

Increasing Medical Cost: Dark Part of Medical Profession

If you look at health care today, it's all about disease. It's not about understanding wellness at all. (Leroy Hood)

The increasing cost of medical technology is a significant contributor to higher health care spending. The implementation of new medical technology accounts for between 38 percent and 65 percent of health care spending increases. New technology expands the range of treatment options available to patients, but it does so by replacing lower-cost options with higher-cost services.

Rising health care costs and access to affordable coverage are prominent issues for Governments, health care providers, purchasers, and legislators, as well as in the daily lives of millions of persons availing health care facilities. The driving forces behind rising health care costs, however, are often misunderstood. Although increasing premiums are often blamed for driving up the cost of health care, premiums actually rise in direct response to health care costs. Instead, there are several other key cost drivers that combine together to drive up the cost of health care. Understanding why health care coverage costs are increasing is crucial for us to work effectively together to address these issues.

The image seems to be an imaginative depiction of the inside of a patient assessment room, where it seems that Doctor has done his examination and before discharge of the patient doctor is asking patient to pay his last medical bill that is due, unless he will clear his last medical bill he won't be given a permission to leave health care facility.

In medical practice as in life, change is the only constant. Society over the decades has progressed but at the same time has become increasingly complex—trends mirrored in medicine. Physicians today are able provide near-miraculous treatments to their patients as part of the most advanced healthcare system in the world. However, they also are mired in a practice environment that often is costly, contentious and increasingly unsustainable.

Looking back over the last century shows how these relationships have changed. In 1900, a lone physician was likely to visit a patient in his home or in an office minimally outfitted with equipment, and be paid in cash for his services. Today, physicians negotiate with insurers—not the patient—for payment and are more likely to be part of a group practice with a brigade of support staff than to practice as soloists. In fact, small one-or two-doctor practices have become the minority. As technology has proliferated, the number of physician specialties has increased, including some that were unknown a few decades ago, such as interventional radiology. In 1933, only 4 specialty examining boards existed, but today physicians can be certified in more than 145 specialties and subspecialties. Technology also has created the demand for hospitals and physician practices to purchase expensive imaging equipment and surgical systems.

Physicians and hospitals long have formed an arm's length alliance, with true integration often proving elusive. As the number of hospitals increased in the early 1900s, physicians began to practice in a "work shop" model, treating the hospital as an extension of their offices. Because the doctors were the keepers of scientific knowledge and generated revenue for hospitals, they had a unique and paramount role. One example of this influence and autonomy is that the

American College of Surgeons in 1918 adopted minimum standards for surgical environments, and hospital leaders followed them. As part of the requirements, hospitals were compelled to develop formal medical staff structures and medical staff policies to supervise hospital standards.

Talking about the local context Pakistan spends almost 2% of total GDP, in which 0.51% is being spent by Government and rest of the 1.41% is spent by private health care facilities. Looking into this it seems health care is not the priority of our Governments.

Physician has so many roles one of the most important role is an advocate. Once they don't play this role then equilibrium between patients and health care facilities became uneven. The time physicians started prioritizing materials over humans, they became profit oriented rather than patient centered.

To address this diverse issue and to fill the gap Physician has a vital role to play. Comprehensive and integrative plan of care should be launched by Government, Private sector, physicians and on bigger canvas by community. So, the end users will get the most benefits of advancement in medical sciences at acceptable cost to both Patients and Health Care Facilities.

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