Lupus Healthcare Around the World

by ANNA SCANLON

Insight Into Healthcare Around the World

To date, I have lived in and received medical care in five different countries: France, the United States, the Netherlands, Hungary and the United Kingdom.

Just for reference, I am an American, but have spent a good chunk of my adult life in various countries. I was, however, diagnosed with SLE whilst in the United States.

I find that often healthcare in other countries is romanticized, just as European life is romanticized in general in the United States. Have you ever seen Michael Moore's *Sicko*? If so, you'll know that it made healthcare around the world seem flawless and the healthcare in the US seem battered and broken (which, truthfully, it is).

However, I am going to try to give you a brief rundown of my experiences with healthcare in different countries being as unbiased as possible. Please remember that these are only my experiences, as yours may differ slightly from mine due to many different factors.

None of this is said to make anyone look bad, but rather give insight into different healthcare systems from an American perspective.

America

In the United States, I have always had pretty good insurance, and I consider myself extremely lucky. I know my case is not the norm.

However, with good insurance, I was also able to have quick access to doctors and did not have to pay high premiums. And while most facilities were modern and tests thorough, doctors who truly care about their patients are a needle in a haystack. Every so often, you find a gem, but I often found that doctors were incredibly dismissive of my lupus symptoms, particularly due to my age.

I was finally diagnosed, after lots of struggle and insistence on tests, after five years of symptoms. And although I have fortunately never struggled to pay a medical bill due to my awesome insurance, I am aware that this has not been the case for most.

Without good insurance or a heavy purse, many Americans are simply priced out of healthcare and cannot afford to attend regular doctor visits or pay for their medications — which are extremely pricier than the medications abroad.

For any non-Americans reading this article, healthcare in America is entirely dependent on your ability to procure employment. An employer will provide you with healthcare after you have worked with them for a period of time, and this may include your spouse and dependents.

Depending on the coverage, it may cover entire doctor's visits, hospitalizations and specialists, or it may only cover a percentage. If you are a freelancer or your job does not provide healthcare (typically if you work less than 40-hour work weeks), you can purchase your own, but you are typically denied care for any pre-existing condition.

This makes living with lupus extremely tricky unless you are able to carry on full-time employment or want to live on disability (which will provide free healthcare). Obamacare is trying to change some of these rules that exclude people from having viable healthcare options.

France

In France, I didn't experience much of the healthcare system, so I considered not even writing this paragraph. However, while I lived there, I did experience a chest infection that required a (free) visit to the doctor.

Since I was there to study French, I braved the visits without a translator, which caused a few frustrations. However, in the end, I was given medication for my problem which cost less than €10.

They told me to bill it to my insurance in America and I almost laughed. I also remember that at one point the chest infection was so bad that I tried to go to an emergency room, to which I was told I could not and had to go somewhere else — presumably a walk-in clinic.

All in all, my experience with the French healthcare system is a positive one. To be honest, I am not exactly sure how French healthcare works on a bureaucratic level, so I apologize for not being able to give that information.

Next page: The Netherlands and Hungary.

The Netherlands

I lived in The Netherlands for a year, in Amsterdam specifically. Although I wasn't treated for SLE there (I had a rheumatologist back home I visited twice during my time in Holland and was aware where the nearest hospital was that focused on SLE treatment if needed), I did have several bladder infections that required repeated visits to the doctor.

Although I don't speak a word of Dutch (well, that is an exaggeration, but I don't speak enough to get by in a doctor's appointment), a translator was never necessary as most Amsterdammers have excellent English skills.

During my visits, I was never examined. Ever. Each time, it was extremely business-like. I would be called over the loudspeaker in Dutch, the receptionist would watch me fumble, and then she would call me in English.

I would sit down with the doctor who sat at a desk and discussed my symptoms. Sometimes, I would pee in a cup and hand it to a woman downstairs who would test it and confirm or deny my bladder infection. If I did have one, I would be given a prescription to have filled at my local pharmacy and it never cost more than a few euros.

I would also visit the doctor for my lupus medication, and he or she would look at my previous prescriptions and simply order the medications to my pharmacy. Again, these were just a few euros each.

In Holland, everyone is required to have health insurance, which is a move America is trying to mimic. However, health insurance premiums are paid once a year instead of a once a month. It cost me, in 2011, around €1000 for my healthcare. After that, sometimes there were small fees to see the doctor and apparently in Holland, you are able to get supplementary "private" insurance that will cover all costs (please correct me if I am wrong). If you are unable to afford healthcare, the government will assist you with payments.

Hungary

Because I experienced severe lupus symptoms in Hungary, I had to see several healthcare specialists both in the

private and public sector. Although the government provides healthcare for those who work (if you do not have a job you are not covered, much like the United States, however healthcare costs are much cheaper for those not covered and a hospital stay can run you less than $500 for several nights — but being that the average salary of a teacher when I lived there was $550 a month, it makes it very difficult for Hungarians without coverage to afford access to healthcare), when I first arrived in Hungary, my job of teaching English to students had not yet begun.

This meant that when I came down with bronchitis (and had to take my first week off of work), I had to see a private healthcare physician who typically catered to foreigners. I paid out of pocket for this service, but I don't remember it costing a significant amount.

During my brush with the Hungarian private healthcare system, I did not need a translator as everyone spoke English to a very high degree. Everything was clean and to the standards one would expect, coming from North America or Western Europe.

There were only two major differences in this private clinic: 1) There were no gowns for covering up if you had to be naked at some point during the exam. At one point, I had to be topless during my chest X-ray and was not given anything to cover up with. When I covered myself with my hands, the technician asked if I was cold. I simply informed her we weren't nude like this in the US and she seemed to find it amusing.

2) The doctor who took my blood didn't send my blood off to a lab, instead put it in a hand turning crank and scanned it herself. Although this is totally old fashioned, it still did the job and indicated whether or not I still had a high white blood cell count.

After my job started, I ended up getting a lot sicker, which led to visits with a regular Hungarian "family" doctor. Hungarian is notoriously difficult to learn, and as such, foreigners barely ever master the language. Likewise, many Hungarians, particularly of the older generation, did not learn English in school thanks, in part, to their communist education (but likely also because their language is so different from most other languages that it makes it difficult to learn).

Luckily, my school was dual English-Hungarian, so apart from a few members of staff, I always had someone on hand to translate during a visit to the doctor. Whether or not this translation was always correct is one thing, but it seemed to have gotten the job done.

Next page: More from Hungary and the United Kingdom.

Hungary

I ended up having to leave Hungary, regrettably, due to a severe lupus flare coupled with tonsillitis. I was originally diagnosed with tonsillitis in Hungary, which occurred during a visit to a rheumatologist, with my translator in tow.

As you can imagine, the nudity in Hungarian clinics can get very embarrassing if your translator happens to be someone you work with, but they seem to have a lot less of a prudish attitude toward things like this, but I digress. I went to a Hungarian clinic in a town right outside of Budapest where I saw the rheumatologist and he referred me to an ENT.

I went downstairs to have my throat examined, only to see that they were reusing tongue depressors. They were metal and placed in solvent to disinfect them after use, but to an American, this is very shocking. I am not known to do well with any kind of tongue depressor in general, so having a metal one in my mouth was less than pleasant. Add having someone shouting at you to "relax" in a language you don't understand and it becomes an all-encompassing stressful situation. But I at least knew where I stood lupus-wise, despite any and all cultural differences.

United Kingdom

I have had the most experience, by far, with the healthcare system in the United Kingdom as I have lived in the UK the longest (I still reside in the UK). To be honest, my relationship with the healthcare system here is super tumultuous, and I'm not exactly sure I'm the best to give the most unbiased recounting of my time, but I will attempt.

Firstly, everyone in the UK is entitled to free healthcare (or those who are residing in the UK legally along with residents) on the NHS, or National Health Services. For those wanting to, they can also supplement with private health coverage that works a lot like private health coverage in the US — meaning pre-existing conditions cannot be treated through private services, but they often can if the healthcare is received through your place of employment.

Non-Brits may wonder why anyone would pay for healthcare when it is free, however, private healthcare typically means less wait time (you can find yourself waiting months for a referral for a specialty test or surgery) and nicer hospitals. You can find yourself in an NHS hospital with 10 patients to a room, whereas a private hospital will typically give patients a private en-suite. I've heard there are better food selections as well, but I can neither confirm nor deny.

Before I was hospitalized in the UK, my experience with the NHS was always positive. I could see a doctor that same day if I needed, I had to wait a bit to see a rheumatologist, but expected that, and my prescriptions were all priced the same (it is now about £8 per script, unless you are on benefits). However, since I get medication often, I paid one lump sum of £140 and receive an unlimited amount of scripts for no further payment.

In 2014, I was hospitalized over the course of three months about three times for a mysterious pain in my lower right quadrant. Long story short, I was held in the hospital for about a month while they performed tests that would normally have been done on outpatient basis in the US.

Because tests take so long to be scheduled on an outpatient basis on the NHS, I had to wait in the hospital for them to be done. While there, I received little treatment and mostly laid in bed and the doctor maybe visited once a day, sometimes not even that.

Eventually, after two surgeries my appendix was finally removed, which mostly (but didn't completely) solve the issue. It seemed, however, that the hospital was more concerned with giving me pain medication and having me cope that way (a doctor actually told me I could consider going on narcotic pain medication for the rest of my life) than actually getting to the root of the problem.

This has been terribly frustrating for me. However, I have recently gotten a referral from a GP to see a gastroenterologist to address the leftover pain. Since the removal of my appendix, the pain has decreased significantly, but still persists. Thankfully, I have a GP that seems to listen and take interest.

When it comes to hospitals around the world, there really are no perfect systems. There are good doctors and bad doctors and doctors who take pride in their work and doctors who seem as though they would rather be anywhere but listening to your health issues all over the world.

Every system has its pros and cons, but no matter where you are in the world, it is about advocating for yourself and finding a good and thorough doctor as best you can within the system.