

A review of Reid TR (2009): the healing of America: a global quest for better, cheaper, and fairer health care

Abstract

The Healing of America is a quick overview through the health care systems of several foreign countries, including Canada, France, Japan, and Britain. Author Reid TR,¹ using an old Navy shoulder injury as a common device for his worldwide tour, seeks to categorize and inform the reader about how every other industrialized country tackled the problem of universal health care coverage, and the challenges each system will face in the future. We learn about the sickness funds of Germany, the *carte vitales* of France, the National Health Service of Britain, and the long, long lines of Canada. Reid's thoughtful, articulate, and accurate descriptors about foreign health care systems provide complete and unbiased views of systems we could learn from and adapt to meet patients' needs. He suggests that we can bring about fundamental changes in our system through borrowing ideas from systems of care delivery and financing elsewhere. None of these comparator systems is perfect and Reid¹ points out flaws consistently and fairly. I definitely recommend this book for persons in health-related professions. It is a great book to use as a reference for personal elucidation and for stimulating discussion and interchange in terms of health care reform, health care delivery, public health, and public health policy change.

Keywords: health care system, health care reform, health care delivery, health coverage, health related professions, policy

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Introduction

The book titled "The healing of America-A global quest for better, cheaper, and fairer health care." has been written by Reid TR.¹ This book was published in 2009, an afterward of which was published in 2010. The author has talked about global health care systems. The author's experiences and the health care systems of France, Germany, Japan, Canada and United Kingdom have been discussed in this book. Health care system transitions in Switzerland and Taiwan have also been discussed. In addition to this, the author cites an example of health care and certain beliefs in India. He has compared all of these systems to that of the United states of America. He has walked through every system by keeping the main point of reference being "his painful bum shoulder". The author's American orthopedic doctor suggested a total shoulder arthroplasty which means a total replacement of his shoulder joint with a man-made shoulder. The author has very well highlighted the pros and cons of the American system with each of the countries mentioned above. The author hits a good balance between highlighting the positive points of these health care systems and how the governments of these countries manage the "universal coverage" policies. The book starts with an example of an individual Nikki White with a condition called systemic lupus erythematosus and her struggle of gaining access to basic health care in the United States. This is a condition that can be managed by modern medicine when addressed correctly. "Access" to health care in the richest countries of the world- the United States of America has been emphasized. The difficulties faced by an individual even to get basic health insurance when they fall ill are immense. This is the time frame in which the individuals need health insurance the most. The author then moves on to his painful shoulder and the options offered to him to get the shoulder fixed in the United States vs. in all the countries mentioned above. While the author compares and contrasts the various health care systems around the world, he also brings forth his concerns of the

insurance policies in USA. The denials and coverage policies are one of the main daunting concerns for the author.

Summary

The author has talked about four types of international health care systems.

The bismarck model

This system is followed by Germany. Private insurance companies pay for health of the people in Germany. The difference between these insurance companies and the American insurance companies is that the later make health care a profitable business whereas the German insurance companies are not for profit organizations.

The beveridge model

According to the author this model adopted by Britain is closet to 'socialized' medicine. The health care is paid for through tax payments, which means the government pays for all health care costs. Even doctors who practice privately collect their fees from the government. There are no out of pocket expenses in this system.

The national health insurance model

This system has elements of the Bismarck as well as the Beveridge model. This health system adopted by Canada keeps health care costs low and yet provides health care to all. Long waiting periods to access health care is one of the drawbacks of this system. Countries like Australia, Taiwan and South Korea have adopted variations of this model.

The out-of-pocket model

All health care costs are taken care of by the individual himself. This model is followed in developing and poor countries like India

and Africa. The author comments that the world's poorest countries have the highest out of pocket payment rates. According to the author the American health care system is a combination of all the above mentioned health care systems in context of the following populations:

Working people under the age of 65 years: Native Americans, military personnel, and veterans; individuals over the age of 65 years and all uninsured Americans.

Critique

The French health care system revolves around the ease and convenience of important information due to the *Carte vitale*—all major information like demographics, medical history and currently administered treatment for current medical condition is mentioned on this *carte vitale*. The French government works very well in returning lost *carte vitales* to the respective individuals without hampering the privacy and confidentiality of the individual. The convenience and ease of access to the French health care system has been highlighted very well.

The author thinks that the German health system is closest to 'socialized' medicine. This system provides free choice of insurance and treatment with minimal waiting and a high standard of quality. One of the questions to be considered as far as addressing this system is the impact of this ease of medical services on medical practitioners due to over cautious patients. The author also should have made a mention of the impact of this on the availability of services to the individuals in genuine need. The German doctors recommended to the author a total shoulder arthroplasty. The author should have elaborated on this as a negative aspect as well. How necessary was it for the shoulder arthroplasty to be done immediately? How important was it to consider other modes of treatment for this condition. The author should also have made a mention of the exact set up in terms of rural or urban of the clinic he visited. Would the access to medical care be any different if approached in a rural or urban area?

The author cited the total costs of his shoulder replacement to be \$10,000 which is about one fourth of the cost of surgery in USA. The author was fair while mentioning the cultural aspect of the invasive surgeries like arthroplasty, transplant, or heart bypass. The reasons mentioned by the author for this are economics (fees for surgery low) and culture. The Japanese live longer lives than the Americans. The author also says that the Japanese are the healthiest people on the earth. He attributes all the credit in some way to the Japanese's health care system. While evaluating all of the above mentioned comparisons other reasons should have been considered while making such extreme comments. The lifestyle of the Japanese, activity levels, dietary habits, etc. in comparison to Americans which put them at a lower risk for needing the mentioned major surgeries, and other illnesses thus increasing their life spans. The author does a good job of comparing the health care in a foreign country vs. America. The author most of the times converted the money it cost for a doctor's visits, a surgery or a prescription in dollars. He should have talked about the relative costs of treatment. It is quite obvious if we convert a weaker currency into dollars, the cost incurred to the treatment will not seem too much since it is being portrayed in a currency stronger than the concerned country. What is the effect of that cost to a person from that country who earns in the currency of that concerned country? If this aspect was evaluated, may be problems faced from the perspective of the common man of that country would be highlighted. For example, in a country like India, the author paid about \$48.50 per day for his treatment. He also says that if he had insurance the insurance would

pay for almost all of this treatment. What should have been evaluated was – of how much value is that \$48.50 dollars to a common man in India? The earning of an average middle class Indian is about \$200 dollars. Many Indians do not even have health insurance. How affordable and accessible is the treatment that the author availed of to a common Indian man? India is a vast country with varied kinds of urban and rural settings. The health care in each of these settings is way different from the experience of the author. It was not just for the author to draw any conclusions about India as a country due to a treatment measure that he received in a small city of India.

Every country has a challenging health condition. The ways in which these health conditions are analyzed are way different than way in which an uncommon or rare condition is approached. The author should have analyzed the prevalence of shoulder conditions and repairs in each of the countries he visited (He makes a mention of the cultural aspect of Japan though). Every country has its own way of easing access to health care for a condition that is prevalent. For instance, the care offered to the people of Japan affected by gene mutations due to the Hiroshima-Nagasaki bombings could have been slightly different. Tuberculosis is a common condition in many places in India. Individuals who develop pain in the shoulder due to the debilitating effects of the tuberculosis bacteria are for sure not giving intense massage and treatment as offered to the author. Many people suffering for joints affected due to tuberculosis are given the option of a total shoulder replacement as offered to the author. The author has laid special emphasis on pregnant women health especially the postpartum stage and the length of stay in the hospital post-delivery. In my opinion, the author should have analyzed the general health of the women and the need for a woman to stay that long in the hospital. Was it really needed to stay in a hospital for that long? Was there a reason why women were kept in the hospital for many days after delivery, like post-partum hemorrhages, depression, child-health, etc. A comparative analysis should have been made of the general health of an American woman to the women in that country. Infant mortality rates, death rates of women post-delivery should also have been analyzed.

Conclusion

Reid TR¹ has done a good job in walking us through the different kinds of health systems. The way of presenting the text and highlighting the personalities of the individuals in a cultural context is commendable. However, the comparisons should have been done more contextually keeping in mind the culture and the needs of the individual of that country. I would recommend that a more just comparison to be done keeping in mind the common man of that country should be done. The author went to all the countries as a bureaucrat which could have biased the health care quality that he received.

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Conflict of interests

Author declares that there is no conflict of interest.

References

1. Reid TR. *The healing of America: A global quest for better, cheaper, and fairer health care*. The Penguin Press; 2009.