

The Curse of Economics

The days when physicians were regarded, as almost gods who make no mistakes, teachers who have their individual schools of management or priests who rise above the matter of money or expenses of treatment are now gone for long my friends.

Economics are now the pivot of every aspect of our profession as well as all our lives. Economists, politicians and lawyers all have a say into what we do or say to our patients.

Patients' expectations are now much higher than ever. The medicolegal issues of malpractice, the expensive technology invading our profession and the limited resources available to us have made it very important for healthcare providers to keep numbers and budgets on their mind all day long.

The Egyptian medical system is cursed by the fact that doctors and patients often have to make management decisions according to the patient's ability to cover the expenses of investigations and treatment. Most patients pay for their treatment because of the government's limited resources in medical insurance. The fact that patients pay the doctors' charges directly puts too much stress on this sensitive relationship.

Most doctors also have to pay for continuous medical education to buy books, review journals or attend workshops.

We need to move to a system of institutional practice where patients and doctors do not worry about the expenses of treatment because they are covered by insurance and where doctors are supported and educated by their governing and insurance organizations. The private sector would probably play a very important role in this reform next to the government.

Such a move would definitely solve part of the problem, but we would still have to bear in mind that a framework of medical institutions would mean more and more politicians, economists and lawyers!

The tax payers and the insurance organizations would demand a high quality healthcare where individuals and hospitals are directly accountable of their standards. These standards should be as consistent as possible across the country. And a system of clinical governance, clinical risk management, audit, hospital accreditation and doctors' periodic revalidation would need to be established truly and not just as slogans we call for.

Economic incentives are one face of the coin; a strict and serious inspection authority is always its other face. So we all must think deeply and prepare ourselves for that move to make sure we will be among those who benefit out of it not, those who will be disqualified by it!

We also have to look into our whole system of education and realize that it is more than just a matter of lack of resources or deficiency of systems that we suffer with but also a problem of people's attitudes. We have to change ourselves to be able to change our surrounding circumstances.

Sherif
Ashoush