

# **The Difference in Treatment Quality Between Public and Private Healthcare**

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### **Abstract**

Private and public healthcare differ in financing, delivery, and goals. Private healthcare relies on direct payments or insurance, offering greater choice and faster access, but may be limited by cost. Public healthcare is funded through taxes, aiming for universal access, equity, and preventive care, but may face long waiting times. Private healthcare prioritizes profitability and competition, fostering innovation, while public healthcare emphasizes affordability and collective bargaining power. Mixed systems combine both approaches. Understanding these differences is vital for policymakers to create effective and inclusive healthcare systems.

*Keywords:* private healthcare, public healthcare, financing, treatment quality, presupposition, economic standing

## **The Difference in Treatment Quality Between Public and Private Healthcare**

Healthcare systems will vary worldwide depending on the country and its financial structure. Globally, the three most commonly used healthcare systems are public, private, and mixed. The debate around public or private healthcare will remain perpetual, as both systems actively work towards the demands of our population. By critically examining relevant literature, listening to patient experiences, and analyzing various factors' statistics, we can shed light on the key factors contributing to the assumption of discrepancies in treatment quality. Understanding these disparities is crucial for policymakers, healthcare professionals, and patients alike, as it aims to eliminate beliefs and identify the dissimilarities between healthcare systems.

Although the international well-being of citizens is guaranteed under the *Universal Health Protection Law*, there are three different types of healthcare that patients turn to for treatment. Under the *World Health Organization (WHO)*, “universal health coverage [is defined as] a legal mandate”<sup>1</sup> to which all people must have access; this ranges from health promotion and treatment to rehabilitation and surgical care.

## **The Objective of the Study**

The objective of this study is to provide a thorough analysis of the types of healthcare systems to help people understand the differences and benefits of all three. This study will provide the necessary information to understand your healthcare and make appropriate decisions for your health, by applying the knowledge of different healthcare systems and choosing the one most suitable.

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<sup>1</sup> ( World Health Organization, “Universal Health Coverage”)

## Background Information

Universally, the World Health Organization, known as WHO, protects our health. This specialized agency was founded in the United Nations in 1948 to expand universal health coverage. As a result of these efforts, it has become legally mandated internationally to provide a broad range of health services to everyone, without facing economic burden.<sup>2</sup>

### The Public Healthcare System

Also known as Medicare, public healthcare is funded by payroll taxes, national income taxes, tax levies, and sometimes through social security contributions deducted from your salary. “[This essentially makes all] *medically necessary* treatments [such as] doctor visits [70-100% free for the citizens and residents of the country].”<sup>3</sup> These services may include hospital medical care, physician visits, childbirth, surgery, medication, etc. To access services not covered by the government, 95% of citizens are required to pay ‘out-of-pocket’ or use healthcare insurance, such as prescription, dental, vision, and cosmetic procedures. Countries such as Canada, France, Switzerland, Iceland, etc. have adopted this system, although many could also be defined as having mixed systems (having private clinics and hospitals available to those who need them). For instance, free healthcare in Canada is only provided for citizens, permanent residents, and those who qualify under Canadian work permits and refugees. The Canadian Healthcare system differs from province to province as each manages its systems following the 1984 Canada Health Act.<sup>4</sup> In cases of private healthcare or unqualification, people are given the option to purchase private health insurance, also known as individual health and

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<sup>2</sup> (World Health Organization)

<sup>3</sup> (“Understanding the Canadian Health Care System”)

<sup>4</sup> (“Understanding the Canadian Health Care System”)

dental insurance, to cover medical bills and expenses.<sup>5</sup> Charges for non-residents can vary based on the situation, for example, MRI scans average \$2 030, lab tests average \$360, and X-ray scans average CAD 49. “According to 2020 data, [Germany spent 12.8% of its GDP on healthcare, placing the highest country in the EU]. France is the second highest spender on healthcare . . . [spending] 12.2% of its GDP on healthcare.” Countries such as France allow households to register for free health insurance coverage (*complémentaire santé solidaire*) if their total income falls below a certain value. *State Medical Assistance (Aide Médicale d’Etat – AME)* or *PUMa* is also provided for non-residents (depending on the situation) who have lived in the country for longer than three months or are looking to finalize residency.<sup>6</sup> According to the CommonwealthFund, French employees were required to pay an average of 7% while employers paid 13% of their salaries to health coverage in 2023. Although some treatments may not be fully covered by the government, low-income or long-term patients are usually given 100% medical coverage by the government. In 2019 Eurostat reported that “only 12.7% of French residents reported having unmet healthcare needs due to financial reasons . . . This figure is modest compared to over 25% of residents in Portugal and Finland.” Despite the fact that a public healthcare system guarantees medical treatment, a substantial population can put a lot of stress on the limited resources leading to longer wait times, a lack of supplies and potentially worse/un-updated equipment as seen during the COVID-19 pandemic.

### **Private Healthcare Systems**

Countries that operate private healthcare systems such as Israel, the United States of America, South Korea, the Netherlands, and Liechtenstein, require individuals to pay for their

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<sup>5</sup> (“Personal Health Insurance”)

<sup>6</sup> (“The French Healthcare System”)

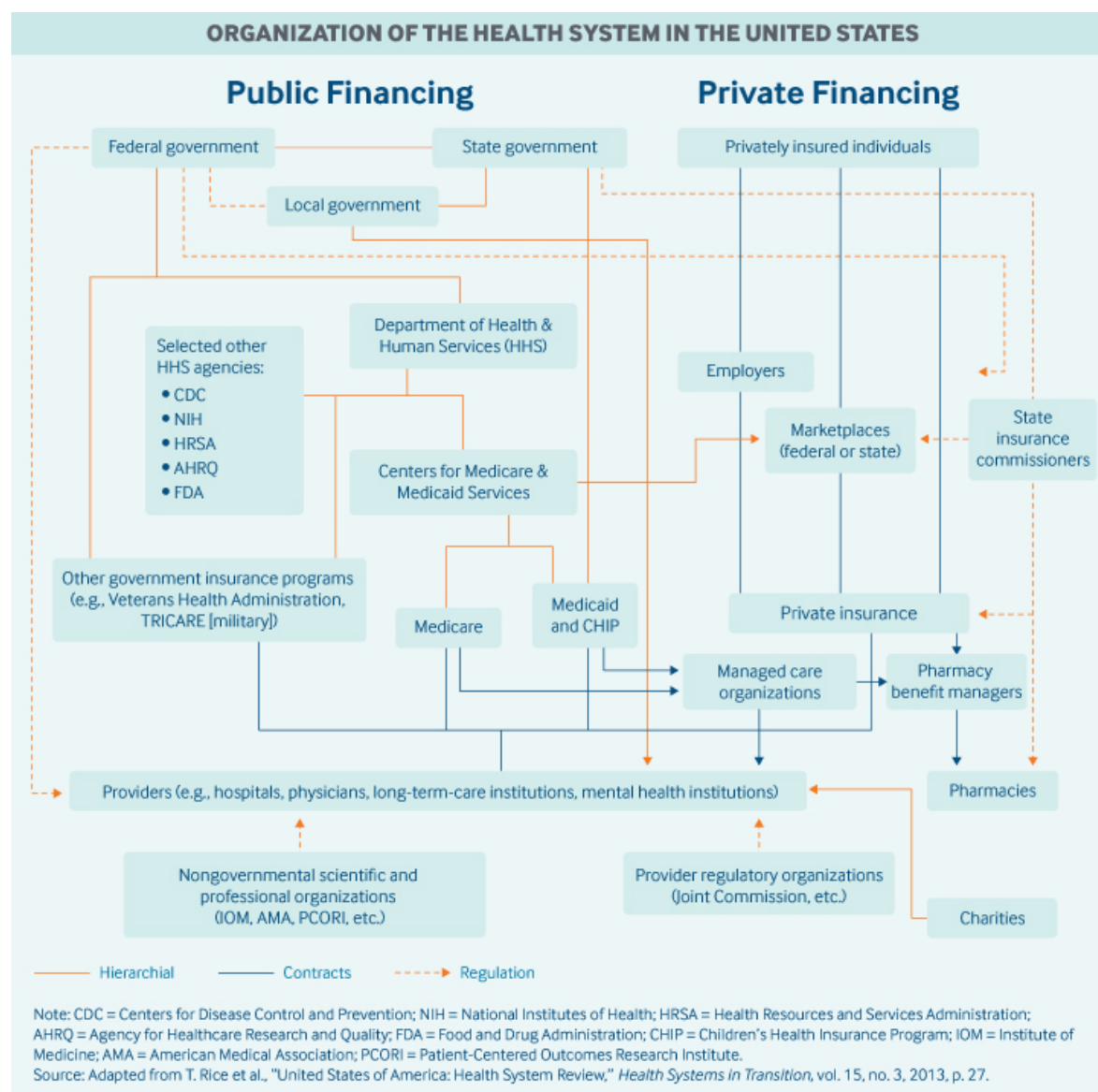
healthcare. Private healthcare is defined as those that aren't owned or controlled by the government and supply health services. This can be in the form of individuals, companies, or organizations that split into the categories; for-profit and nonprofit, formal and informal, domestic and international.<sup>7</sup> Due to the Universal Health Protection Law, the government is still responsible for providing national Medicare programs for seniors (65 and older), people with disabilities, veterans and low-income individuals. Instead of purchasing public insurance, private healthcare systems require the individual to buy private insurance either through government marketplaces or insurance companies. These insurances typically cover a wider range of medical needs but come at a more significant cost. Introduced in the 1920s, Employer-sponsored health insurance gained traction after World War II, when governments imposed wage controls and fringe benefits. Statistics show that recently in 2018, 55% of Americans were covered with employer-sponsored insurance.<sup>8</sup> A study done by the Advisory Group of the Private Sector for UHC states, “ Nearly 92 percent of the [United States] population was estimated to have coverage in 2018, leaving 27.5 million people, or 8.5 percent of the population, uninsured.”

In these private systems, the government carries a negligible role, however, they must still carry responsibilities to satisfy our Universal Health Coverage (UHC). To illustrate, the detailed system of funding done by the United States of America is portrayed below:

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<sup>7</sup> World Health Organization (“The Private Health Sector: An Operational Definition”)

<sup>8</sup> Berchick et al., *Health Insurance Coverage in the United States: 2018*.



*Figure 1. The set system of medical funding provided by the United States of America. This provides an understanding of whom the services are funded by and the progress of health financing.<sup>9</sup>*

A government may be required to administer and pay for programs such as Medicare, CHIP, and health insurance for federal employees, military veterans...etc. They set basic

<sup>9</sup> Tikkanen, Osborn, Mossialos, Djordjevic, and Wharton (2020c)

requirements, regulate pharmaceutical products and medical devices, run marketplaces for private insurance, provide subsidies for private marketplace coverage, and monitor medical practices.<sup>10</sup> Countries similar to the Netherlands may require everyone to be covered by private insurance. This includes all residents of the country and short-term visitors who are not covered by their home country.

### ***Mixed Healthcare***

Apart from the two types of healthcare, countries could also have a mix of both. For instance, China, Switzerland, Canada, Denmark, and Ireland provide their citizens with free coverage for basic medical needs. The current Canadian healthcare is provided by private institutions that run under the Canada Health Act. In China, this can be categorized as basic coverage for urban enterprise employees, urban residents, and rural cooperative medical insurance for the farming industry.<sup>11</sup> When complications arise in this system, patients can be transferred to public healthcare to protect their clinical practices and guarantee the patients' lives. The distinction between private and public healthcare lies in their funding sources, delivery models, and accessibility, highlighting the need for a balanced approach that prioritizes equitable access, quality care, and sustainable healthcare systems for the well-being of all individuals.

### **The Effects of Different Economic Systems on Healthcare Systems**

The economic drive of a country will affect its healthcare and how medical treatment is received. On the Economic Scale, countries can fall under three categories: Communist, Mixed and Capitalist (Market). Although there are no pure capitalist societies, countries that lean

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<sup>10</sup> Tikkanen et al. ("International Health Care System Profiles: United States")

<sup>11</sup> (InterNations)



toward capitalism are labeled as right-shifted. Having a more competition-based society reduces the amount of control a government will have on the market, leading to more significant innovations and maximized efficiency. In contrast, in 2022 the economic growth rate of a capitalist society has a 0.7% higher growth rate than that of a communist. As stated by the Benchmark Report, “Australia continued to outperform other advanced economies during 2022, with a growth rate of 3.7%. This compares to [the] estimated . . . 2.7% for advanced economies. . . The IMF forecasts that Australia’s economy will grow by 1.6% in 2023, compared to an average of 1.3% . . .”.<sup>12</sup> In comparison, one of the most well-known communist countries, the People’s Republic of China, amounted to a total growth of 2.99% in the past year. Since public health sectors are owned and controlled by the government in order for residents to access free health care, services typically experience more limited availability of equipment, medication, and healthcare providers.<sup>13</sup> Having government-controlled healthcare could also limit patient capacity, for instance, only 50% of adult residents in Ontario, Canada were able to receive knee replacement surgery in less than 92 days. According to data reports, one in ten patients in public hospitals will receive a hospital-acquired infection during their stay due to an overload of patients.<sup>14</sup> However, by paying an average of \$539 per month on health insurance, or a maximum of \$6 115 USD per year out-of-pocket, patients of private clinics tend to get a more convenient and comfortable service. Since these agencies are owned and funded by doctors or other organizations, they can be viewed as a business and in turn, competition. In order to keep up with public demand, private clinics must focus on improving their care and updating technology to surpass

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<sup>12</sup> (Australian Trade and Investment Commission)

<sup>13</sup> (Basu et al.)

<sup>14</sup> (myMarketing)

competitors additionally attract buyers (patients). This can only be accessed through funding from private healthcare providers as they can invest in better facilities and equipment, which leads to a never-ending chain of competition. In 2023, data gathered by Peterson-KFF found that “out-of-pocket healthcare spending increased by 10.3 percent, year-over-year — a trend that’s likely to continue as prices soar thanks to high inflation.”<sup>15</sup> According to a study done by Hanneh Bareham, an average 3-day stay in a private healthcare hospital can total up to \$30 000 USD, which is likely to put uninsured individuals at risk of financial ruin. It is estimated that 1 in 10 Americans have medical debt, owing up to \$10 000 USD.

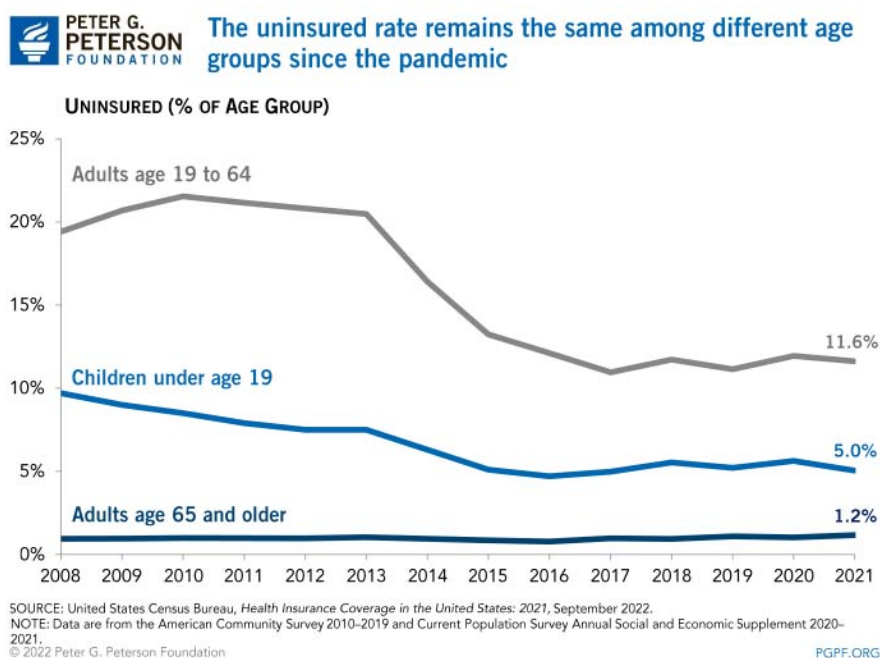


Figure 2. A comparison between uninsured rates in different age groups throughout the years.<sup>16</sup>

<sup>15</sup> Bareham (“Out-of-Pocket Healthcare: Average Costs and How to Finance Them”)

<sup>16</sup> (Moore, 2022)

Referring to Figure 2, the United States has implemented both Medicare and Medicaid which act to protect citizens below 19 and above 65. This can also provide health coverage to people with limited income and those with disabilities. To protect their citizens from such overwhelming debt, some countries have chosen to provide tax exclusion; reducing the amount of taxes owed each year for people under a certain threshold (varies depending on the country). Other countries go even further by implementing cost-sharing; where certain patients aren't required to pay out-of-pocket for the leftover amount that insurance fails to cover. Considering the various options available in healthcare, the fundamental decision pertains to choosing between waiting for cost-free care or investing a substantial amount of money for the same treatment.

### **The Financial Misconceptions Of Healthcare**

The assumption that people are more incentivized to work harder due to the amount they are paid is a common misconception, especially in healthcare systems. Since private healthcare tends to be seen as expensive and unaffordable, many have assumed that workers are paid more than their public healthcare counterparts. In order to compare the psychological mindset of medical providers, it is necessary to clear up assumptions.

*Background Information.* By having mixed healthcare, Canadians are offered free essential care through private hospitals. It is one of the few countries that operate on state financing and private delivery systems. Government funds go through a process called "Sickness Funds" to support private institutions. Research done by the Fraser Institute of Canada gathered that between Canada's public and private medical services, after averaging out age, gender, education, and occupation, a government worker will still make an average of 8.5% higher than

private employees. Overall, 86.6% of public healthcare workers are covered by a pension plan and 90.6% currently have a defined benefit pension plan (DB pension). In contrast, only 22.9% of private clinics have a registered pension plan. Compared to the 90.6% of DB pension, the average of private-sector employees is 39.9%. Due to such plans, public workers can retire 2.4 years earlier and have a much more flexible schedule to work with.<sup>17</sup>

In a country with mixed healthcare, it is often hard to decide which service is best. When comparing salaries between countries, you may notice a slight price rise in private clinics due to competition. Money is almost always insignificant when it comes to dictating which type of healthcare worker will be more attentive or produce better work quality. With the exception of promotions and raises, people tend to work harder when they work at the average wage and are surprised with a bonus. This is due to a change in the mentality of the worker, as they will strive to work harder rather than settling for the current quality, believing it is good enough. It is reported that public sector employees are less likely to lose their jobs; only approximately 1% compared to the 4.8% of private workers who left employment in 2021. This leads to public services frequently lacking timeliness and hospitality to patients.<sup>18</sup>

### **The Comparison of Healthcare Systems**

When considering the differences between private and public healthcare, it is important to examine factors such as accessibility, cost, and quality of care. While public healthcare may be free, it continues to guarantee the health and treatment of citizens, while private healthcare does the same but for a hefty sum. The assumption of a lack of experience in private clinics tends to weigh heavily on healthcare decisions, especially in underdeveloped countries. Even

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<sup>17</sup> (Palacios)

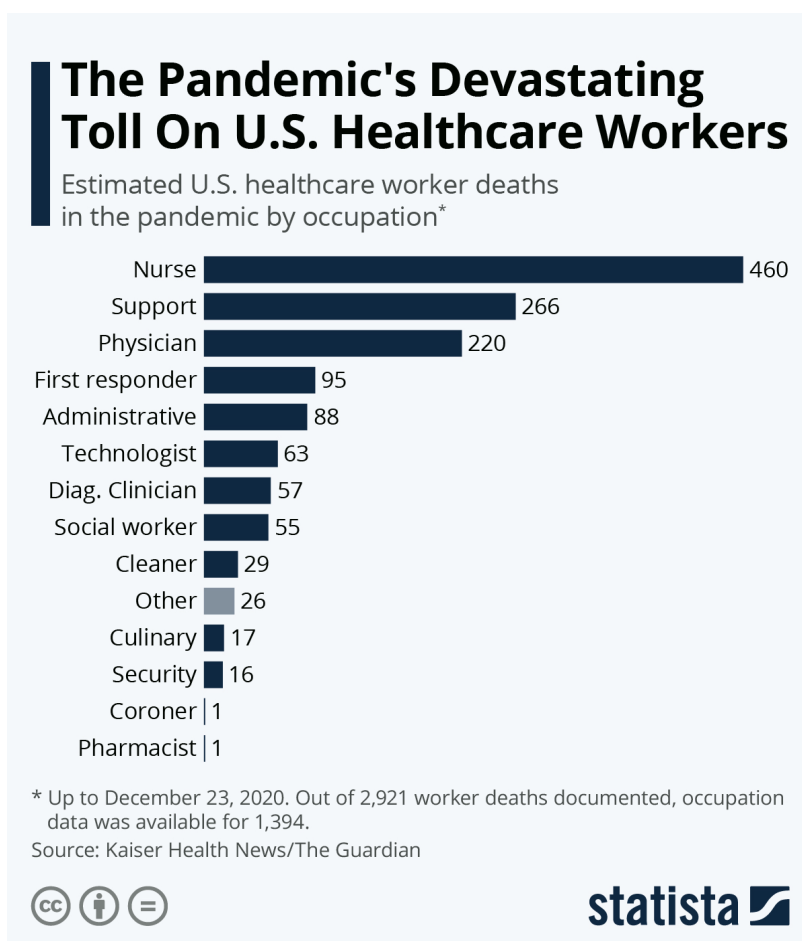
<sup>18</sup> (Basu et al.)

though some private sector employees are assumed to be ‘unqualified’, this widely discussed theory is proved false under the protection of the World Health Organization (WHO). During a study in 2015, private health services in under-developed countries showed significantly higher effort. Doctors performed with the same precision if not more when it came to treatment and diagnosing patients.<sup>19</sup> However, since private clinics are not controlled by the government, treatment quality will vary from clinic to clinic. Some researched cross-sectional studies suggest that private sectors may violate medical standards more frequently, have less experience, and have poorer patient outcomes.<sup>20</sup> Overall, for the money spent on private healthcare, the average treatment is often faster and can be adjusted to suit the patient's schedule. In 2015, reporters analyzed the life of a patient and added that private clinics offer a better menu for their patients. Whether it is a public or private healthcare center, the food provided for you is guaranteed to be nutritious. Having access to public healthcare guarantees you treatment no matter how financially stable you may be. Since these services are all run and controlled by the government, many hospitals do not have fully up-to-date equipment at their disposal, however, the experience and qualification of all staff tend to remain constant throughout. Since public services are free, many times the hospitals are overwhelmed and eventually fall short of staff. This can be seen during the COVID-19 pandemic when countries with public healthcare were in desperate need of nurses and doctors. This massive wave of patients gave some people no choice but to rest in the hallways to await treatment, ultimately spreading the virus to the medical staff and other patients, as seen below:

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<sup>19</sup> (“The Inconvenient Truth about Public and Private Health Care”)

<sup>20</sup> (Basu et al.)



*Figure 3. The estimated number of deaths of healthcare workers in the United States in 2020 due to Covid-19. This does not include the civilians who were also infected by other patients in the same hospital.<sup>21</sup>*

This desperate need for medical staff raised the employment rate for registered nurses by 9% as the pandemic grew, the number of patients outweighed healthcare workers by 10-20%.<sup>22</sup>

<sup>21</sup> (McCarthy, 2021)

<sup>22</sup> Berlin, Lapointe, Murphy, and Wexler (2022)

While private healthcare offers greater accessibility, shorter wait times, and potentially more personalized care, public healthcare ensures equitable access for all, often at a lower cost, and prioritizes the collective well-being of the population.

### **Materials and Methods**

This study aims to compare private and public healthcare systems in terms of their financing mechanisms, service delivery, and overall impact on healthcare outcomes. The materials and methods employed for this analysis are as follows:

#### **Literature Review**

A comprehensive review of existing literature on private and public healthcare systems was conducted to gain insights into the key differences between these models. The review focused on studies, articles, and reports that discussed the financing mechanisms, service delivery structures, and performance indicators of private and public healthcare. Relevant information and data regarding private and public healthcare systems were collected from reputable sources, including academic journals, government reports, and healthcare databases. To gather relevant information, the experiences and thoughts of past patients and aspiring medical staff were gathered. This included questions from food services, psychological mindsets to economic structure, and financing. Data pertaining to financing models, healthcare expenditures, service utilization, and healthcare outcomes were gathered for comparison. In order to connect chains of thoughts, this study aimed to answer the following topics:

- History
- Coverage
- Financing

- Payment
- Delivery
- Human resources
- Future challenges

*This list is influenced and inspired by reading “Which Country Has the World’s Best Healthcare” by Ezekiel J. Emanuel (10). The topics are compared in this study to provide a thorough understanding of every step of healthcare.*

### ***World Health Organization (WHO)***

The World Health Organization is an international specialized agency founded on April 7, 1948. Its main objective is to provide protection and awareness of health through the universal health protection law. WHO is responsible for promoting health and advocating for universal health coverage. The WHO serves as a coordinating body for international health-related issues and collaborates with governments, non-governmental organizations, and other stakeholders to tackle various health challenges worldwide. The organization addresses a wide range of health concerns, including infectious diseases, non-communicable diseases, maternal and child health, nutrition, mental health, emergency preparedness, and response to health crises. It plays a vital role in responding to outbreaks and pandemics, such as HIV/AIDS, Ebola, and most notably, the COVID-19 pandemic, where it mobilizes global resources and expertise to combat health emergencies. With WHO’s research, we can analyze and compare the different countries, their healthcare ranking, and what about their system that makes it superior.

The WHO's work is guided by its constitution, which reflects the principles of health as



a fundamental human right. They highly value international cooperation and focus on achieving the highest attainable level of health for all people. By working collaboratively with member states and partners, the WHO continues to be a leading force in shaping global health policies and improving the well-being of populations worldwide.

### ***Commonwealth***

The Commonwealth of Nations, comprising 54 member states, actively collaborates in healthcare initiatives. Through knowledge sharing, capacity building, and policy development, the Commonwealth enhances health systems and addresses public health challenges. They advocate for universal health coverage, support emergency responses, and promote research and innovation. By fostering partnerships and alliances, the Commonwealth strengthens global health governance and contributes to improved health outcomes and well-being for member countries. Collaborative efforts are undertaken to tackle public health challenges such as communicable diseases (e.g., malaria, HIV/AIDS) and non-communicable diseases (e.g., diabetes, cardiovascular diseases). The Commonwealth promotes disease prevention, vaccination programs, and health education campaigns. During health crises and disasters, the Commonwealth provides support to affected countries by coordinating emergency responses, mobilizing resources, and sharing expertise to mitigate the impact on public health. With the help of allied countries, the Commonwealth can provide a detailed report on their healthcare systems. This allows them to act in emergencies and allows us to fully understand and analyze the differences between healthcare systems. By researching a wide range of countries, we can gain a deeper understanding of the healthcare system from each country's perspective, in which we can compare the different laws and GDP of the countries.

## **Comparative and Statistical Analysis**

The collected data and literature review findings were analyzed to identify and compare the distinguishing characteristics of private and public healthcare systems. Key aspects such as funding sources, cost-sharing mechanisms, types of healthcare providers, access to services, waiting times, and health outcomes were examined and contrasted. Case studies from different countries or regions with varying healthcare models were examined to enhance the understanding of private and public healthcare. This study thoroughly dives into the healthcare systems of multiple countries. It provides real-world examples of how private and public healthcare systems function; their implications on healthcare access, quality, and affordability. Descriptive statistics were employed to quantify and summarize the data collected, such as healthcare expenditure as a percentage of GDP, physician-to-patient ratios, and the difference between health sector workers from salary and employment to the percentage of breaks and pension plans (including DB-defined benefit plans). By employing these materials and methods, this study provides a comprehensive comparison between private and public healthcare systems, shedding light on their financing mechanisms, service delivery structures, and overall impact on healthcare outcomes.

### ***Fraser Institute of Canada***

The Fraser Institute is an independent, non-partisan, and non-profit public policy think tank based in Canada. Founded in 1974 and headquartered in Vancouver, British Columbia, the institute is dedicated to researching and analyzing economic and social issues from a free-market and limited government perspective. In 2023, the Fraser Institute of Canada used

gathered data from individual healthcare workers to compare the differences between compensation.

This was done by averaging out statistics in each province before, creating charts for the total, public, and private data. By doing so, this study can weigh the benefits of each healthcare and apply the psychological studies to come up with a conclusion. An example of such charts can be viewed below. See “Comparing Government and Private Sector Compensation in Canada, 2023 Edition” in the References for more details.

	Total	Public Sector Employees	Private Sector Employees	Difference (years)
<b>Canada</b>	<b>64.1</b>	<b>62.1</b>	<b>64.5</b>	<b>2.4</b>
NL	63	59.9	64.3	4.4
PEI	64.9	63.1	66.3	3.3
NS	64	61.7	64.7	3
NB	63.9	61.3	63.5	3.3
QC	63.2	61.2	63.9	2.8
ON	63.9	61.9	64.4	2.5
MB	64.2	62.6	64.7	2.1
SK	65.2	63.6	64.7	1
AB	65.1	63.4	64.9	1.5
SC	64.8	63.4	64.8	1.4

*Figure 4. The rounded average retirement age (years) in Canada from 2017-2021. The Fraser Institute calculated a database to compare the differences between different healthcare workers based on their benefits.<sup>23</sup>*

### **Discussion**

To conclude, understanding the differences between private and public healthcare systems can significantly impact the lives of individuals, societies and economies. The private healthcare systems aim toward profitability, individual choice and a more personalized treatment schedule. It often offers a wider variety of up-to-date services and food for those who are willing to pay. However, this becomes difficult for many individuals, especially those with lower incomes or pre-existing conditions.

On the other hand, public healthcare is funded through taxes and government budgets. They prioritize equal access to services for all members of society, aiming to achieve equitable healthcare outcomes. This guarantees comprehensive care, regardless of an individual's financial means. While public healthcare systems may face longer waiting times and resource constraints, they play a crucial role in ensuring that healthcare is a fundamental right rather than a privilege.

While both healthcare systems have their strengths and weaknesses, some countries choose to adopt a mixed system, also called a hybrid model, combining elements of both systems and striving for a balance between quality, accessibility, and affordability.

Ultimately, the choice between private and public healthcare systems depends on various factors, including societal values, economic conditions, and political considerations. To give an example, the healthcare designs countries have adopted are like playing a video game. One

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<sup>23</sup> (Palacios)

change may benefit some players but can also hinder others. There must be a constant change in the design to adapt to its players. It is essential to continually assess and improve all systems to ensure that individuals receive the best possible healthcare, regardless of their financial status. By understanding and addressing the differences between private and public healthcare systems, societies can strive for a healthcare framework that is inclusive, efficient, and meets the diverse needs of their citizens.

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