

TOPIC OF THE WEEK

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Health Care - A Big Black Hole?

‘Prevention is better than cure’ and that certainly makes pretty good sense. After all, wouldn’t the world be a far safer and healthier place if nobody ever became ill? Just imagine being able to work all year round without the need to take any sick leave. But realistically, it is unlikely that this will ever happen. Nowadays though, preventative health services are improving our chances of staying healthier and living longer. Chronic illnesses such as Type 2 diabetes and heart disease are both considered to be avoidable if the individuals affected took better care of their health from an earlier age. It is estimated that around 75% of the average Western country’s healthcare spending is consumed by the very same preventable illnesses. In India, Healthcare is one of the largest service sectors. However, the healthcare sector can be viewed as a glass half empty or a glass half full. The existing health care inequalities in the availability of India’s healthcare are supposed to be as large as India’s own population. When we talk about health care, the whole population is divided into 2 parts. One is urban population and the second is rural population. The urban population lives in urban areas and they have somewhat

better quality access to healthcare facilities such as district and sub-district hospitals because they are generally found nearby in the urban areas. However, the majority of the population lives in rural areas under the below the poverty line and have limited access to health care services and facilities.

Preventive medicine is practiced by all physicians to keep their patients healthy. Preventive medicine focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists are licensed medical doctors (MD) or doctors of osteopathy (DO), who possess core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences. Immunization is a part of primary preventive healthcare. Through research several vaccines are created for young people. Another important feature is health education-people are more

aware of what can damage their health, because of research that has been done concerning the causes of types of cancer and vascular problems. That means when patients are able to receive preventative care, the overall spending on health care for a community (or country) decreases dramatically. For that reason, many reform efforts tend to target specific services that people need to maintain good health to prevent spikes in reactionary costs. That is why free preventative care was mandated by the Affordable Care Act, which included free wellness visits with no deductible.

The fact that medicine can harm us is something that has been well known since long a time ago. The Hammurabi Code, one of the first normative texts of humanity written almost four thousand years ago, not only refers but also punishes harmful medical practices. Of course we can also intervene in order to prevent possible future illness. And this is a situation that deserves a lot more attention and above all a lot more wisdom than we currently employ. Surely no one, or almost no one, prescribes preventative intervention with a bad intention; quite the contrary. It's also because it's not easy to realize the potential drawbacks that preventative practices can also have; side effects that

include all and every one of the categories these activities. The level of acceptance is very important for a new system to really work. Next to that, the total medical costs do not seem to be reduced by preventive services and there are still a lot of problems and complications with false positive and false negative findings in the screening of clients. Furthermore, to let this preventive system flourish, training of existing staff is needed and a restructuring in procedures is necessary.

The era of consumerism in health care has arrived. Direct-to-consumer advertising of pharmaceuticals, health newsletters from leading hospitals and medical schools, and, most importantly, the near-ubiquity of the Internet have made it easy for consumers to obtain information about their medical conditions and possible treatments. On the other hand, talking about clinical health care the first thing comes to our mind is the Pharmaceutical .Pharmaceutical companies also seek to influence both physicians and patients through provider-directed and direct-to-consumer marketing, respectively. The majority of these marketing efforts are provider-directed, although both marketing types effectively sell medications. Even Conventional marketing techniques are highly problematic within a medical context, since

they may have detrimental downstream effects on a patient's health and trust in medical care. Inaccuracies, imbalances, failures to meet accepted scientific standards, and other misleading aspects of drug marketing can lead to increased health care costs (when patients are persuaded to buy new drugs instead of cheaper alternatives, including non-pharmaceutical treatments), injury or death (when patients are encouraged to buy drugs for which there are safer alternatives or for purposes not fully approved), and eroded patient trust in the reliability of health care (when patients believe that physicians with conflicts of interest are explicitly or implicitly placing their own financial interests above the best standard of care for their patients).

In recent decades, life style as an important factor of health is more interested by researchers. According to WHO, 60% of related factors to individual health and quality of life are correlated to life style. Millions of people follow an unhealthy lifestyle. Hence, they encounter illness, disability and even death. Problems like metabolic diseases, joint and skeletal problems, cardio-vascular diseases, hypertension, overweight, violence and so on, can be caused by an unhealthy

lifestyle. The relationship of lifestyle and health should be highly considered. Malnutrition, unhealthy diet, smoking, alcohol consuming, drug abuse, stress and so on, are the presentations of unhealthy life style that they are used as dominant form of lifestyle. Besides, the lives of citizens face with new challenges. For instance, emerging new technologies within IT such as the internet and virtual communication networks, lead our world to a major challenge that threatens the physical and mental health of individuals. The challenge is the overuse and misuse of the technology.

One of the finest example of World health care system is the Cuban healthcare system, borne out of its revolutionary socialist ideology, regards accessibility to healthcare as a fundamental right of its citizens. It focuses heavily on a preventative approach to medicine and offering the simplest check-up to the most complex surgery, free of charge. Dental care, medicines and even home visits from doctors are all covered by the system. Cuban doctors generally remark that becoming a doctor in their country is not about the money but about the need to help others. This was one of the first things I was taught in medical school. Also the Nordic healthcare system has a long heritage. It is especially well-

established with regard to primary and preventive healthcare. These couple into sophisticated occupational health standards which are considered to be models by the outside world. All Nordic countries also have highly-developed hospital services. Nordic healthcare systems are taxation based, and locally administrated with every citizen having equal access to services. All countries, however, require co-payments by patients for hospital care and medicines.

So, it's high time for us to stop, look at the quality of life we are leading and bring out the required changes. Otherwise we will get more inside this vicious circle where in one hand we will talking about prevention and on the other slowly getting trapped with medical bills.

For reference:-

- <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/five-paradoxes-of-indian-healthcare/articleshow/65159929.cms?from=mdr>
- <https://vittana.org/18-health-care-reform-pros-and-cons>

- <https://dpath.com/what-is-healthcare-consumerism/>
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Additional Readings:-

- <https://www.theguardian.com/commentisfree/2019/sep/22/the-guardian-view-on-machine-learning-a-computer-cleverer-than-you>
- <https://www.theguardian.com/commentisfree/2019/sep/20/the-guardian-view-on-transport-emissions-the-trouble-with-planes-and-automobiles>
- <https://www.thehindu.com/opinion/editorial/smoke-of-the-vaper-on-e-cigarettes-ban/article29461634.ece>