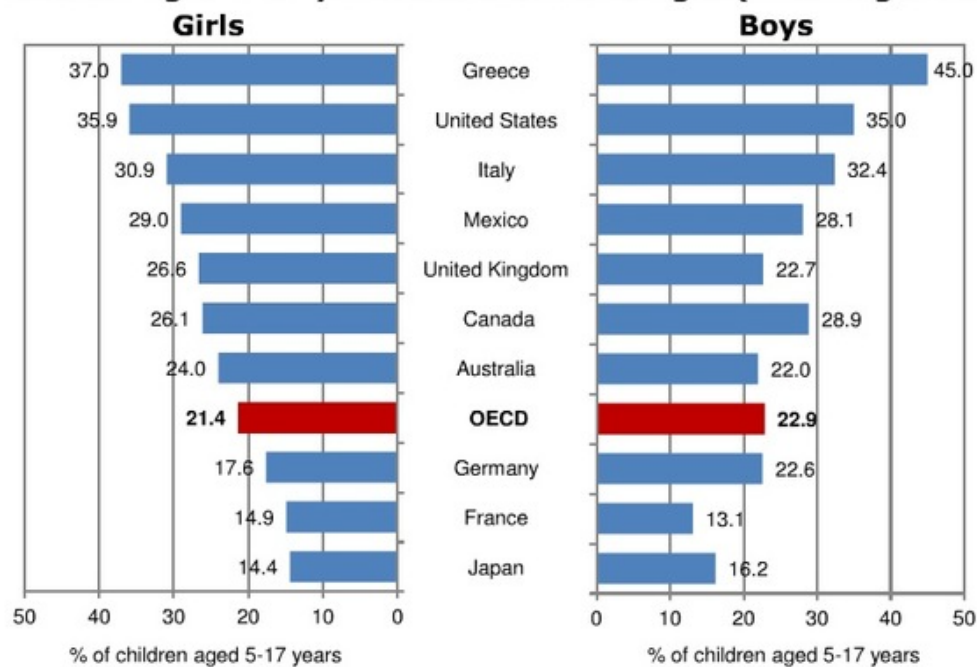
Overall, the life expectancy of a U.S. citizen, at 78.2 years, is shorter than the average among OECD countries of 79.5 years and there are a number of specific areas where U.S. health care is weak when compared with other countries.

The U.S. needs stronger policies in tackling lifestyles that lead to poor health. While many states are making efforts to reduce smoking, there are fewer policies to tackle the harmful use of alcohol in the U.S. than you would find in other OECD countries, such as higher taxes on alcohol or minimum prices.

The U.S. could certainly do a lot more on obesity. It's a big risk factor for poor health in the U.S., more so than you find in other OECD countries. Adult overweight and obesity rates are the highest in the OECD, and have kept growing even in the last couple of years, while they have nearly stabilised in some other OECD countries, such as England, France and Italy. Child overweight and obesity rates are also very high, but they have been relatively stable over the past 10 years. The slides below show that the U.S. does poorly both in terms of diet and physical activity, even in comparison with other high-obesity countries, across all age groups.

Over one-third of children in the US are overweight or obese

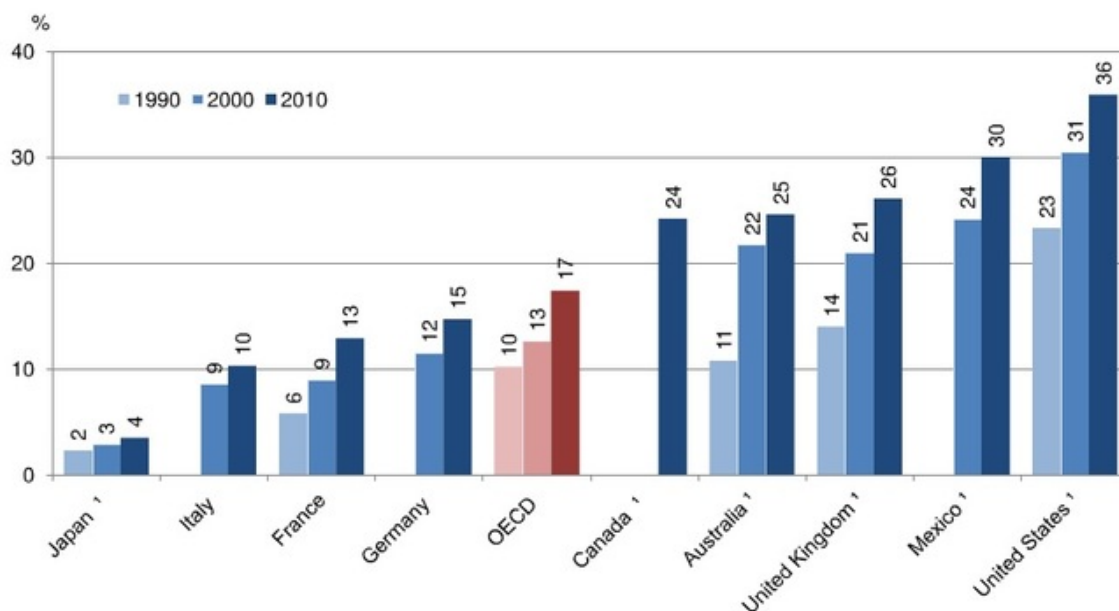
Children aged 5-17 years who are overweight (including obese)



Source: International Association for the Study of Obesity (2011).

The first lady’s “Let’s move” campaign is great, but it cannot achieve a lot if it isn’t supported by other measures. Support for physician counseling and programs to help encourage healthier lifestyles vary widely with different insurance arrangements. The U.S. has a national program to cover breast and cervical cancer screening for low-income women, why not have one to cover lifestyle counseling for low-income people? Advertising regulation is left to the food and beverage industry (e.g. the IFBA “Pledges”) and this is not likely to have a major impact.

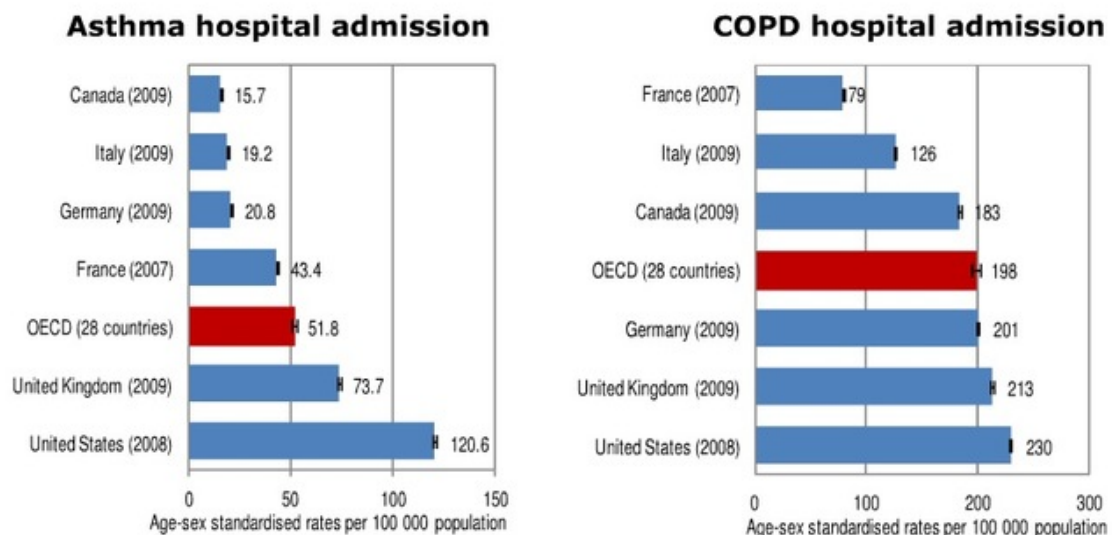
Obesity rates have increased substantially over the past 20 years and are highest in the US



1. Data are based on measurements rather than self-reported height and weight.
 Source: OECD Health Data 2012.

In terms of health care services, the biggest areas of concern are the quality of primary care services and coordination of care for long-term conditions. Asthma, a condition readily managed by general practitioners in the community, should require hospital admission on very few occasions. In the U.S. however, hospital admission rates for asthma are more than double the OECD average (120.6 per 100,000 population compared to an OECD average of 51.8, 2009).

Primary care sector is not performing so well



Note: 95% confidence intervals are represented by H.
 Source: OECD Health Data 2012.

A similar picture emerges for chronic obstructive pulmonary disease (230 admissions per 100,000 population compared to an OECD average of 198, 2009). These outcomes can be improved through better health care. In a Commonwealth Fund survey of seven nations (Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States), 16 percent of American patients reported delays in being notified about an abnormal test result (the highest proportion reported) and only 75 percent of primary care physicians reported often or always receiving correspondence from specialists after referral suggesting systemic problems with care coordination.

Editor's Note: Tune in to the PBS NewsHour on Wednesday for health correspondent Betty Ann Bowser's full report on Virginia Mason Medical Center's [Toyota-inspired approach to improving care and bringing down costs](#). All week on the NewsHour's health page, we'll continue to explore why the U.S. health care system is so expensive and what can be done to fix it.

Tuesday: [What steps can you take to make your next hospital stay safer and cheaper?](#)
 Hari Sreenivasan talks with Elizabeth Bailey, author of "The Patient's Checklist: 10

Simple Hospital Checklists to Keep You Safe, Sane and Organized.”

Wednesday: We [illustrate what the U.S. could buy with the \\$750 billion wasted in American health care each year](#), and, in a separate post, our partners at Kaiser Health News [examine the “Top 7 Drivers of U.S. Health Care Costs.”](#)

Thursday: In a “Reporter’s Notebook,” [Betty Ann Bowser examines](#) Virginia Mason’s decision to eliminate a staple of the American hospital: the waiting room.

Friday: [What inefficiencies have you seen in the U.S. health care system?](#) We share some of the first-person accounts submitted by NewsHour viewers.

[SHARE ON FACEBOOK](#)

[SHARE ON TWITTER](#)

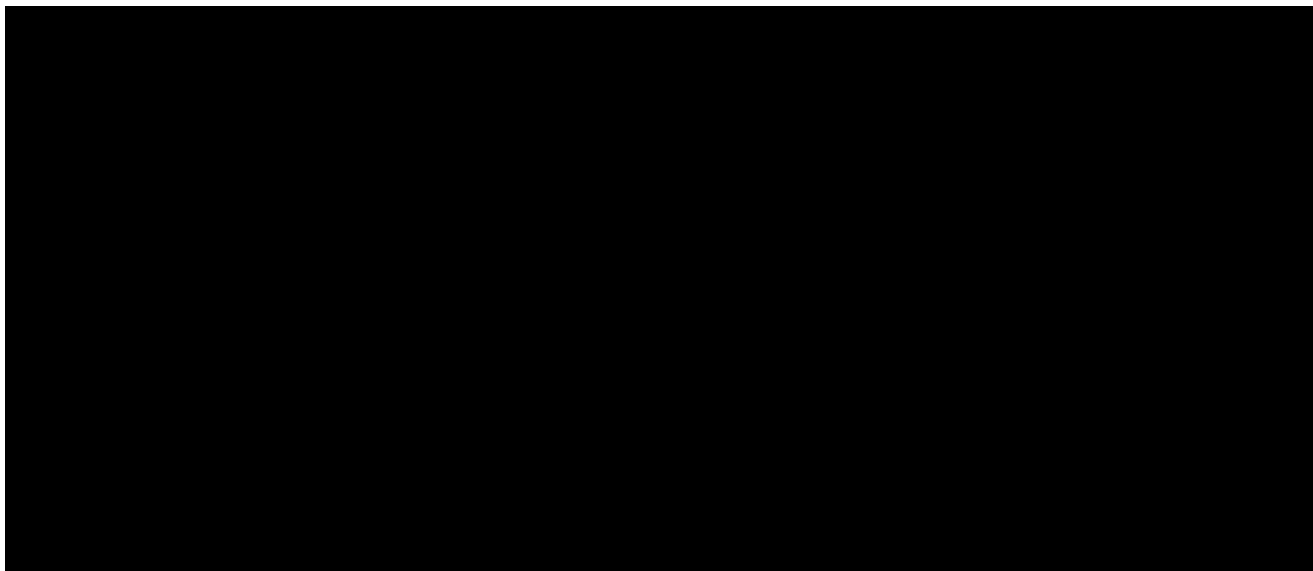
[EDITORS' PICKS](#) | [HEALTH REFORM](#) | [HEALTH REFORM](#) | [HEALTHBEAT](#)
[PHOTO GALLERIES](#) | [STORIES OF THE WEEK](#) | [SUPREME COURT](#)

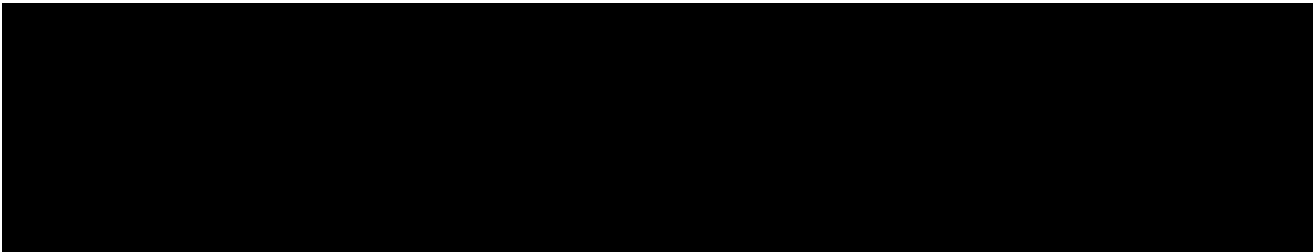
PREVIOUS POST

[Obama, Romney Set for Foreign Policy Debate](#)

NEXT POST

[Commentary: At Core, Obama and Romney Close on Foreign Policy](#)





[Are you aware of our comment policy?](#)

Comments for this thread are now closed. ✕

52 Comments

PBS NewsHour Rundown

d Login ▾

Sort by Newest ▾

Share Favorite



CardMD · 2 years ago

In the US the coronary angioplasty costs about 2-3 times higher than other developed countries (as stated in the article) but if the US physician would not get paid at all the price difference still would not change much given the high hospital fees.

About the cost of angioplasty and stenting in the US based on medicare payment:

Cardiologist fee: \$838 for one vessel, each additional \$233

Hospital fee: \$10,371-\$18,227

Left heart catheterization/coronary angiogram:

Cardiologist fee: \$316/\$259

Hospital fee: \$3,041.39- \$11,465.04

Example taken from the numbers cited from the article : average cost for angioplasty in US: \$14,378 subtract \$838 Doctor's fee=\$13,540 non physician cost of procedure compared to total procedure cost in Germany \$3,347??? Where does the >\$10,000 difference go? Currently the US hospitals get additional increase in reimbursement while

[see more](#)

21 | · Share ›



Aragon · 2 years ago

We the People, we cannot change greed easily. We can try to change ourselves by living a healthier life. What will never settle with me is the fact that many of us will make claims that we are the greatest country in the world, yet we don't have a healthcare

system worth a penny. My dear readers, if there is anything more important in our life or in our existence more than our health, then we are not the greatest country in the world. Humanism, is an important aspect of our life as well, regardless of our differences. If somehow greed can be controlled, maybe we can restore more humanism, therefore we will be able to develop a better healthcare system.

12  |  • Share ›



TejB • 2 years ago

Regarding "greedy doctors:" As a surgeon in training about to enter the work-force I ask people to consider my greed: 4 years undergrad, 4 years medical school, 5 years general surgery training, 2 years fellowship, \$250,000 education debt about to be unleashed onto me as soon as I graduate.

Has anyone considered what physicians in other countries sacrifice to become doctors? In many countries education is free and in others it requires less training time, and in some instances with better clinical outcomes. The system is broken on many levels, and is influenced by many factors. Though I gave my late teens and all of my twenties up for this (and yes it was my choice), I shall spend the next ten years paying for it with my "excessive" salary. All this only to be criticized that I am not trying to save someone's life for free and to be demonized as being greedy.

If anyone else wants to make this investment of time, energy, finance, sweat, tears and 15 years of training, and is willing to keep being called names go ahead..... I bet you won't. However, if you need an operation to save your life in this country, I bet you'll be glad someone made this absurd sacrifice.

43  |  • Share ›



MajorBummer > TejB • 2 years ago

Well said TejB

I'm also in healthcare and my sentiments echo yours. Anyone who thinks physician income justifies what it takes to become a doc, doesn't know the first thing about medicine, or business for that matter. For the greedy, they can make much more in other businesses for much less effort.

I tell younger people looking for career advice to look elsewhere if they want to make money. If they're willing to make huge sacrifices to help people, then medicine might be for them if they don't mind 50-80 hour workweeks, night/holiday/weekend duties, insurance company idiots telling you what you can't do, etc, etc....

12  |  • Share ›





Tony Head · 2 years ago

The cost of healthcare and pharmaceuticals is high in America due to slip and fall doctors and people who are sue happy. If you truly want to decrease healthcare costs set a maximum of what a doctor or hospital can be sued for, unless it is proven that the said entities are being sued for Gross Negligence. If you do this then you will see a reduction in the cost of healthcare based on the reduction of what a doctor must pay for malpractice insurance. A government ran healthcare system is not the answer. There is a reason for a \$3 coke and gas at \$5 per gallon in France and this is due to the fact everyone pays for the so called "free insurance." America does not need this Socialist agenda used here and there is also a reason why cancer isn't treated as well in other countries as it is here in America. Governments can not run a healthcare system and hope to put money into research and development to help against the fight of diseases it just doesn't work. These forms of healthcare will fail and continue to fail. Here in America we DO NOT DEPEND on the government to supply us with things. We do it for ourselves. That is what it means to be called the Land of the Free and Home of the Brave. And that is how we like it.

16  |  · Share ›



Aragon > Tony Head · 2 years ago

Tony Head,

Please do not share conservative and outdated propaganda in this thread. You can always visit Fox News, they welcome comments like yours. I am suggesting you gather all of the facts and report to us what our (US) government is controlling, providing, and regulating as of today. Based on your comment, you will be shocked and most likely you will not respond to my challenge. :D

20  |  · Share ›



Aragon > Tony Head · 2 years ago

Tony, thank you for the summary. It is clearly obvious you are brainwashed by the conservative media and your surroundings. Please do not take this personal, I deal with people like you all the time. And surely, we don't need our government to control and/or do things for us. Please, before you post here your conservative propaganda and beliefs from 18th century gather facts and see what our government does control daily. I am pretty sure you will be surprised. Yes, gather facts before you post here. If I have offended you in any way my deep apology.

7  |  · Share ›



steveh46 > Tony Head · 2 years ago



"If you truly want to decrease healthcare costs set a maximum of what a doctor or hospital can be sued for..."

Here are some quotes on that from an article in the Cleveland Plain Dealer: "In 2005, Missouri capped non-economic damages at \$350,000 per defendant and made it more difficult for cases to be filed in Jackson County and St. Louis -- venues seen as favorable to plaintiffs..."

But -- and here's where the debate gets sticky -- overall health care costs in Missouri continue to rise. The same is true in states that have enacted even more stringent tort reforms, such as Texas.

"Which suggests that a tort system run amok is, at best, only a small contributor to the nation's health care costs."

11  |  • Share ›



TheOtherManWithNoName • 2 years ago

Well there is nothing like the "free market" to rip you off big time. America is asleep at the switch but all lined up against contraception, abortion, gay people and a hundred other points of intolerance reflecting their prejudice, while their country falls further behind the other industrialized nations in one category after another. Will this be just be one more election when people vote against their own best interests in the interest of oppressing others with their little views. Hey, it's the 21st Century. Join it.

21  |  • Share ›



Lisa • 2 years ago

The only reason the five year survival rate for breast cancer is higher than in other countries is because over the last decade the US has started diagnosing people with breast cancer (stage 0) that were never before counted as having cancer. Only about 30% of these people go on to develop cancer, but now all are treated as though they have cancer. This is one way the medical industry skews statistics.

14  |  • Share ›



Ronald73 • 2 years ago

Medical doctors in the USA pay a very large part of their income for medical insurance. It varies hugely according to their specialty and the state in which they work. Most of us could support a family very nicely on the high rates a surgeon pays.

.

5  |  • Share ›



Riaz Khan • 2 years ago

Health for all should be the goal. In USA the number of people on Medicaid and people who dont like to buy medical insurance runs into millions, plus the free Care and treatments at all Emergency centers for non buyers (who could really afford) and for non documented people runs into Billions of dollars which has to be borne by the the Tax payers every year.

With so many private insurances refusing to pay for different treatments, for cancer, for kidney dialysis, different diagnostic tests, many surgeries or only paying partially. We are only getting desperate and getting frustrated, What worse could a Fed Govt run program be? Medicare for elderly and disabled is one good program and a testimony that the Fed Govt medicare health program has been running and has been managed properly until now (eventhough there is talk of medicare cut backs,etc from long time which did not happen). Including everyone in the health care program (including freebies, non buyers,etc,) is called the ObamaCare. With more and more baby boomers getting eligible for Medicare, more and more people should be paying into the health system to cater to the need of every individual health needs. Reducing millions of freebies who do not take responsibilities of their health, Hospitals and medical emergency places should not be continued to be treated as some Social welfare places by these millions of uninsured, underinsured, or people who can afford but who do not take responsibility of their health or who don't want to pay into the system.

6  |  • Share ›



mikeNW • 2 years ago

Our Healthcare system needs to have more competition to bring costs in line. How about Medicare putting together medical tour groups to overseas hospitals for knee replacements. Two weeks in India, new knee, resort living while recovering, half the cost to medicare? Many happy results reported by some who pay their own way. Johns Hopkins runs a hospital in Panama-similar outcome.

6  |  • Share ›



James Coplien > mikeNW • 2 years ago

Maybe Americans should allow the Canadians to compete with them.

5  |  • Share ›



lindsay • 2 years ago



another issue not mentioned... if you happen to have "good" insurance in the US (or just seem like you can afford more), doctors and dentists sometimes focus on you for more tests and procedures, because you can pay. in a single-payer system, this incentive would not exist, and they could focus on whomever needed more treatment.

24 | • Share ›



OgOggilby • 2 years ago

As always in this broken country another of our "systems" is broken and gone to corruption. There is NOT ONE politician not a single one who is not on the take from the industry and for that reason alone we will NEVER have real health care. Also no one media outlet covers the cost of having our so called monopoly system where we give doctors a complete and utter monopoly on drugs. We are the ONLY country that does so and it shows. It's high time to bring the insurance companies to justice sadly they own the courts out right and we the people will never have access to any kind of quality health care despite Obamacare twisted desire to STILL satisfy the ones who have brought our system down.

11 | • Share ›



Sarah Alexander • 2 years ago

Other countries can still "attract the best students to medicine" despite much lower income potential because other countries don't require their medical students to take on a quarter million dollars in debt to be doctors, their government covers tuition. This is true in almost all the nations mentioned, the government either covers or heavily subsidizes tuition. Doctors who don't start their careers with a \$1500 a month loan payment are much better able to 'contain costs' by lowering their own fees and salaries.

27 | • Share ›



relmasian • 2 years ago

The information in this segment should be a major issue in all campaigns for national office -- i.e. president, senator, and representative. Not only is health each individuals most precious asset, the inefficiency of the U.S. health care system is severely dragging on the U.S. economy and its competitiveness in the world. The data showing what we spend versus what other countries spend to achieve middle of the road results SCREAMS that change is necessary.

Ironically, covering everybody with a single payer system is patently cheaper and more effective than our current healthcare system. Obamacare, if it stands, still leaves our

country far from systems that clearly work better around the world. We could and ought to adopt single payer, universal, national healthcare while still keeping robust private alternatives for individuals who choose to augment or replace such a public system.

12  |  • Share ›



Daniel Hutcherson • 2 years ago

Twenty years ago an anesthesiologist told me his malpractice insurance was \$100 thousand per year. Can you imagine what a gynecologist pays today? A doctor is the only one producing revenue in a small clinic. That revenue must be distributed to staff, supplies, taxes, utilities, and rent of building and equipment. I suspect Obamacare will drive more doctors into retirement or into hospital staff positions. Small towns will be greatly under served.

4  |  • Share ›



andy • 2 years ago

Life expectancy is determined by how you take care of yourself, not what your healthcare system does for you.

8  |  • Share ›



Rajiv Hadkar • 2 years ago

I think it is the insurance companies which are the root cause for all this mess. Why should the same procedure be charged different amounts depending on your insurance?

11  |  • Share ›



Roan Epona • 2 years ago

We keep missing the elephant in the room. As long as we have a profit motive in the US, we will continue to over-treat people, keep them sicker for longer, prescribe expensive drugs, and want them to have to foreclose their houses in order to survive cancer. Bad food will also continue to proliferate in the markets because it is so profitable for all health related industries for people to get and stay sick. Health care is not a business in the other countries. It's a right. That's the big difference. Own up to it and stop blaming people for being fat.

36  |  • Share ›



Donder33 · 2 years ago

The US does really good with the sickest patients, the most serious trauma, and with cancers of all types. It is fairly rotten at primary care and chronic diseases.

2 | · Share ›



steveh46 · 2 years ago

When it comes to cancer care, the US advantage is distorted by what is called lead time bias. The US does more screening and finds more cancers, including ones that won't kill the person who has it. The 5 year look back exaggerates the survival time.

4 | · Share ›



jonik · 2 years ago

Can it be calculated what US health costs would be if one simple step was taken...namely, forbidding any and all non-tobacco cigarette ingredients that are known toxic and carcinogenic, and are un-tested?

For starters, ban pesticide residues, especially dioxin-creating chlorine chemicals, and chlorine-bleached paper. Also, ban use of radiation-contaminated phosphate fertilizers, and formaldehyde, and ammonia, burn accelerants, addiction-enhancing substances, the many kid-attracting sweeteners, aromas, flavorings and soothing substances, and the non-organic industrial waste cellulose used as "tobacco helper" or even as entire contents of a cigarette. (No labeling of that is required even by the most "concerned" anti smoking officials.)

Since many so-called "smoking related" illnesses are identical to symptoms of exposures to pesticides, radiation, and dioxins, and since many of those diseases are impossible to be caused by smoke from any natural plant, the path is obvious...to save lives and money. To not demand removal of such contaminants is a huge and undeserved gift to the cigarette industry...but if public officials are economically beholden to many parts of that industry (including their insurers and investors), we can see why the focus is only on blaming the victims and the conveniently-"sinful" natural plant.

5 | · Share ›



MSQ · 2 years ago

I have lived in a rural area of SW France for several months over the past several years and have had personal experience with healthcare there. I am wondering why cancer care is not as successful in France as in the US.

Breast cancer screening and colorectal screening are provided on a universal basis and

is easily accessible even in rural areas. But I see that many people do not take advantage of free screening. I also observe that many people continue to smoke cigarettes - even women who are pregnant are not accepting the well-publicised message that smoking and pregnancy do not mix.

Administrative cost associated with health insurance reimbursement is lower there. France uses one standard form for health insurance reimbursement and so doctors do not need a cadre of office workers to determine what is covered and what is not and at what rate.

11  |  • Share ›



curtisdacrab • 2 years ago

one thing for sure health care will get worse with obamacare.
ask your doctor why.

11  |  • Share ›



Jacob > curtisdacrab • 2 years ago

Yes, I'm sure you're doctor will be unbiased.

3  |  • Share ›



John Ogle • 2 years ago

I earlier commented that the U.S. does have the best health care in the world - I know from experience living in many countries abroad - and PBS has taken my comment down - twice. I found out the hard way that U.S. health care is the best in the world after being in a serious automobile accident abroad.

 |  • Share ›



Hippocrates • 2 years ago

Out of control greedy doctors, pharmaceutical cartels, and the medical industry in general....shame on you with your unbridled materialistic greed and exploitation of disease for profit.

18  |  • Share ›



MajorBummer > Hippocrates • 2 years ago



Going \$230,000 in debt to train 11 years in order to open your tobacco clogged artery at 3:00 a.m. is not exactly a good reward for the greedy, Mr. Cynical. There's more money to made in business than being a doctor whose reimbursement is tied to whatever govt'/ins. companies dictate. I don't know of any docs that make millions a year running their practices, but I know of plenty of CEOs that make that and more.

But don't fret Hippocrates. As reimbursements come down to the level of expenses, your "greedy doctors" will be leaving the profession soon enough, and the college aged will look at the years and costs of training and say it's not worth the aggravation.

7  |  • Share ›



Roan Epona > Hippocrates • 2 years ago

They can't help it if they are forced to work in a country that requires people to pay for their health.

2  |  • Share ›



Mike • 2 years ago

The cost of healthcare in America is high in large part because of investors that demand a profit or a dividend -- not to mention the workers/executives in the industry that don't deal directly with patients or patient care, but take away some of our dollars as wages. If basic healthcare was a not-for-profit system in America we would pay far less and likely would be better off for it.

44  |  • Share ›



Ida > Mike • 2 years ago

It's also high because 31 percent of every health care dollar goes to administrative overhead - not the 9-10 percent suggested here. The OECD only considers the cost of the insurance industry in overhead, but not the enormous costs the industry imposes on doctors and hospitals that drown in paperwork dealing with thousands of different plans with different rules and regulations. Slashing that with a single payer system would save \$400 billion a year, enough to cover all the uninsured and improve coverage for everyone else. See www.pnhp.org for details and more research.

24  |  • Share ›



Michael Albert · 2 years ago

does this include the extra tax paid by citizens of the other counties to pay for this 'free' health care?

6 | · Share ›



richard > Michael Albert · 2 years ago

In Canada health care is paid for out of tax revenue like SS in the U.S.. Roughly half is covered by the provinces half by the feds. There is no other charge for most procedures. In some cases you can pay for things like MRIs and other tests if you wish. It varies from province to province. Health care is the largest part of most provincial budgets.

3 | · Share ›



jumperpilot > Michael Albert · 2 years ago

Healthcare has to be paid for somehow, do you agree? I would rather pay a smaller amount to a single payer system where the goal of the system is to ensure better health for all citizens, rather than pay exorbitant amounts to an insurance company whose only goal is profit at my expense, and to whom my health means exactly nothing, and to whom I have to beg to get treatments even when prescribed by a physician.

30 | · Share ›



steveh46 > Michael Albert · 2 years ago

Yes, it includes tax payments.

2 | · Share ›



Cody Sharp · 2 years ago

This is an excellent article. I hope a lot of people read it!

11 | · Share ›



J.V.Hodgson · 2 years ago



These statistics are so damning of the American health care system. Convert to a single payer system with control over the cost of medicines and surgical operative procedure costs. Then concentrate on a system that has your medical history and record in a say National health service database and millions of dollars of unnecessary tests can be eliminated. Oh by the way it does not prevent a separate on top system if you can afford for so called private funded care at a (specialist more expert hospital??) private profit run hospitals. The single payer system funds you up to national rates and the rest is your co-pay.



SUPPORT FOR PBS NEWSHOUR PROVIDED BY



THE RUNDOWN

The Rundown offers the NewsHour's unique perspective on the important events of the day with insights from the journalists you trust.

SUBSCRIBE

Receive The Rundown news blog in your inbox.

PODCAST: [ITUNES](#) | [XML](#)

HEADLINE FEEDS: [XML](#) | [ALL](#)

BROADCAST REPORTS



Looking within the mind of a rampage killer

MOST READ

MOST DISCUSSED

1 Obama promotes program for refinancing college debt

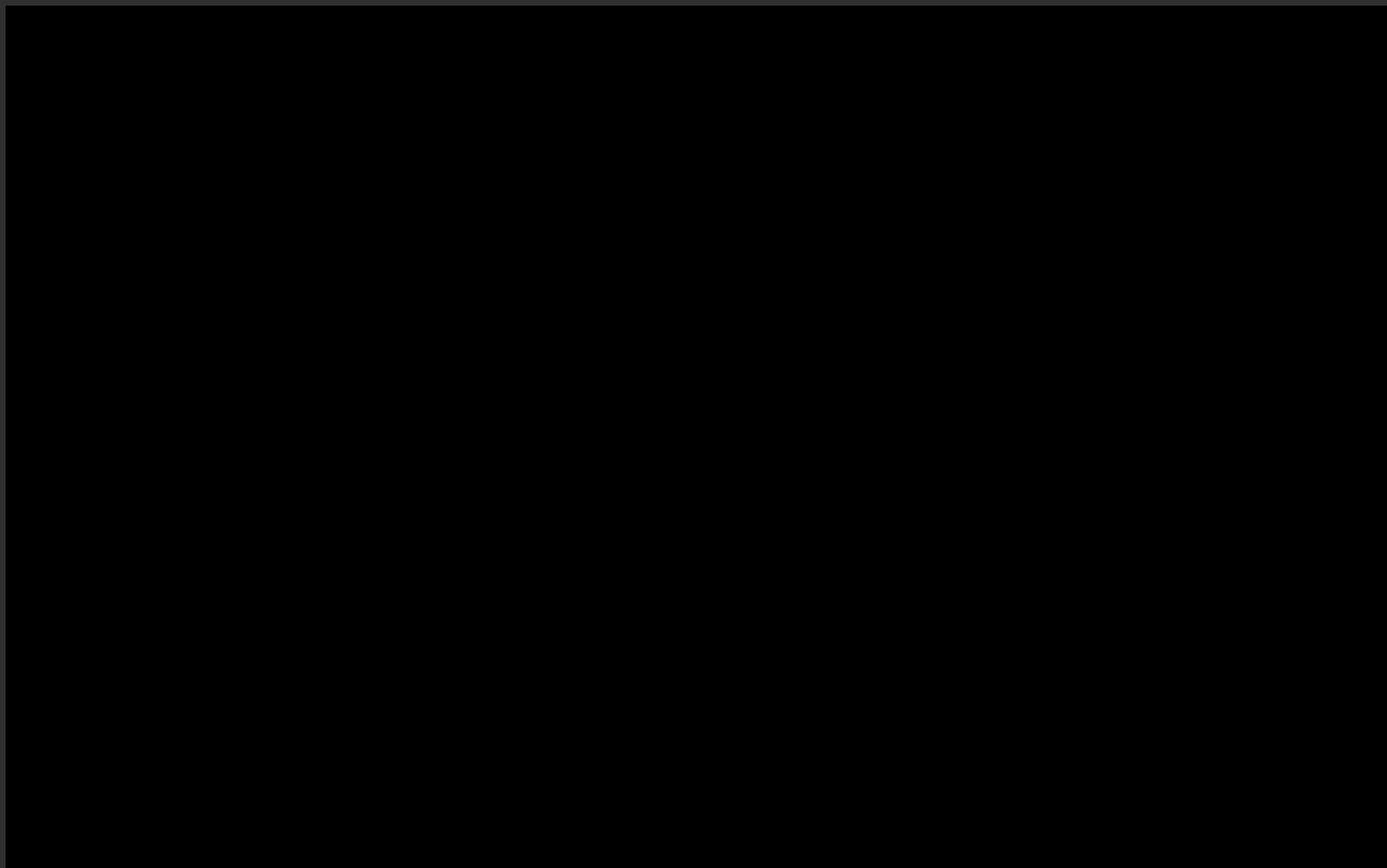
2 Low-wage jobs drive gains in U.S. employment

3 Shields and Brooks on Bergdahl criticism

4 Get up to speed on everything about the Sgt. Bergdahl situation

5 Border Patrol resources stretched thin as children illegally enter U.S. alone

SATURDAY, JUNE 7, 2014



SUPPORT FOR PBS NEWSHOUR PROVIDED BY



RECENT PROGRAMS

POLITICS

ARTS

NATION

WORLD

ECONOMY

SCIENCE

HEALTH

EDUCATION

TEACHERS

TV LISTINGS

ABOUT US

FEEDBACK

SUBSCRIPTIONS

PRIVACY

JOB OPENINGS

© 1996 - 2014 MacNeil / Lehrer
Productions.
All Rights Reserved.

Support the kind of journalism done
by the NewsHour... Become a
member of your local PBS station.