

Researchers link health-care debate to risk of dying in US and Europe

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The current health care debate in the United States is complicated. Trade-offs between health care expenditures, lifestyle choices and life expectancy have been suggested but seldom clearly demonstrated. The U.S. spends on average more than \$45,000 per year on health care for every 80 year old, while the Europeans spend \$12,000 for the same age group. U.S. octogenarians have a 20 percent less chance of dying than Europeans in the next year. But, more than 30 percent of the U.S. population is obese, compared to less than 10 percent of Europe's population.

"Many of the lifestyle choices that we make as adults have negative health consequences," said Paul Fischbeck, professor of social and decision sciences and engineering and public policy at Carnegie Mellon University. "But once we reach [retirement age](#), it appears that differences in the medical systems start to favor the U.S."

The costs of U.S. policy are staggering. If the U.S. had the same per capita health expenditures for retirees as Germany or the United Kingdom, our country's total health care costs for all citizens would be about 40 percent less.

"The differences between U.S. and Europe in health care expenditures could not be starker," Fischbeck said. "Starting at age 65, per capita U.S. expenditures skyrocket, resulting in many hundreds of billions of dollars being spent over our European counterparts after matching population sizes."

Tough health care policy decisions revolve around cost-benefit trade-offs. A variety of factors would have to be weighed if the country shifted the emphasis from care for the elderly to policies that favor earlier preventive and lifestyle choices.

"A shift in policy could lead to more people reaching age 65, but once there, facing a higher chance of dying," Fischbeck said. "In fact, if the U.S. had Germany's [death rates](#), we would see 150,000 more annual deaths of those over 80."

A new Web site, www.DeathriskRankings.com, developed by researchers and students at Carnegie Mellon allows users to explore differences in the probability of dying across European countries and U.S. states for men and women of different ages and races.

"When our risk data is coupled with health care cost estimates from other sources, surprising results are found," Fischbeck said. "It is only by comparing the reduction of risk associated with the additional costs that good policy choices can be made."

The research shows that prostate cancer, which has few lifestyle risk factors, is a much greater killer in [Europe](#). In 11 European countries (including Sweden, Norway, Switzerland, Denmark, Netherlands and the United Kingdom) a man in his 70s has a higher chance of dying from prostate cancer than a man in Mississippi, the U.S. state with the highest risk. When compared to residents of Hawaii, the U.S. state with the lowest prostate cancer risk, Europeans are two to three times more likely to die from prostate cancer.

The tables are reversed when comparing the diabetes death risk for men in their 70s, a risk highly related to lifestyle choices and obesity. Fifteen European countries (including Greece, the United Kingdom, Norway, Germany and France) have lower risks than Iowa, the U.S. state with the

lowest risk. Louisiana, the U.S. state with the highest risk, has a risk that is 10 times greater than Iceland, the lowest risk European country for diabetes.

Similar risk comparisons are possible for women. The risks for breast cancer are lower in the U.S. For 50-, 60- or 70-year-olds, four to eight European countries (including Denmark, Netherlands and the United Kingdom) have a higher risk of dying of breast cancer than either New Jersey or Louisiana, the two U.S. states that tie with the highest risk.

But for lung cancer, the results are opposite. For 80-year-old women, 14 European countries have lower lung cancer death risks than Utah, the U.S. state with the lowest risk, which also has a very low smoking rate. In fact, 42 U.S. states have a higher lung cancer risk than Iceland, the European country with the highest risk. Nevada, the state with the highest [lung cancer](#) risk for 80-year-old women is eight times higher than for Spain, the European country with the lowest risk.

Where is it better to live to reach certain milestones? For men and women under 65, the risks of dying before 65 are higher in the U.S. But for men older than 56 and woman older than 75 who want to make it to 85, the U.S. is the better location.

"When it comes to [health care](#), there are no easy choices. We hope that adding data to the debate will help make the final policies better," Fischbeck said.

Source: Carnegie Mellon University ([news](#) : [web](#))

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