

GLOBAL HEALTH CARE SYSTEMS

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Introduction

It is difficult to find a country that is more culturally distinct from the United States than Japan. Their attitude to money, diet, and social relations is completely different, and as the result, the Japanese health care system also does not have much in common with the U.S. variant. Such peculiarities are interesting for further investigation because it gives a possibility to understand the unusual yet very effective health care experience better and look at the American system from a new perspective.

Health Statistics and Costs

Life expectancy for men in Japan is 80 years. Men in the U.S. live until 76 years on average. Women in the U.S. generally live up to 81 year, while the life expectancy for women in Japan is 87, which is the highest in the world. Infant mortality rate in Japan is 2.13, while in the U.S. it is 6.8. The overall mortality rate in Japan is 84.85, whereas in the United States it is higher and constitutes 141.23 (Rice et al., 2013, p. 69).

Cancer and HIV/AIDS are considered to be the incurable or very difficult to cure diseases. In the U.S. 1.2 millions of people are HIV/AIDS positive, while in Japan there are only 1,056 reported cases. 350.8 people in 1,000 suffer from cancer in Japan (OECD, 2009, p. 13). The rates in the U.S. are lower: only 133 people have this disease. However, there is one major problem in the United States which is not urgent for Japan to such an extent. The rate of obesity in America is 30.6%, while it is 3.5% among the Japanese. As a result, more people in the U.S. die from heart diseases. 106.5 people in 100,000 die

because of them (Rice et al., 2013, p. 70). In Japan only 30.2 people in 100,000 die from cardiovascular diseases.

Health Care Financing

The Japanese health care system is financed mainly by the public sector. The health care receives almost 82.1% of their budget from the public insurance system. The total amount of money spent on medical care equals approximately to 10.3% of the Japanese GDP (OECD, 2009, p. 14). The fees are usually charged from wages. The organizations have to pay half of the premiums for their employees, and the rate of the tax for health care varies from 3 to 10% of the monthly income. Those people who work for the state have their own health insurance system called the Mutual Aid Society that covers the premiums on their salaries. There also exists the private health care financing in Japan. However, it does not refer to the basic needs of a person. It covers the expenditures on curing the injuries from the traffic accidents, expensive artificial teeth (the basic insurance allows to choose cheaper analogues), or other objectively expensive orthodontics. It is traditionally considered that private medical insurance is complementary to the life insurance in Japan. The majority of adult Japanese citizens use private insurance as the protection from out-of-pocket payments that might be needed in case of the long-term hospitalization (Matsuda et al., 2008, p. 27-28).

The American health care system is different in this issue from its Japanese counterpart and is financed mainly from private sources. If a U.S. citizen wants to have a health care insurance, he/she has to purchase it. The prices for the insurances are high, and as a result, nearly 15% of the Americans do not have it (Holtz, 2008, p. 1). Sometimes, a person can receive the medical care insurance as a supplementary advantage of the work for a big

company. Even though the biggest part of the U.S. health care system is financed individually, there is still the federal health care budget. It is divided among the states, and such social programs as Medicaid, which are publicly financed from the taxes, allow people with low income to receive medical help for free (Rice et al., 2013, p. 58).

Health Care Administration

In Japan the health care system is regulated by the Ministry of Health, Labor, and Welfare, particularly by its department that is called the Social Security Council. It controls the costs of the drugs and their quality and also creates the state policy concerning the health care provision and problem resolution. The department called the Health Science Council is responsible for public health policies. The third governmental department, the Central Social Insurance Medical Council, is in charge of fee schedules or payment rules (Ikegami, Anderson, 2012, p. 27).

The state department that regulates the work of the health care system in the United States is the Department of Health and Human Services. It is divided into smaller committees like the Japanese departments. The research in the medical sphere is undertaken by the National Institute of Health and the Agency for Health Care Research and Quality. The latter investigates into the means of improving the health care services delivered to the Americans. The Food and Drug Administration is responsible for the quality of the production related to the health care, among which are food, drugs, and vaccines. The last department of the U.S. federal government that is connected with the health care system is the Health Resources and Services Administration. It works with the problems of the uninsured, poor, isolated people and other representatives of the vulnerable population (Rice et al., 2013, p. 47-48).

Health Care Personnel and Facilities

In Japan, there is no division between the clinics that provide all medical services included in the insurances and the hospitals where people can receive primary medical help. Nearly one third of the doctors in Japan are officially employed by the hospitals; the others are considered to be self-employed. It is necessary to note that many clinics are owned by the medical corporations or individual physicians. The teams that render the primary care usually consist of a physician and several nurses. The tradition of choosing a family doctor is very popular in Japan, and government encourages it. Almost 75% of Japanese hospitals are private and not-for-profit; the other 15% are owned by the local or national government (Matsuda et al., 2008, p. 26). The prices for consultations are lower in larger clinics than in small hospitals. It is also necessary to mention that for-profit hospitals are prohibited by law in Japan.

Unlike Japan, for-profit health care organizations are allowed in the United States and constitute almost 15% of the entire number of clinics in the country. The other 15 percent of hospitals are private, and the rest 70% are not-for-profit clinics. There is a variety of sources from which the hospitals receive funding (Holtz, 2008, p. 4). Patients pay for all services, per-diem and per-case. Only a minor part of physicians are officially employed by the hospital on a salary basis; the majority of them receive fees for individual medical services and consultations. Moreover, the prices in the larger hospitals in the United States are comparatively not as low as in the case of the Japanese health care system. The correlation between the number of nurses and physicians is approximately 4:1, which is higher comparing to 2:1 ratio for Japan (Rice et al., 2013, p. 246).

Access and Inequality Issues

The Japanese government tries to decrease the inequality in the level of cancer treatment in different prefectures of the state. There is also a problem discussed by the Ministry of Health, Labor, and Welfare that the expectancies of life differ depending on the social and economic status of people. In fact, all Japanese citizens receive equal medical help regardless of their financial status. However, the lifestyle of the poorer people is less healthy than the one of those who have money; consequently, the former live less (OECD, 2009, p. 13).

It is possible to assume that the U.S. has more problems connected with providing health care for the poor. The Medicare insurance costs much; as a result, there are many American residents who rely only on the primary urgent help in case of an incident (Holtz, 2008, p. 8). There is also Medicaid, a program sponsored by the federal government to give free insurance for the most vulnerable layers of society. However, there are too many people who want to use this help; as a result, the federal budget faces serious deficit in the sphere of health care (Holtz, 2008, p. 10).

Conclusion

The health care systems of the United States and Japan do not have much in common. The medical sphere is regulated by the government in Japan, which is opposite to the American tradition. People can receive professional help in every clinic of the country in Japan at a comparatively moderate price or under their obligatory health insurance, and they do not need to worry that the level of service might be lower than in other places. The government controls all medical institutions. Consequently, there are no striking inequalities in the Japanese society comparing to the U.S. The

Japanese government starts campaigns to eliminate the differences in life expectancy rates among wealthy and poor citizens, but the statistic rates of the Japanese are still several times better than the ones of the Americans. Their way of living and the health care system might seem strange for the Americans, but as the statistics show, they are efficient.