

LETTER TO EDITOR

Bubble burst vs defused bubble: a humble opinion for when you are sick

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Citation

Gupta D. Bubble burst vs defused bubble: a humble opinion for when you are sick. *Ind J Comm Health.* 2014;26(1):119-121.
Source of Funding : Nil, **Conflict of Interest:** None declared

When you are sick, all hell breaks loose. Solutions have problems and society may not have all the answers. It is imperative for individual to not take the plunge. However, when you are pushed off the cliff, you hope you have skills to fly if it is plains below or to swim if there is a water flow. What if you look down and the rocks are waiting for you, you pray that you had double parachute (primary and reserve) to sail you through. If somehow it caught you unawares, you can only wonder that these accidents strike only as often as strikes of lightning bolt with incidence of fatal outcomes equivalent to those strikes. However, if you decide to be suicidal and decide that it is your life, then you must have the resolve to step forward with personal and responsible coverage for yourself because eventually, it is your life.

When you are sick, you (or your society) may choose one of the many options for helping you override the tide of sickness. It may or may not be worth delineating how different societies use different forms of health care because these societies are still not (and possibly will not be) able to completely and perfectly fulfill the health requirements of its constituents (1). However, each healthcare consortium of these societies reflects an honest attempt on the part of these societies' governances that they sincerely want to resolve pain and suffering caused by the incident as well as prevailing health concerns in their societies. The only remaining questions are what the grade of sincerity is, what the aims of this sincerity are, and who stands to gain the most secondary to this sincerity in the efforts.

As documented by T.R. Reid (1), basically four scenarios can reflect all types of healthcare. In the first scenario called The Bismarck Model (1), the health care professionals (medical and para-medical staff) and the healthcare-bills payers (insurance providers) are primarily private (not-owned by the government). These healthcare-bill payers are funded through premiums from employees and employers for working and retired classes of population, and premiums from government for

unemployed class of population. The only other but major role of government in this model is that government constantly commands tight regulations on the cost-control of health care that are always akin to revisions based on timely healthcare reforms.

In the second scenario called The Beveridge Model (1), the health care professionals are primarily government-owned and the government pays out the healthcare-bills for all population through their tax collections. These tax collections are not separately levied on the population as a separate healthcare tax. Instead, the healthcare spending for the whole population is the liability of the government assets that the government has accumulated through other forms of taxations and earnings.

In the third scenario called the National Health Insurance Model (1), the health care professionals are private but the government pay out the healthcare-bills for all population through a national health insurance fund. So essentially, instead of the government paying out from their other forms of taxations and earnings, the government directly collects monthly premiums from its population to cover the healthcare-bills for all population through this national health insurance fund.

And the final scenario is The Out-of-Pocket Model (1) which is not new to the developing world as it has become imbibed in their healthcare systems that are riddled with disorganization and lack of resolve for aiming and achieving improvements in the healthcare management. In this model, the population pays all healthcare-bills out of their own pockets.

Now you understand that when you fall sick, all hell breaks loose. Either you are paying the whole sum of the healthcare-bills (fourth scenario); or you are paying the indirect (hidden) tax to the government to cover your bills (second scenario); or you are paying the direct premiums to the private-insurance regulated by the governments (first scenario); or you are paying the direct premiums to the government-owned insurance programs (third

scenario). As one of my teachers once said that someone always have to cover the bills, I would say that it ultimately comes back to you irrespective of who pays the bills. The only difference is that when (at what time period of your life) the repercussions of the paid bills will come back to you. The good thing with most balanced and advanced healthcare programs is that usually the repercussions are often very miniscule when they are direct and immediate (for example, small amount of co-pays paid by the insured patients at the time of medical services provided to them) but the major and long term repercussions are often delayed and obscure (often unidentifiable) as they present themselves long after the illnesses had resolved as well as the bills had been settled (for example, the indirect taxes to cover the bills). The bills covered by the government or the insurance providers often make the patients (the population) totally dependent on these large third-party payer entities who in turn become indispensable for population's survival in the continuously escalating healthcare costs driven by the boom in advanced medical technology aimed at primarily prolonging the quantity of life with secondary but unclear aims of improving quality of existing life.

The cycle of fortune wheel will take some time to come back in place where it all started. However, in the interim, it is essential to realize that the society should (and can endlessly) only cover for the medical catastrophes so that the saved lives can repay their debts to society by living quality lives and eventually generating resources for their personal healthcare support as well as altruistic healthcare support of the fellow countrymen-women who are always akin to the similar catastrophic assaults on their well-beings. For the rest of the medical scenarios, it may not be advisable (for long term sustainability) to look upon the government or insurance providers as an easy way out for the time-being because both these entities may be bound by the universal motto of "Serving the Greater Good" wherein the personal choices may not be always met. Paying the premiums does not provide patients with the ownership of their health because it is the third-party that is paying for their healthcare maintenance, and these third-parties are governed by the natural need to generate funds and hold on their savings for ensuring the long term survivals of supported healthcare plans in rapidly changing economies of the societies.

It is apparent that only two provisions can provide for adequately good healthcare that remains stable over the times. First of all, you should not surrender to modifiable risk factors that are under your personal control as an individual and your collaborative control as a part of community. The examples of modifiable risk factors include but are not limited to smoking, alcoholism, substance abuse, overfeeding, sedentary habits, poor hygiene, unwarranted stress,

unrestricted pollution to air, water and soil, and lack of support groups for safe environments for person and property. Second of all, without good understanding and weighing in the physical, psychological, societal and economical risks as well as benefits, you can become ignorant and poorly informed yielder to the amazing sci-fi world of advanced medical technology and pharmaceuticals wherein sometimes due to your over-enthusiasm, you may overlook (or failed to understand) the short-term and long-term societal and economic implications of dynamic markets based on newly approved innovations and inventions. Additionally, sometimes due to your ignorance when you are not directly paying your healthcare-bills, your basic instinct to receive the "best" of care-giving ends up indirectly endorsing costly technologies and pharmaceuticals that eventually become standards of care; however, these advancements may not shed their costs even after becoming extremely popular and apparent potential recovery of the capital invested in their research and development and subsequent marketing.

Sometimes we do not get the clarity of the picture if we do not see analogous day-to-day examples. First examples are the salaried individuals who can relate to the sudden and exorbitant changes in the house rents at the time of implementations of Pay Commission recommendations. These changes are based on increased House Rent Allowances (an allowance that is a Percentage Part of the salary) even if the rented homes may not correspondingly improve the housing facilities matching the "overnight" changes in the house rent. The final pinnacle is that these new rent rates (and estate costs) become standard costs of living without clarity that whether it is inflation (overestimation) of the costs or the devaluation of the increases in the salaries. Second examples are the sick and ill individuals who used to pay X amounts for health care procedures when they used to pay out-of-pockets. Then suddenly they realized that they could get coverage with medical insurance; and they did not care that same healthcare procedure may be costing n-x amounts now. They became ignorant because instead of their own pockets, the medical insurance companies were going to bear these healthcare costs. However, eventually the insurance coverage may not stay for a particular individual (due to manifold reasons like loss of employment, changes in regulatory policies, fumbling economies and/or unaffordable insurance premiums) but the healthcare costs may or will not come down from n-x amounts to X amounts for the uninsured people in societies where healthcare coverage is completely dependent on the medical insurances.

The best scenario can be that you can try age-old understanding of living life simpler and healthier in terms of quality of life. Quantity of life after productive years of lifespan is secondary to the primary goal of quality of life. You should develop resilience in resisting the covert

assaults of modifiable risk factors. Health promotion and disease prevention should be allowed to replace the currently overenthusiastic culture towards curing diseases wherein warriors are often lost in the doomed war. Giving away your autonomy to spend on your healthcare and forgetting to oversee your third party payers will ultimately result in the exorbitant costs of healthcare that are regulated and guided by the third party payers who may or may not want to give away their hold on the healthcare costs but may contribute to the escalation in these healthcare costs directly by their own vested interests or indirectly by their ignorance and poor self-regulation. The healthcare providers' community (including the developers of new innovations, new technology and new medications) will have to take a step back when deciding the correct and sustainable amounts for their reimbursements because the resources of the society are limited in their own senses and each economy eventually reaches its breakpoint depending on the greed of its population.

While it is easy to blame the unadulterated greed for everything and everyday's woes, it is also important to understand the evolutionary role of basic (but regulated) instinct of personal and societal greed. The positive side of presence of greed is that we have seen such enormous growth for human population that would not have been possible without greedy leaders (in any aspect of human society) who pursued for the fulfillment of their greed. The negative side of absence of greed is that "greed" in living being beings is seen as a basic need for the survival of individuals and species; and we as living beings will just wither and die away if we do not have even miniscule amounts of greed to live our lives through.

To better understand the healthcare costs, let us visualize a pictorial analogue ([Figure 1](#)). The health care is like a multifaceted (multipronged and non-spherical) balloon. Each prong of the balloon represents a method employed by the society to deal with the healthcare of its constituents. So essentially, each of these prongs individually represent say medical insurances, government expenditures, out-of-pocket costs, technological and pharmaceutical advances to name a few. This multipronged healthcare balloon will keep changing pressures and volumes in one segment (prong) or the other depending on the particular segment you are selling as an entrepreneur. Ultimately that particular segment will become so unstable and thinned out that the whole balloon of society's healthcare can burst open. However, the quick fixes by redistribution of power (compressed air energy) within the balloon to different segments (prongs) will only avert the danger for short but definite time because eventually that segment (prong) of the balloon will feel the same strain as the previously failed segment (prong). The only way out is that the air gushing into the balloon goes down to minimal. This does not mean preventive "medicine" primarily but the need

to integrate the age-old family values to ensure the members of community avoid getting sick without requiring the medical societies to actually tell you to do the same through multi-million dollars health programs or colorful-eye-catching media-based propagations. This multipronged healthcare balloon will never be air-less but at least we can aim to achieve that only air-left (compressed air energy) inside the balloon are the catastrophes that are not made by us and hence, out of an individual's direct control.

References

1. Reid TR: Different models, common principles. In: The healing of America: A global quest for better, cheaper, and fairer health care. London, Penguin Books, 2010, pp 16-27.

FIGURE

FIGURE NO 1 MULTIPRONGED BALLOON OF SOCIETY'S HEALTHCARE

