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Bakalářská práce

Porovnání Kanady a Spojených států
s konkrétním odkazem na jejich systémy
zdravotní péče

Comparing Canada and the United States
with a Particular Reference to their Health
Care Systems

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Abstract

The aim of this bachelor thesis is to compare the Canadian and American health care systems against the background of the two countries' cultures, starting with the description of their common and divergent histories. I would like to define the term culture in all its different forms and meanings, and then concentrate on health care developments and authentic case studies. The main topics I deal with in my thesis are "free" and paid healthcare systems, the issue of waiting times in Canada, the issue of maternity leave in the United States and I am also focusing on health care expenditures in both countries. This bachelor thesis also contains qualitative research regarding to the experience and opinions of Americans and Canadians followed by an analysis.

Keywords: health care, health care system, health, Canada, USA

Anotace

Cílem této bakalářské práce je porovnat kanadské a americké systémy zdravotní péče s ohledem na kulturu obou zemí, počínaje popisem jejich společných a odlišných dějin. Chtěla bych definovat pojem kultura ve všech jeho různých formách a významech a poté se soustředit na vývoj zdravotní péče a autentické případové studie. Hlavními tématy, jimiž se zabývám, jsou "bezplatné" a placené systémy zdravotní péče, čekací doby v Kanadě, problematika mateřské dovolené ve Spojených státech a také se zaměřuji na výdaje na zdravotní péči v obou zemích. Tato bakalářská práce také obsahuje kvalitativní výzkum týkající se zkušeností a názorů Američanů a Kanadčanů, následovaný analýzou hlavních témat výzkumu.

Klíčová slova: zdravotní péče, systém zdravotní péče, zdraví, Kanada, USA

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Introduction

I chose this topic for several reasons. First, I have been interested in health, health care for a few years already. The second signal that made me decide to write about this topic I got last year, when working in Canada. It seemed that Canadians were really interested in this topic themselves. I knew I would have people to answer my questions, as now I know many Canadians. The following summer I went to the USA, allowing me to access the situation on the other side of the border. It worked, now I know also people from the USA, who were able to help me as well. All these goals helped me to decide as I knew I would also have enough information from people as well as from US libraries while writing because it is not easy to get American books in the Czech Republic.

Firstly, in the theoretical part I will concentrate on the historical background of both countries. The common and divergent histories of Canada and the USA. For the information I will use few books concerning this topic, like – Stewart, Mark. The United States and Canada, Williams Brian. Canada, Reid, T. R. The healing of America, Haugen, David M. Health care but mostly I will use online sources as this is very up-to-date issue.

Further on, the history of the health care systems of both countries will be described. Early beginnings of health care and the current controversial aspects of Medicare in both countries. Some charts and photos will be added in this section.

Second, in the practical part I am going to deal with case studies. Articles, books and other online sources will be used. The methodology I will use for this issue is qualitative research. There will be around seven main themes which results I will analyse after then. I want to know more about this topic that is why I chose it.

I expect to answer all my questions concerning the themes added below while writing my thesis. I already know that there are big differences between those two countries, whereas I want to get to know a lot more.

My main thesis question is which country has more people-friendly system.

1 The Historical Background

The United States and Canada are both part of the North American landmass, which stretches from the Pacific Ocean to the Atlantic Ocean.

These two countries lie between the North Pole and the Tropic of Cancer – dividing line between the tropics and subtropics region.

When it comes to the size, Canada is quite larger than the U.S. covering 3, 85 million square miles, which makes it the second largest country right after Russia. On the other hand, the U.S. covers 3, 79 million square miles, which ranks it to the third place.

Even though Canada is larger than the U.S., the U.S. with its population more than 300 million has about nine times as many people as Canada with population more than 30 million.

“The first people to make the U.S. and Canada their home were groups of hunter-gatherers who migrated to North America over a land bridge from Asia. They were the ancestors of the people called Native Americans today. By the time the first European explorers arrived, these people had occupied North America for more than 12,000 years.”¹

Beginning in the 1600 s, the competition among European powers to control the land started. The Native Americans were overwhelmed by disease and warfare by the Europeans. By the mid-1700 s, much of the territory in the north and along the Mississippi river was claimed by France. On the other side England claimed lot of colonies along the Atlantic coast and the land on the Gulf of Mexico and West was controlled by Spain.

In the year 1754 a fight between France and Great Britain began in order to control North America. This battle is called Seven Years War and it was spilled over to Europe and Asia. The fighting in North America was called French and Indian War. Soon in 1763 Britain won the long fight and took control over the French land east of the Mississippi River and French territory in Canada.

¹ STEWART, Mark. The United States and Canada, pg.8

In 1776, the colonies declared their independence from Great Britain. After successful fights for their liberty in the Revolutionary War they became the United States of America.

The U.S. doubled its size thanks to Louisiana Purchase from France in 1803. Over the next decades, the U.S. purchased Florida from Spain and bought the remaining land west of the Mississippi River from Great Britain and Mexico. By 1853, the map of the continental U.S. looked very much like it does today.

Meanwhile, Canada remained under the British control as a union of British colonies.

“According to legend, Canada was named after the Iroquois word *Kannata*, which means “collection of huts.” Explorer Jacques Cartier heard this word when speaking with two native boys and mistook it for the name of their land.

The origin name America is thought to come from the name of Amerigo Vespucci, the first European explorer to recognize that the continent of North and South America were not part of Asia but a separate landmass.”²

² STEWART, Mark. The United States and Canada, pg.9

2 History of Health Care System

2.1 Canada

The Health care in Canada was on private costs before the second World War. After in the year 1944, the first provincial hospital insurance program in Canada was introduced by Tommy Douglas, a leader the Saskatchewan Government. Later in 1947 The Hospital Insurance and Diagnostic Services Act was passed by the federal government. That offered to cover the costs or half-costs for specified hospital and diagnostic services. It was not long time after and it changed, in 1977, under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, cost sharing was replaced with a block funding. That meant that the provincial and territorial governments had the flexibility in investing health care funding according to their priorities.

Another step was Canada Health Act, introduced by Trudeau's health minister, Monique Begin, passed unanimously by parliament in 1984. "This legislation replaced the federal hospital and medical insurance acts, and consolidated their principles by establishing criteria on portability, accessibility, universality, comprehensiveness, and public administration."³ The law sets five principles that each provincial plan must follow.

The five Canada Health Act principles provide for:

Public Administration: The provincial and territorial plans must be administered and operated on a non-profit basis by a public authority accountable to the provincial or territorial government.

Comprehensiveness: The provincial and territorial plans must pay for all medically necessary services provided by hospitals, medical practitioners and dentists working within a hospital setting.

Universality: The provincial and territorial plans must entitle all insured persons to health insurance coverage on uniform terms and conditions.

³ Government of Canada. Canada's Health Care System. Date modified: 2012-10-09. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html> (Accessed July 13, 2017)

Accessibility: The provincial and territorial plans must provide all insured persons reasonable access to medically necessary hospital and physician services without financial or other barriers.

Portability: The provincial and territorial plans must cover all insured persons when they move to another province or territory within Canada and when they travel abroad. The provinces and territories have some limits on coverage for services provided outside Canada and may require prior approval for non-emergency services delivered outside their jurisdiction.”⁴

In 1995 Canada Health and Social Transfer (CHST) was introduced which caused massive cuts in transfer payments to health and social programs. Health Care spending falls from 10.2% (in 1992) to 9.2% of GDP. Through the Canada health Transfer all the provinces and territories are provided a health care funding by the federal government.

Accord on Health Care Renewal was agreed on by the first ministers in 2003. This program provided for structural change to the health care system to support access, quality and long-term sustainability. “The Accord committed governments to work toward targeted reforms in areas such as accelerated primary health care renewal; supporting information technology (e.g., electronic health records, telehealth); coverage for certain home care services and drugs; enhanced access to diagnostic and medical equipment; and better accountability from governments. Under the Accord, federal government cash transfers in support of health care were increased, and the CHST was split into the Canada Health Transfer for health and the Canada Social Transfer for post-secondary education, social services and social assistance, effective April 2004.”⁵

One year later there were new reforms introduced by first ministers in a 10-Year Plan to Strengthen Health Care. The main keys to deal with were - wait times management; health human resources; Aboriginal health; home care; primary health care; a national

⁴ Government of Canada. Canada’s Health Care System. Date modified: 2012-10-09. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html> (Accessed July 13, 2017)

⁵ Government of Canada. Canada’s Health Care System. Date modified: 2012-10-09. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html> (Accessed July 13, 2017)

pharmaceutical strategy; health care services in the North; medical equipment; prevention, promotion and public health. Health care cash transfers were increased in order to support this plan.

A Patient Wait Times Guarantee was a further reform that was established in 2007 by all the provinces and territories. It means that whenever the wait time exceed a define timeframe when needed, there is an alternative care option offered to patients.

2.1.1 Roles and Responsibilities for Health Care in Canada

Federal, and provincial and territorial governments are there to determine the Canada's health care system. They have the most responsibilities for delivering health and other social services.

2.1.2 The Federal Government

The roles of the federal government are setting and administering national principles for the system under the Canada Health Act; financial support to the provinces and territories; and several other functions.

“The Canada Health Act establishes criteria and conditions for health insurance plans that must be met by provinces and territories for them to receive full federal cash transfers in support of health.”⁶

Another function of the act is to discourage the extra-billing and user fees. Cash and fax transfers to the provinces and territories are provided by the federal government too, in order to support the health through Canada Health Transfer.

Another responsibility of the federal government is the health protection and regulation, meaning regulation of pharmaceuticals, food and medical devices as well as responsibility of consumer safety, and disease surveillance and prevention. Health research and promotion is also provided by the federal government.

⁶ Government of Canada. Canada's Health Care System. Date modified: 2012-10-09. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html> (Accessed July 15, 2017)

2.1.3 The Provincial and Territorial Governments

Reasonable access to medically necessary hospital and doctors' services, which are provided on a pre-paid basis, is provided by the provinces and territories. But Canada Health Act does not define the medically necessary services. They are defined by the provincial and territorial health insurance plans. They determine which services are medically necessary and then the full cost must be covered, or whether the service is not considered medically required, there is no need to cover it.

“Publicly funded health care is financed with general revenue raised through federal, provincial and territorial taxation, such as personal and corporate taxes, sales taxes, payroll levies and other revenue. Provinces may also charge a health premium on their residents to help pay for publicly funded health care services, but non-payment of a premium must not limit access to medically necessary health services.”⁷

Fund supplementary benefits for certain groups like low-income residents and seniors might also be offered by some provincial and territorial governments.

2.2 The USA

The earliest formalized records in America's history of healthcare are dated toward the end of the 19th century.

The historical moments in Health Care in the US:

In the 1900's, Theodore Roosevelt believed that Health insurance was important, saying: "no country could be strong whose people were sick and poor." But even so, he did not lead the charge, it all was led by organizations outside the government.

1910's - American Association of Labour Legislation (AALL). This organization was heavily involved with advancing healthcare. It drafted legislation targeting the working class and low-income citizens (including children). Under the proposed bill, qualified recipients would see sick pay, maternity benefits, and a death benefit of \$50.00 to cover

⁷ Government of Canada. Canada's Health Care System. Date modified: 2012-10-09. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html> (Accessed July 15, 2017)

funeral expenses. The cost of these benefits would be divided between states, employers, and employees.

1930's – Health care started to be a more heated debate when the Great Depression hit in the 1930's. In 1935 President Roosevelt signed the Social Security Act. The Act included the insurance programs for the elderly, disabled persons, widows and widowers, children, and the unemployed.

1940's – New benefits for Employees began to be provided by Employers, with the purpose of overcoming wage and price controls that were set during the World War second. In 1945 single national health insurance program was introduced by a new President Harry Truman. The program now included all Americans.

1960's – In 1965, President Johnson signed the Medicare and Medicaid programs that provided comprehensive, low-cost health insurance coverage to Americans in need.

1990's - in 1993 President Clinton suggests a universal health care plan. Officially known as the Health Security Act, the bill fuels opposition from Republicans, the health care industry and employers.

Furthermore, in 1997 the State Children's Health Insurance Program (SCHIP) was approved, bringing health care coverage for children from low-income families that do not qualify for Medicaid.

2003 - Medicare Modernization Act (MMA) was signed by the President George Bush. The Act includes a prescription drug benefit.

2010 – “After an intense, yearlong debate, President Obama signs the Affordable Care Act into law. This sets in motion a series of comprehensive health insurance reforms, including the creation of health insurance marketplaces, free preventive care and coverage for adults under 26 years old. The Affordable Care Act struggles through its share of controversy, from the individual mandate to a fumbled website rollout. And it undergoes

multiple votes for repeal in the House of Representatives. Nevertheless, it remains the law of the land, with the Supreme Court upholding it as Constitutional in 2012.”⁸

2014 – Several of the most important parts of the Affordable Care Act came into effect. The following were included: banning pre-existing conditions, eliminating lifetime limits on coverage, the expansion of Medicaid and the individual mandate, which requires Americans who can afford health insurance to purchase minimum coverage.

Donald Trump became the 45th American President on 20 January 2017 and since then we do not know what will happen with the health care system, especially what will happen with the ACA as Trump came with “repealing and replacing” the bill.⁹

⁸ CNN.com, Medicare. <http://www.cnn.com/2003/ALLPOLITICS/12/08/elec04.medicare/> (Accessed July 20, 2017)

⁹ JP Griffin Group, The History of Healthcare in America. Date modified: 2017-07-04
https://www.griffinbenefits.com/employeebenefitsblog/history_of_healthcare (Accessed July 18, 2017)

3 Health Expenditures

Across the provinces and territories there are various health expenditures. There are differences in services that each province and territory cover as well as demographic factors. Small or dispersed population may also affect the health care costs.

“Canada has the sixth highest rate of health expenditures as a share of economy among 32 OECD countries.”¹⁰ Also, health care is not free as some Canadians suppose. Also, Canada has less doctors, less hospital beds and less high-tech diagnostics than the OECD average. According to the Organization for economic co-operation and development (OECD), in 1975, total Canadian health care costs consumed 7% of the Gross Domestic Product. Canada's total health care expenditures as a percentage of GDP grew to an estimated 10.6% in 2010 (or \$5,614 CDN per person). Since 2010, health spending per capita has decreased in real terms by an average of 0.1% per year. Hospitals (29.5%), drugs (16.0%) and physician services (15.3%) are the 3 largest categories of spending.

3.1 Internationals Comparisons

Canada is among the highest spenders in the OECD. As said by OECD Health Statistics (15 July 2017 edition) among 35 OECD countries in 2016, the latest year for which comparable data is available, spending per person on health care remained highest in the United States (CA\$13,126). Canada's per capita spending on health care was among the highest internationally, at CA\$5,773 — less than the Netherlands' (CA\$6,505) and more than France's (CA\$5,384), the United Kingdom's (CA\$4,896) and Czech (CA\$1,781).¹¹

Even though America has the costliest health system in the world, it is ranked last or next to last on five dimensions of a high-performance health system: quality, access, efficiency, equity and healthy lives.

¹⁰ Maclean's, Our health care delusion. Date modified 2011-01-25 <http://www.macleans.ca/news/canada/our-health-care-delusion/> (Accessed July 25, 2017)

¹¹ Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2016. Ottawa, ON: CIHI; 2016 ISBN 978-1-77109-524-2 (PDF) https://secure.cihi.ca/free_products/NHEX-Trends-Narrative-Report_2016_EN.pdf (Accessed July 25, 2017)

4 Current Controversial Aspects of Health Care Systems – Canada

4.1 Canada's Health Care System

“Canada's health care system is a group of socialized health insurance plans that provides coverage to all Canadian citizens. It is publicly funded and administered on a provincial or territorial basis, within guidelines set by the federal government.”¹²

Most Canadians do not pay anything for a doctor visit, emergency room, hospital stay or for diagnostic tests or injections. Mental health care is in usually also covered, although you may wait for a long time to see a psychiatrist. On the other hand, dental care is not covered, but dental surgery in hospital is free.

In other words, most medical costs are covered by the government, but most Canadians also have private health insurance to pay for services that are not covered such as dental care or private hospital rooms and so on. Besides, private insurance is relatively inexpensive so that many employers can provide it as a free fringe benefit.

4.1.1 Medicare

A system of government-funded health insurance available to all Canadians. There is not only one plan, but instead there are 13 provincial and territorial plans. Each of the ten provinces and three territories runs its own Medicare plan, with some fee structures and rules differences. It means that every Canadian inhabitant has the access to the medically necessary hospital and physician service with no paying out-of-pocket. “Some provinces pay 100 per cent of every doctor or hospital bill and others may require patients to make a co-pay or pay a deductible before the government insurance kicks in. Medicare is a closely coordinated structure that works like a single-payer system in many ways, because the federal government provides much of the funding and sets many of the rules for the

¹² Canadian Health Care, Introduction. <http://www.canadian-healthcare.org> (Accessed July 25, 2017)

individual provincial plans.”¹³ As mentioned above, all the responsibilities are shared between federal, provincial and territorial government.

4.2 Canada’s Health-care System is Third-last in New Ranking of Developed Countries

This was the title of the article found on globalnews.ca, updated 14 July 2017. The research was made by Commonwealth Fund. The article tells us about the rank of health care system. It is said that Canada is ranked 9th among 11 of the most developing nations. Only France and the US were ranked lower. Canada seems to have a comparatively higher infant mortality rate, the prevalence of chronic conditions, and long waiting times in emergency rooms and to see specialists, also poor availability of after-hours care and the last issue a lack of reliable coverage for dental work and prescription drugs. The study makes it clear that other countries that are ranked higher spend less.

On the chart¹⁴ below all the countries that were included are shown.

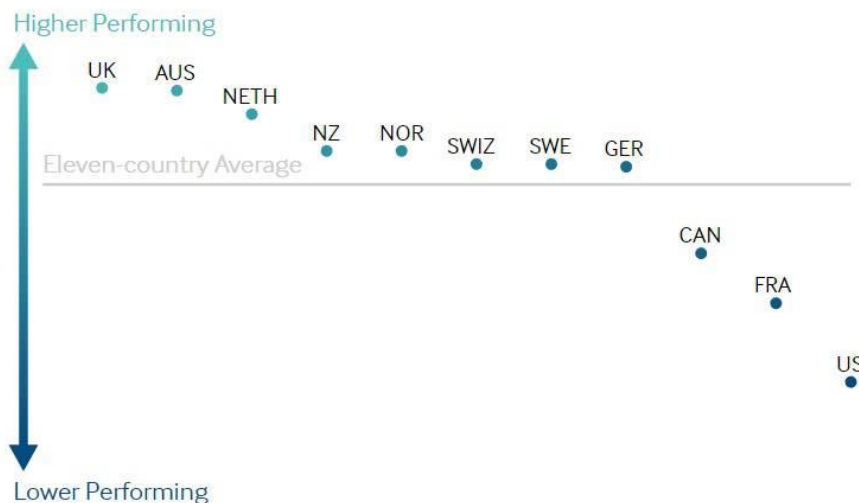


Chart 1: Ranking of Developed Countries

¹³ REID, T. R. The healing of America: a global quest for better, cheaper and fairer health care. New York: The Penguin Press, 2009. ISBN 978-1-59420-234-6 pg. 133

¹⁴ Global news <http://globalnews.ca/news/3599458/canadas-health-care-system-lower-performing-compared-to-its-peers-study/> (Accessed July 17, 2017)

4.3 Canada Pays Second Highest Prices for Medication for Common Conditions: Study

According to another Global News article, a UBC research studies found that one in eight Canadians aged 55-64 cannot afford to pay for medication. It means Canada's medication costs are the second highest compared to 9 other nations (the same as mentioned above). Meaning medications to treat six conditions – high blood pressure, high cholesterol, depression, diabetes, pain, and gastrointestinal issues such as ulcers. The article also shows the annual expenditures per capita, in New Zealand 23 \$, around 171 \$ in Switzerland and in Canada it goes up to 158 \$.

One in ten Canadians reported not filling a prescription or skipping a dose because of cost. However, Medicare does cover the cost of the AIDS cocktail of drugs for those who need it. ¹⁵

This topic is slightly contentious as other articles as well as books present the fact that total pharmaceutical spending are lower in Canada than in America. According to the book *The Healing of America* pg. 133 Canadians pay one-quarter or one-half the price Americans do for the same pill made by the same drug company, that it why a flourishing cross-border trade in drugs developed, with Americans going north to fill their prescription at the cheaper Canadian prices. Another statistic describes the pharmaceutical spending per capita in selected countries as of 2016, where the USA reported the spending of more than 1,100 US dollars. In contrast Canada reported just 787 US dollars per capita. ¹⁶

In my research, included in my practical part, all my Canadian responders agreed on the fact, that their medication spending are lower than American's.

¹⁵ Global news <http://globalnews.ca/news/3520732/canada-pays-2nd-highest-prices-for-medication-for-common-conditions-study/> (Accessed July 18, 2017)

¹⁶ The Statistics Portal, Pharmaceutical spending per capita in selected countries as of 2017 (in U.S. dollars) <https://www.statista.com/statistics/266141/pharmaceutical-spending-per-capita-in-selected-countries/> (Accessed March 14, 2018)

4.4 Low-income Canadians Face Longer Health Care Wait Times: Report

In this article updated April 18, 2017 we learn about a longer wait times for lower income people. The research was made by Mohammad Hajizadeh, an assistant professor of health economics at Dalhousie. He spent the past 2 years analysing the 10 years from Canadian Community Health Surveys. In his words:” The study clearly shows that there is income related inequality and those who have a higher income, they tend to have less of an issue with wait times compared to poor individuals.” There was also found out that the longest waiting time is in Quebec.¹⁷

4.5 Canada Has some of the Longest Wait Times to See Doctors, Specialists: Report

Compared to other 11 countries Canada seems to have the longest waiting times for medical help. Here are some of the findings of the report:

Whenever a Canadian wants a doctor’s appointment, there are only 43 per cent of them who can snag the same or the following day appointments. Anyway, there are 20 per cent of Canadians who must wait about seven days.

When it comes to specialists, about 56 per cent of Canadians must wait more than 4 weeks to see a specialist. On the other hand, the international average was about 36 per cent for a month-long wait time. The same for waiting times for surgery, it is the longest too. “Despite lengthy wait times, Canadians are happy with the quality of care they’re getting from their doctors. Seventy-four per cent rated the care they received as “very good” or “excellent,” which is much higher than the international average.”¹⁸

According to Maclean’s Magazine’s special report *Our health care delusion* made by Ken MacQueen, January 31, 2011 often the wait is excruciating. “You can’t see a psychiatrist, it takes a while to get an appointment. That’s why people go to the hospital.”

¹⁷ Global News, Low income Canadians face longer health care wait times: report. Date modified: 2018-04-18 <http://globalnews.ca/news/3386750/low-income-canadians-face-longer-health-care-wait-times-report/> (Accessed July 22, 2017)

¹⁸ Global News, Canada has some of the longest wait times to see doctors, specialists report. Date modified: 2017-02-16 <http://globalnews.ca/news/3251833/canada-has-some-of-the-longest-wait-times-to-see-doctors-specialists-report/> (Accessed July 22, 2017)

Waiting time is around 6/8 hours or more. “In Edmonton’s Royal Alexandra Hospital, September 2011, Shayne Hay reported to the hospital’s emergency ward, telling staff that a man in the throes of a mental breakdown was suicidal. He was placed in a room on an emergency stretcher and checked periodically, though repeated requests to see a counsellor went unanswered, his family says. Some 12 hours after he was found dead, hanging from a strap of his backpack. In Montreal, long waits in the ER were blamed by families for contributing to the deaths of two people a year before. 86-year-old woman spent four days on a stretcher in the hallway waiting for a bed in a geriatric department. She contracted pneumonia, developed a blood clot, and died a day after finally getting a bed.”¹⁹

Another example of the long waiting time is from the book *The Healing of America, chapter Canada: Sorry to Keep You Waiting*. The story of a woman with injured shoulder. “Canada was the only country on my global quest where the waiting list was so long that I never had the chance even to meet an orthopaedist or a physical therapist. When I explained my shoulder problem to Dr. Goluboff, he agreed that I need a specialist’s care. But the frustrating thing was that it would take ten to twelve months before you can get an appointment. “You mean I would have to wait a year to get my shoulder treated?” I asked. “Oh, I am not talking about treatment,” Dr. Goluboff replied. “It will take a year for you to get a consultation. If the orthopaedic decides you need a surgery, you will have to wait another six months, eight months, to get that on the schedule.”²⁰

It has been reported, that many of Canadians on waiting list rather travel to the U.S. to pay for the care they cannot get in free Canada. Nevertheless, statistics said that those who need care immediately can get it and those who can wait will wait, the rich and the poor must wait the same time.

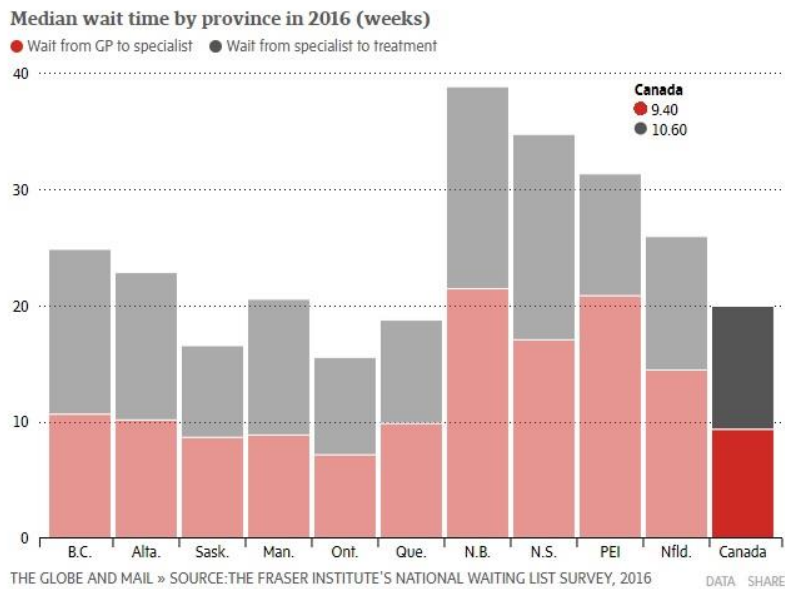
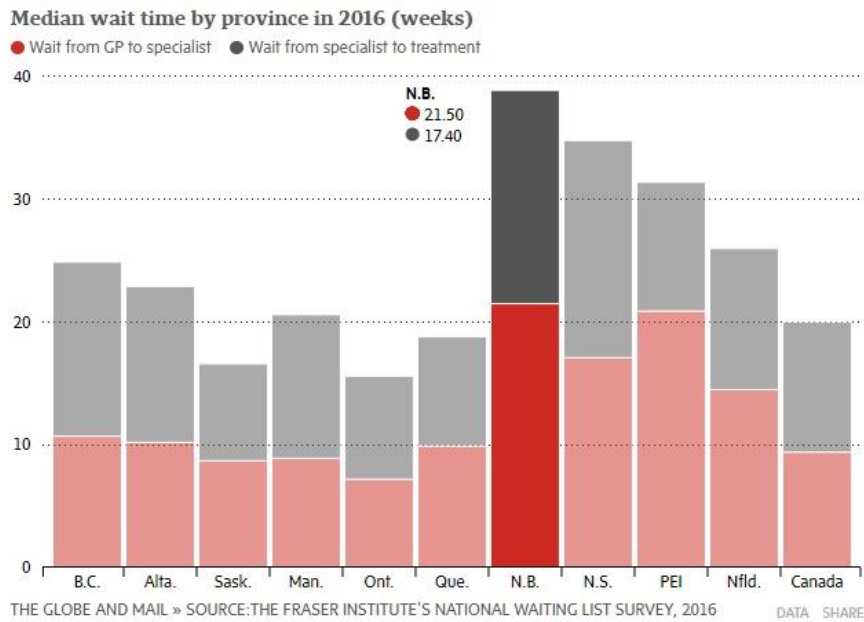
¹⁹ Maclean’s, Our health care delusion. Date modified 2011-01-25

<http://www.macleans.ca/news/canada/our-health-care-delusion/> Accessed July 25, 2017

²⁰ REID, T. R. *The healing of America: a global quest for better, cheaper and fairer health care*. New York: The Penguin Press, 2009. ISBN 978-1-59420-234-6 pg. 128

It is obvious that Canada's health care system is not the world leader, it is unfortunately one of the few developed countries, where patients must wait long for necessary care. Anyway, the waiting time is not always the same as it differs from province to province as well as according to the treatment you are waiting for. It is known that waiting for Orthopaedic surgery is long in Canada.

The median wait times by province in 2016 (weeks)²¹:



²¹ <https://beta.theglobeandmail.com/news/national/wait-times-for-medical-procedures-at-20-year-high-in-canada-study/article33001028/> (Accessed July 26, 2017)

According to those two charts, the longest waiting time must face people from New Brunswick with 21, 5 weeks waiting time from GP (General practitioner) to specialist and 17, 4 weeks waiting from specialist to treatment.

The average of Canada wait times comes to 9, 4 weeks from GP to specialist and 10, 6 from specialist to treatment.²²

The study also focused on Canadians' overreliance on emergency departments. Canadians have the greatest difficulty accessing care on weekends and holidays. "As a result, Canadians are the biggest users of emergency department, compared with other 10 countries"²³ the report says.

²² The Globe and Mail, Wait times for medical procedures at 20-year high in Canada: study. Date modified: 2017-04-08 <https://beta.theglobeandmail.com/news/national/wait-times-for-medical-procedures-at-20-year-high-in-canada-study/article33001028/> (Accessed August 29, 2017)

²³ Maclean's, Our health care delusion. Date modified 2011-01-25 <http://www.macleans.ca/news/canada/our-health-care-delusion/> (Accessed July 25, 2017)

5 Current Controversial Aspects of Health Care Systems – The US

The forms of health insurance in the U.S. are: private plans, Medicare for people over sixty-five, Medicaid for the low-income people, or none. The insurance coverage depends on past and present employment status, age, income as well as place of residence.

5.1 ObamaCare

“ObamaCare (The Patient protection and Affordable Care Act) is a US healthcare reform law that expands and improves access to care and curbs spending through regulations and taxes.”²⁴The Act was signed on March 23, 2010, by President Barack Obama. The main goal is to reduce the number of uninsured people through an expansion of insurance coverage on public and private level.

The Act emphasizes access to affordable health insurance, its quality as well as the quality of health care itself. Additionally, the act focuses on regulation of the health insurance industry along with health care spending in the USA.

There are many important provisions that ObamaCare offers. There are new rights, protections and benefits for Americans. Moreover, the program improves the Medicare for seniors and those with long-term disabilities, expands employer coverage as well as introduces new taxes and tax breaks.

“As of 2013, there were around 44 million Americans who went without health insurance (about 16% of the population). The majority of uninsured were working families and others who simply could not afford health insurance. One of the major aims of ObamaCare is to help these individuals to get health insurance through expanding Medicaid eligibility and offering cost assistance through health insurance marketplaces. By the end of open enrolment 2014, less than 13% of Americans were uninsured. By 2015 the uninsured rate had fallen below 10%.”²⁵

²⁴ ObamaCare facts, What is ObamaCare <https://obamacarefacts.com/whatis-obamacare/> (Accessed July 17,2017)

²⁵ ObamaCare facts, What is ObamaCare <https://obamacarefacts.com/whatis-obamacare/> (Accessed July 17,2017)

According to a book *A Consequential President, chapter "Saving Spike Dolomite"*, Spike might not have survived without the ACA. Before the ACA, others like Spike, who had no insurance, got cancer treatment with the help of charity and by incurring enormous debts. But the Act made it possible for her to receive cutting-edge care without bankrupting her family. "Before I got sick, I was quite critical of the president" adds Spike. "Afterwards I sent an op-ed piece that was basically an apology to the Los Angeles Times, which they published. Spike cure, accomplished without ruining her family's finances, proves the success of Obama's Act."²⁶

5.2 The Difference between ObamaCare and TrumpCare

According to Donald J. Trump: "Clearly the public did not understand what "Obamacare" was providing: its complexity, its concessions to the insurance lobby, its taking away of the right to keep your current physicians, and, naturally, the hidden, escalating costs of health care, especially for state treasuries and businesses of all sizes. And for individuals who are young and healthy, there is no way out of it without paying a fine."²⁷

Regarding the Trump's friend who is a doctor, there are now more accountants and computer programmers working for him than they have nurses. There are more than 100 codes for doctors to get reimbursement from insurance companies.

²⁶ D'ANTONIO, Michael. *A consequential president: the legacy of Barack Obama*. Thomas Dunne books, New York, 2017 ISBN 978-1-250-08139-1, pg. 83

²⁷ TRUMP, Donald. *Crippled America: How to Make America Great Again*. First Threshold Editions hardcover edition. New York: Threshold Editions, 2015. ISBN 978-1-5011-3796-9. Pg. 70

TrumpCare is a new health care act introduced by the president Donald Trump. There are many differences between those two Cares that you can see below:

The Difference	The Basics of TrumpCare; The Senate Version (The Better Care Reconciliation Act of 2017 or BCRA)	The Basics of TrumpCare; the House Version (The American HealthCare Act or AHCA)	The Basics of ObamaCare; the Current Law (the Affordable Care Act or ACA)
Employer Mandate	Large Businesses don't have to provide insurance to full-time workers or pay a fee (retroactive starting in 2016).	Large Businesses don't have to provide insurance to full-time workers or pay a fee.	Large Businesses have to provide insurance to full-time workers.
Individual Mandate	There is no individual mandate (the requirement to get coverage or pay a fee). Instead, there is a 6-month waiting period to reenter the market if you have a gap in coverage for more than 63 days in the previous year (meaning if you apply for coverage during open enrolment or during a special enrolment you have to wait 6 months from the date of application to enrol in coverage).	There is no individual mandate (the requirement to get coverage or pay a fee). Instead, there is a 30% charge for 12 months if you have a gap in coverage for more than 63 days and reenter the market.	There is a fee if you don't maintain coverage or an exemption each month (for those who can afford it).
Pre-Existing Conditions	Preexisting Conditions are covered, but state-based waivers can be used to exclude certain conditions from lifetime and annual limits (but people of the same age on the same plan can't pay higher premiums or cost sharing).	Preexisting Conditions are covered, but state-based waivers can be used to exclude certain conditions from lifetime and annual limits and can be used to charge sick people more (although the state must establish a high-risk pool).	No one with pre-existing conditions can be denied coverage or charged higher insurance rates.

Essential Health Benefits	States can waive essential health benefits and therefore reinstate annual and lifetime limits. The state-based waivers could result in women and sick people, who rely on essential health benefits and their annual and lifetime limits, paying more (or even being excluded from the market due to cost).	States can waive essential health benefits and therefore reinstate annual and lifetime limits. The state-based waivers could result in women and sick people, who rely on essential health benefits and their annual and lifetime limits, paying more (or even being excluded from the market due to cost).	Essential health benefits are covered on all plans with no annual or lifetime limits.
Cost Assistance	Tax credits are based on income and age for those making up to 350% of the Poverty Level (the credits start at 0% and stop at 350% creating a cliff; but expanding credits to 0% – 100% to offset Medicaid cuts). Out-of-pocket assistance is extended on a per-month basis until 2019.	Tax credits are based on age for those making up to 600% of the Poverty Level (the credit then phases out slow); out-of-pocket assistance is cut.	Those making between 100% – 400% of the poverty have access to premium tax credits based on income; out-of-pocket assistance is offered for 100%-250% FPL.
Medicaid funding	Obamacare’s Medicaid expansion is phased out over four years, funding is cut, and extra dollars are given to states who spend less on Medicaid (and taken from states who spend more). 90% of the current federal funding would be provided in 2020, and it would decrease by 5% each year until 2023, after which it would be eliminated. People would not be allowed to join the expansion from 2020	Medicaid expansion funding is frozen; block-grants might be added to a later bill.	Medicaid is expanded to all adults in all states that expand, and the Federal Government pays 90% of the costs.

	<p>onwards. Also, there is a per capita cap for federal Medicaid spending. After 2025 growth in spending would shift from the consumer price index for medical care to the CPI for all goods, a lower level of growth. That means Medicaid expansion is frozen, states who expand on their own are punished, states will get less funding for Medicaid in general, and federal funding will continue to decline after 2025.</p>		
Taxes	<p>TrumpCare cuts most taxes on industry.</p>	<p>TrumpCare cuts most taxes on industry. This includes the 3.8% tax on high earners.</p>	<p>ObamaCare taxes those who profit the most off of healthcare.</p>
Ratios	<p>Older Americans can be charged 5x more than young people under TrumpCare. Premium costs for the same plan for the same age customer cannot differ (community ratings).</p>	<p>Older Americans can be charged 5x more than young people under TrumpCare. Premium costs for the same plan for the same age customer can differ (no community ratings).</p>	<p>Under ObamaCare you can't be charged more for having a preexisting condition. Older Americans can be charged 3x more than young people. Premium costs for the same plan for the same age customer cannot differ (community ratings).</p>
Cost and Coverage	<p>The plan according to the Congressional Budget Office, saving \$321 billion over the decade. However, it did this by leaving 49 million without coverage by</p>	<p>The plan (after amendments) had a price tag that came in under the ACA according to the Congressional Budget Office, saving \$119 billion over the decade</p>	<p>The Affordable Care Act, therefore, costs \$321 billion more and insures 22 million more people by 2026 than the Senate Bill.</p>

	2026 (it increases the uninsured by 22 million by 2026 for a total of 49 million uninsured). The cost and uninsured rate are subject to change based on changes to the bill. This bill notably saves more and covers more than the House bill.	(according to their first report). However, it did this by leaving 52 million without coverage by 2026 (it increases the uninsured by 23 million by 2026 for a total of 51 million uninsured). The cost and uninsured rate are subject to change based on changes to the bill.	
Bottomline	The Senate's TrumpCare might bring premium costs down for some, but less assistance and less on healthcare means hospitals and the sick, poor, and elderly will see new hurdles while the most wealthy (business, large employers, high earners) will see tax breaks.	The House's TrumpCare might bring premium costs down for some, but less assistance and less on healthcare means hospitals and the sick, poor, and elderly will see new hurdles while the wealthiest (business, large employers, high earners) will see tax breaks.	The Affordable Care Act reduced the uninsured and bankruptcy and helped keep hospitals full, but people were struggling with costs. For those with assistance, however, the ACA meant tens of millions had access to affordable coverage for the first time. Currently, uninsured rates are at an all-time low.

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²⁸<https://obamacarefacts.com/the-difference-between-obamacare-and-trumpcare/> (Accessed: August 25, 2017)

5.3 Trump Says 'Everybody', not just Australia, Has Better Healthcare than US

The President Donald Trump said that the Australia's health system is better than the American's, blaming the ex-president. In his words: "Of course the Australians have better healthcare than we do – everybody does." "Obamacare is dead! But our healthcare will soon be great."²⁹

In another article we learn about how expensive America's health care system is, meaning America's healthcare is more expensive than most wealthy countries. " In 2016, the average American spent \$4,571 on their health – a figure five times higher than the average out-of-pocket spending of other countries in the Organization for Economic Cooperation and Development (OECD)"³⁰ This is obviously not a 2016 issue, the problem is here for many years. America has spent more on health care than other 35 countries. The Entire health spending in 2016, including private out-of-pocket and government spending, was \$8,985 per person in the US while the OECD average was just \$3,633.

And yet all that health spending hasn't resulted in better health. The life expectancy of the average American is 78.8 years, putting the US a fraction ahead of the Czech Republic, where out of pocket spending was just \$236 last year.

²⁹ The Guardian, Trump says everybody, not just Australia, has better healthcare than US. Date modified: 2017-05-05 <https://www.theguardian.com/us-news/2017/may/05/trump-healthcare-australia-better-malcolm-turnbull> (Accessed July 27, 2017)

³⁰ The Guardian, America's broken health care system-in one simple chart. Date modified: 2017-07-02 <https://www.theguardian.com/us-news/datablog/2017/jul/02/us-healthcare-broken-system-one-chart> (Accessed July 27, 2017)

Health spending

Source: OECD, 2016

Country	Private expenditure (US\$)	Total expenditure, incl. government (US\$)	Life expectancy (years)
United States	4,570.50	8,984.76	78.8
Switzerland	3,097.20	8,514.50	83.0
Australia	1,783.90	5,532.10	82.5
Canada	1,531.70	5,099.28	81.5
Ireland	1,457.90	4,885.37	81.5
Norway	1,234.00	8,342.22	82.4
Luxembourg	1,204.00	7,079.18	82.4
Austria	1,120.20	4,610.92	81.3
Finland	1,028.10	3,990.35	81.6
Belgium	993.90	4,373.58	81.1
Netherlands	973.30	5,080.06	81.6
Israel	931.20	2,407.62	82.1
Sweden	928.70	5,763.72	82.3
Denmark	923.60	5,817.30	80.8
France	905.80	4,278.00	82.4
Korea	808.70	1,853.45	82.1
United Kingdom	804.20	3,865.17	81.0
Japan	790.90	4,976.38	83.9
Spain	769.40	2,616.70	83.0
Germany	737.50	4,782.77	80.7
Iceland	710.40	3,967.45	82.5
Italy	707.80	2,835.64	82.6
Greece	698.10	1,713.25	81.1
New Zealand	638.70	3,226.26	81.7

Country	Private expenditure (US\$)	Total expenditure, incl. government (US\$)	Life expectancy (years)
Portugal	624.20	1,849.03	81.2
Slovenia	544.50	1,932.08	80.9
Chile	464.20	1,181.12	79.1
Latvia	337.80	775.65	74.6
Hungary	331.60	1,044.94	75.7
Mexico	278.80	576.71	75.0
Poland	271.40	874.77	77.6
Estonia	264.60	1,105.64	77.7
Slovak Republic	248.20	1,227.14	76.7
Czech Republic	235.90	1,418.45	78.7
Turkey	120.60	584.91	78.0

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5.4 Poll: Americans Overwhelmingly Say Trump Should Try to Make Obamacare Work

A report by Gabrielle Levy, Aug. 11, 2017 (saw Aug. 21) informs us that most of the Republicans want Trump to make ObamaCare work, rather than allow it to fail. Donald Trump still wants to continue working to repeal the health care. 78% of Americans say that Trump and his administration should "do what they can to make the current health care law work."³²

³¹<https://www.theguardian.com/us-news/datablog/2017/jul/02/us-healthcare-broken-system-one-chart> (Accessed August 4, 2017)

³² U.S. News, Poll: Americans overwhelmingly say Trump should try to make ObamaCare work. Date modified: 2017-08-11 <https://www.usnews.com/news/national-news/articles/2017-08-11/poll-americans-overwhelmingly-say-trump-should-try-to-make-obamacare-work> (Accessed August 21, 2017)

6 Maternity Leave

6.1 Maternity Leave in the United States

The U.S. are ranked last for paid maternity leave. The US is one of only three countries left in the world that do not guarantee paid maternity leave. The others are Papua New Guinea and Oman.

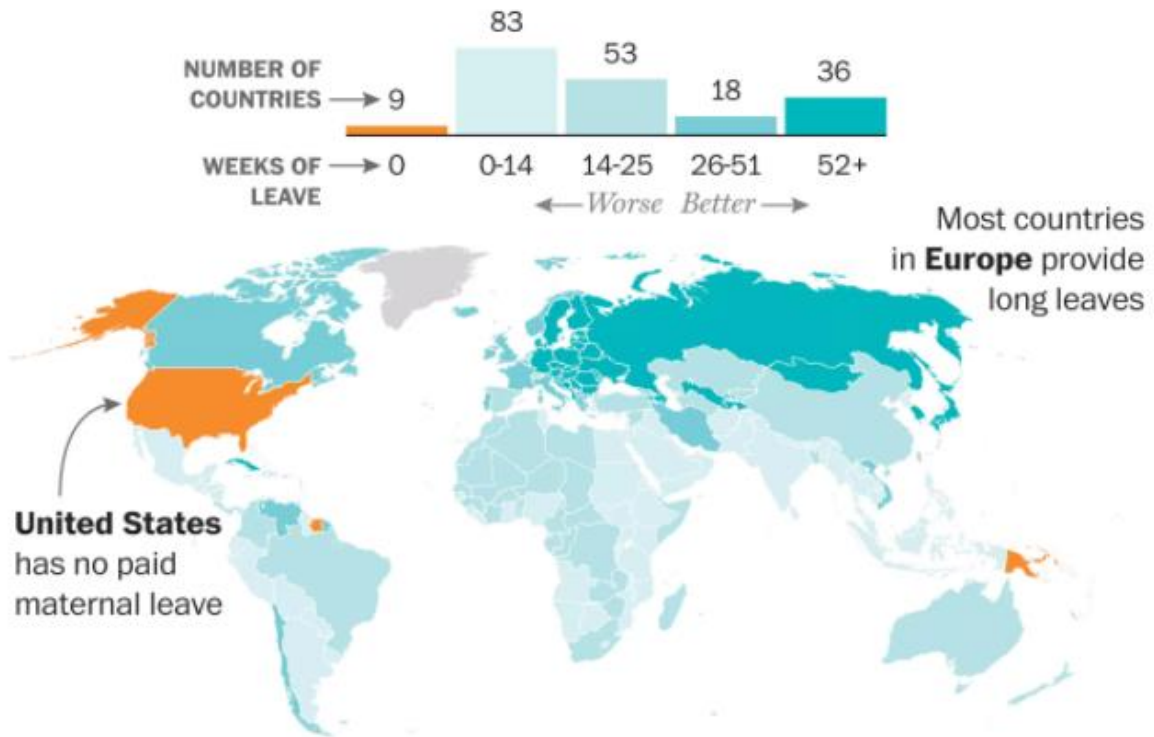
According to Family and Medical Leave Act (FMLA), qualified employees are allowed to take 12 weeks of unpaid and job-protected leave per year. FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees. Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles.³³

6.1.1 The World is Getting Better at Paid Maternity Leave. The U.S. is not

An article by Melissa Etehad and Jeremy C.F. Lin August 13, 2016 shows that in spite of the fact that the United States had one of the world's best economies, it is far behind other countries concerning paternity leave. Being the only highly competitive country where mothers are not guaranteed paid leave.

³³ United States Department of Labor, Family and Medical leave. <https://www.dol.gov/general/topic/benefits-leave/fmla> (Accessed August 28, 2017)

Paid maternal leave around the world



Source: WORLD Policy Analysis Center, 2014 data

JEREMY C.F. LIN/THE WASHINGTON POST

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“Five low-unemployment countries (South Korea, Japan, Czech Republic, Austria and Denmark) offer mothers 52 weeks or more of paid leave. They’re among 36 countries in total that, according to our data, provide the most generous paid leave for women. A majority of those countries — 32, to be exact — are in Europe.”³⁵ Because of that fact, unfortunately many women in the United States have to choose between career and family.

³⁴ <https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-and-fathers-of-infants/is-paid-leave-available-for-mothers-of-infants> (Accessed August 28, 2017)

³⁵ The Washington Post, The world is getting better at paid maternity leave. The U.S. is not. Date modified: 2016-08-13 https://www.washingtonpost.com/news/worldviews/wp/2016/08/13/the-world-is-getting-better-at-paid-maternity-leave-the-u-s-is-not/?utm_term=.3b3530bdee39 (Accessed August 28, 2017)

6.1.2 Paid Family Leave is an Elite Benefit in the U.S.

“Millions of Americans aren't offered a single day off work following the birth or adoption of a child, and 1 in 4 new moms go back to work 10 days after childbirth. Within the past year, companies including Starbucks, Brands (KFC, Taco Bell, Pizza Hut) and Walmart announced paid family leave policies.”³⁶ The report that shows many companies provide those benefits only to top-level employees. “The people who most need paid family leave are the least likely to have it,” the report says.

6.2 Maternity Leave in Canada

New mothers can take between 17 and 52 weeks of leave from their jobs, depending on the length of employment history and the hours worked. Their employers have to accept the employees back into their jobs. Besides maternity leave, the government pays leave through Canada's employment insurance plan. New mothers can take a paid maternity leave of up to 15 weeks and if eligible for the program, the benefits equal 55% of the mom's average weekly insurable wage, up to a maximum of \$485 per week. The benefits can increase up to 80%, with the same maximum of \$485 per week for low-income families.

“Maternity benefits are offered to biological mothers, including surrogate mothers, who cannot work because they are pregnant or have recently given birth. A maximum of 15 weeks of EI (The Employment Insurance = program offers temporary financial assistance to unemployed workers. This assistance includes providing maternity benefits) maternity benefits is available. The 15 weeks can start as early as eight weeks before the expected date of birth, and can end as late as 17 weeks after the actual date of birth”³⁷

Since January 1, 2006, the Province of Quebec has been responsible for providing maternity, paternity, parental, and adoption benefits to residents of Quebec through a program called the Quebec Parental Insurance Program.

³⁶ USA TODAY, Paid family leave is an elite benefit in the U.S. Date modified: 2017-05-17 <https://www.usatoday.com/story/news/nation-now/2017/05/17/paid-maternity-leave-elite-benefit-us/325075001/#> (Accessed August 31, 2017)

³⁷ Government of Canada, Employment insurance maternity and parental benefits. <https://www.canada.ca/en/employment-social-development/programs/ei/ei-list/reports/maternity-parental.html> (Accessed August 28, 2017)

Who is eligible for EI maternity benefits? Women who:

- are employees in insurable employment;
- meet the specific criteria for receiving EI maternity benefits (prove the pregnancy)
- their normal weekly earnings are reduced by more than 40% because of the pregnancy
- must have accumulated at least 600 hours of insurable employment over the past 12 months

6.3 Budget Increases Maternal Leave to Eighteen Months

Jennifer Paterson, March 23, 2017³⁸

The federal government is moving ahead with extending employment insurance maternal benefits to 18 months instead of the previous 12 months. The government expects the change to parental benefits will cost \$152 million over five years, beginning in 2017/18. The government expects the changes to be in place by the end of 2017.

In another article Canada's new 18-month parental leave offers flexibility — but comes with a catch by Tania Kohut, March 23 2017³⁹ we get to know about disagreement of parents as they argue that the benefits are not high enough – maximum 543 dollars per week and it would come to 362 dollars spreading it into 18 months.

³⁸ Benefits Canada, Budget boosts parental leave to 18 months, introduces caregiving benefit. Date modified: 2017-03-23 <http://www.benefitscanada.com/benefits/other/budget-extends-parental-leave-to-18-months-introduces-ei-caregiving-benefit-95530> (Accessed August 28, 2017)

³⁹ Global News, Canada's new 18-month parental leave offers flexibility-but comes with a catch. Date modified: 2017-03-23 <https://globalnews.ca/news/3329912/federal-budget-maternity-leave/> (Accessed August 28, 2017)

7 Practical Part

My practical part was conducted in the form of qualitative research with seven open-ended questions that I send to all my American and Canadian friends of different ethnic backgrounds in the United States and different provinces in Canada. I sent 60 questionnaires and I received 42 of them filled out. Furthermore, analyzing main themes of the research and my reflections are included. After reading all the books and online news and facts I was curious and excited about the answers I would get. After studying the controversial issues, it seemed that nobody would be really satisfied with the health care they get but eventually I was nicely surprised with all the filled questionnaires I got back.

7.1 Qualitative Research

For my thesis I chose qualitative research with seven open-ended questions concerning health care system in both countries.

Below there are all the questions from my questionnaire:

1. Do you have to pay for your health care system? How much do you pay annually?
2. Do you think the prices for medication are high? What is most expensive?
3. How long is your waiting time in emergency rooms? For surgery?
4. How long do you have to wait to see your doctor? A specialist?
5. How long does your maternity/paternity leave take? Is that enough money and time?
6. Do you use homes for seniors? How much do you have to pay annually? Do they offer good services? Why?
7. Are you happy with the quality of the health care you get? Horrible/Not bad/So so/Good/Excellent. Why?

7.2 Analyzing the Main Themes of the Research

In accordance with Organization for Economic Cooperation and Development as mentioned in section “Trump says 'everybody', not just Australia, has better healthcare than US” the average American spent \$4,571 on their health in 2016. The same results I got

through my questionnaire. Most people pay around 5 000 dollars annually in the United States which seems too high for all my American respondents.

In Canada prices are obviously lower, anyway it does not seem so perfect neither. According to my friends from Montreal, Medical care is generally funded by the government so there is no base fee. Trips to the emergency room are covered and regular check-ups are (in theory covered). Basic dental is covered up until 18 years old but items such as orthodontics are not covered. If you did have to stay in hospital, some fees are charged but they are quite low though many things such as private room, access to TV etc. are additional fees access to a family doctor is covered but it is tough to find one who can accept patients. Private clinics do exist, and many people got here as it is the only option they could find. Also, private insurance offered by employers covers most of the cost.

Also, according to my Canadian responders the prices for medication are reasonable priced-especially when they compare to the USA. The government is the only buyer and negotiates directly with the pharmaceutical firms. When getting a prescription, there is a fee, but many have insurance through their workplace or private insurance which covers almost all the cost. The downside of this is that doctors sometimes have to make you try a less expensive drug with a lower chance of success before an expensive drug with a higher chance of success. There are 'Co-Pay' programs for low income people requiring expensive drugs. The pharma companies and gov't work on these.

Unfortunately, Americans did not give me any expansive answers, most of them just agreed that prices for medication are high in the USA. Sometimes people spend hundreds for medication. One respondent from California once spent 800 dollars for the medication.

When it comes to the question number 3 and 4 concerning waiting times, this was the most interesting point in my research for Canadians. All the Canadian replies mentioned long wait times. Anyway, for public, waiting time at ER to see the first doctor or nurse is from 2-6 hours, even longer. For an appointment, to see a specialist, it takes around 6 months to one year, depending on the specialist. If you have a family doctor, you can get a regularly scheduled appointment easily enough though they would usually book it well in advance. The problem is there is a shortage of family doctors, and this makes it difficult, so they can

go to a private clinic and pay through insurance offered through an employer (if they have such insurance).

According to a reply from my friend, he had to wait two years for a knee surgery. The worst thing is that he is a bus driver and needs his knee a lot.

Wait time for cancer surgery are also quite long, especially when compared to the Czech Republic, there two friends of my responders waited more than six weeks. Canadians with spare funds will book themselves into Americans hospitals, get extortionately expensive treatment there, and then they can reclaim their costs.

Another story of my friend from Montreal tells us about his uncle, when he was in Las Vegas he needed to see a doctor because of high blood pressure, so he did and after 1 hour waiting, he saw a doctor, paid 100 dollars and left. The same happened in Montreal but he had to wait 8 hours but for free (anyway, pharmacies offer free blood pressure checkups and also many people own the measuring device at home, so this is not a problem). As said by most of the asked experience and knowledge wait times are the longest for neurosurgery which can go up to 46.9 weeks.

In contrast according to Americans I asked, they only need to wait from 15 minutes to one hour at ER. Obviously, if it is urgent situation, they will get you in within a minute. to see a family doctor, Americans might wait up to about 2 weeks and to see a specialist it all depends, the waiting time is from one to two months to make an appointment with one. For a knee or hip operation, the waiting time was only between two to three months, well using the word “only” compared to Canada.

So clearly the waiting times in America are much more acceptable than in Canada. Nevertheless, when it comes to payment, you would rather wait I guess. The question about surgery prices was not included in my questionnaire, so I did little research on the Internet founding that you would pay around 10 000-30 000 dollars in the US for knee surgery. The cost of the surgery varies widely across the country and from facility to facility. According to Guroo.com (a service of the non-profit Health Care Cost Institute), the U.S. national average cost in 2016 was about \$12,600.

The prices were little bit lower in Canada, there you would pay around \$14,000-\$16,000.

When it comes to maternity leave in Canada, interviewee Canadians consider the system as perfect so far. Concerning the length and benefits of maternity leave. Maternity leave is paid 6 months at roughly 70% of your salary but there is a maximum. If you have a very high paying job, you do not get 70%. In addition, there is 6 months parental leave that either the mother or father can take. In addition, there is 5 weeks that the father can take. These last two pay less than the 70% of salary, it is closer to 55%.

A very interesting point I received from Quebec people is that Quebec is the most generous when it comes to maternity leave (one year plus six weeks of paternity leave) because part of this is that French Canadians were having smaller families and they wanted to give incentives to have more babies and protect the French language in North America.

It seems to be enough for Canadians, on the other side none the Americans questioned were satisfied with their maternity leave. They obviously know that their system is very behind compared to other countries. Considering 12 weeks is not enough at all, not pointing out that new moms do not receive anything from the state. Some people from Texas did not even have the guarantee for their jobs to be kept. My friend's story: "Because in my company there is less than 50 employees they do not provide me any FMLA benefits. They are giving me only 6 weeks unpaid with a guarantee that I will have my job back after. . This is terrible. I cried a lot when I found it out."

"I work for a small company that does not qualify for FMLA, so I get 6 weeks unpaid and no guarantee that my job is still available after that time" says another respondent from the USA.

As to question number 6, regarding homes for seniors, in Canada "The average rent for bachelor units and private rooms that include at least one meal is on average \$2,210 per month. (1,666 USD) Cost of seniors' residences varies across Canada"⁴⁰

⁴⁰ Government of Canada, Housing options for seniors. <https://www.canada.ca/en/financial-consumer-agency/services/retirement-planning/cost-seniors-housing.html> (Accessed March 13, 2018)

Most of the answers in my questionnaire were similar and positive, in Canada there are government sponsored seniors' residence which some nursing services on site. There is a rent to be paid on these though there are a few different levels of comfort at different cost levels. People with a decent amount of savings go into senior apartments which include kitchens in all apartments, activities, pools, gym, card room, restaurant, small store etc. There are obviously various options at different cost, but the average in Canada is \$1500-3000 (1,000-2,500 USD) per month.

In contrast, in the USA, people have to pay rather higher sums. As mentioned before, the prices vary due to the service and equipment as well as the state. With basic services and equipment, the prices start at \$1,500 and usually go up to \$6,800 per month.

Surprisingly most of the responders were not satisfied with their health care, neither in US nor in Canada. In Canada responders believe the services are generally reasonable but wait times are still too long because of the shortage of doctors. As the government is in severe debt, the amount of funds available for healthcare are not at the level they need to be. They think the problems with the system are not problems of design, but of funding. Even with private insurance, wait times can be long. "The super rich can go to the USA for treatment and avoid wait times, but this is very expensive" this was the final respond to my last question from most Canadians. Also, the prices of other specialist whose help is not covered in the basic health insurance plan (as for example physiotherapist) are too high for the middle class and there should be more options available, say Canadians.

According to American responders, despite all mentioned disadvantages of American Health Care System, most Americans are satisfied and appreciate their doctors and their attention, caring and willingness to help.

7.3 Reflections

I already mentioned at the beginning of this thesis, that I chose this topic due to the fact, that I had spent one summer in Canada as well as one summer in the United States. Whenever I asked natives about the health care, they were willing to talk to me about this topic for hours. That is why I started to take care about it and wanted to learn even more. Anyway, what I have found out, read about and heard about during working on this paper, was remarkable and more interesting than I had expected.

Firstly, the most surprising fact was such a big difference between those two countries. America in this field seems to be so behind and, in my opinion, this kind of system is very people unfriendly. Nobody told me until I asked. Nobody even cared until they started talking about it and realizing how bad it is. Furthermore, not many men even knew how bad the situation is.

Secondly, I really had thought that Health Care system in Canada is more or less perfect. Actually, according to my responders it is not. I feel like they should be more satisfied compared to Americans, though. The only unpleasant fact is the waiting time. Even compared to our Czech health care system, it is unimaginable for me to wait 2-6 hours at ER or 2 years for a knee surgery. Actually, waiting times for specialist in the Czech Republic, Canada and America are quite similar I would say.

Finally, I want to express my wonder concerning American expenditures on Health care. Clearly, I knew that whenever I traveled to US, I had to arrange the best insurance in case that something happened, otherwise it would cost me fortune. However, I was more than surprised while finding out how much actually do Americans pay for their health, as well as for the medication.

8 Conclusion

I know that I can not help neither American, nor Canadian health care system even though I would love to help somehow. There are many important issues that should have been solved years ago. This is 2018 and it is not appropriate for Americans to lose their jobs because of pregnancy or for Canadians to wait years for a surgery. There are big differences, but both countries would need to improve in this field, certainly. Whenever we think about moving, America seems the best option as it is just America! Anyway, people do not think about these issues, about health care, about maternity leave, about senior's residence etc., but they should. This is very important part of our lives, our health. This is not a negligible issue. Americans especially should care more.

All my hypothetical questions were answered, I assured myself that this topic is very expansive, and I could not include everything.

To be honest I am pretty sure that the Canadian system is more people-friendly as there is only one thing that I would change. On the other side there are so many problems in America that could be changed.

Obviously in both countries the healthcare system has its flaws. To pick up the main flaws of Canada and the United States is not a big deal. I prefer to start with Canada's main flaw which is in my opinion the waiting times as already mentioned many times in my thesis. This issue seems to make Canadians not absolutely satisfied with their healthcare system. They still seem to be quite happy with what they get, and this is the only thing they try to deal with. Even though there is this problem, they would not swap their system with Americans.

In contrast, Americans do not have to wait as much as Canadians, but there have to face another problem. The problem is health care spending, which seem to be five times higher than the average out-of-pocket spending of other countries in the Organization for Economic Cooperation and Development.

I am not sure what is better or worse, what I would choose if I had to, waiting for surgery or spending thousands for surgery.

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