Guest Editorial

Journal of International Medicine and Dentistry 2015; 2 (1): 01-02

JOURNAL OF INTERNATIONAL MEDICINE AND DENTISTRY
To search.....to know.....to share
JIMD
ISSN No. 2350-045X

Impact of Health insurance

Manjunath G N

The cost of medical care is skyrocketing daily which is unaffordable for the common man. The number of corporate hospitals in the country is increasing; small hospitals and nursing homes which were catering to the middle class people are almost on the verge of vanishing. There is also mushrooming and competition seen among health insurance providers. Why, so many corporate hospitals and insurance companies and what are their vested interests? I had raised these issues exactly two years ago which had appeared in The Times of India dated 5th May 2013. Since then, nothing appears to have changed on the ground. As of now, things are only worsening for the common man as far as affordable and quality health care is concerned. This still remains as an issue of concern for now and the future.

To reiterate once again, there are several stakeholders in this arena. Among them are the patients, doctors, insurance providers and hospitals. Who is the real beneficiary?

There are three categories of people in the community, i.e. the below poverty line (BPL), middle class and the affluent society. The BPL members get the healthcare benefit through either Rashtriya Swaasthya Bima Yojana (RSBY)[1] or Yashaswini[2] scheme and the affluent can bear the burden through private insurance providers. Government officials have the privilege of reimbursement facilities. The real sufferers are the middle class who form the major chunk of the society and who are in real need of the insurance coverage. Rationing in the middle class is done for all the domestic needs and entertainment but nothing is planned for healthcare as such. All seems well until one or more of the family members get ill and they need to beg, borrow or steal to meet this unforeseen incident. Of late, we are seeing a steep increase in the cost of treatment similar to western countries. The common man without insurance coverage finds it very difficult to afford the high cost of healthcare. Hence, to pre-empt such situations, he ends up taking insurance cover for the entire family. The main contribution towards this insurance is by an individual or a sponsored company which also includes the employee's contribution. This gives the person an authoritative power in requesting for unnecessary investigations and treatment. The result – over diagnosis of disease!

The doctor's approach towards the insured patient changes automatically and he quickly responds in a different way. It is well known that majority of the insurance companies do not have OPD coverage. To utilize the facilities, they end up getting hospitalized and thoroughly investigated with unnecessary surgeries.[3] This will generate more income to the hospital and also to the doctor. Unnecessary prolongation of stay of insured patients will deprive the beds for the real needy patients. There is also a gradual change in the attitude by the doctors towards patients.[4] The result – decline in ethical principles!

Millions of people fearing such a type of approach by the doctors and the heavy bills of hospitals have ended up taking the insurance coverage. Pre-requisite medical checkup is not mandatory in the younger age group and pre-existing conditions are not covered at least for 3 years; hence majority of them opt for insurance coverage. In addition, there is a tax benefit under the Income Tax Act. But these insurances do not cater to the real needy, the geriatric population. Increase in life expectancy has increased the geriatric population who suffers from chronic illnesses and also has limited support from their family members. There

is more attention towards the younger generation whose disposable incomes have increased and whose bill claims are minimal in comparison with aged population. The result– mushrooming of insurance companies.

The major share of the profits is enjoyed by the corporate hospitals as the small segment hospitals like nursing homes are not in the list of referral hospitals by many insurance providers. The services offered by a corporate hospital with the state of the art technology are attracting more patients. This has led to the aggressive treatment by the doctors compromising their autonomy and the ethical principles. Good marketing skills and tie up with several insurance providers have increased the revenue generation in health sector. The result – cropping up of corporate hospitals and shutting down of small hospitals.

The moment you enter the hospital, the first thing you are asked is whether you have health insurance. That implies that a different pattern of billing will be followed if you are insured. In view of the above facts, it is clearly evident that an individual, a common man without insurance should not get sick. But, the real concern is the erosion of a doctor's autonomy and ethical principles. Needless to say, these patients are also unknowingly getting exposed to hazards of aggressive management. This neglected approach towards the non-insured patients has ended in self-medication practice which has increased drug resistance and adverse drug reactions.

Rising above commercial considerations, doctors should be more cautious and judicious in managing patients irrespective of their insurance coverage. Awareness must be created among the general public about aggressive management. Insurance providers should have a quality and surprise check towards inflated and suspicious claims. Finally, there should be some amendments to include the geriatric population unconditionally.

References:

1. rsby.gov.in [Internet] [cited 2015 Feb 10]. Available from: http://www.rsby.gov.in/about_rsby.aspx
2. Yeshasvini.kar.nic.in [Internet] National Informatics Center. [cited 2015 Feb 10]. Available from: http://www.yeshasvini.kar.nic.in/
3. Iyer M. Needless hysterectomies on poor women rampant across India: Study. The Times of India [Internet]. 2013 Feb 10[Cited 2015 Feb 10]; Available from: http://timesofindia.indiatimes.com/india/Needless-hysterectomies-on-poor-women-rampant-across-India-Study/articleshow/18422865.cms
4. Ali SA. FIR against 2 doctors for claiming 20% cut on medical bills. The Times of India [Internet]. 2013 Oct 28 [cited 2015 Feb 10]; Available from: http://timesofindia.indiatimes.com/city/mumbai/FIR-against-2-doctors-for-claiming-20-cut-on-medical-bills/articleshow/24796328.cms

****

Conflict of interests- Nil
Acknowledgements- Nil

Date of submission: 15-02-2015
Date of acceptance: 03-03-2015

Author details:

Corresponding author: Dr. Manjunath G N M.D. (Pharmacology)
Professor and Head, Department of Pharmacology,
Sri Siddhartha Medical College, Tumakuru- 572107.

Email: manjunathpharmacology@yahoo.com