

Editorial

Cost of medical care

Sri Lanka Journal of Child Health, 2000; **29**: 103

(Key words: medical care, cost)

It is a struggle today to afford the cost of medical care¹, which is forever increasing daily both in the public and the private sector. It is almost impossible to keep up with the pace of soaring cost of medical care. Add to this the declining economy of the country and one is left with the dilemma of what is best for the patient, deciding on what a doctor can and should offer a patient with a clear conscience. Increasing cost of laboratory technology and drugs make medical care prohibitive for the average patient. Public expectations keep pace with the modern scientific medical progress. This may not be affordable but is desirable. The doctors have little option but to give it. With the threat of litigation looming in the background it is tempting for doctors to practise defensive medicine, whatever the cost to the patient. This is the time to get our priorities right, to cultivate a good doctor patient relationship and let the patient decide on the options, between money and health. Should doctors allow their prescribing decisions to be influenced by considerations other than clinical needs? Once a decision is made, medicine must be evaluated for its safety, effectiveness value and affordability. Prescribing guidelines on the choice and the use of medicine must be determined so that effective medicine within the range of the available budget is used² Expensive drugs should be replaced by alternative drugs which are affordable. How does one bridge the gap between increasing demand for better and more effective medicine and the declining budget? This has to be met with government funding or independent Health Insurance Schemes. When cost of health care exceeds money available one has to set up priorities, reduce expenditure, by using cheaper (hopefully equally effective) drugs and encourage rational prescribing. One can dispense with expensive technology by cultivating one's clinical acumen, depending more on clinical experience than on laboratory investigations.

In Sri Lanka a health scheme should be available for all those who wish to use it, a scheme which provides high quality care and treatment on basis of clinical need without regard to the ability to pay. Our public has got used to such a free medical service. With the cost exceeding the money available one has to revive the old ideals of service.

With the introduction of new and more expensive technology, more expensive drugs, dissemination of knowledge via the media, patient expectations will rise. They will of necessity move from the public to the private sector. This is happening today; more and more doctors are entering the private sector. It is essential that Sri Lanka Medical Council should monitor the standard of medical personnel. This year saw the renewal of registration of all medical practitioners registered with the medical council in Sri Lanka. The medical register records the initial qualifications earned at the time of registration. Unfortunately there is no Revalidation. It would be a good procedure if prescriptions bear the name of the practitioner (as registered with the SLMC), qualifications registered in the medical register, registered number and signed by the prescriber giving the date and place of consultation. A similar register with the Specialist consultants with the SLMC is welcome. Till this can be achieved legally each college can maintain a list of doctors who can be consultants.

References

1. Mucklow J C. How can we afford costly medicines? *Journal of the Royal College of Physicians, London* 2000; **34**:124-7.
2. Weale A. Rationing health care. *British Medical Journal* 1998; **316**: 410.

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