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LES DIFFÉRENTES THÉMATIQUES DU PROGRAMME

CHAPITRE 1

BRITISH AND AMERICAN HEALTHCARE SYSTEMS

BRITISH SYSTEM

The UK health care system :

Medical treatment is taken in charge by the **National Health Service** (NHS) (sécurité sociale), with hospitals, specialists, family doctors, dentists, ambulances and community health care. **The NHS is financed by taxes and national insurance contributions.** In general, medical care is free (l'accès aux soins est gratuit), but there are a variety of set charges (e.g.: for prescriptions and eye tests) (mais certains services sont payants)

Doctors : To receive medical and health care, people register with a local and family doctor called a **General Practitioner** (GP), who examines patients in his or her surgery (cabinet). Visits are usually by appointment only (sur rendez-vous seulement), but you can also receive house calls (visites à domicile). For minor ailments (pour des problèmes de santé mineurs), the doctor may issue a prescription for medicines that must be filled by a chemist, when necessary, a patient may be referred to a hospital specialist. There is a charge for prescription medicines but drugs are free for hospital patients.

Family Planning Clinics : These provide free advice on contraception.

Well Woman Clinics : These specialize in all aspects of women's health

Chemists : General (non-prescription) medicines and drugs prescribed by a doctor can be obtained from a chemist's shop (pharmacy); They also sell a wide range of toiletries, baby food and cosmetics.

Dentists and opticians : you don't have to register with one of these specialists. Most of them treat NHS and private patients.

Private medicine : Many doctors and dentists have private patients who pay for the cost of their treatment. The NHS also have beds available for private patients. About 10% of the population has private health insurance, usually because of long NHS waiting lists for minor surgery. Some employers provide their employees with health insurance.

There are a lot of private insurance available : one of the largest organization providing such cover is **the British United provident Association** (popularly known as BUPA) which also owns and operates its own private hospitals.

AMERICAN SYSTEM

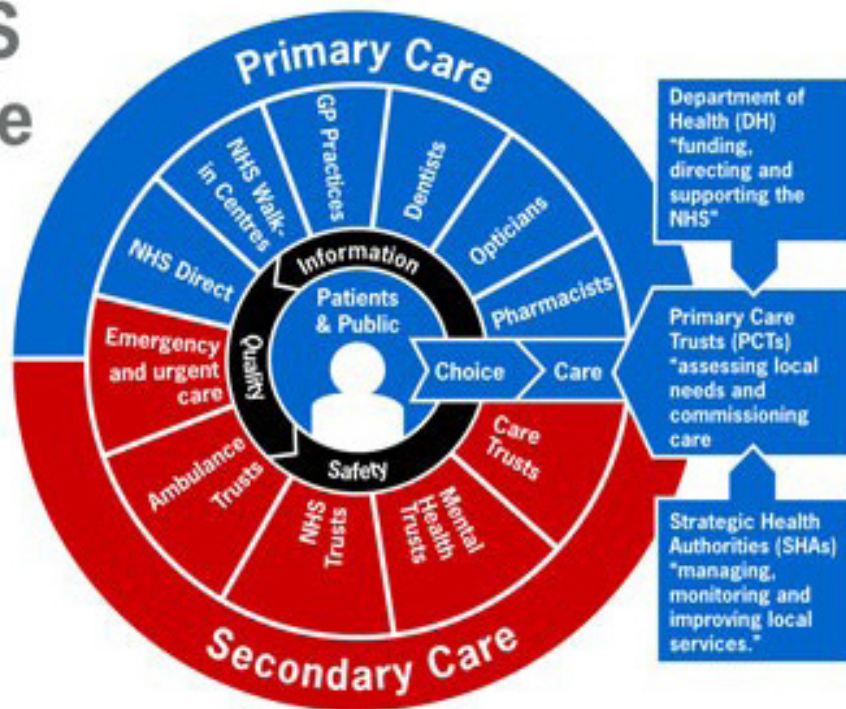
America offers the most advanced medical facilities in the world, but there is no public health service. For those without proper insurance, medical care is inadequate or inexistent. Around 80% of the population have some form of private medical insurance although this rarely provide full cover : 30% of medical expenses are directly paid by patients. The federal government does provide some help for those on low incomes (through the Medicare Scheme) and for the Elderly (through Medicaid) although most regards these schemes as inadequate.

Doctors : Most people have a **primary-care physician** who provides routine medical treatment and refers you to a specialist or a hospital if necessary. Physicians usually have one or more specialities. Most Americans have an **internist** (a specialist in diseases of internal organs) or a family Practitioner (FP) as their primary care physician. Visits are by appointment only, although a doctor will see a patient at short notice in an emergency. Most doctors don't make house calls.

Hospitals and Clinics : Patients may be treated in any of the following :

- **Private hospitals** offer superb medical treatment but at high cost. They employ few internal staff and most patients are treated by their own private doctors.
- **Public hospitals**, such as city hospitals, are funded by the city or the State. They have long waiting lists for non-emergency treatment and stays are kept to an absolute minimum. Uninsured patients treated in a public hospital must still pay. If they can't, then hospitals must sue in order to perceive reimbursement from the local, state or federal government. **Veterans Administration Hospitals** are public hospitals where military veterans can be treated free.
- **Community Hospitals** : offer adequate general care although are not recommended for serious conditions or complex surgery.
- **Walk-in-Clinics** provide basic services such as treating sprained ankles or broken limbs. They are often situated in shopping centres. No appointment are necessary and many open all year round. Most require immediate payment.
- **Health Maintenance Organizations (HMOs)** : provide medical care for over 30 million Americans, members pay a monthly fee which covers all medical expenses. A typical HMO is a group practice with its own clinical facilities and physicians. HMOs emphasize preventive medicine and offer good value.
- **Dentist**: Excellent dental care is available but it is expensive. Standard insurance policies may only cover emergency treatment, although most policies offer comprehensive dental cover at extra cost.

The NHS structure



Source: <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>

CHAPITRE 2

THE WELFARE STATE AND THE NHS

The Welfare State (l'État providence) was adopted in the UK in 1948 after the report written by Sir William Beveridge entitled Social Insurance and Allied Services. He highlighted in this survey the importance for the government to provide all British citizens with a comprehensive set of measures to insure the social welfare of all. He defined five "giant evils" : **squalor** (les conditions sordides), ignorance, want (le besoin- la pauvreté), **idleness due to unemployment** (oisiveté due au chômage) and disease (maladie). After the second world war, the labour government decided to fight against these evils and committed to provide health (la santé), education, employment, housing and social security for **the elderly** (les personnes âgées). It represented a major change in politicians' mentalities since the Victorian era, when the poor were blamed for being poor and the state refused to help them leaving this task to **private charities** (oeuvres caritatives).

On the contrary, The Welfare State believes in the strong principles **to provide** (fournir) an equitable distribution of wealth (richesses), equal opportunity and state responsibility for those unable **to meet their basic needs** (répondre à leurs besoins essentiels). Various social programmes were funded by a progressive taxation system added to compulsory contributions, establishing a system of benefits for unemployment, maternity, sickness and retirement (la retraite). An important key of the Welfare State is the National Health Service created between 1946 and 1948 which gave people a free access (accès gratuit) to a **general practitioner** (GP = médecin généraliste). The British government had set up the concept of **social citizenship** (citoyenneté sociale), based on political, economic and social rights. The Welfare State was a real success until the 1970s, when Margareth Thatcher's conservative government started to reduce its extent with a budgetary austerity programme. Cuts (réductions) in welfare spending were needed to reduce taxes and and this could be achieved by implementing stricter rules for benefit eligibility.

Today, the debate on welfare spending is focused on the need for a cost-effective (rentable) system combining private and public initiatives.