

Healthcare: Is it a Business or a Profession?



Maria Graciela Garayblas-Gonzaga, MD, MSc

One hundred fifty years ago, the Faculty of Medicine and Surgery was established. As envisioned by our forefathers, she continues to mould and rear physicians imbued with the Thomasian spirit of love of God and country, academic excellence and service to humanity. Through the years, the Faculty of Medicine and Surgery stood the test of time and has maintained her role of developing astute clinicians, renowned researchers, social mobilizers, administrators and managers and model mentors. In short, compleat physicians!

As Dean (2006-2013), we recognized and identified various challenges. We reviewed and analyzed our students' performance in the physicians licensure examination, relevance of the medical curriculum according to the needs of the time, faculty development, introduced student empowerment through participation in decision making, social accountability and gave emphasis to Catholic medical education. In so doing, we prepared our graduates to be true professionals, understanding that to be a doctor of medicine he or she has great responsibility and accountability, lifetime devotion to learning and training when serving others while adding value to the quality of work with integrity of character, sound knowledge and excellent skills.

Our profession is one of the more trusted professions and the top best profession in a survey conducted abroad. Yet, the practice of our profession continues to evolve with recent developments in

technology, new discoveries in treating diseases and adaptability to changes in time.

The purpose of health care in medical education and in actual clinical practice is to promote health and well-being, prevent disease, heal and provide treatment, pharmacologic and non-pharmacologic, and improve the quality of life of individuals being served and cared for. As much as possible, we want to provide care that is accessible, affordable and available. As physicians, most of us chose to pursue a career to help humanity, selflessly and devoid of vested interests. Our priority is the patient's best interest. The diagnosis and management of ill individuals are based on knowledge supported by evidences from sound researches and moral and ethical principles in the provision of standard of care.

Focusing on the present situation, health care has developed to a complex system until it has grown to be an industry with numerous stakeholders which contribute to how eventually the industry developed, grew and sustained. About half a century ago, or a little more perhaps, a physician managed simply a clinic of his or her own. A nurse or a secretary assisted him or her in the office. From a simple clinic in the community where he or she could be accessible to house calls, by the end of the 20th century, we witnessed more and more multispecialty clinics evolving in different places accessible to potential clients, patients, catering to their perceived needs. Eventually, we saw the birth of health maintenance organizations and private health insurances that apparently support the health needs of its members. Health clinics that catered to employees of government and private corporations are now being replaced by health maintenance organizations. The introduction

✉ Maria Graciela Garayblas-Gonzaga, MD
norman61553@icloud.com

Former Dean and Professor, University of Santo Tomas
Faculty of Medicine and Surgery and Staff, Department
of Medicine, UST Hospital

of health maintenance organization in the Philippines was apparently patterned from the Sri Lankan model, to help sustain and assist the health needs of our countrymen especially the marginalized members of our society [1, 2]. However, in my opinion, it is still far from reality due to the high premium cost which may not be affordable to an ordinary Filipino laborer. Though many companies or corporations are generous enough to enroll their employees, some are not as fortunate. Organizations need to move forward with transparency and accountability to work, in order to build equality among its members and their enrolled dependents. Actuarial scientists, researchers, clinical economists, physicians, administrators, managers and stakeholders need to work harmoniously together to achieve the shared goals, business or not, and achieve the purpose of the health care industry. There are various ways to encourage physicians to enhance and improve the quality of care, good patient outcomes and eventually make the system grow. And consequently make the "business" grow. Newer hospitals or big specialty clinics hire physicians even offering different incentives. Residents or hospitalists are contracted to see patients which minimize the burden on the cost of running and maintaining the establishment. Some offer training programs so there is continuity in making specialists. Somehow, this adds to "market power". There used to be about thirty two health maintenance organizations but with the current situation, there are only twenty listed licensed HMO's in the country.

Looking at the other side of the coin, the trend among doctors is to pull their resources together and build a 50-100 bed capacity hospital. The number of new and modern private hospitals begin to grow like mushrooms. Yet if we look at statistics, there are still a lot of fellowmen who have not been attended to by doctors.

Thus, the question of medicine being a profession or a business arises. If we look at the share of health expenditure in the GDP of the Philippines, it is 5.6%;

while household final consumption expenditure on health in the country is a whopping six hundred twenty seven billion pesos (PhP 627B) [3]. Health spending of Filipino household has been increasing recently, mostly spent for drugs and other medical goods. Could this be one of the reasons why more businessmen engage in building and operating a hospital? And opening drug stores, as well? And some doctors turning to become health entrepreneurs too? Affordable medical care is still a main concern, a primary demand, among our growing population. As of December 31,2021, private employees accounted for 28% of the total covered members of Philhealth. Half is paid by employees, the other half is shouldered by the employers. Now that the Universal Health Care law is in place, all Filipinos are automatically enrolled as Philhealth members. Hopefully, this will minimize the cost of health, focus on primary care and prevention of diseases and lessen the burden of hospitalization among our countrymen. Hopefully, more sick individuals could be attended to.

The face of medicine now begins to change as viewed by an "outsider". To some, the profession has become a business enterprise. The usual respect and reverence to doctors are gradually slipping away; communication skills and direct working relationships are put on the sideline and more legal suits are filed.

Let us look back at the vision of our forefathers who founded the medical school, look forward to how we want the medical profession to be and look at the present and see where and how we stand. Let us keep the spirit of knowledge, generosity, altruism, and fidelity to the oath we took burning in our hearts. Whether medicine is seen as a profession or a business, to many of us, it is a vocation, our life. With faith in the Divine Providence, we know we shall survive. Let us not go with the current so we do not drown in the sea of the world. Drive upstream to find the Source of all good and happiness.

REFERENCES

1. Lu C, Schneider MT, Gubbins P, Leach-Kemon K, Jamison D, Murray CJ. Public financing of health in developing countries: a cross-national systematic analysis. *Lancet*. 2010 Apr 17;375(9723):1375-87. doi: 10.1016/S0140-6736(10)60233-4. Epub 2010 Apr 8. PMID: 20381856.
2. Berry K. How Health Insurance Providers Are Tackling Social Barriers to Health. *The American Journal of Accountable Care* 2019;7(4):19-21
3. Philippine Statistics Authority. Health Spending Registered 12.6 Percent Growth, Share of Health to Economy Went Up to 5.6 Percent in 2020. Philippine Statistics Authority Reference Number: 2021-427, 4 October 2021. Available from: <https://psa.gov.ph/pnha-press-release/node/165216>



Open Access This article is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, which permits use, share — copy and redistribute the material in any medium or format, adapt — remix, transform, and build upon the material, as long as you give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. You may not use the material for commercial purposes. If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>.