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France's health care system

Articles about health care in other countries are uncommon in *CMAJ*, so I was pleased to read the interesting News article about the French system.¹ Alas, Christina Lopes presents misleading conclusions from the World Health Organization's 2000 report on international health care systems² as have other commentators, including Michael Moore in his film *Sicko*.

It is misleading and simplistic to state that "the World Health Organization ... anointed the French health care system as the best in the world" and that it "ranked Canada 30th in the same survey." The World Health Organization report includes 9 tables with international rankings along with an additional summary table. France is ranked first in only 1 of the tables: Table 10, which indicates health system performance. This index was calculated by relating a country's overall health achievement to its expenditure on its health system. Simply put, France ranks first in efficiency.

According to the World Health Organization, one must measure 5 things to assess a health care system: the overall level of health, the distribution of health in the population, the system's level of responsiveness, the distribution of responsiveness and the distribution of financial contribution.² The way in which the system deals with access to specialists and wait times, which Lopes highlights as a star feature of the French system, falls into the category of the system's level of responsiveness. The

World Health Organization report combines these 5 features of a health care system into 1 composite measure, overall health system attainment, in Table 9. It is a country's ranking in Table 9, one can argue, that is the most important ranking: it provides an indication of how well the system works for the user. Canada ranks seventh in this table and France ranks sixth. Japan ranks first.

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The news article by Christina Lopes on France's health care system¹ may mislead *CMAJ* readers in 2 important ways. First, Lopes states that "there is far more private money in France's system than [in] Canada's" and that "privatization of the [French] health system isn't an issue. It's a long-established fact." Neither of these statements is true.

Total health expenditure per capita in these 2 countries is almost identical after adjustment for differences in prices: US\$3326 in Canada and US\$3374 in France in 2005.² The percentage of total health expenditure borne by the public purse in 2005 was actually higher in France (79.8%) than in Canada (70.3%). Even after the introduction of user fees that will be ineligible for reimbursement via private health insurance, private financing will play a smaller role in France than it does in Canada. Notably, the publicly financed system in France covers prescription drugs whereas the Canadian system does not. Readers interested in learning more about the French and other European health systems could start with the country reports produced

by the European Observatory on Health Systems and Policies (available online at www.observatory.dk).

Second, Lopes argues that it may be "economic suicide" not to "limit health care access to a populace who have grown used to Michael Moore's ideal of access to free health care as a fundamental human right." We are unaware of any evidence showing that "free health care" leads to a country committing economic suicide. On the other hand, there is reasonably good evidence showing that the introduction of user fees results in patients neglecting to see their physicians when they need to, discontinuing prescription medications prematurely and suffering worse health outcomes.^{3,4}

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Finasteride therapy for benign prostatic hyperplasia

In their otherwise informative commentary on therapeutic advances in the treatment of benign prostatic hyperplasia, Michael Jewett and Laurence Klotz conclude that finasteride should be used routinely in men with lower uri-

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