

DEBATE ARTICLE

An American physician's foray into Scandinavian healthcare

ROBERT GENDLER

The Hospital of Central Connecticut, USA

Abstract

The article describes the experience of the author, an American Physician, seeking care for an uncommon orthopedic condition. Unable to find adequate treatment in the United States, the author traveled to Finland for surgical treatment.

Key Words: *Cost of open hamstring repair, high hamstring tendinopathy, medical economics, United States healthcare, universal healthcare*

The story of my foray as a patient into a foreign healthcare system began almost a year prior to writing this piece. To condense a very long story I developed an uncommon painful condition known as high hamstring tendinopathy (HHT) in both legs as a result of a lifetime of exercise.

As a physician I was determined to educate myself thoroughly on this uncommon condition. I learned there were fairly divergent geographical approaches and strategies for its treatment. Much of the literature describing the condition and operative treatment came from Finland. The Finnish group first described the condition in 1988 [1] and also developed a unique and effective surgical approach which targeted the specific tendon and pathology, and proved to be highly successful and safe. The conservative nature of the surgery also permitted treatment of both legs at the same operation if necessary [2–4].

Most Americans with HHT are triaged to physical therapy and therapeutic injections despite the lack of proven success of those interventions. Those seeking surgery are offered the same operation performed for traumatic tears. Although successful, it is an excessive operation requiring a much longer recovery and rehabilitation which also limits its application to only one leg at a time.

I couldn't help think there were biases operating in my own country regarding the treatment of an uncommon condition other than science and medical data.

Why couldn't I have this specialized surgery, invented and used in Finland, in my own country (a nation which has pioneered many new procedures)? A cynical explanation might point to little or no financial incentive to offer a low volume surgical procedure in a healthcare environment that places a premium on volume and profit.

The second part of my story exposed a more glaring and less arguable discrepancy between American and foreign healthcare: the cost of the surgery (Table I).

The cost breakdown shown in Table I exposes a remarkable difference in healthcare costs among two nations for similar surgical procedures, not to mention the US cost was only for a unilateral procedure and therefore would need to be doubled for a realistic comparison.

Although not a medical economist I suspect the business model of healthcare delivery in the USA is to blame. The competition and pursuit of healthcare dollars and the ability to get paid those dollars has skyrocketed the cost of healthcare in the USA.

According to National Health Expenditure Projections in 2015, Americans will spend approximately 3.2 trillion dollars on healthcare, with a projected increase to 4.5 trillion dollars in 2019 and 5 trillion dollars by 2022. The USA spends more on healthcare than Japan, Germany, France, China, the UK, Italy, Canada, Brazil, Spain, and Australia combined. If the US healthcare system was a national

Table I. Cost breakdown (in US dollars) for open hamstring repair in a US hospital versus Finland.

	USA charges (Hospital for Special Surgery, NYC)	Finland charges (Hospital NEO, Turku) (converted from Euros to US dollars)
Anesthesia	3638	860
Hospital charges (includes OR fee and one overnight stay)	22,665 ^c	5320
Surgeon fee #1	7800	1505
Surgeon fee #2 ^a	11,000	1505
MRI	1571	591
Total ^b	46,674	9781

MRI: magnetic resonance imaging.

^aSurgery in the USA would require a second surgeon for sciatic nerve release while surgery in Finland required two surgeons because it was bilateral. For Finland, the sciatic nerve release was included.

^bCharges in the USA are for “unilateral” open hamstring surgery while charges in Finland covered bilateral open hamstring repair (in my case).

^cBased on my healthcare insurance plan’s estimated treatment cost.

economy, it would be the sixth largest economy on the entire planet. Per capita costs for healthcare in the USA have risen from \$147 in 1960 to \$8086 in 2009. Health insurance administration expenses account for eight percent of all healthcare costs in the USA each year. By contrast in Finland, health insurance administration expenses account for just two percent of all healthcare costs each year. A 2007 study by the American Journal of Medicine found approximately 62 percent of all personal bankruptcies in the USA were directly related to medical bills [5].

A stark contrast became evident to me regarding the delivery and financing of healthcare between the American and Finnish healthcare systems. While providing universal healthcare to all its citizens, Finland pays only eight percent of its GDP for its healthcare compared with the USA which pays a whopping 18 percent of its GDP, leading the world in per capita health expenditure. Although Finland has the highest number of people satisfied with their hospital care system in the EU (88% of Finnish respondents were satisfied with their healthcare compared with 69% of Americans) no system is perfect and some might argue that higher taxes and longer waiting time for healthcare offset some of the benefits of a universal healthcare system such as Finland’s. Physicians in Finland earn far less income compared with American physicians (average \$66K versus \$140K) and they pay higher income taxes. In addition, implementing social programs such as universal healthcare might face more logistical challenges in a nation of 300 million compared with 5 million people. The unique malpractice situation in the USA also creates an incentive for defensive medicine driving up the cost of healthcare. The structure and financing of education is also a contributing factor as Finnish medical students graduate without

debt, while their American counterparts leave medical school with an average of \$170K of debt (not including undergraduate debt). This of course creates a strong incentive for driving up income and consequently healthcare costs [6].

This still does not explain why healthcare is so expensive in the USA or conversely why it is so much less expensive in many other developed nations such as Finland. The answer seems to be a complex and multifactorial one. American healthcare carries a high administrative price tag compared with other countries because of our unique system of private healthcare insurance. The administrative cost is naturally passed down to the consumer. Conversely, the lower prices and fees abroad are achieved in large part as a result of government regulation. Those governments typically pay for about 75 percent of all medical care. They eliminate much of the high administrative costs of insurance, obtain lower prices for equipment and drugs, control the number of hospital beds, regulate access to expensive technology, and also control the balance of primary care and specialist physicians. Although the US government pays roughly 50 percent of our healthcare it is kept from fully exerting its bargaining power by special interest groups holding strong influence over congressional legislation. A concrete example of this is the inability of our Medicare system to negotiate lower prices with pharmaceutical companies. The American drug lobby has worked hard and successfully to ensure Medicare cannot legally cut into their profits [7].

Of course all this information is available to anyone wishing to compare healthcare systems. That said, nothing succeeds in driving home the differences more than traveling to and experiencing healthcare firsthand in another country. This experience not only opened my eyes to the excessive costs of

healthcare in the USA but also made me aware of limitations in what our healthcare system offers, a phenomenon likely driven by negative forces of our free market healthcare system.

This entire story would be incomplete if I didn't mention that I traveled to Finland and that my surgery was successful and recovery uneventful.

Conflict of interest

The authors declare that there is no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

- [1] Puranen J and Orava S. The hamstring syndrome. A new diagnosis of gluteal sciatic pain. *Am J Sports Med* 1988;16(5): 517–521.
- [2] Lempainen L, Johansson K, Banke IJ, et al. Expert opinion: Diagnosis and treatment of proximal hamstring tendinopathy. *Muscles Ligaments Tendons J* 2015;5:23–28.
- [3] Lempainen L, Sarimo J, Mattila K, et al. Proximal hamstring tendinopathy: Results of surgical management and histopathologic findings. *Am J Sports Med* 2009;37(4):727–734.
- [4] Lempainen L, Sarimo J, Mattila K, et al. Proximal hamstring tendinopathy-overview of the problem with emphasis on the surgical treatment. *Oper Tech Sports Med* 2009;17:225–228.
- [5] Kane J. Health costs: How the U.S. compares with other countries, October 22, 2012, PBS News Hour, “The Run-down”.
- [6] National Institute for Health and Welfare (THL). Facts about social welfare and health care in Finland, www.thl.fi (accessed 20 November 2015).
- [7] Fuchs VR. Why do other rich nations spend so much less on healthcare? *The Atlantic “Business”*, July 23, 2014.