The 8th IACB Colloquium

Healthcare Ethics with Special Attention to the Poor

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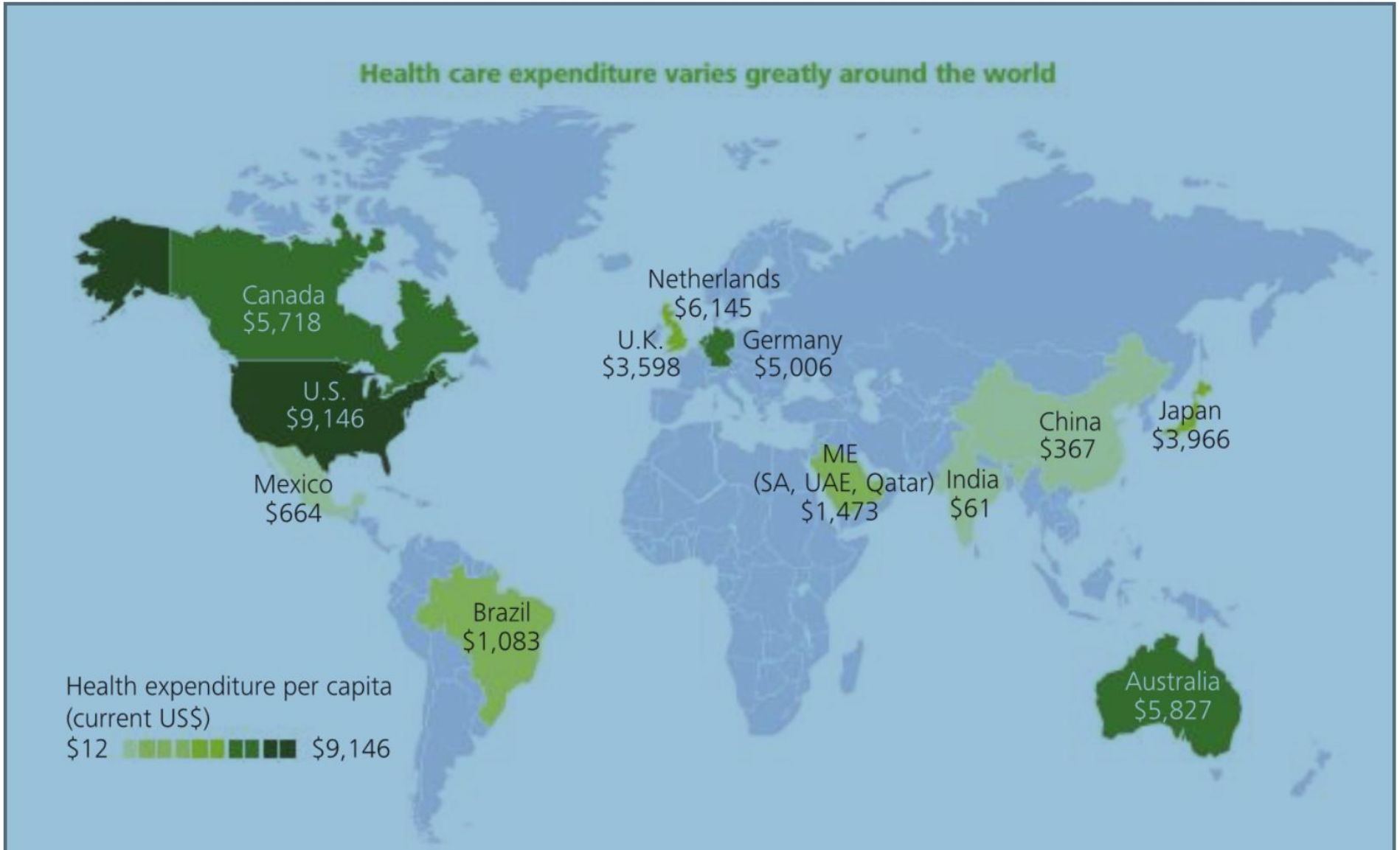
Healing Relationships

- Healing relationships involve two parties: the healthcare providers, and the healthcare receivers
- The providers have multiple choices on what service to provide, and how it would be provided
- We have heard much discussion on the ethical choice for the provider
- The healthcare receivers in poor countries have little choice:
  - They can take the inadequate healing service provided to them, or
  - Accept no healing and live with the consequence
- My focus is on the healthcare receivers, especially the poor receivers

Healing Relationships from the Perspective of the Receivers

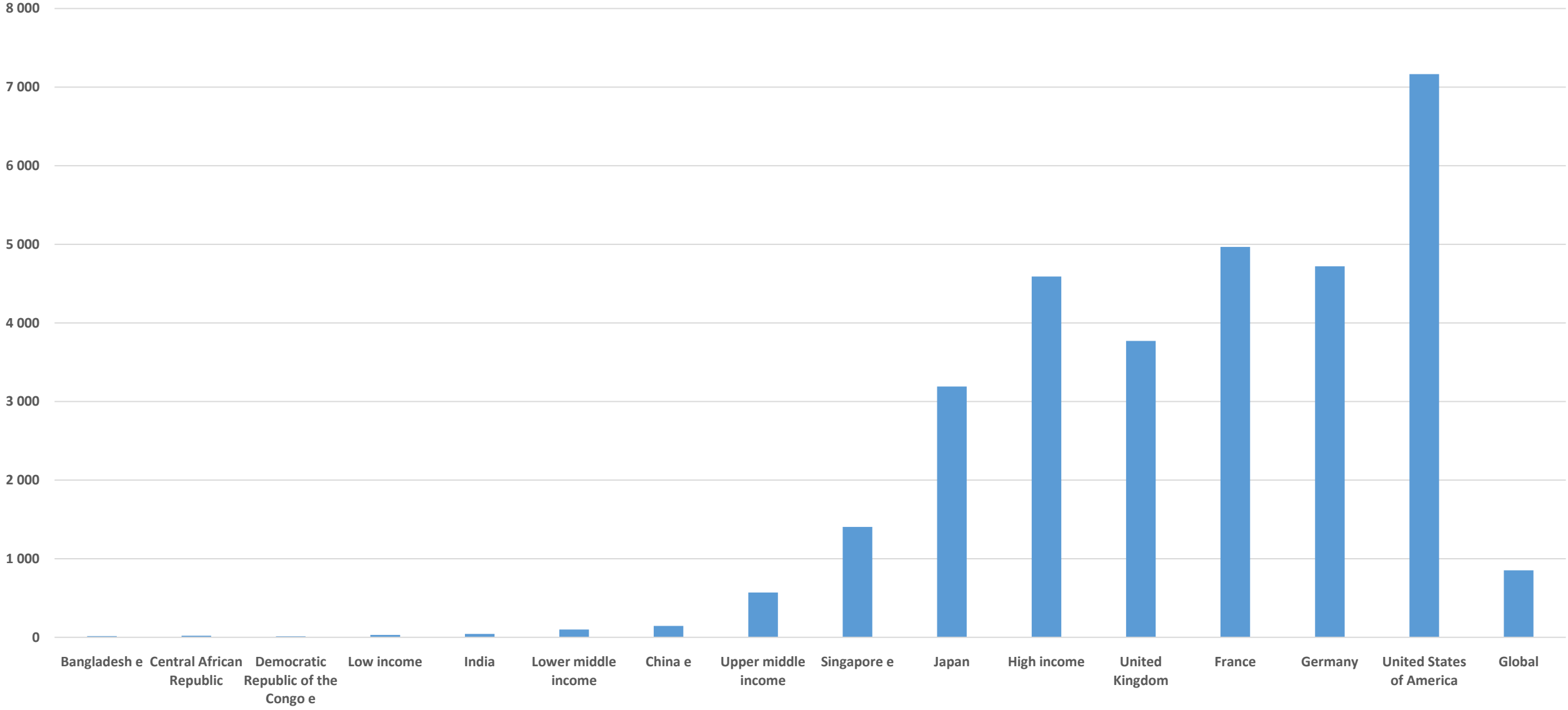
- From the perspective of the healthcare receivers, an ideal healing relationship is a healthcare arrangement which
  - **Provides cure and relief in a caring way**
  - **At a price the receivers can afford**
- In reality, majority of arrangements fall far short of the ideal, with severe consequences
- Currently, 1/3 of the world population lacks adequate access to quality healthcare
- This inefficient healing relationships is the immediate cause for low life expectancy and high child mortality among the poor
- Statistics show that every 3 seconds, one child less than 5 years old dies of dehydration, malnutrition, or some preventable disease
- Every year, over 100 million people worldwide is driven to poverty by cost of catastrophic diseases



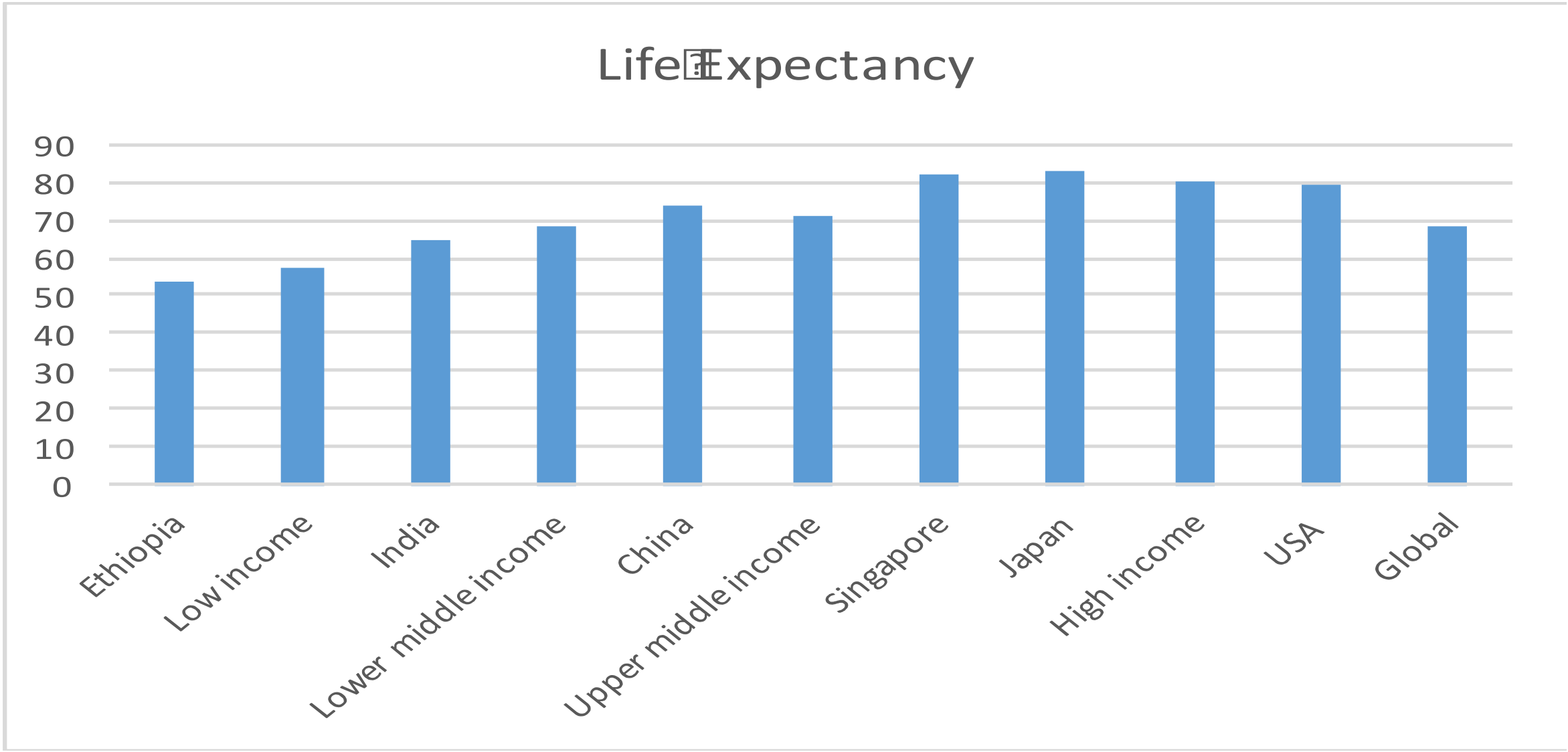
Source: DTTL Global Life Sciences and Health Care (LSHC) Industry Group analysis of The World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for most recent update)

* Unless otherwise identifed, all monetary references are in U.S. dollars

Healthcare Expenditure in US$, 2008



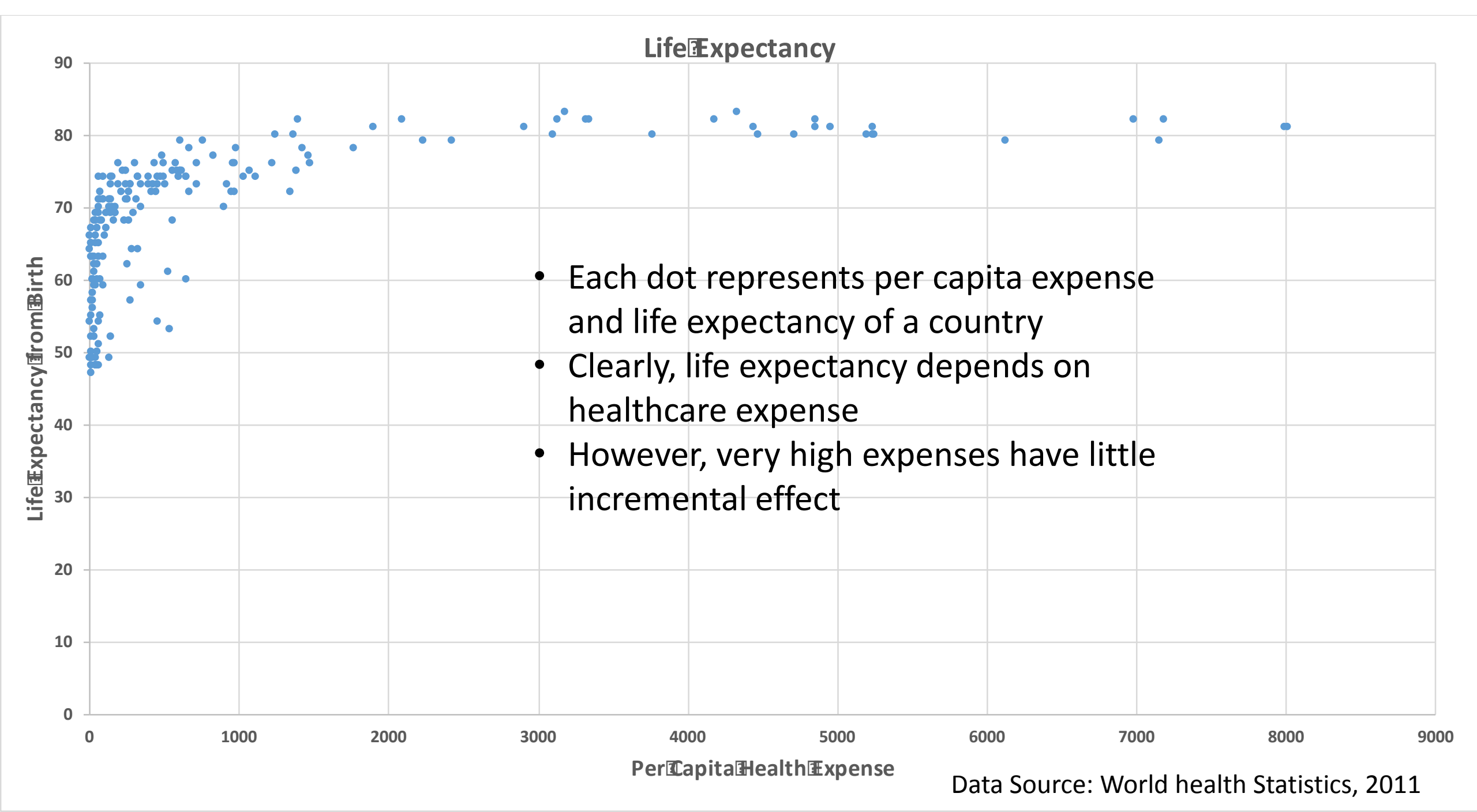
Data Source: World Health Statistics, 2011

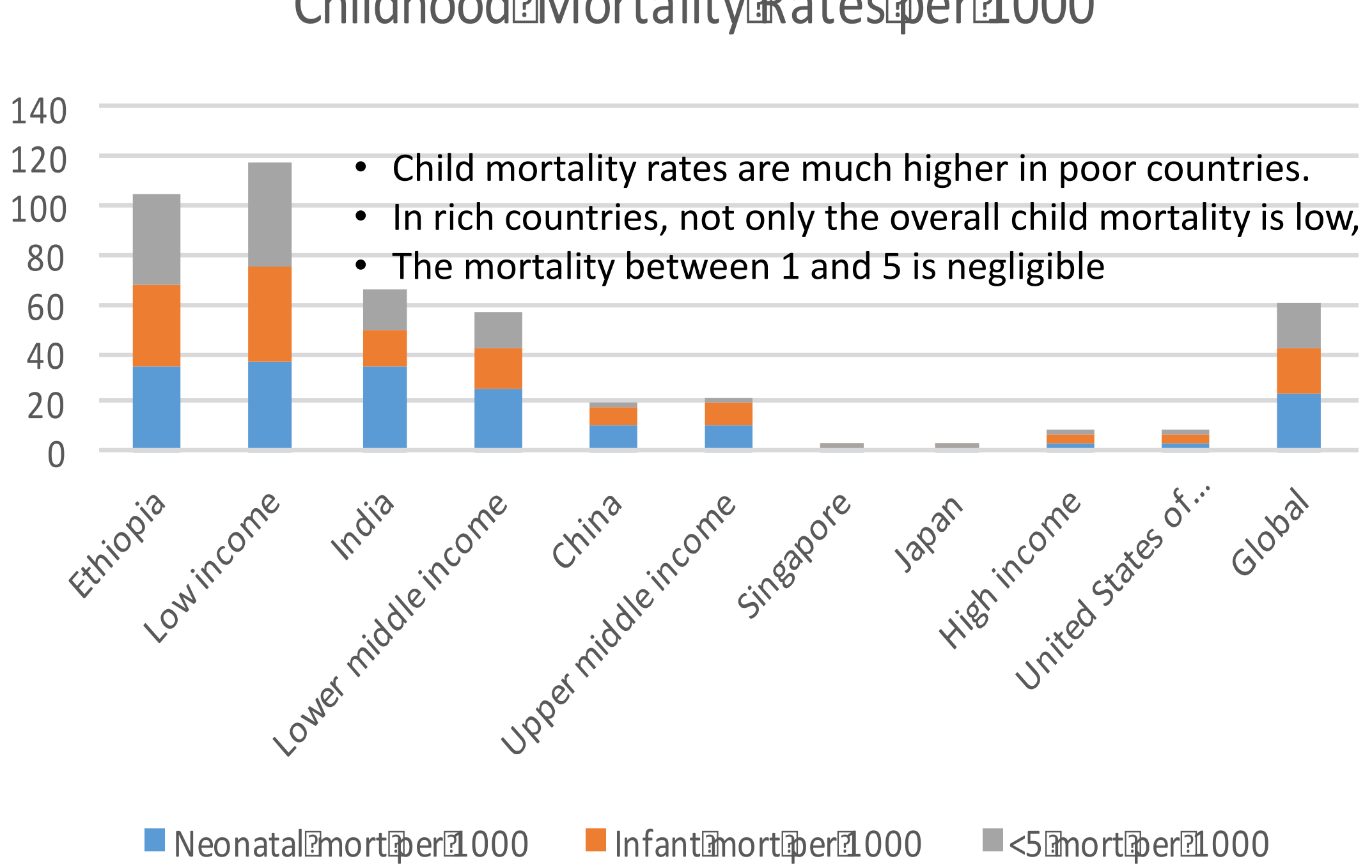


Per Capita Healthcare Expense of the above countries

14	32	45	99	146	570	1404	3190	4590	7164	854

Data Source: World Health Statistics, 2011

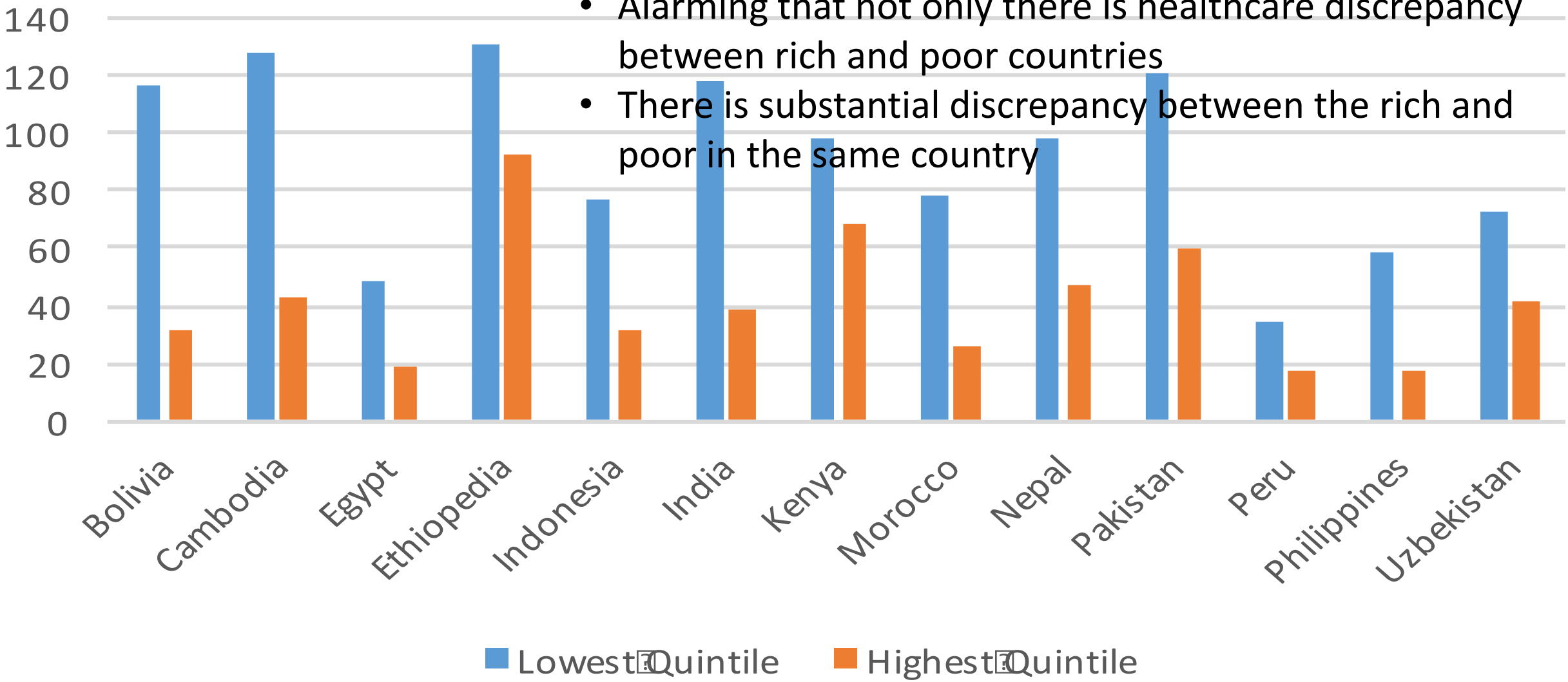

Life Expectancy
90
80
70
60
50
40
30
20
10
0
Life Expectancy from Birth
0
1000
2000
3000
4000
5000
6000
7000
8000
9000
Per Capita Health Expense
• Each dot represents per capita expense and life expectancy of a country
• Clearly, life expectancy depends on healthcare expense
• However, very high expenses have little incremental effect
Data Source: World health Statistics, 2011



Data Source: World Health Statistics, 2011

Child Mortality Rates per 1000 for Poor Countries

- Alarming that not only there is healthcare discrepancy between rich and poor countries
- There is substantial discrepancy between the rich and poor in the same country



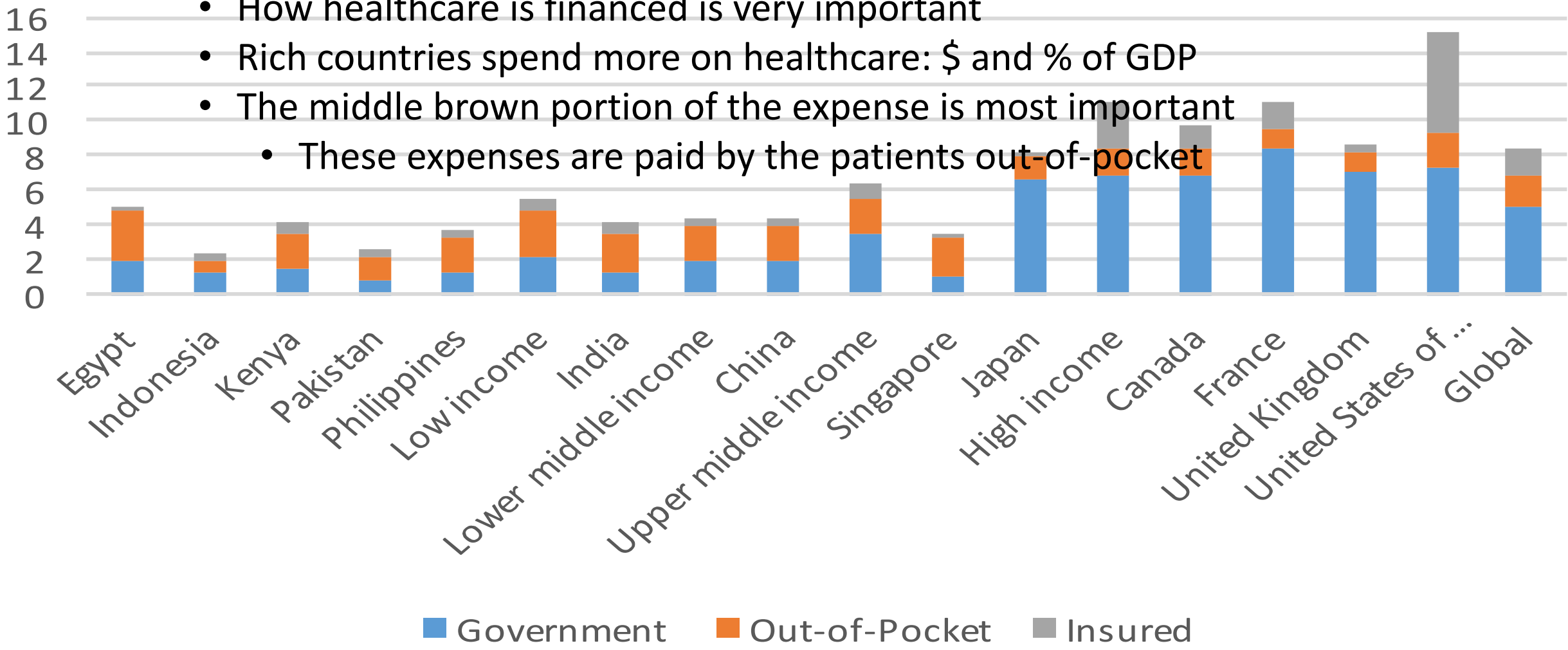
Data Source: World Health Statistics, 2011

Healthcare Disadvantage for the Poor

- As shown in the previous slide, the poor people of poor countries suffer double jeopardy
  - Their country is disadvantaged for being poor
  - Within their country, they are disadvantaged for being poorer than others
- Such disadvantage also exists for the poor in rich countries such as Canada and the United States
- In Canada, André Picard: Native health care is a sickening disgrace
  - Michael Swan: The poor and marginalized are discriminated in acceptance as patient, attention received, and waiting time for service from doctors and facilities
  - When healers are so keen about pecuniary issues, doctor/patient relationship suffers
- Jessica Mantel: The United States has poor health and high healthcare costs
  - Healthcare providers focus on medical treatment of patients' symptoms, often using expensive and unnecessary procedures
  - Lack incentives and capacity to address many root causes of poor health
  - Again pecuniary concerns trump doctor/patient relationship

Healthcare Expenditure as % of GDP in 2008

- How healthcare is financed is very important
- Rich countries spend more on healthcare: $ and % of GDP
- The middle brown portion of the expense is most important
  - These expenses are paid by the patients out-of-pocket

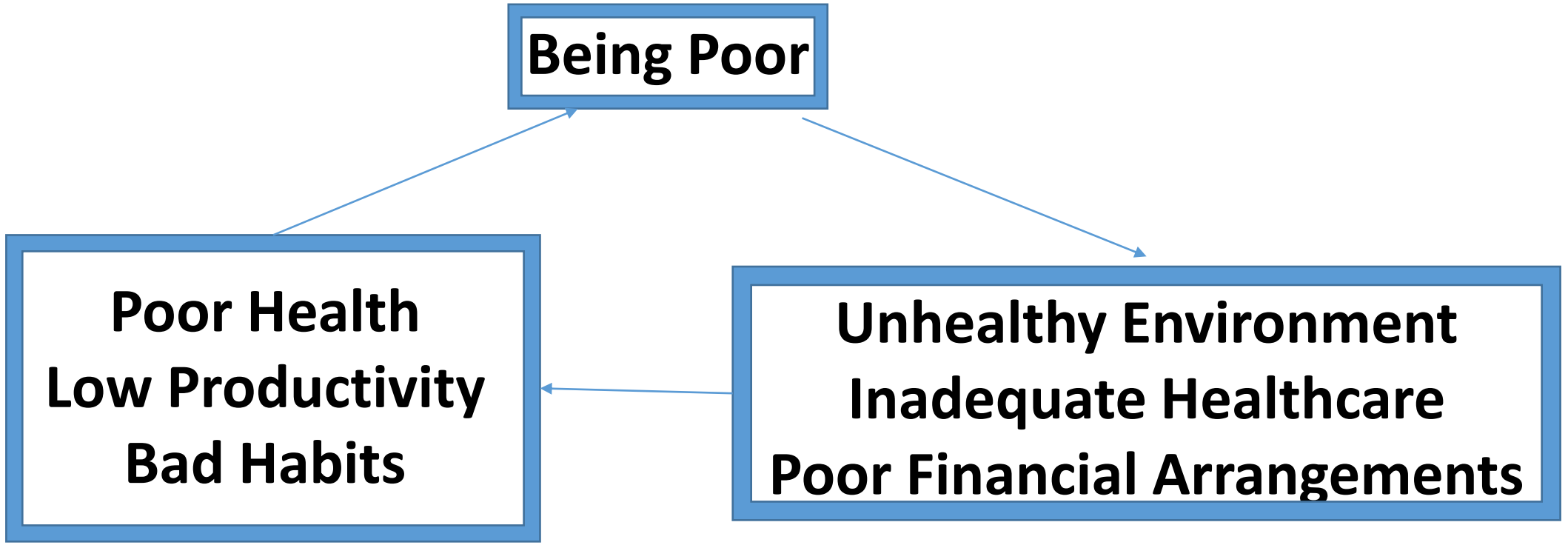


Data Source: World Health Statistics, 2011

Funding of Healthcare Expenses

- It is important not only to note the magnitude of the total healthcare expense
- It is critical to study the public and private portions of the expenses
- Examine the orange colored portion of the expense: it represents the portion paid by the patient out-of-pocket
- For 5.6 billion people in low- and middle-income countries, over half of all healthcare expenses are paid out-of-pocket at point-of-service
- Every year over 100 million people are driven to poverty due to catastrophic healthcare expenses
- Most rich countries other than the USA have universal health: Government pays the largest portion
  - In the USA, over 100,000 people are driven to poverty each year due to catastrophic healthcare expenses

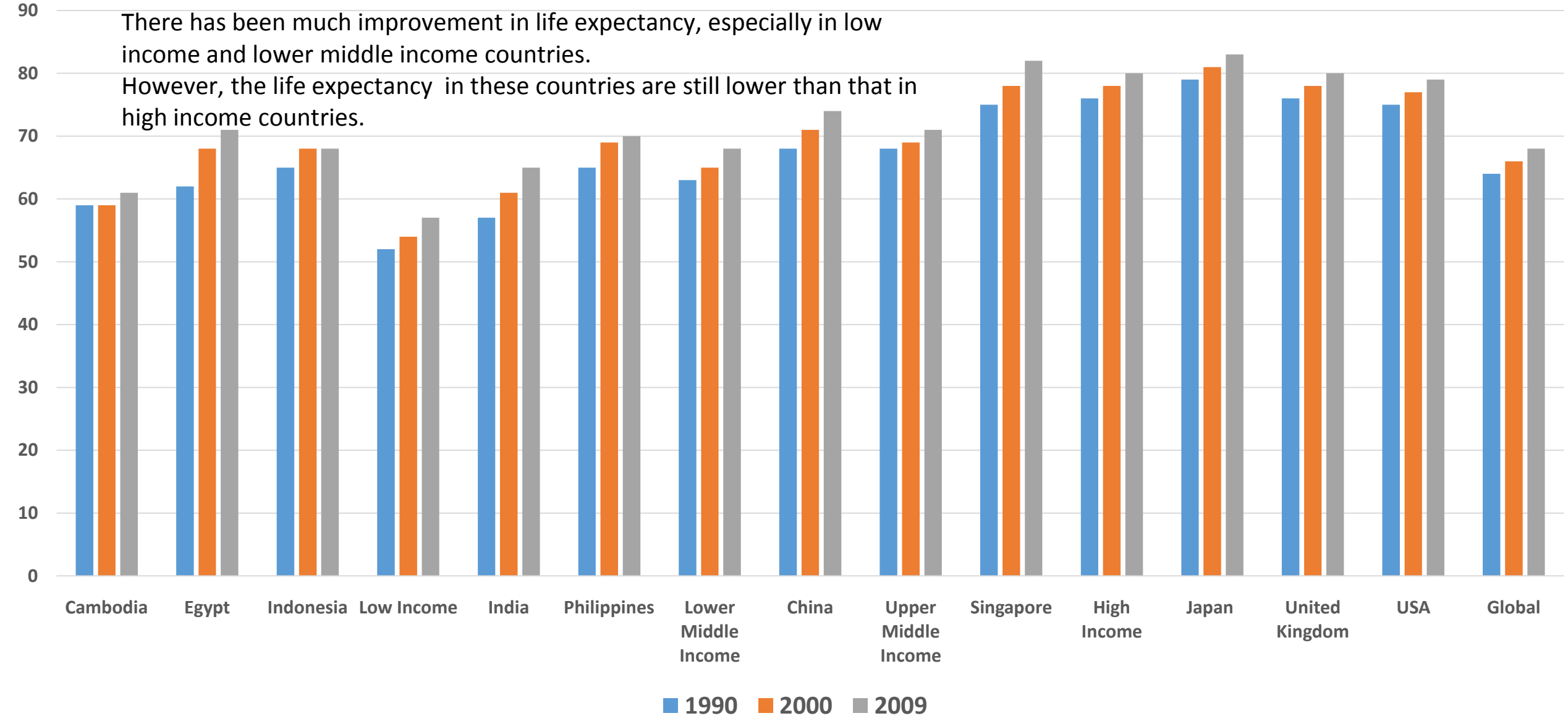
The Vicious Cycle of Poverty



Impact of Globalization and Urbanization

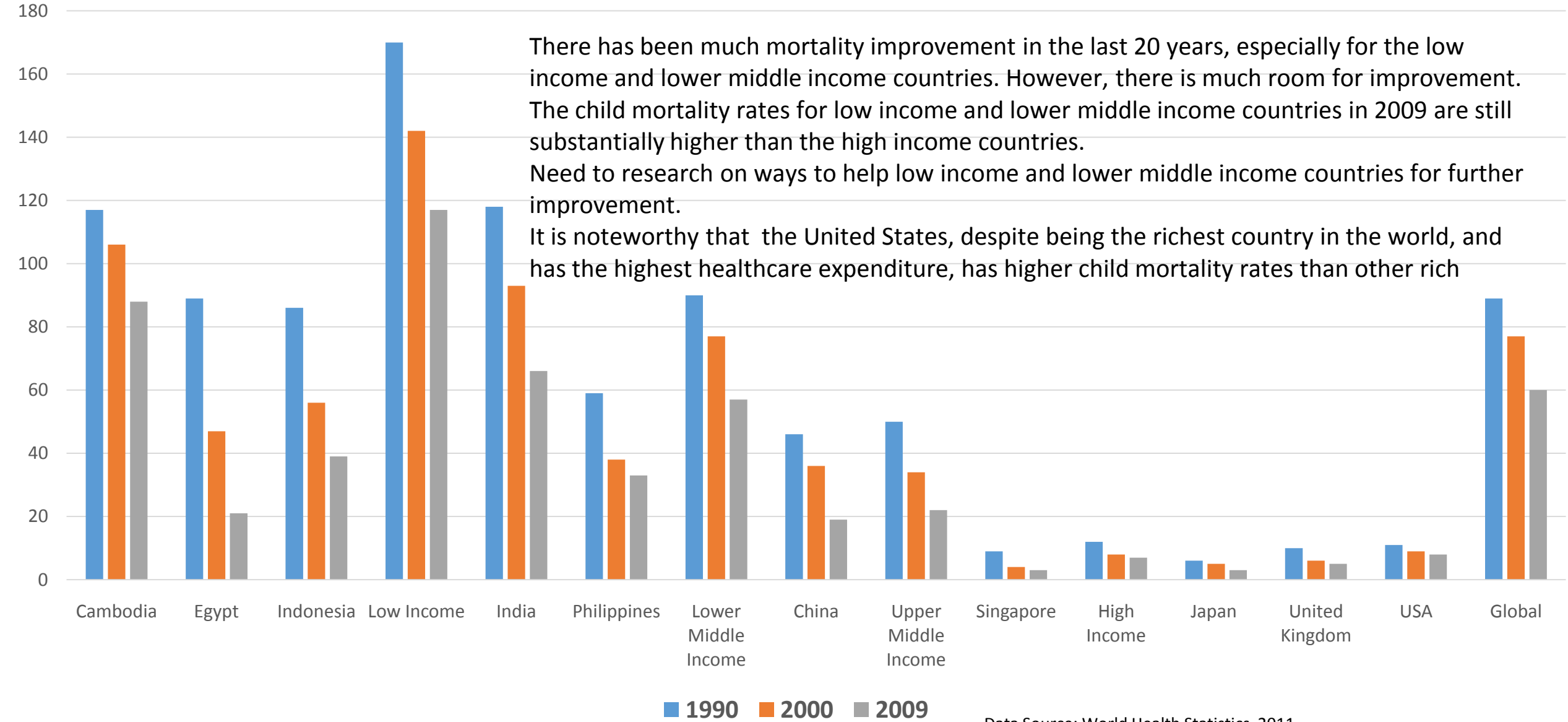
- Healthcare improvements impact city population more than rural
- Poor migrants to cities face increased exposure to further risk factors
  - Unhealthy diet
  - Physical inactivity
  - Substance abuse
- Additional risk of non-communicable diseases (NCD): the leading causes of death world-wide
  - Cardiovascular diseases
  - Cancers
  - Diabetes
  - Chronic respiratory diseases
- Decrease in risk of acute diseases is replaced by risk of chronicle diseases

Improvement in Life Expectancy at Birth



Data Source: World Health Statistics, 2011

Improvement in Child Mortality Rates per 1000



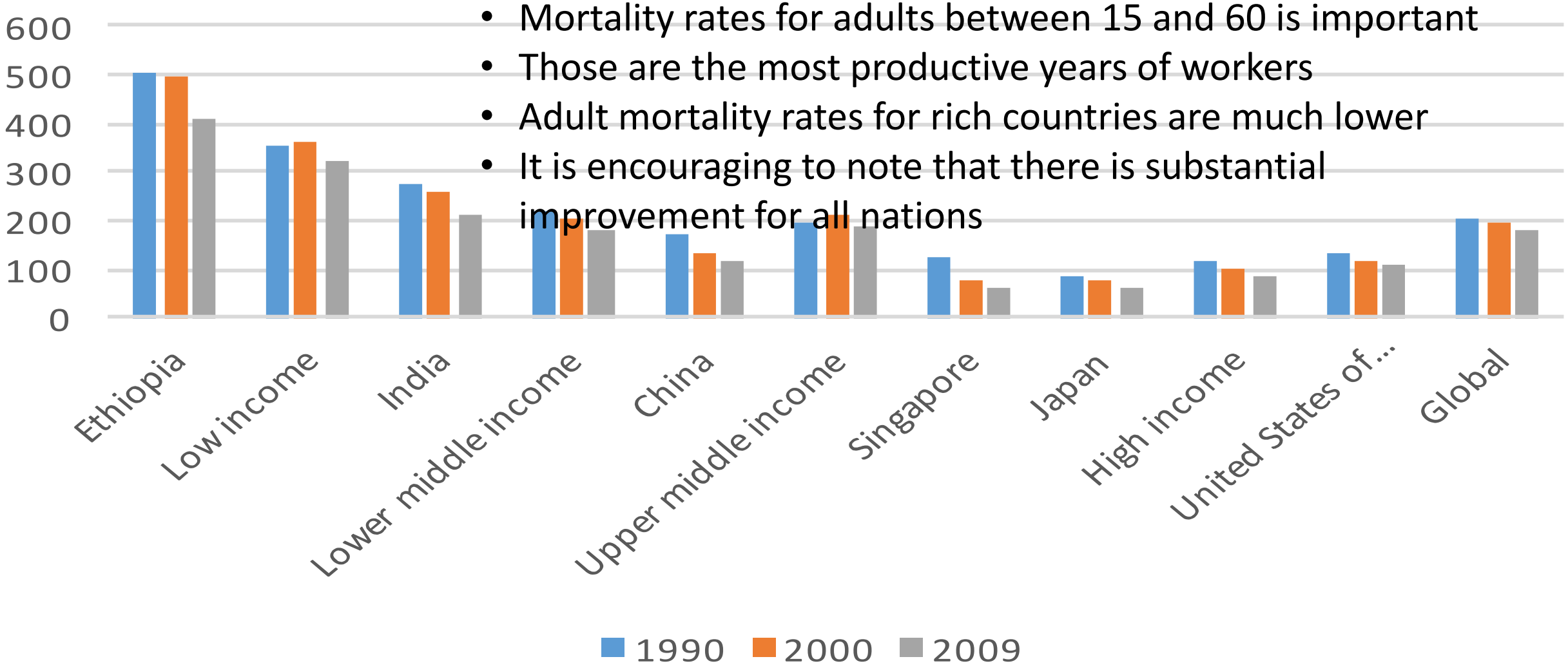
There has been much mortality improvement in the last 20 years, especially for the low income and lower middle income countries. However, there is much room for improvement. The child mortality rates for low income and lower middle income countries in 2009 are still substantially higher than the high income countries.

Need to research on ways to help low income and lower middle income countries for further improvement.

It is noteworthy that the United States, despite being the richest country in the world, and has the highest healthcare expenditure, has higher child mortality rates than other rich

Data Source: World Health Statistics, 2011

Adult Mortality Rates per 1000



- Mortality rates for adults between 15 and 60 is important
- Those are the most productive years of workers
- Adult mortality rates for rich countries are much lower
- It is encouraging to note that there is substantial improvement for all nations

Data Source: World Health Statistics, 2011

Gross Underutilization of Effective Healthcare

- World Health Organization study shows 3 diseases (diarrhea, pneumonia, malaria) are responsible for 52% of child death worldwide
  - As you know, each disease has effective prevention and cure
- For productive health, there is a large gap between potential and actual benefits of healthcare
  - In South Asia, less than ½ of pregnant women get 1 antenatal check-up
  - Only 1/5 of births are supervised by a trained medical person
- If there is full healthcare coverage and effective prevention and treatment
  - Child death could be cut by 63%
  - Maternal death could be reduced by 3/4

Economic Factors Impeding Access to Healthcare in Developing Countries

- The economic factors can be divided into two major groups
  - Supply side factors
    - These are factors affecting the service provided by healthcare providers
  - Demand side factors
    - These are the factors affecting the choice of treatment by the healthcare receivers
- It may be interesting to note that in this age of demand side economy, healthcare is vastly dominated by the suppliers

Supply Side Factors

- Insufficient funding of the healthcare system
  - Inadequate subsidy from rich countries
  - Insufficient resources of developing countries
- Inappropriate allocation of resources across
  - Levels of care
  - Programs
  - Regions
- Relatively high user fees
- Inadequate quality of care
  - Poorly trained healthcare providers: wrong diagnose and treatment, bad behaviour toward patients
  - Poor facilities
  - Lack of medication
  - Absenteeism of healthcare providers

Demand Side Factors

- Ability to consume (constraints)
  - Need to pay out-of-pocket at point-of-service
  - Inadequate household income
  - Lack of access to credit
  - Prohibitive charges (formal and informal)
  - Travel expenses
- Willingness to consume (preferences)
  - Cultural barriers to the acceptability of services
  - Knowledge of illness and the effectiveness of care
  - Quality of services

Some Suggestions for Strengthening Healing Relationships in Poor Countries

- Joint effort with all stakeholders and interested groups
  - Unequivocal and long-lasting commitment of national government is essential
- Nongovernment healthcare insurance to guard against catastrophic expenses
- Pharmaceutical innovation and subsidy
- Education and control: health education, substance abuse, diet control, physical exercise, weight control, stress control
- Primary, secondary, and tertiary healthcare
- Barefoot doctors in rural areas, trained and supported by qualified doctors
- Targeted subsidy for the poor: identity cards, vouchers, travel expenses
- Food and water supply