
Data Watch

Who Has The Best Health Care System? A Second Look

by Robert J. Blendon, John Benson, Karen Donelan, Robert Leitman, Humphrey Taylor, Christian Koeck, and Daniel Gitterman

Abstract: A 1994 opinion survey again shows Americans less satisfied with their health care system than Canadians and (West) Germans are with theirs. Americans also report more problems in paying for care and receiving needed services. However, overall satisfaction in Canada and Germany has fallen. Important cultural differences between the countries were identified. Americans have higher expectations for medicine and a stronger preference for spending more nationally on health care. The most dramatic difference is Americans' antipathy to government. Public confidence in heads of U.S. federal health agencies is the lowest of any institution or agency in the three countries.

In the heat of the U.S. health care reform debate following the election of President Bill Clinton, political leaders, advocates of various policies, the popular press, and academics discussed lessons and horror stories from experiences with global budgets, price controls, and universal coverage in Canada and the former West Germany. Early on, a majority of the public indicated a willingness at least to consider a Canadian-like health care plan as a model for U.S. reform.¹ Moreover, both the Canadian and the West German systems appeared to contain many features that experts thought might be acceptable to a wide range of Americans.² Advocates of adopting the Canadian or German system as a model for U.S. reform pointed to Canadians' and Germans' high levels of overall satisfaction with their own health care arrangements versus the lower levels found in the United States.

In previous issues of *Health Affairs* we reported cross-national public opinion on the performance of health care systems in these three nations. We found Canadians to be the most and Americans the least satisfied with their health care system, with West Germany somewhere in the middle.³ From the outset, these cross-national results generated a great deal of

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controversy. First, the findings were seen as misleading because the surveys were conducted prior to the most recent cost containment efforts in Canada and Germany. Major slowdowns in the economies of these two industrialized countries, as well as a rapidly aging population, forced these governments to impose greater limits and reimbursement constraints on overall health expenditures. Subsequent opinion surveys, critics contended, would show less popular support than was initially reported.

Second, critics argued that these studies did not take into account the high level of cynicism and distrust Americans had developed toward all of their national institutions and systems. In their view, we were reporting not some exceptional public dissatisfaction with our specific health care system, but rather one aspect of a broad public malaise toward U.S. institutions. Third, some suggested that these findings did not consider the vast cultural differences in expectations for medical care that exist among the countries and that could be the cause of the differing results.

In this DataWatch we revisit the views of the Canadian, German, and American public about their health care systems five years later and respond to each of the major questions raised by our earlier findings.

Data and methods. The data are derived primarily from a three-nation survey conducted for the Harvard School of Public Health and The Robert Wood Johnson Foundation by Louis Harris and Associates and its international affiliates between 10 June and 14 September 1994. These findings are based on telephone interviews with scientifically selected samples of 1,214 Americans, 1,472 Canadians, and 1,210 Germans, using the same research instrument, in languages appropriate to each country. To maintain comparability with the earlier results, interviews in Germany were limited to those areas that formerly constituted West Germany. Each country's survey involved oversampling persons defined as having significant illness—persons in self-described fair or poor health, persons with a disability, and persons hospitalized at some time during the prior year. Responses were weighted to represent the adult population in each of the three countries.

When interpreting these findings, one should recognize that all public opinion surveys are subject to sampling and nonsampling error. For results based on samples of this size, one can say with 95 percent confidence that the error attributable to random sampling could be approximately ± 3 percent. Sources of nonsampling error include potential nonresponse bias, question wording and ordering effects, and cross-cultural differences in question interpretation. These latter factors are difficult to measure.

Health Care Systems In The Three Nations

Comparative satisfaction with health care systems. Five years later

Americans remain more dissatisfied than Canadians and Germans with their health care system. But the gap in satisfaction between the United States and the other two countries narrowed dramatically during that period (Exhibit 1). The recent survey finds declines in the number of Canadians and Germans who see their health care system as working pretty well, as satisfaction among Americans rose. What is most striking is the nearly 50 percent decline in satisfaction with the Canadian health care system. However, this drop-off in public satisfaction has not led to high levels of interest in comprehensive reform in Canada. Rather, support for major changes (rebuilding the system) remains more than twice as high in the United States as in either Canada or western Germany. The question remains whether the higher level of dissatisfaction expressed by Americans, compared with Canadians and Germans, is attributable to unique experiences with their health care system or to a more general tendency of Americans to be critical of their institutions.

Comparative perceptions and experiences. We examined the question of comparative perceptions and experiences along a number of dimensions (Exhibit 2). Five of these measures related to broad system perspectives and four, to more personal experiences.

Broad system perspectives. The first system issue is cost. Many health policy analysts considered the German and Canadian systems as valuable models of health care financing arrangements that control costs and provide universal coverage. The setting of global budgets and public negotia-

Exhibit 1
Ratings Of Health Care Systems In The United States, Canada, And Western Germany, 1988, 1990, And 1994

	United States		Canada		Western Germany	
	1988	1994	1988	1994	1990	1994
On the whole, the health care system works pretty well, and only minor changes are necessary to make it work better	10%	18%	56%	29%	41%	30%
There are some good things in our health care system, but fundamental changes are needed to make it work better	60	53	38	59	35	55
Our health care system has so much wrong with it that we need to completely rebuild it	29	28	5	12	13	11
Not sure	1	2	1	- ^a	11	4

Sources: Harvard/Harris/Baxter, 1988; Harvard/Harris/Institute for the Future, 1990; and Harvard/Harris/Robert Wood Johnson Foundation, 1994.

^a Less than 0.5 percent.

Exhibit 2
Perceived Problems With Health Care Systems In The United States, Canada,
And Western Germany, 1994

	United States	Canada	Western Germany
Country is spending too little on health care	48%	38%	17%
Country is spending too much on health care	29	21	28
Treated unfairly by health care system	28	11	22
Quality of health care in community is fair or poor	35	27	28
Health care system involves too much bureaucracy	83	74	58
Had problem paying doctor and hospital bills in last year	20	6	3
Couldn't get needed medical care in last year	12	8	6
Had to wait more than a week to see doctor	15	16	6
Went to another country to seek medical treatment in last year	- ^a	1	6

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

^a Less than 0.5 percent

tion with providers have helped to keep both countries' health expenditures below 10 percent of gross domestic product (GDP), while the United States continues to spend more than 14 percent of GDP.

The recent survey findings reveal an unusual paradox. While the United States spends more, with less-effective cost control mechanisms than either Canada or western Germany has, a plurality of Americans believe that we spend too little on health care (Exhibit 2). It is important to note, based on previous U.S. findings, that support for increased spending likely would be lower in all three countries if respondents were told that they would have to pay more in premiums or taxes.⁴

The second issue is fairness. Americans clearly identify concerns about equity in their health care system. A majority of Americans (55 percent) believe that wealthy or influential people always get better medical care than those who are less well off. By contrast, 39 percent of Germans and 29 percent of Canadians believe this to be true of their own system. In addition, more than one in four Americans (28 percent) think that their health care system does not treat them fairly, compared with 22 percent of Germans and 11 percent of Canadians.

Americans also are more likely than Canadians or Germans to rate the quality and responsiveness of health care services available in their commu-

nities as being only fair or poor. Citizens of all three countries perceive their health care system as involving too much bureaucracy. Americans are most likely to express this view. However, it is particularly significant, in light of proponents' claims about the simplicity of a single-payer system, that almost three-quarters of Canadians believe that their health care system is too bureaucratic.

Personal perspectives. One in five Americans reported having problems paying their doctor and hospital bills during the past year, compared with only 6 percent of Canadians and 3 percent of Germans (Exhibit 2). Americans also reported more problems paying for long-term care (14 percent of Americans, compared with 6 percent of Canadians and 3 percent of Germans) and for home health care (12 percent of Americans, compared with 5 percent of Canadians and 2 percent of Germans). The differences in reported financial problems in these latter areas are probably a reflection of the more comprehensive long-term care arrangements found in Canada and western Germany.⁵ In addition, more Americans reported having problems obtaining medical care they thought they needed during the past year. This included both those who could not obtain care for financial reasons and those who faced other barriers.

There was little difference between Americans (15 percent) and Canadians (16 percent) in the percentage who had to wait more than a week to see a doctor after calling for an appointment. Only 6 percent of Germans had to wait that long. On the other hand, 6 percent of Germans reported going to another country to seek medical treatment last year, compared with 1 percent of Canadians and almost no Americans (less than 0.5 percent).

Comparative attitudes toward institutions. On most of the measures discussed above, Americans are more critical than Canadians and Germans of their own health care system. But is this because of Americans' unique experiences with the health care system, or could it be that Americans are generally more critical of their social institutions?

Looking at community institutions, aside from health care, Americans are slightly more critical than are respondents from the other two countries (Exhibit 3). They are more likely than Canadians or Germans to rate the quality and responsiveness of their courts and public schools as fair or poor. On the other hand, Americans give the postal service in their communities higher ratings than Canadians and Germans do. The results for health care services follow exactly the same pattern as the other four local services—that is, slightly more critical. Americans' criticism of their health care system is concentrated at a broader system level.

The attitudinal difference here between the United States and the other two countries is small compared with the differences in negative attitudes toward the respective national health care systems. Given three choices, 28

Exhibit 3
Persons Rating Services In Their Community As Fair Or Poor, United States, Canada, And Western Germany, 1994

	United States	Canada	Western Germany
Health care	35%	27%	28%
Nonhealth services			
Courts	45	39	29
Public schools	38	26	26
Police	30	22	30
Postal service	27	29	36
Average of four nonhealth services	35	29	30

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Note: Services not rated "excellent" or "good."

percent of Americans (compared with 12 percent of Canadians and 11 percent of Germans) said that their health care system had so much wrong with it, it needs to be completely rebuilt (Exhibit 1).

In addition, we sought to examine whether Americans held more critical attitudes toward those who lead major institutions, including medicine, than Canadians or Germans. In none of the three countries does the public have a great deal of confidence in the leaders of their nations' major institutions. The average ratings for five nonhealth care institutions are essentially the same in all three nations (Exhibit 4).

On the other hand, Americans show considerably lower levels of confidence in both the leaders of medicine and those who head federal health

Exhibit 4
Confidence In Leaders Of Major Institutions, United States, Canada, And Western Germany, 1994

	United States	Canada	Western Germany
Health institutions			
Medicine	29%	45%	53%
Federal health care agencies	7	19	41
Nonhealth institutions			
Military	36	28	23
Colleges and universities	27	36	32
Major companies	20	19	13
Press	13	17	14
Executive branch of the federal government	10	7	13
Average of five nonhealth institutions	21	21	19

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Note: Percentage expressing "great deal" of confidence.

care agencies. The most striking finding relates to public attitudes toward those who head federal health care agencies in the three countries. In the United States only 7 percent say that they have a great deal of confidence in this group, compared with 19 percent in Canada and 41 percent in Germany. The cross-national difference is more pronounced if we look at negative responses. Thirty-nine percent of Americans, compared with 15 percent of Canadians and 9 percent of Germans, say that they have hardly any confidence in the leaders of federal health care agencies.

Expectations for medical care. One possible explanation for the higher levels of satisfaction with the respective health care systems in Canada and western Germany is that the public's expectations for their own medical care may be lower there than in the United States. We examined this question on several different dimensions: (1) expectations for medicine's ability to cure most illnesses; (2) expectations about not having to wait for care; (3) expectations about receiving and having one's health plan pay for the most advanced treatments; and (4) willingness to have restrictions placed on the availability of care for cost control purposes (Exhibits 5-8).

The findings suggest that Americans have modestly higher expectations for their health care arrangements than Canadians and Germans have, but these differences in general are not large. Canadians reported slightly lower expectations for medicine's ability to cure almost any illness. Also, Canadians were willing to wait somewhat longer than Americans for elective medical and surgical procedures and to receive care for chest pain experienced while exercising, a suspected cracked rib, or arthritis-like pain. However, Canadians were not willing to wait longer than Americans for more complex, expensive procedures such as transplants and hip replacements. On the important issue of choice, Canadians were more willing than Americans to live with a limited choice of physicians and hospitals.

Exhibit 5
Expectations For Medicine And Health Plan Coverage, United States, Canada, And Western Germany, 1994

	United States	Canada	Western Germany
Modern medicine can cure any illness with access to advanced technology	33%	27%	11%
Many illnesses cannot be cured by any treatment	64	71	79
Health plans should pay for treatment even if it costs a million dollars per life	62	66	70

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Note: Percentage agreeing with statement.

Exhibit 6**Proportion Of Persons Unwilling To Wait More Than A Day For Medical Care, Selected Conditions, United States, Canada, And Western Germany, 1994**

Condition	United States	Canada	Western Germany
Chest pain while exercising	47%	24%	42%
Suspected cracked rib	42	28	59
Arthritis-like pain	11	6	28

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Germans differed from Americans in a number of ways. Of the three populations, they had the lowest expectations for modern medicine's ability to cure most illnesses. Possibly associated with this belief, they also saw it as somewhat less essential to have the most advanced medical treatments available when they sought care. Yet Germans expressed less willingness to wait for care they thought they needed, and they expressed the strongest opposition to being required to see a family doctor before seeing a specialist as an approach to containing costs.

Implications For Future U.S. Policy

Limitations. Many of the questions included in this cross-national comparative survey have never been asked before across the three countries. As a result, we do not know how stable these beliefs and expectations will be over time, and our conclusions can only be related to the current period. Second, this survey was conducted in the United States at the conclusion of the recent intense national debate over health care reform and coincided with the failure of the proposed Clinton health care reform plan. Thus, the timing of this survey may have affected some of our results, particularly our findings about the negative attitudes Americans hold toward the current

Exhibit 7**Expectations For Health Care, United States, Canada, And Western Germany, 1994**

	United States	Canada	Western Germany
Personal doctor familiar with medical history	90%	87%	92%
Being able to get most advanced care	86	81	77
Having wide choice of specialists and hospitals for advanced care	85	79	86
Being able to get elective surgery without much delay	57	51	55

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Note: Percentage saying "absolutely essential" or "very important."

Exhibit 8**Opposition To Selected Ways To Control Health Care Costs, United States, Canada, And Western Germany, 1994**

	United States	Canada	Western Germany
Waiting a long time for transplant or hip replacement	58%	57%	53%
Waiting a month for elective medical procedure	46	26	43
Having a limit on choice of doctor	46	38	46
Withholding expensive treatments for persons over age eighty	44	49	49
Having to see a family doctor before seeing a specialist	16	11	30

Source: Harvard/Harris/Robert Wood Johnson Foundation, 1994.

Note: Percentage who "strongly oppose."

federal role in health care.

Antipathy toward government. Keeping these limitations in mind, we believe that this study has four important implications for the United States. First, Americans' antipathy toward federal government involvement in health care makes it unlikely that the public would seriously take into account lessons learned from countries that rely heavily on government to manage and lead the health care system. The sweeping rejection by Californians in 1994 of a proposed single-payer plan suggests that American attitudes would not differ greatly if a German or Canadian type of plan were instituted at the state level,

This extreme lack of public trust of federal health care authorities represents the area of the greatest cultural difference between the United States and the other two nations. Americans have somewhat higher expectations for medicine than Canadians or Germans have and are somewhat less willing to wait for care than Canadians are. But these differences are relatively modest when compared with the gap in confidence. What we do not know is whether this difference in trust is caused by something specific to the current federal role in health care or by the low esteem in which Americans hold federal government activity in general.

Benefits of a national health plan. These results once again suggest that many Americans would benefit if the United States enacted some form of a national health plan with universal coverage and cost controls. Based on the actual reported experiences of persons in each of the three countries, Americans have good reason to be more critical of their health care system. In the course of a year, they experience more problems in paying their hospital and medical bills, getting care when needed, and being treated fairly when ill. In addition, they spend more each year for their health care.

There obviously are trade-offs in having a national health plan, which

need to be faced. For example, the restraints in Canada on the care that is available lead a very small percentage of the population (1 percent) to seek care outside of the country each year. This figure is larger in western Germany (6 percent). This is not a problem that Americans now experience, but they might in the presence of such a plan. What a national health plan would not solve is the public's perception that the health system involves too much bureaucracy. All three countries suffer from negative public perception in this area, although it is less pronounced in Germany.

These findings point to the conclusion that strong national efforts to contain costs are neither invisible to nor painless for the public at large. The data suggest that the sharp drop in public enthusiasm for the current Canadian and German systems, as well as the belief that these systems are getting worse, grows from these countries' recent aggressive efforts to control costs. For example, a survey conducted a year earlier found many Canadians to be worried about the future financial adequacy of their national health care plan. When asked about what they thought would happen to their national health insurance system (Medicare) by the time they became elderly, 55 percent said that they thought it would exist but would offer more limited coverage than it did today, and another 21 percent said that they believed it would no longer exist by the time they reached old age.⁶ However, our results suggest that these policies do not have as negative an impact on public opinion as they do in the United States, where efforts to contain costs occur in a system that does not provide the security of guaranteed coverage for a wide range of benefits.

Not ready for global budgets. Finally, these results suggest that Americans are not ready for some fixed limit on national health care spending (a global budget). The gap between the views of the public and those of many experts is very wide on this issue. Nearly half of Americans see this country as spending too little on health care rather than too much; only 29 percent see us as overspending as a nation.

Our survey does not show why Americans have this view of health care spending. Perhaps it is due to a cultural phenomenon—a particularly strong and unique preference among Americans for spending more on modern medicine. Or perhaps the mixed public/private nature of the U.S. health insurance system makes cost problems less visible to the public than is the case in the Canadian and German systems, where the expenditures are part of a budgetary process negotiated in the public arena.

Whatever the rationale, it appears unlikely that an America that does not see itself as overspending in the aggregate will support a government bureaucracy it does not trust in establishing a fixed limit on national spending. Until this public perception is altered, more incremental measures to contain costs will be the most politically acceptable route to follow.

The bottom line. Based on our research, how would we answer the question raised most frequently throughout the national debate of 1993-1994: Does America have the best health care system or not? Our response is not a simple one. Clearly, Americans do not rate the U.S. system as highly as Canadians and Germans do their own. But it is not clear that if we changed to one of the other two systems, Americans would be as supportive of it as the citizens of the other two countries are of theirs. Americans' cultural resistance to having government control so much of their lives could leave them less satisfied with a Canadian- or German-style national plan. What Americans appear to be searching for is a plan that moves toward the universal coverage and security found in these countries' programs, but with a less central role played by government in its operation.

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NOTES

1. CBS News/*New York Times* Poll (Storrs, Conn.: Roper Center for Public Opinion Research, 8 July 1992).
2. J.K. Iglehart, "Germany's Health Care System," *The New England Journal of Medicine* 324 (1991): 502-508, 1750-1756; W.A. Glaser, *Health Insurance in Practice: International Variations in Financing, Benefits, and Problems* (San Francisco: Jossey-Bass, 1991); J.K. Iglehart, "Canada's Health Care System," *The New England Journal of Medicine* 315 (1986): 202-208, 778-784; J.K. Iglehart, "The United States Looks at Canadian Health Care," *The New England Journal of Medicine* 321 (1989): 1767-1772; U.S. General Accounting Office, *Canadian Health Insurance: Lessons for the United States*, Pub. no. GAO-HRD-91-90 (Washington: U.S. Government Printing Office, 1991); GAO, *Health Care Spending Control: The Experience of France, Germany, and Japan*, Pub. no. GAO-HRD-92-9 (Washington: U.S. GPO, 1991); and U.E. Reinhardt, "West Germany's Health Care and Health Insurance System: Combining Universal Access with Cost Control," in *Bipartisan Commission on Comprehensive Health Care*, Supplement to the Final Report (Washington: U.S. GPO, 1990).
3. R.J. Blendon and H. Taylor, "Views on Health Care: Public Opinion in Three Nations," *Health Affairs* (Spring 1989): 149-157; and R.J. Blendon et al., "Satisfaction with Health Systems in Ten Nations," *Health Affairs* (Summer 1990): 185-192.
4. R.J. Blendon and K. Donelan, "The Public and the Emerging Debate over National Health Insurance," *The New England Journal of Medicine* 323 (1990): 208-212; and R.J. Blendon et al., "The American Public and the Critical Choices for Health System Reform," *Journal of the American Medical Association* 271 (1994): 1539-1544.
5. GAO, *Long-Term Care: Other Countries Tighten Budgets while Seeking Better Access*, Pub. no. GAO-HEHS-94-154 (Washington: U.S. GPO, 1994).
6. Angus Reid Group Poll (Storrs, Conn.: Roper Center for Public Opinion Research, 28 July 1993).