

## Elective Report – Community medicine, Ypsilanti, Michigan, USA

By travelling to the United States for my elective, I endeavoured to gain a greater understanding and insight into the Healthcare system in place and how it differs from that in the UK. My medical placement took place in the town of Ypsilanti, Michigan. By shadowing a General Physician I was able to experience the workings of a GP Surgery as well as witness the role of the Doctor within the hospital. In order to ensure my observations remained concise I posed four different questions for myself.

- 1) **What are the most prevalent complaints that patients present with in a primary care setting in the Michigan state? Is there a stark difference between the UK?**
- 2) **How does the private healthcare system in place in the USA compare to the UK?**
- 3) **Does the relationship between patients and the physician differ with regards to the private healthcare system?**
- 4) **Critique the quality and provision of healthcare in the USA to that of the UK.**

Perhaps unsurprisingly so, the main patient presenting complaints within the community medicine setting were no different from those seen in a GP surgery in east London. The main problems were symptoms of coughs and colds, patients with chronic conditions that required regular reviews and patients requiring repeat medication. The weather in Michigan was not dissimilar to the cold, rainy temperaments of England, as a result the winters usually presented with an influx of young children and the elderly suffering from flu and cold symptoms. With quite a prominent population of African Americans in conjunction with America's renowned, less than healthy, lifestyle, diabetes was also a fairly common presentation. In addition to this, accidents and minor injuries were also common presentations.

Research into the common healthcare presentations in the Michigan state does not highlight any conditions that are specific to the area. As it is a Western country this is not surprising in any way. Thus the main focus was to see whether the cost of healthcare insurance would alter the habits of patients in community care. For most patients the cost of healthcare seemed something that they were willing to pay, particularly if they had a chronic condition which would inevitably require continuous medical support. However, for those of a lower socio-economic class, and believe themselves to be in good health there is a possibility that they decide to take a risk and not pay for Insurance. The percentage of people who choose this option is not measurable and the resultant admissions into hospital without appropriate cover is not something that I had much of a chance to investigate.

### LEADING CAUSES OF DEATH

	Deaths	Rate
Total	86,310	784.6
Heart Disease	23,044	206.5
Cancer	20,174	181.9
Chronic Lower Respiratory Diseases	4,941	45.1
Stroke	4,415	39.9
Unintentional Injuries	3,671	35.4

### LEADING HOSPITAL DISCHARGES--2009

	Discharges	Rate
All Hospitalizations	1,318,741	1,322.8
Heart Diseases	143,249	143.7
Newborns and Neonates (Less than 7 days)	119,188	119.6
Females with Deliveries	114,558	114.9
Injury and Poisoning	103,661	104.0
Infectious and Parasitic Diseases	49,828	50.0



Diabetes Mellitus	2,689	24.3	Psychoses	48,085	48.2
Alzheimer's Disease	2,552	22.9	Cancer (Malignant Neoplasms)	40,644	40.8
Kidney Disease	1,699	15.5	Osteoarthritis and Allied Disorders	38,226	38.3
Pneumonia/Influenza	1,540	13.9	Pneumonia	35,527	35.6
Intentional Self-harm (Suicide)	1,164	11.3	Cerebrovascular Diseases	34,670	34.8

### Medical statistics for the state of Michigan

Before embarking on my elective I was fairly certain of where my opinions lied in regards to the NHS and that of the healthcare in the USA. I strongly believed that the NHS was a system that faired superior to the private healthcare in place in America. Whilst in many ways I still believe in this system, I hadn't taken into consideration the effects that the different healthcare types would have on the quality of care provided by doctors. In the USA, for a patient with private healthcare insurance, little expense is spared in carrying out the necessary scans, tests, or in providing the best possible drugs. Thus whilst the patient is paying, it is reflected in the service that they receive. The doctors, not confined as much by the financial implications of their actions, are seemingly more thorough. As a result the quality of care in private care is deemed superior to that of the public system, and there is a suggestion that the NHS is trailing behind. However, the financial implications of a private healthcare system can pose its own problems. On talking to many of the doctors in Michigan it was clear that they weren't completely happy with the system, and many believed that a lot of the areas of healthcare were formed on the basis of how much money could be made. A particular case, was an Institute that provided residence and combined care for individuals who had suffered brain damage as a result of injuries and accidents. Much like a rehabilitation unit, it provided housing and daily care for the patients. However, many patients had been there for over 10 years. As the Institute was receiving funding from the insurance companies, it was difficult to appreciate whether the care was being provided out of necessity or for financial gain. The following extract from an article in the Tiimes, comparing the healthcare systems in the US and UK, aptly highlights some of the problems that America faces and that the NHS deals with better. In addition, the table below compares the costs and healthcare outcomes between the US and the UK.

*The bigger problem is that healthcare bills threaten to be crippling for the state and for people who have limited insurance. Some 60% of bankruptcies in the United States are related to healthcare costs. Companies complain that the costs are making them uncompetitive. Although the system is market-based, insurance has the effect of encouraging costs to rise. The bureaucracy is enormous: for every two doctors in America there is one administrator, working either for an insurance company or for a firm that sorts out billing, or which arranges treatments on behalf of patients. At the same time the costs of Medicare, a government-run scheme to provide cover for the elderly, and Medicaid, for the poor, are rising sharply. Half of America's health spending comes through Medicare, Medicaid and a body called the Veterans Health Administration. In total the United States spends in the region of 16% of its gross domestic product (GDP) on healthcare – nearly twice the percentage spent in Britain. At the top it can boast the most advanced treatment in the world – but overall its health outcomes are no better.*

### Extract from The Times.

Country	Total expenditure on health as % of GDP, 2006	General government expenditure on health as % of total expenditure on health, 2006	Private expenditure on health as % of total expenditure on health, 2006	Per capita total expenditure on health, 2006 (PPP int. \$)	Doctors, 2000-2007 (per 10,000 population)	Nurses and midwives, 2000-2007 (per 10,000 population)	Hospital beds (per 10,000 population)	Life expectancy at birth, 2007 (years)	Cancer rates, 200. 100,000 population
Canada	10	70.4	29.6	3673	19	101	34	81	
China	4.6	40.7	59.3	216	14	10	22	74	
Cuba	7.7	91.6	8.4	674	59	74	49	78	
France	11	79.7	20.3	3420	34	80	73	81	
Germany	10.6	76.9	23.1	3465	34	80	83	80	
Italy	9	77.2	22.8	2631	37	72	39	82	
Japan	8.1	81.3	18.7	2581	21	95	140	83	
Russian Federation	5.3	63.2	36.8	699	43	85	97	66	
United Kingdom	8.2	87.3	12.7	2815	23	128	39	80	
United States	15.3	45.8	54.2	6719	26	94	31	78	

### **WHO Statistics comparing healthcare in different countries.**

As mentioned above, the private healthcare system can in many ways mean that patients receive a more thorough consultation and subsequent treatment, whereas patients under the NHS can often feel as though they are on a constant waiting list. Naturally, with a system where patients are paying 'upfront' for healthcare, there are certain expectations. However, in my experience, the consultations in the community setting between patients and doctors were no different to those in the UK. The respect for the doctor remained.

All in all, my experience of the healthcare system in the United States provided me with an interesting perspective on how the system works. The main points that I noticed was the way in which the community healthcare was not so different from that in the UK. However, the hospital care provisions were much more thorough as there were no financial restrictions as such in place, and thus the physicians were able to carry out all the required investigations without any repercussions. With this level of uninhibited healthcare, there is the suggestion that the care provided in the States is superior to that of the NHS. However, after having researched the long term financial implications of the system, it is clear to see the USA system can not carry on for much longer, as the costs are inconceivable. In conclusion, whilst the NHS may have its downfalls, it has a greater longevity and all in all a system that fairs better for the entire population.