

The United States and Canadian System of Healthcare: A Comparative Study

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## ABSTRACT

There is a lot to be said about the world of healthcare. The significance of the role our health plays in our lives cannot be overemphasized. The idea of this paper is to explore two of the largest and functional healthcare systems in the world. The purpose of this is because of some key differences between the systems of healthcare that are very important as they relate to the accessibility and availability of healthcare and also the quality of care that is received. The two countries being compared in this paper are the United States and Canada. These countries utilize systems of healthcare that were founded on similar principles, but that have diverged over time. The major conversation going on around the world is the fact that healthcare system in the United States needs some major adjustments.

On this premise, I decided to investigate and conduct a comparative study between these two systems of healthcare. I am comparing these systems using three major criteria; the cost, the quality and the amount of funding and research these countries are involved in. After some research was conducted on my part, I came to the conclusions that healthcare is more expensive in the United States than in Canada, the quality of care produced in the United States is not necessarily better than in Canada but the United States is more advanced in technology and research and finally that the United States should consider adjusting their method of approaching healthcare to make it available to the entire population.

KEYWORDS: Healthcare, United States, Canada

## INTRODUCTION

Healthcare is an area of life that can never be overemphasized. It is one of the institutions that an economy can literally not survive without. Since the beginning of the days of man's existence, he has tried to maintain a healthy system to ensure his survival and thriving on earth. As time has passed, the way he has gone about sustaining himself has evolved. With new inventions and innovations, healthcare has been able to advance from a time of herbs and trees to an era that is recognized for groundbreaking scientific discoveries. Today, researchers have invented drugs that are used to treat diseases that we had not previously been aware of. Indeed our world is developing rapidly and so is healthcare. Healthcare is becoming more evolved and diversified. Alongside these innovations have also come some problems. Healthcare in our time is not the same thing it once was. In order to be able to keep up with all the research that goes into improving the quality of healthcare, a lot of capital, manpower and strategy are involved. This has led to the medical institution gradually morphing into a business venture.

Different versions of healthcare administration exist around the world. They differ in modes of operation, cost, effectiveness and quality but overall, they have the same goal; to provide healthcare services to those in need of it. Of all these varying methods of providing care, a few have stood out and endured the test of time by being both successful and effective. My focus for this thesis is to investigate systems of healthcare from two developed countries in order to get information on the different perspectives and then come up with a conclusion as to what the more ideal system is. In my attempt to do a comparative study between these two healthcare systems, I will assess their differences on three major premises: the funding, the cost and the quality of healthcare

that they provide which includes their coverage spectrum. The countries I will be conducting the research on are the United States and Canada. I chose these countries because they are both large North American countries that approach healthcare from different angles. Both of these systems have so far been successful when compared to others, but there are significant variances that exist between these systems of healthcare and there is a rising deliberation as to what the better system is. This is the primary reason I decided to conduct a comparative study between these two systems and at the end come up with a reasonable conclusion from my perspective. The United States and Canada approach healthcare from very logical perspectives in their own sense, so it would be worthwhile to find out the more efficient and beneficial approach.

## BACKGROUND

### **Canadian Healthcare System**

The government of Canada utilizes what is known as the National Health Insurance system (NHI). A group of authors in the article “Comparisons of Health Care Systems in the United States, Germany and Canada” defined NHI as “a government run health insurance system covering the entire population for a well defined medical benefits package” (Ridic, Gleason & Ridic, 2012). Different countries utilize this broad system but each of these countries has its own specific definition and variation of NHI. The specific NHI program that Canada operates on is called Medicare, which is a universal public health program (Boslaugh, 2013). This means that it operates on a regional level and is reasonably uniform across the country. Gregory P. Marchildon (2014) said in his article “The Three Dimensions of Universal Medicare in Canada”, that Medicare was

introduced to Canada as early as 1947 to a town called Saskatchewan after which it spread to the other provinces to attain the definition of universality in terms of providing care. Healthcare acts were out in place to allow a single payer system that would provide every resident with the necessary hospital care they needed in the event of any ailment. Marchildon proposed that there are three dimensions to the universality of the Canadian healthcare system. These three dimensions, according to him are the fact that the population is covered, there are no user charges and it offers a relatively wide range of services (2014). The policies governing the healthcare system in Canada are often modified to ensure that they meet the standards of the definition of “universal”. In the article, “Healthcare Systems Around the World” by Sarah Baldwin (2011), it is noted that the Medicare program in Canada covers about 97% of the entire population, while the remaining 3% of the population are funded by other government programs in terms of healthcare.

### **United States Healthcare System**

Unlike Canada, the United States does not have a universal national system of healthcare. Rather, they operate on different systems depending on the region and what is obtainable there. Ridic, Gleason & Ridic (2012) refer to the US system as private markets and pluralism in their article mentioned previously. Different methods are utilized to provide healthcare in the United States. The mediums of providing healthcare in the U.S range from employer-based insurance, privately purchased insurance, government provided health care programs and insurance, and finally out-of pocket expenses by individuals who do not possess any of the afore mentioned forms of insurance (Boslaugh,

2013). These different avenues for insurance provision have different policies on which they operate and different amounts of coverage as well. Therefore, the healthcare system in the United States cannot be defined as universal using the definition of the word Marchildon proposed. Contrary to the single payer system that Canada utilizes, the United States uses a multiplayer system where third party payers are responsible for reimbursing the healthcare providers (Ridic, Gleason & Ridic, 2012). In terms of the public health insurance available, the United States makes use of Medicare, which is a system suited for the old population, not to be confused with the Medicare in Canada, and also the Medicaid that is meant for the citizens and residents classified under the low-income population. Boslaugh wrote in her book that as at 2009, it was estimated that about 61 million Americans were covered by the Medicaid program while about 45 million by Medicare. She further records that as at 2012, these two programs combined catered for the healthcare needs of about one third of the U.S population. The details of how these different methods of healthcare are applied in the United States and Canada will be discussed hereafter. Some basic differences have been established between the healthcare systems in the United States and Canada. People have differing opinions as to what the better system of healthcare is between the two. In the following sections, the differences will be analyzed on the three major premises talked about initially.

## COST

### **Expenditure**

It is a popularly held notion that healthcare in the United States is more expensive when compared to Canada and other countries of the world in general.

According to an old article in the *New England Journal of Medicine*, “The difference between the United States and Canada in billing and administrative costs has markedly increased since 1983” (Woolhandler and Himmelstein, 1991). This statement was recorded in 1991, indicating that the comparative cost of healthcare between the United States and other countries has been a significant issue for a relatively long time. The authors accredited this observation partly to the role the private corporations play in healthcare in the United States. Since the United States does not utilize the universal healthcare system as observed in Canada, there are a lot of private corporations that offer insurance options for the citizens and residents in the country.

The United States, as a developed country, utilizes one of the best healthcare practices that the world has to offer in terms of quality. People from different countries constantly travel to the United States to receive healthcare because they do not trust or completely rely on the care they can receive in their own respective countries. In the article “International Patients: A Lucrative Market for U.S. Hospitals”, it is noted that health tourism is a growing phenomenon and wealthy people from developing countries are resorting to travelling to developed countries such as the United States to receive medical attention (Lee & Davis, 2004). The problem with this is that, for these countries that do not have top par healthcare systems, it is very difficult, even impossible, for an average working class individual to have access to the kind of healthcare they will receive in the United States because of the amount of money it will cost them, not only for transportation, but the actual care they intend to receive upon arrival in the United States. Lee and Davis describe international patient care as a great source of income for U.S hospitals since the patients involved do not have access to treatment at subsidized

rates as a result of inaccessibility to insurance plans in the United States. On the other hand, some of the treatment one can get in the United States is available in other countries at a cheaper rate. For example, people can go to countries like Canada, India or South Africa to get the same treatment they will get in the United States for a relatively cheaper cost. Lee and Davis (2004), in their article, mention that “hospitals in South Africa, the country that pioneered heart transplants, routinely perform heart bypass surgery and hip replacements at substantially lower rates than in the United States”. A case of travelling abroad to receive cheaper care occurred with a friend of mine at Indiana State who is Indian. He had a bone injury on his leg that required immediate surgery. After comparing the cost of what it would cost him to have the surgery done in the United States, he found that it would have still been cheaper to travel back to India and get the surgery done there, flight tickets inclusive. This eventually became what he had to do (Vulisetti, 2015).

Even among developed countries, medical tourism occurs both ways. Some Americans are starting to prefer taking the trip to another country to get treatment because they are unable to afford the healthcare at home. McGill University in Montreal in his commentary “Medical Tourism: Family Medicine and International Health-related Travel”, claims that there are advocates of medical tourism in the United States who suggest that uninsured and underinsured Americans who cannot afford healthcare should travel to countries like India and Thailand to receive care (Turner, 2007). The same article mentions that even Canadians travel to the United States for healthcare purposes because of the longer wait times that exist in Canada. The aspect of wait times shall be discussed in another section of this paper.

The question to be asked is why the large disparity in cost exists between the United States and Canada if supposedly, the same quality of healthcare is provided in both countries. Arguments have been made that the way healthcare is approached in the United States might be better than in Canada. For example the average wait time for response in Canada has been found to be relatively slower in comparison to that of the United States. An article in *Biomed Central* highlights that in a survey conducted on why Canadians are interested in medical tourism, it was found that 60% of the population of Canadians that were interviewed claimed to pursue medical tourism because the wait time in Canada is too long (Runnels et al, 2014) compared to that of the United States.

In smaller countries, it is not particularly surprising that access to healthcare is limited. This is because there are relatively few hands when compared to the amount of people who need medical assistance. This is probably one of the reasons that healthcare in these countries are way cheaper than what is obtainable in the United States. For bigger countries like India who have made a significant amount of success in healthcare, the same problem arises because some developing countries have such a huge population and relatively few doctors to handle the medical needs of that population. The article, “Loss of Health Professionals from Sub-Saharan Africa: The Pivotal Role of the UK”, notes that developing countries such as “Nepal, Bhutan, Papua New Guinea, Afghanistan, Cambodia, and Indonesia seriously lack doctors” (Eastwood et al, 2005). The article highlights that the situation is even worse in sub-Saharan Africa as a result of the high level of migration of the doctors there to developed countries for better opportunities.

In bigger countries with more established healthcare systems like that of the United States and Canada, more is expected in terms of how long an individual is willing

to wait before he or she receives the medical attention they are seeking. This is largely due to the fact that in both of these countries, a lot more capital and personnel is invested in the provision of healthcare and thus, suitable service is expected in return. This is one of the things that have resulted in the ongoing discussions about the ideal wait time that should be considered appropriate in these big countries. In the paper “What is Right About the Canadian Healthcare System”, the authors make mention of the fact that even though statistically, Canada has longer wait times, they could do a better job of managing the patients before surgery and the amount of cataracts, bypass, hip and knee surgeries have steadily increased over the years (Evans and Ross, 1999). After the comparisons have been made between the wait times obtainable in both the United States and Canada, suffice it to say that the difference in the wait times does not account for the difference in cost in terms of healthcare service provided.

In an article “What I Learned from my \$190,000 Surgery” on *Times Magazine*, health care was described as “America’s largest industry by far” as it utilizes about one sixth of the country’s workforce (2015). One way or another, it costs Americans a lot of money to provide for their medical wellbeing, either through paying out of pocket or money paid to insurance companies to subsidize medical expenses. The people who cannot pay the exorbitant rates, end up without access to healthcare.

### **Privatization vs. Government Sponsorship**

Another reason that healthcare is more expensive in the United States is because of the amount of privatization that exists in the system of healthcare in the United States. As mentioned earlier, Canada utilizes a universal approach to their healthcare system. As a

result of this, the government funds most of the hospital activities and healthcare services. On the other hand, in the United States, different avenues sponsor the provision of medical care to the society as a result of the multiplayer system in place. Private corporations play a huge role in the medical business in America. As at 2012, about 84% of the population was insured and 70% of them were privately insured (Ridic, Gleason & Ridic, 2012). Most people subscribe to insurance from privately owned companies and insurance providers. Most people from the workforce get their insurance from their various places of work. These work places almost always have contracts with private corporations to fund their employees. These private establishments are usually more interested in making profit because they are usually business enterprises, so the premiums are usually more expensive than those obtainable from government funded sources.

According to the *Times Magazine* article, one of the reasons the Obama-inspired healthcare act, which will be discussed later in this essay, worked was by “backroom deals” being made with “the industry interests who wanted to make sure that reform didn’t interfere with their profiteering” (2015).

In a healthcare forecast by the Business Monitor International (BMI), it was noted that they expected the medical services expenditure to increase from USD3006bn in 2014 to USD4673bn in 2024 which is just 9 years from now (BMI Research, 2015). When compared to the analysis the BMI conducted on Canada’s healthcare system, their medical spending is not as high. It is also worthy to note that the BMI mentioned a drawback to the Canadian healthcare system. The government funds about 70% of healthcare as at 2014, and there is an increasingly high demand for healthcare. As a result of this, the BMI anticipates that the government expenditure will fall to about 65% by

2016. This implies an increase in private sponsorship but still not as high as that of the United States.

Figure I

Table showing the predicted private healthcare expenditure from 2011-2019.

United States Pharmaceuticals & Healthcare Report Q4 2015

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Table: Private Healthcare Expenditure Trends, Historical Data And Forecasts (United States 2011-2019)									
	2011	2012	2013	2014	2015f	2016f	2017f	2018f	2019f
Private health spend, USDbn	1,400.637	1,468.941	1,519.848	1,581.036	1,629.400	1,701.410	1,779.499	1,862.971	1,947.301
Private health spend, USDbn, % y-o-y	4.26	4.88	3.47	4.03	3.06	4.42	4.59	4.69	4.53
Private health spend, % total health expenditure	52.73	53.04	52.91	52.59	52.21	51.92	51.73	51.65	51.58

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*e/f = BMI estimate/forecast. Source: World Health Organization (WHO), BMI*

From the table above (BMI Research, 2015), we can see that private healthcare spending is tremendously high at present. It is expected to increase even more in the next 5 years. From this perspective, it is not surprising to notice these trends because one way or another, these private enterprises have to make profit on their investments. On the other hand, the privatization of healthcare has allowed for innovations that would not have been achieved had it been just the government responsible for funding all healthcare provision obtainable in the United States. For example, some private healthcare facilities have purchased or come up with amazing innovations that have caused medical advancement in recent times. Johns Hopkins Medical School is one of such examples. Though a private institution, very innovative surgeries and research have been carried out

there. As a result of this, many people who have diseases like cancer, that are deadly and still undergoing research, go to hospitals such as Johns Hopkins to ensure that they have access to the best of care that they can get. Since this is a private institution, the funding is not usually from the government and the insurance premiums that are usually provided by private insurance companies are evidently more expensive when compared to getting healthcare through government-funded sources.

An article on *The Guardian* states that the United States has the highest rate of health insurance in the world (Rogers, 2012). Drugs are also generally more expensive in the U.S than Canada. The BMI review describes the United States spending on prescription medicine as unsurpassed. Like the expenses on healthcare, expenses on drugs are also expected to increase (2015).

## QUALITY

It will not be appropriate to only focus on comparing these two systems of healthcare on the basis of cost. The second premise on which I will be comparing Canada's healthcare system and that of the United States is on the quality of service they each provide. One of the questions to ask about how efficient a system of healthcare is in terms of quality is how accurate their record keeping is. This tells us how they keep track of occurrences and trends in terms of all the activity that goes on administratively and otherwise. This affects the further decisions they take in terms of policy making and other approaches to treatment.

An article in *Biomed Central* noted Canada as having one of the most thorough and high quality administrative health data in the world (Lucyk, Mingshan, Sajobi, &

Quan, 2015). According to the authors in the above-mentioned article, Canada uses a database known as Discharge Abstract Database (DAD) to store their administrative healthcare data, which is not the only one they use but the largest and most recognized one that they have. The authenticity of this system that they have developed to keep track of patient activities and medical care provided is largely due to the fact that the healthcare system in Canada is universal. It is easier to maintain records because there are not as many individual corporations involved in healthcare provision and there are official guidelines on keeping healthcare records in Canada (Lucyk, Mingshan, Sajobi, & Quan, 2015). It is a little different when one looks at the United States. This is because the system of healthcare is, as stated earlier, more diversified and multifaceted that the separate corporations have their different methods of collecting and storing data, and for different purposes might I add. Consequently, there is more difficulty in keeping track of how much healthcare is dispensed and how progressive the system is in comparison with what is obtainable in Canada.

Having comprehensive databases in the world of medical care means a lot. Being able to keep in touch with what has been going on allows for greater improvements to be made. As far as knowing what next to do to improve the healthcare system, Canada has a better chance because their data collection is more organized and accessible. The government in the United States has a lot of information but it is not as unified as that in Canada, and so it is more difficult to pinpoint issues and tackle them. Although, they somewhat have figured out a way to make up for it in a sense. There are databases that take records of different diseases and collect data on that basis. This works to give researchers an idea of where they currently are in relation to where they are trying to go.

The problem with this is the data collection is not done using a consistent method since various corporations are involved. This is because, these records are taken from different hospitals that operate using different systems, depending on whether they are government or privately owned. The response time and treatment time will be different and if averages are taken across hospitals, it will not be as accurate as when the different hospitals are operating on at least a similar method to provide healthcare. There is more balance and uniformity with the Canadian data collection system so the data collected is not as inaccurate.

When considering quality, we ought to also consider how the patients respond to treatment and the amount of care they are given. Canada and the United States have similar reputations when it comes to the amount of care they give patients who come in to receive medical care. They are both known for providing some of the best medical care all around the world. But because of the variation that exists in terms of cost, it is beneficial to take a closer look at the quality of service they each provide and how different they are from each other. The purpose of this is to assess whether the difference, if any, is enough to account for the huge gap that exists in terms of how expensive one is with relation to the other.

One recent and controversial innovation that has recently been developed by the government of the United States is that of the Affordable Care Act, fondly referred to as Obamacare. This act proposed to make healthcare more affordable and accessible for the uninsured as the name implies. It was meant to alleviate the recurring issue of inaccessibility to healthcare faced by about 48 million Americans as at 2010 (Martin, 2015). The way the government of president Barack Obama planned to go about this was

to make it compulsory for certain companies, usually the bigger ones, to provide insurance for their employees so that more of the population would be covered. The act was supposed to pay attention to the uncovered members of the population to make their expenses less. This sounds like a very good idea that should be welcomed with open arms, but the reverse was the case for Obamacare. There was a huge wrangle between politicians and businessmen across the country. One of the main reasons for this has to do with the fact that a lot of businesses thrive on how expensive healthcare is in America. Obamacare threatened their source of income, as it might seem. There was of course the longstanding competition between the Republican Party, who like doing things in a conservative manner, and the Democratic Party, who are more innovative with their approach to things as discussed in the *Times Magazine* excerpt.

Definitely, there are several flaws that are affiliated with Obamacare. The cost of healthcare has not really been different from when the ACA was first implemented. Taking into cognizance the fact that this act is a relatively new one, it has not achieved as high an amount of success as it claimed it would when it was first implemented. The republicans are already strategizing on how to change the act as they have termed it a failure. Nevertheless, I doubt that they have any plans to do much better because a huge problem is that the United States approaches healthcare from the aspect of business and revenue. Unless that ideology changes, not much can be done. This is one of the major factors responsible for how relatively inaccessible medical care is in the United States compared to other countries.

One other facet that people talk about as an advantage to the United States healthcare system is the high amount of money that doctors earn in the United States,

when compared to other countries. Doctors in the United States are one of the most highly paid across the world and this includes privately and publicly funded healthcare practitioners (Laugesen & Glied, 2011). One might argue that because of the nice conditions doctors have to work with in the United States, they are able to provide better care to their patients than a doctor would in another country where he or she does not earn as much. This argument is true to some extent but does not hold that much weight when compared to a country like Canada, where the standard of living is equally high. The doctors in Canada might not make as much money as those in the United States but they definitely make acceptable amounts. Conversations are going on about how much the United States would save if the United States had similar administrative costs with Canada (Morra, Levinson, Gans, Hammons, & Casalino, 2011). This goes back to the previous statement about the motivation for providing healthcare. Because in the United States, medical care is approached more from an economic perspective rather than from a service rendering perspective, the environments are different. The doctors, insurance providers and even the patients are all looking out for their individual best interest. Since medical care is more business oriented, some doctors are not very interested in making healthcare more affordable if it is going to affect how much money they make in any way. Everyone who renders some sort of service should be rewarded adequately, but the virtue of rendering service should not be replaced with the desire to make money. Doctors take oaths to give medical attention and ensure that they do their best for their patients but the world is evolving and things that used to matter do not matter as much anymore.

Canada also has a business-oriented economy but when compared to the United States, they make decisions with more consideration of how it impacts the population than does the United States. A research paper refers to healthcare in the United States as the commoditized profession (Mackey & Ruggieri, 2014), which is a problem that has also been observed with other professions that render some form of service. The issue here is that healthcare and medicine are professions that directly and literally impact the lives of people so they should be given a lot of attention. This is not to say that the United States has a heartless group of leaders. The United States is a lot bigger than Canada and thus is a lot more difficult to manage in terms of policy making and what benefits the entire population. When policies are made, it might benefit a certain group of people but not others. This is the case with a lot of economies but it is more obvious in bigger countries like the U.S and Canada. The federal government of Canada has more control over their provinces than does the United States over the different states since the states are independent. The major policies impacting healthcare in Canada have to be obliged by the provinces. This is not necessarily the best way to go about things all the time but some of these policies have earned more coverage of their population than in the United States.

In summary, Canada's healthcare system is more patient-oriented and covers a larger percentage of their population. The Canadian healthcare system also keeps better records of what goes on so as to enable them make better futuristic decisions. The United States has a more diversified healthcare system and more instruments and facilities to solve problems.

## FUNDING AND RESEARCH

The final premise on which I will be comparing the Canadian healthcare system with the United States system is on the funding. This includes how the hospitals are sponsored, the contributions of the taxpayers and the amount of research that goes into finding cures to diseases and improving the methods of administering healthcare. A lot of the common diseases we are aware of have received attention from scientists and medical researchers. Copious work is being done in the world of science to find alternatives and remedies to diseases like cancer, HIV/AIDS and several others. This amount of research requires an equally significant amount of finance to help advance the work being done.

The United States has a reputation for unparalleled level of investment in research. A lot of time and investment is put into doing research and thus it is very big in the United States. In a study done to estimate the amount of money countries and organizations spend on genomic research, the United States topped the charts with having an estimated spending of \$1,035,309,134, about one-third of the world's spending on genomic research, which was a lot more than Canada's \$ 166,260,163 in 2006 (Pohlhaus & Cook-Deegan, 2008). But according to this article, which took surveys from 2003 to 2006, though the amount of money spent by the United States on genomic research increased over those years, the amount of funding per gross domestic product (GDP) decreased. In the article, it was also mentioned that the U.S spending on genomic research decreased since 2001 but in Canada, they were having a steady increase as a result of a new initiative they had began (Pohlhaus & Cook-Deegan, 2008). The U.S is known to spend a higher percentage of its GDP on healthcare than Canada. This means that more financial investments are made towards healthcare in the United States than in

Canada. But, on the other hand, as mentioned in earlier sections of this paper, it also means that healthcare costs more. The amount spent on research has increased over the years around the world but the United States is currently leading.

Another thing to consider is that the United States has a larger population than Canada, so when comparing how much the government spends on healthcare, unless we are dealing with percentages, it is hard to know for sure if one country spends a lot more than the other. This is because a small amount might indicate a larger percentage if it is targeted at a smaller population.

## CONCLUSION

The United States utilizes a multiplayer system of healthcare while Canada uses a single payer system. The single payer system allows for more uniformity and equal distribution of healthcare while the multiplayer system does not allow for an even distribution of healthcare. More of the population in Canada is covered in terms of insurance when compared to the United States. This is because more people in the United States cannot afford healthcare when compared to Canada where everybody is entitled to medical care.

In terms of cost, it is far more expensive to receive care in the United States than it is in Canada. In addition to this, numerous people in the United States are not covered by any insurance and as such do not have access to medical care. Also, those who have healthcare in the United States do not all have equal access. There are different levels of the healthcare coverage one can get because of the variety of options that are available.

In terms of physician satisfaction, more physicians in the United States feel like they offer their patients better quality of healthcare than in Canada. There is also a faster response time to cases in the United States when compared to Canada. The caveat is that although Canada does not have as fast a response time as the United States, their surgical wait times are not that slow and they have good maintenance services for the patients that are waiting to get a procedure done.

Finally, with regards to funding, Canada's healthcare is for the most part funded by the government and then the remainder by private means. The United States on the other hand with its multiplayer system has funding from numerous sources, government owned and private enterprises inclusive. As a result, there is more leeway for progress in the United States system of healthcare than exists in Canada because Canada has more limited resources. The fact that the United States has a bigger reserve allotted to healthcare, makes the quality of healthcare they produce rank higher than what is obtainable in Canada. Also, the United States spends a greater amount of money on research and development than Canada does, and also a greater percentage of their GDP, considering the fact that the United States has a larger population than Canada does (about ten times as much).

At this point, there are certain further questions we need to ask ourselves. Are these disparities significant? And if yes, are they important enough to be considered when defining the overall better system. Again, how do the disparities affect the quality of care the patients receive and how does seeing a patient as a client benefit that patient? To answer these questions, further research is required. These conversations and research are going on already. This is just an indication that there is yet, more work to be done. To

sum it up, I believe that the United States government should lean more towards developing a more patient-friendly healthcare system that can afford everybody access to medical care.

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