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Europe's free, state-run health care has drawbacks

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LONDON -- As President Barack Obama pushes to overhaul the American health care system, the role of government is at the heart of the debate. In Europe, free, state-run health care is a given.

The concept has been enshrined in Europe for generations. Health systems are built so inclusive that even illegal immigrants are entitled to free treatment beyond just emergency care. Europeans have some of the world's best hospitals and have made great strides in fighting problems like obesity and heart disease.

But the system is far from perfect.

In Britain, France, Switzerland and elsewhere, public health systems have become political punching bags for opposition parties, costs have skyrocketed and in some cases, patients have needlessly suffered and died.

Obama has pointedly said he does not want to bring European-style health care to the U.S. and that he intends to introduce a government-run plan to compete with private insurance, not replace it.

Critics fear Obama's reforms will lead to more government control over health care and cite problems faced by European health systems as examples of what not to do.

Other experts say Americans could learn from countries like Germany, the Netherlands and Switzerland, especially in the debate on how to reorganize health insurance.

"These countries are in some way an inspiration for our reforms," said Uwe Reinhardt, a health economist at Princeton University. "All of these countries somehow manage to assess risk and compensate for it ... we could learn from that."

Many European health officials applaud Obama's attempt to provide health care to millions more Americans, but they also advise him to proceed with caution.

"What we can be proud of in Europe is the ground rules, that everyone has the right to health care," said Jose Martin-Moreno, a health expert at the University of Valencia in Spain. "But the implementation has been difficult and one size does not fit all."

Private health care is also available in Europe, creating in some instances a two-tier system that critics say defeats the egalitarian impulse on which national systems were built.

When Britain's National Health System was founded 61 years ago, it pledged that with few exceptions, patients would not be charged for anything.

All prescription drugs are covered, and the government regularly sets health targets, like maximum waiting times in emergency rooms or for having an operation.

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Critics say the policies are often driven more by politics than science. Last week, Prime Minister Gordon Brown promised that patients unable to see cancer experts within two weeks would get cash to pay for private care. Brown had previously argued against paying for private providers and some say the reversal may be a gimmick to boost his sagging popularity.

More serious problems in Britain's health care were reported last month, when cancer researchers announced that as many as 15,000 people over age 75 were dying prematurely from cancer every year. Experts said those deaths could have been avoided if those patients had been diagnosed and treated earlier.

"There is nothing inherently different about cancer in the U.S. and Britain to explain why more people are dying here," said Dr. Karol Sikora, of Cancer Partners UK.

The U.S. already spends the most worldwide on health care. According to the Organization for Economic Co-operation and Development, the U.S. spent \$7,290 per person in 2007, while Britain spent \$2,992 and France spent \$3,601.

Still, experts say that before committing the U.S. to footing the bill for universal health care, Obama should consider it has cost Europe.

A World Health Organization survey in 2000 found that France had the world's best health system. But that has come at a high price; health budgets have been in the red since 1988.

In 1996, France introduced targets for health insurance spending. But a decade later, the deficit had doubled to 49 billion euros (\$69 billion).

"I would warn Americans that once the government gets its nose into health care, it's hard to stop the dangerous effects later," said Valentin Petkantchin, of the Institut Economique Molinari in France. He said many private providers have been pushed out, forcing a dependence on an overstretched public system.

Similar scenarios have been unfolding in the Netherlands and Switzerland, where everyone must buy health insurance.

"The minute you make health insurance mandatory, people start overusing it," said Dr. Alphonse Crespo, an orthopedic surgeon and research director at Switzerland's Institut Constant de Rebecque. "If I have a cold, I might go see a doctor because I am already paying a health insurance premium."

Cost-cutting has also hit Switzerland. The numbers of beds have dropped, hospitals have merged, and specialist care has become harder to find. A 2007 survey found that in some hospitals in Geneva and Lausanne, the rates of medical mistakes had jumped by up to 40 percent. Long ranked among the world's top four health systems, Switzerland dropped to 8th place in a Europe-wide survey last year.

Government influence in health care may also stifle innovation, other experts warn. Bureaucracies are slow to adopt new medical technologies. In Britain and Germany, even after new drugs are approved, access to them is complicated because independent agencies must decide if they are worth buying.

When the breast cancer drug Herceptin was proven to be effective in 1998, it was available almost immediately in the U.S. But it took another four years for the U.K. to start buying it for British breast cancer patients.

"Government control of health care is not a panacea," said Philip Stevens, of International Policy Network, a London think-tank. "The U.S. health system is a bit of a mess, but based on what's happened in some countries in Europe, I'd be nervous about recommending more government involvement."

Associated Press Writer Ricardo Alonso-Zaldivar contributed to this report from Washington.

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