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## The world's health care: How do we rank?

### The United States spends a great deal on health care but gains too little, says the World Health Organization.

By [Susan Landers](#), AMNews staff. Aug. 28, 2000. [Additional information](#)

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Health care in the United States is second to none. Right? Well, not according to the World Health Organization. A recent WHO survey ranked the United States 37th in overall health system performance -- sandwiched between Costa Rica and Slovenia. This dismal showing occurred despite the fact that the United States spends more on health care -- 13.7% of its gross domestic product -- than any other of the 191 WHO nations.

WHO named France as the nation that provides the best overall health care to its citizens. The other countries that round out the top five are: Italy and the tiny nations of San Marino (also known as the Most Serene Republic of San Marino), Andorra (or the Principality of Andorra) and Malta.

How are these findings possible? After all, foreign heads of state who could get health care anywhere choose the United States.

It's all in how and what you measure, say many health care experts.

"The United States at its best has as good medical care as you'll get anywhere in the world. It really is superb," said Herbert Pardes, MD, president and CEO of New York Presbyterian Healthcare Network.

"But one of the problems is, while we have health care at the very best, we don't have all of our citizens covered for health care when they should be," he said. "We have 44 million Americans without coverage."

WHO placed a great deal of weight on a country's fairness in financing its health care system. The United States fell way down the list on that measure, coming in at 54th, between the Republic of Korea and Fiji.

Surprisingly, Colombia took the No. 1 spot in the fairness category, with Luxembourg, Belgium, the small East African nation of Djibouti, and Denmark rounding out the top five.

WHO theorizes that a fairly financed health system ensures financial protection for everyone. Health systems can be unfair by either exposing people to large, unexpected costs they must pay on their own or by requiring those least able to pay for care to contribute more, proportionately, than wealthier citizens, according to the survey.

## **Enviably care**

The U.S. medical community prides itself on the quality of care Americans receive but also recognizes faults in the overarching system.

"The U.S. health care system is the envy of the world," said Thomas Reardon, MD, AMA's immediate past president. "That doesn't mean we don't have problems and can't improve. We certainly need to deal with the uninsured, and that's one of the AMA's major focuses right now."

The Association will convene a meeting next month of about 50 representatives from a broad range of health care groups to continue a discussion they began last fall on ways to provide coverage to the nation's uninsured. The AMA is also helping to coordinate a series of regional conferences on the uninsured. The meetings, sponsored by the Robert Wood Johnson Foundation, will be held between election day and the presidential inauguration.

Other groups are also working to address the issue.

"I'm sure there are people who will quibble with the methodology of the WHO survey, but rather than quibbling, the important thing is to say, 'This reinforces our belief that we need to work on our system of health care coverage,' " said Joseph Johnson III, MD, president of the International Society of Internal Medicine. "That's the key for the United States."

That's not to say that people without health insurance in this country don't get the care they need, many experts point out. But those without coverage may hesitate to seek care early and, as a result, fail to gain the best treatment results, noted Dr. Johnson, who is also a senior vice president at the American College of Physicians--American Society of Internal Medicine.

ACP-ASIM has placed the quest for universal coverage high on its agenda and produced a report on the ills that befall those who lack health insurance. The report is entitled "No Health Insurance? It's Enough to Make you Sick."

In his role with the International Society of Internal Medicine, Dr. Johnson attends meetings around the world where everyone is eager to hear about what is happening in U.S. medicine. "But what I have trouble explaining and what they have trouble believing abroad is that we have this problem of lack of health care coverage for so many of our citizens."

## **A matter of values**

The potential of a nation's health care system relative to its per capita investment was also examined in the WHO survey. And, again, the United States came up short.

"I think, because the United States is so far out ahead of virtually any other country on what we spend per capita, there is an expectation that the system ought to be better than it is," said Robert Crone, MD, president and CEO of Harvard Medical International. "You could argue that the fairness and accessibility factors were given too much weight. But I think it does point out that,

relative to the rest of the world, the values that the United States has with regard to health care are different. It doesn't mean they are better or worse, but they are different."

What the United States does value is a responsive health care system, said Gerard Anderson, PhD, a professor at Johns Hopkins School of Public Health. And, according to the WHO assessment, the United States ranks No. 1 in that measure.

The survey defines a responsive health care system as one that respects the individual, protects confidentiality, provides prompt attention, offers a choice of providers and provides clean surroundings.

"If you ask the American public the one thing they value, it's that their doctor is available to them, has the medicines they need and the ability to respond to their concerns," said Dr. Anderson.

Ronald Kessler, PhD, health care policy professor at Harvard University Medical School, found that another lesson the United States could draw from the survey is that a nation need not spend a lot of money to supply good, equitable health care -- at least by the WHO's standards.

But countries also need to make difficult decisions about who is going to be provided appropriate health care, Dr. Kessler said. He cites as an example the refusal by some countries to allow a person older than a certain age to have hip replacement surgery. Often, wealthy individuals come to the United States for the surgery.

The survey represents other people's values in measuring a health care system, Dr. Kessler said. "They might not be the United States' values or Canada's values, but it is their values so that's how you score it."

## **A system of systems**

Unlike most of the nations commended by WHO, the United States doesn't have one comprehensive health system, noted Dr. Crone. "Instead, we have multiple microsystems."

In general, said Dr. Kessler, western nations that have a single-payer system and an economy that is doing well are able to protect their poorer citizens better than the United States with its mixed system.

But there is no groundswell of support in the United States for changing the nation's reliance on an employer-based health insurance system.

"We have not supported a single-payer, government-run system," said Dr. Reardon, speaking for the AMA. "What you're really looking at here is how to finance health care. And traditionally, the United States has financed health care with an employer-driven base, and that's the way we see the system in the future."

Lawrence Gostin, a law and public health professor at Georgetown University, is critical of the United States' failure to devise a national health care policy.

"Ideally," he said, "the United States could join just about every other civilized nation in the world in providing universal access to health care. I think that is the mark of a civilized nation."

In the meantime, the country can carry out certain stopgap measures, said Gostin. "We can provide more health care to children and those who don't have insurance."

But ultimately, he said, "I think we're going to have to develop a national health care policy that ensures reasonable access and equality in health care and not simply rely on the fact that we have such wonderful doctors and medicine."

Although many health policy analysts found some fault with the survey measures, most considered the resulting document to be an illuminating and well-intentioned comparison of health systems. But there were exceptions.

Richard Levinson, MD, assistant executive director of the American Public Health Assn., for one, was very surprised at some of the survey findings. For example: Colombia's first-place rating on the fairness and equity scale.

"Colombia is a country that is in a state of perpetual war; the life expectancy of its citizens is very low and dropping. To consider it top-ranked in terms of fairness of financial contributions to me suggests the arbitrariness of how the measure was constructed," said Dr. Levinson.

"I think it's wonderful that the WHO is trying to be objective," he continued, "and I think it's wonderful that the WHO is studying health systems and making international comparisons. But my personal view is that this measure doesn't quite do it because it has too many subjective elements." The proof, he said, is the startling ranking of some countries that have never been recognized by people who study health systems as being particularly outstanding.

"If I wanted good health care, would I rather live in Colombia than here? Would I rather live in Spain? I don't think so," Dr. Levinson said.

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## **ADDITIONAL INFORMATION:**

### **How the rankings were determined**

WHO measured each nation's overall health system performance by its achievement of three goals: the provision of good health, responsiveness to the expectations of the population and the fairness of individuals' financial contribution toward their health care.

### **Health**

Measured by life expectancy adjusted for the likelihood of a range of disabilities.

1. Japan: 74.5 years
2. Australia: 73.2 years
3. France: 73.1 years
4. Sweden: 73.0 years
5. Spain: 72.8 years

24. United States: 70.0 years

### **Responsiveness**

Judged by a nation's respect for the dignity of individuals, the confidentiality of health records, prompt attention in emergencies and choice of provider.

1. United States
2. Switzerland
3. Luxembourg
4. Denmark
5. Germany

### **Financial fairness**

Measured by the equal distribution of the health cost faced by each household.

1. Colombia
2. Luxembourg
3. Belgium
4. Djibouti
5. Denmark

54. United States

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### **Top ranking, not top dollar**

High spending does not necessarily translate into a better health system, says the World Health Organization. Among the 15 top-rated nations, the amount spent on health care as a percentage of the overall economy and on a per-person basis varied widely.

	Health spending as percentage of GDP	Per capita spending	Population
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1. France	9.8%	\$2,369	59 million

2.	Italy	9.3%	\$1,855	57 million
3.	San Marino	7.5%	\$2,257	26,000
4.	Andorra	7.5%	\$1,368	75,000
5.	Malta	6.3%	\$551	386,000
6.	Singapore	3.1%	\$876	3.5 million
7.	Spain	8.0%	\$1,071	39 million
8.	Oman	3.9%	\$370	2.4 million
9.	Austria	9.0%	\$2,277	8.2 million
10.	Japan	7.1%	\$2,373	126 million
11.	Norway	6.5%	\$2,283	4.4 million
12.	Portugal	8.2%	\$845	9.8 million
13.	Monaco	8.0%	\$1,264	33,000
14.	Greece	8.0%	\$905	10 million
15.	Iceland	7.9%	\$2,149	279,000
37.	U.S.A.	13.7%	\$4,187	276 million

**Highest spending per capita:** United States (\$4,187)

**Lowest spending per capita:** Afghanistan (\$2); Rank: 173

The full report is available on the WHO [Web site](http://www.who.int/) (http://www.who.int/).