

Épreuve de Langue Vivante MP - PC - PSI

Durée 3 h

Si, au cours de l'épreuve, un candidat repère ce qui lui semble être une erreur d'énoncé, d'une part il le signale au chef de salle, d'autre part il le signale sur sa copie et poursuit sa composition en indiquant les raisons des initiatives qu'il est amené à prendre.

Pour cette épreuve, l'usage des machines (calculatrices, traductrices,...) et de dictionnaires est interdit.

Les candidat(e)s ont l'obligation de traiter le sujet dans la langue choisie au moment de leur inscription au concours.

Les candidat(e)s qui ne composeraient pas dans la langue choisie au moment de leur inscription se verront attribuer la note zéro.

Les différents sujets sous forme d'un fascicule sont présentés de la manière suivante :

Pages 2 à 5	Allemand
Pages 6 à 8	Anglais
Pages 9 à 11	Arabe
Pages 12 à 14	Espagnol
Pages 15 à 18	Italien
Pages 19 à 21	Portugais

Vous rédigerez dans la langue choisie et en 400 mots une synthèse des documents proposés.

Vous indiquerez avec précision à la fin de votre synthèse le nombre de mots qu'elle comporte.

Un écart de 10% en plus ou en moins sera accepté. Votre synthèse comportera un titre comptabilisé dans le nombre de mots.

Il est interdit aux candidats de signer leur composition ou d'y mettre un signe quelconque pouvant indiquer sa provenance.

Tournez la page S.V.P.

ANGLAIS

Vous rédigerez en Anglais et en 400 mots une synthèse des documents proposés. Vous indiquerez avec précision à la fin de votre synthèse le nombre de mots qu'elle comporte. Un écart de 10% en plus ou en moins sera accepté. Votre synthèse comportera un titre comptabilisé dans le nombre de mots.

DOCUMENT 1

The Bottom Line About the US and UK Healthcare Systems

The British National Health Service (NHS), which is celebrating its 70th year, is struggling to cope. Ambulances have been filmed queuing outside hospitals, tens of thousands of non-urgent operations in England were deferred and targets to reduce waiting times at emergency departments will be missed—again.

Despite this, the NHS remains a treasured public institution in the UK. A poll last year showed that the majority of UK respondents want to pay more tax to better fund the NHS. Even among conservative voters, there's a call this year to inject more cash into the embattled health service. (Polls have previously shown that the NHS is even more cherished than the British royal family and the military.) In fact, though the NHS has weathered several crises over the past two decades, polling consistently shows that Brits have remained committed to the NHS' founding principles—a publicly funded national health service that is free at the point of use.

This is what tens of thousands of protestors marched to defend in London on Feb. 3. The message behind the demonstration appeared to become warped once it crossed the Atlantic. Donald Trump claimed that Britons were marching against universal coverage, and was quickly rebuked by UK politicians.

British Prime Minister Theresa May said she was “proud of having an NHS that is free at the point of delivery,” whilst Jeremy Hunt, the health secretary, tweeted the same sentiments.

Others were keen to point out the uncomfortable truth missing in this debate: NHS funding would need to “be increased by 50%” for the UK government spending on healthcare to match US levels. According to OECD data, the UK spends \$4,192 per capita on healthcare, while the US spends far more than any other country in the world—\$9,892. The UK spends the least per person among the biggest economies in the world (the OECD didn't have data on China). (...)

While the UK has yet to question the principle of universal coverage, the island of about 66 million is faced with other pressing questions: how much are Brits prepared to pay for the NHS, who will pay it, and what exactly will it buy?

Adapted from Aamna Mohdin *QUARTZ*¹ February 06, 2018

DOCUMENT 2

Brief Comparison – UK Healthcare System vs. US Healthcare System

The healthcare system of the United States and United Kingdom closely represent the extremes: the former has the largest private sector system, while the latter has one of the largest public sector systems. (...) Healthcare in the US is delivered almost exclusively by private sector providers; hospitals are either owned by profit companies and by non-profit and charitable organizations. (...) While both systems have world class health outcomes, the UK health care system has far less variation in health outcomes across its population than does the US. In terms of *financial fairness*,

¹ *QUARTZ* (qz.com) is a news website created in 2012, whose founding team members were from news organizations including Bloomberg, the Wall Street Journal (WSJ), The Economist and The New York Times.

the UK is also ranked higher than the US. This outcome is a direct result of the UK national tax-based system versus the private risk-based financing in the US system. In addition, the UK system is very low cost when compared both to other developed nations' systems and to the extremely high cost US system.

There is one large negative to the UK system – it received relatively low marks for its responsiveness. The US health care system ranks number one on responsiveness in the same WHO² survey. While the financially unconstrained US system is quite responsive to its citizens' "needs" and "wants", the financially constrained UK system is much less responsive. In the UK system, tight control of funding and health resources have resulted in the intangible "wants" being constrained, resulting in waiting lists for non-essential medical care.

The English government determines how expenses are reimbursed, negotiates salaries and contracts with its 1.4 million NHS employees, and limits the availability of expensive technology through the National Institute for Health and Clinical Excellence (NICE). NICE is a controversial body. At its heart is the Center for Health Technology Evaluation that issues formal guidance on the use of new and existing medicines based on rigid prospective economic and clinical formulas.

For some, NICE is fundamentally discriminatory through [its assessment of] cost effectiveness. (...) According to The Daily Telegraph, NICE deliberately restricted the state-insured sufferers of multiple sclerosis from receiving the innovative medicine Bata Interferon. Similarly, in 2008, patients with kidney cancer continued to be denied effective treatments designed to prolong their lives.

Many of the top policy makers in Washington are fearful of the impact of the rising costs of Medicare, Medicaid and the highly regulated arrangements of the private insurance sector. Increasingly, the policy makers are attracted to the idea of one body that would make top down pronouncement on the cost-effectiveness of the new medical technologies. In essence, this statutorily created body or agency [would] be in-charge of containing and rationing medical services and technologies. [But] this implication of rationing is very alarming to the American public. (...) Despite all of the discontent, a large majority of Americans continue to reject the idea of a government mandated socialized medicine. Many are fearful that the quality of their health care will be diminished, that long waiting lines, a lack of specialized care, and rationing will accompany socialized medicine.

Adapted from *Cesar Aquino, PhD, MBA, CT(ASCP)*³
www.healthcareadministration.com August 2017

DOCUMENT 3

This Rolls Royce Isn't Moving Fast Enough!

The NHS regularly releases its most recent stats on accident and emergency room waiting times. The headline number is that 85% of patients are seen within four hours. (The definition of "seen" is admitted, diagnosed, and either treated or referred on.) In the UK, this is regarded as a huge failure — the standard the NHS is supposed to meet is 95% of patients in four hours. The UK media routinely go into a fury about it, and some hospitals postpone and reschedule non-emergency procedures in order to get those waiting times down. In the US, having sat in many an ER waiting room for hours at a stretch, the idea of a hospital seeing nearly 9 out of 10 patients in four hours would be regarded as a miracle. (...) So my overall impression is that currently, the Brits' complaints that the NHS isn't hitting that 95% mark is akin to saying, "This Rolls Royce isn't moving fast enough!"

In America, you call your doctor and request an appointment when it's convenient for you. They might ask you what's wrong with you, presumably to make sure it's not something that requires immediate treatment. But basically, it's first come, first served, regardless of how important it is.

² World Health Organization

³ CT : certified cytotechnologist; ASCP : American Society of Consultant Pharmacists

Usually, you can pick an appointment time that's convenient for you if it is not an emergency. In the UK, I was given an appointment whether I liked it or not. I called and left a message. Within an hour or two a nurse practitioner called me back and asked me a few questions about my problem over the phone. (...) There was no choice over appointment times — the assumption is that if you're ill, you're going to come to the doctor when they say. (...)

The NHS actively discourages some types of patients: interestingly, NHS offices and hospitals have posters up all over the place warning you not to show up at the emergency room if you have a cold or the flu. They're actively discouraging patients with minor ailments from seeking emergency treatment, and trying to get them to see their regular doctors instead. It's sensible — everyone knows that a vast amount of hospital time and money is wasted treating people who are not an emergency. (...) But still, it's a culture shock to see a medical institution put up signs that basically say, "go home, you idiot!" in every waiting room. The US never discourages patients from doing anything. (...) The entire US pharmaceutical industry is also dedicated to running ads encouraging people to "go see your doctor" for even the most trivial of conditions.

There is a load of paperwork for patients in the US. This is easily the worst aspect of US healthcare — the billing paperwork. If you've ever had any health issue that required more than a simple doctor visit, you will know that it precipitates a seemingly never-ending series of forms, bills, and letters. You can be paying bills months, years later. And it's almost impossible to correct a billing error. It's stressful. I developed an intense hatred for health insurance companies in the US because of this. There was close to zero paperwork in the NHS. I filled in a form telling my doc who I was and where I lived, and that was pretty much it. The only other paperwork I got was a letter in the mail reminding me of my next appointment. They sent me a text reminder, too, which no American doc has ever done. It was incredibly refreshing.

NHS waiting times are a real thing, it turns out. The NHS is great at primary or preventative care (i.e. routine doctor appointments) and emergency care. But it's pretty slow at non-emergency specialist care for chronic ailments. You typically wait 20 weeks to see a specialist, according to the NHS's own stats. (...)

Adapted from Jim Edwards *www.businessinsider.fr/us/an-american-uses-britain-nhs* Feb 05, 2018

DOCUMENT 4

Mr Trump Is Partly Correct About Our NHS

Mr Trump is partly correct about our NHS. What was a great idea has now become an unaffordable behemoth⁴. It gorges on taxpayer money thanks to the overweening⁵ power of its unions. Other equally vital services - Defence, Education, Security, Transport - are sacrificed to its wants. Meanwhile our National Debt balloons - Debt for tomorrow's generation to cope with - but no political party dare question the sacred 'free at delivery' principle. (...)

We need to follow the mainland EU principles of part free/part pay. We need for example a basic charge each time a GP or hospital service is used. We need to limit services to those who damage their own health through smoking, drugs, alcohol or overeating/morbid obesity. We also need to make everyone using the NHS prove they qualify for its use. Health tourism and an abysmal failure by hospitals to collect money due to the NHS is a disgrace.

Adapted from Ranmore⁶ *The Independent / independent.co.uk blog* February 05, 2018

⁴ behemoth: something enormous in size

⁵ overweening: presumptuously arrogant / excessive

⁶ Ranmore is the name of a blogger who reacted to an opinion piece featured on the *Independent* website. That opinion piece was summed up as such: "Both the American and British healthcare systems are fragmented and broken, sure. But at least the NHS is founded upon rock-hard principles of compassion and equality."