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Healthcare Systems

The United States of America is the only industrialized nation without Universal Health Coverage for its residents. The Affordable care Act (ACA) was a step in the right direction to achieve universal health coverage (UHC), but at the end of 2016, still 9% of the citizens and aged 18 to 64 did not have health insurance (Tikkanen et al., 2020, p. 212). This paper compares and contrasts five major points of healthcare systems in America and three industrialized countries namely; Canada, Germany and England.

Funding the Healthcare System

The health care system in America is a mix of private and public, profit and non-profit insurance agencies and health caregivers. The central administration avails resources for the national Medicare program for citizens aged 65 years and above, those with disabilities, veterans and the disadvantaged, comprising the Children's Health Insurance and the Medicaid plans (Tikkanen et al., 2020, p. 211). Furthermore, different states pay for local aspects of the safety net and local coverage. However, private insurance, which is the dominant form of medical funding, is catered for by the employers. 8.5% of the population remains uninsured, which is a significant reduction compared to 2010 when it stood at 16%, the year that the Affordable Care Act was signed into law (Tikkanen et al., 2020, p. 212). Consequently, within the local and federal levels, private insurance firms have set cost-sharing arrangements and benefits packages governed by national and state laws.

Contrarily, in Canada, health care is financed and controlled by the nation's 13 provinces and zones. Each area has its plan and they receive financial assistance from the national government, based on a per-capita base (Tikkanen et al., 2020, p. 27). Besides, deliveries and benefits vary in different regions. Nonetheless, all citizens and permanent residents are given the

essential medical, physician, and hospital services free at the point of use. The provinces cover services like outpatient medicines and dental care for some special groups. Again, about two-thirds of Canadians have private medical insurance.

Whereas, Germany has made health insurance mandatory for its citizens, with 86% of the population enrolling for the same. This insurance covers prescriptions, inpatient, outpatient, and mental health. The insurance is managed by a non-governmental entity called Sickness Funds, hence the government has no direct role in the management and delivery of healthcare to its citizens (Tikkanen et al., 2020, p. 83). Contributions to the sickness fund are done through general wage contributions (14.6%), and a devoted, additional contribution of an average 1% on wages. The latter is shared between the employer and the employee. Also, citizens earning more than \$68,000 can opt-out of the government scheme and choose a private arrangement with an external insurance firm. However, the government does not subsidize private insurance coverage (Tikkanen et al., 2020, p. 85).

Inversely, in England, the citizens are entitled to free healthcare via the National Health Service (NHS), including mental health care, hospital, and physician. The NHS budget is funded by the taxpayer. Additionally, a government body called NHS England manages and allocates resources to 191 commissioning entities that govern and pay for healthcare services at the local level (Tikkanen et al., 2020, p.59). However, 10.5% of the country's citizens opt for voluntary private insurance to supplement their access to rapid elective care.

Universal Health Coverage

America does not have universal health insurance coverage for its citizens. By 2018, it was projected that 92% of the country's residents had medical insurance cover, leaving 27.5 million people uninsured (Tikkanen et al., 2020, p. 211). Medicaid and Medicare were enacted

via the Social Security Act of 1965. Medicare ensures that those aged 65 and above enjoy the medical cover, with the areas covered witnessing expansion over the years. Presently, Medicaid covers individuals with disabilities, low-income families, and the blind. This coverage is also mandatory for pregnant women from the low-income bracket. Presently, Medicaid insures 17.9% of American population. It is a program controlled by the federal government, and its eligibility and criteria differ from one state to another. The Children's Health Insurance scheme, which commenced in 1997 to cater to children from needy families covers 9.6 million children today. In some areas, it is an extension of Medicaid. Furthermore, the Affordable Care Act, which was enacted in 2010 signified the major development in health coverage by the government (Tikkanen et al., 2020, p. 211). It led to an estimated twenty million Americans achieving coverage, hence reducing the rate of uninsured grown-ups aged 19 to 64 to 12% in 2018, from 20% in 2010.

On the contrary, Canada has its universal health cover under the Canadian Medicare program. It was first adopted via federal legislation in 1957 and 1966. However, the Health Act of 1984 consolidated the two initial acts and has stipulated the criteria for the diagnostic, medically essential infirmity, and physician amenities (Tikkanen et al., 2020, p. 27). Besides, each province must meet certain criteria for them to receive federal funding for healthcare, under the UHC program. For instance, each health insurance plan must be publicly managed, offer comprehensive medical cover, is universal, should be portable across the provinces, and must be accessible without user fees.

Again, the Germans also enjoy universal health coverage, which came into effect in 2007, when health insurance, whether private or statutory, was required for all the citizens and permanent residents (www.aicgs.org, 2012). The current system offers coverage to the entire

German population, together with a benefits package. Also, the country's health insurance is offered via two subsystems; there is a statutory health insurance (SHI), comprising of competing, non-profit, non-state health insurance cover called sickness funds, and private health cover (www.aicgs.org, 2012). Long-term healthcare services are insured discretely under the statutory long-term care insurance (LTCI). Unlike in other countries, physicians and hospitals treat everyone, whether or not they have a private cover of SHI.

However, in England, health care has been essentially free since the establishment of the National Health Service (NHS) in 1948. It was established under the National Health Service act of 1946 following recommendations by Sir William Beveridge (Tikkanen et al., 2020, p. 59). Free healthcare was seen as an aspect of broader welfare restructurings aimed at eliminating sickness, poverty, unemployment, and improving education. Presently, all ordinary residents of England are entitled by law to NHS. However, undocumented immigrants can only enjoy emergency services, as clearly stated in the NHS constitution.

Funding Medical Education

59% of the medical schools in the US are public. Besides, the median fees in 2019 stood at \$39,153 in public facilities, whereas in the private institution it was \$62,529 (Tikkanen et al., 2020, p. 228). Funding is mainly through private means, student loans, and scholarships. On the other hand, in England, undergraduate medical education is dually financed. First, there is the tertiary institution funding via the Higher Education Funding Council for England (HEFCE) (Chan, 2015). Then there are the decentralized administrations in the country, and a second-line of finance for undergraduate learners under the National Hospital Service facilities termed the Service Increment for Teaching (SIFT).

On the other hand, in Germany, around 35 public universities and five private universities offer a degree in medicine for free. However, there are some private institutions that charge fees ranging from \$7,702 to \$14,763 per semester (Tikkanen et al., 2020, p. 228). This fee is privately paid, but students can also obtain funding from the government as student loans. Also, about 27% of Canadian doctors obtained their degrees out of the country. Those who studied in one of Canada's seventeen public medical universities paid an average of \$11,730 as tuition fees in 2018-2019 (Tikkanen et al., 2020, p. 228). Notably, in Canada and indeed in all these countries, funding medical school is a big deal, except in Germany where it is free in public institutions. There are non-repayable funding like grants, awards, and scholarships that can help in paying for medical school. Yet, the most dominant mode of funding is federal financial aid and loans, as well as private loans which must be paid after finishing medical school.

A Socialized System

A socialized system of healthcare is one where the state owns the means of providing medical care to the masses (Reibling et al., 2019). Britain is a perfect example. As discussed earlier, the cost of medical care in England is free under the NHS. The same system does not exist in America. However, it is seen in the Veterans Health Administration Program. In a socialized healthcare system, the government employs healthcare specialists, constructs and owns hospitals and bargains for the acquisition of medical technologies. Canada is another country whose healthcare system is socialized. It is an ideal system where all Canadians enjoy free basic healthcare; from surgery, ward care, doctor visits, drugs, dental care for children, and other specialized services for those aged 65 years and above (CanadianHealthcare.org, n.d). Furthermore, though the citizens of Canada can purchase complementary insurance if they wish to do so, this protection should not cover the basic insured services under the country's laws. In

this perspective, the Canadian system is more socialized. According to Kransoff (2018), in Canada, citizens can still purchase health insurance even if they are covered by the government. On the other hand, Germany has adopted a universal multi-player system that encompasses statutory healthcare for those who earn less, and private cover for those who earn more. Employers and employees contribute monthly premiums ranging from 7.5% of their salary, which employers match in contribution. In this manner, everyone enjoys quality medical care. Again, the system has put strict limits on extra costs that may force a citizen to incur extra out-of-pocket expenses, hence ensuring there is no increase in surprise medical bills.

The Cost of Pursuing a Career in Nursing

Cost is a very big consideration when choosing to pursue a career in nursing, with a huge amount going to the tuition fees. In America, the tuition fees for a Bachelor of Science degree in nursing start at \$39,153 in public institutions and \$62,529 a year in a private institution. It takes an average of four years to complete the program. But, in community colleges, the tuition fees range from \$3000 to \$14,000 a year. In Germany, the cost of pursuing a career in nursing ranges. Despite that, the minimum a student can pay annually is around \$14,763 per semester for a bachelor's degree program in a private university (Tikkanen et al., 2020, p. 228). Furthermore, there are no tuition fees in public universities. Besides, the Federal Student Financial Aid Program offers Germans, European Union students, and international students finances, but under strict conditions.

Tuition fees in England tend to be higher compared to those in other countries. Nonetheless, the country's education system is unrivaled. British universities and colleges are known to offer the best education. Additionally, the tuition fees for a Bachelor's degree in nursing ranges from £9,250 annually for British Citizens, with a majority of the higher learning

institutions owned by the government. However, for international students, the cost is relatively higher and ranges from £25,000 to £40,000 annually (Tikkanen et al., 2020, p. 228). It is important to note that the costs mentioned do not include other expenses like books, accommodation, and meals. If the three are included, the cost increases significantly depending on the institution and country where a person studies.

In conclusion, America may not have the best health care system compared to Germany, Canada and England. Even so, different factors must be considered before criticizing America. There are issues to do with size, population, and political goodwill that must be addressed if the United States is to ensure everyone enjoys quality healthcare services. A good step is to study what other countries have done in the health sector.

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