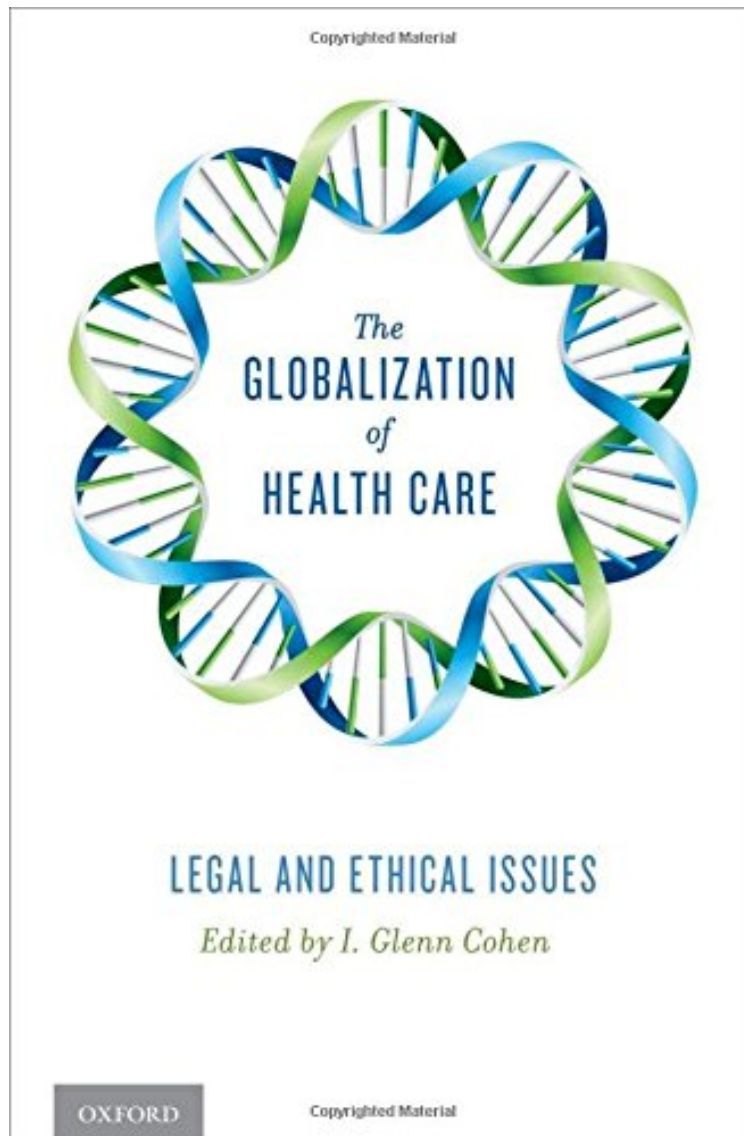


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The Globalization of Health Care: Legal and Ethical Issues

I. Glenn Cohen

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book. Health Care Reform Challenges (The Author does a good job covering this topic within the book.) In both advanced and emerging economies, the three fundamental goals of a healthcare system are: Improve the health of the populace, Offer financial protection against exorbitant costs, Respond to health consumer expectations. However, the primary objective of any healthcare system remains the improvement of health outcomes of the population it serves. Yet, because health care can be extremely expensive and the need for care can be unpredictable, the means for risk sharing and providing financial assistance continue to be equally critical. The third objective, the responsiveness to consumer expectations, includes qualities such as respect, dignity, autonomy and confidentiality. Moreover, equality in healthcare can be implied by these primary objectives, thus improving health outcomes includes optimizing the average health of the populace and diminishing the differences in services received by groups and individuals. This implicit goal drives the need for financial assistance and protections. Healthcare around the globe has improved greatly over the last several decades with longer life expectancy and greater access to medical care. In addition, the overall welfare gains resulting from these factors impact regional economies through improvements in worker education, productivity and savings. However, on a macroeconomic scale, evidence of the impact on better health outcomes remains mixed. Regardless of the differing studies on this issue, IntelMedic, with his extensive expertise in the field, believes it is clear that limited access to medical care, growing healthcare costs and inefficiencies in financial assistance in both advanced and emerging markets has prompted the urgent call for reforms.

Limited Financial Coverage (I would have liked to see more content on healthcare financial coverage.) Some form of universal insurance coverage has been adopted by most advanced economies, with the United States as an exception, although the Affordable Care Act passed in 2010 attempted to address that issue. By design, medical insurance pools risk and offers financial protections from the cost to treat catastrophic illnesses. Moreover, it provides access to medical services that are considered essential for the overall public health, such as vaccinations and healthy child checkups. These would be unaffordable for a significant percentage of the population.

Healthcare Inequalities (I would have liked to see deeper coverage on this topic within the book) Despite the gains made in the overall healthcare delivery system, inequalities still exist, and they are driven mainly by socioeconomic factors, including education, income and occupation. Therefore, these determining factors exist apart from the healthcare system. However, it may be possible to concurrently achieve both efficiency and equity objectives, although some characteristics of healthcare systems may negatively impact equality in care, such as informal payments, which are common in emerging markets and disproportionately encumber the poor.

Escalating Costs (I would have liked to see more coverage on this topic within the book.) Another critical challenge to providing universal coverage is the rapid growth of health care costs. Since 1970, the total per capital cost has grown fourfold, and healthcare spending as a percentage of GDP has risen from 6 percent to 12 percent across advanced markets. In emerging markets, total healthcare spending has risen from under 3 percent to over 5 percent of GDP. This has resulted in greater fiscal pressure on households, businesses and governments, with the primary causes of increasing costs being aging populations, rising incomes and technological advancements. Other elements resulting in rising costs include health policies and the availability of medical insurance coverage, as they interact and produce effects that work as catalysts for growing expenses. In addition to the growth in spending, the evolution of the disease profile and its related risk factors represents a crucial challenge, especially for emerging markets. The majority of advanced economies and some emerging markets have progressed from primarily treating communicable diseases (CDs) to primarily treating noncommunicable diseases (NCDs). While many emerging economies are still evolving, NCDs represent the leading causes of death worldwide, producing more deaths annually than all other causes combined. In fact, close to 80 percent of deaths resulting from NCDs occur in poorer nations. The economic impact has resulted in the allocation of healthcare budgets increasingly towards treating NCDs. To a great extent, many NCDs are a result in lifestyle risk factors, such as poor diet, tobacco use, abuse of alcohol and a lack of physical activity, and some governmental measures, such as tax increases on tobacco and alcohol, may have a positive effect on health outcomes.

Inefficiencies in the Delivery of Healthcare The evidence showing great inefficiencies in the delivery of healthcare is extensive, and shows inefficiencies on both allocation of services and productivity. As a result, some countries could maintain their levels of health outcomes while reducing spending through tighter controls. A report by the Organization for Economic Cooperation and Development (OECD) has suggested that tightening controls to reduce inefficiencies in healthcare delivery systems could actually raise the life expectancy at birth by more than one year. In contrast, a 10 percent increase in per capital healthcare spending would result in a life expectancy increase by a mere three to four months. Moreover, the World Health Organization (WHO) has estimated that an astounding 20 to 40 percent of all resources spent on healthcare is wasted. The most common drivers of these inefficiencies are ineffective and inappropriate use of drugs, poor quality of care, medical errors, corruption, waste and fraud.

Complexity Healthcare reform can be inherently complex due to the potential for negative trade-offs between reform objectives, such as enhancing the progress of improved health outcomes while tightening controls and costs. In fact, a critical concern that all countries confront remains determining an appropriate level of spending on healthcare, even defining what is appropriate. These efforts at reform are further complicated by outside factors as noted above, including lifestyle choices, pollution, education, occupation and income. In addition, while spending on healthcare remains a crucial determinant in total health outcomes, the spending levels may be too high in

some advanced economies. In these situations, addressing the large inefficiencies in the systems may produce the most effective methods of improving health outcomes. The deficiencies in the healthcare delivery market may imply the necessity of government intervention; however, no one model has proven to provide the best results across every country. The extensive market failures and the aspiration to provide basic medical care to all based regardless of the ability to pay has prompted government action in many cases in both advanced and emerging markets. The categories of government intervention, for example regulations, mandates, financing and other provisions, has varied significantly between economies. The differing models of delivering care and financing has resulted in differing levels of public healthcare spending between countries, thus representing the disparity in constraints and preferences. Therefore, each country must determine its optimal level of spending on public health initiatives, although comparing and contrasting levels globally may provide a working benchmark for equality of access, fiscal constraints or other uses of public monies. The Critical Fiscal Challenge of Healthcare Reform (I would have liked to see more coverage on this topic within the book.) Healthcare reform will remain a critical fiscal challenge for both emerging and advanced markets. In advanced economies, the spending on public healthcare has increased by at least 4 percentage points of gross domestic product over the last four decades, representing nearly 50 percent of the total increase in public spending. These pressures will intensify, driven primarily by technological advancements and other factors. In fact, some projections show healthcare spending over four decades in certain advanced countries will increase to levels nearing 100 percent of current GDP. In emerging markets, reforms must address their lower health indicators in relation to their fiscal constraints. These reforms will occur concurrent to governments making efforts to reduce their public debt ratios that rose significantly during the global financial crisis. One common benchmark to determine the size of fiscal adjustments needed to restore fiscal balance is the change in fiscal balance less interest payments. According the Fiscal Monitor published by the IMF, this change is necessary to bring public debt ratios in relation to GDP back to a median level of about 60 percent of GDP that existed prior to the financial crisis, and it represents approximately an 8 point reduction in expenditures in advanced markets in conjunction with an increase in revenue. In relation to healthcare expenditures in advanced economies, addressing the growth in age-related spending along with containing the increases in healthcare spending may constitute a critical element in policy. Emerging markets may have the capacity to increase healthcare expenditures. Indeed in some emerging countries in Latin America and Asia, the crucial challenge will be to expand basic services to a greater percentage of the population in conjunction with eluding the inefficiencies and high expenses of healthcare systems in advanced markets. In others, the crucial challenge will be to improve the efficiency in public expenditures while limiting its growth as a percentage of GDP. EFPTACMED LTD @2015

The Globalization of Health Care is the first book to offer a comprehensive legal and ethical analysis of the most interesting and broadest reaching development in health care of the last twenty years: its globalization. It ties together the manifestation of this globalization in four related subject areas - medical tourism, medical migration (the physician "brain drain"), telemedicine, and pharmaceutical research and development, and integrates them in a philosophical discussion of issues of justice and equity relating to the globalization of health care. The time for such an examination is right. Medical tourism and telemedicine are growing multi-billion-dollar industries affecting large numbers of patients. The U.S. heavily depends on foreign-trained doctors to staff its health care system, and nearly forty percent of clinical trials are now run in the developing world, with indications of as much of a 10-fold increase in the past 20 years. NGOs across the world are agitating for increased access to necessary pharmaceuticals in the developing world, claiming that better access to medicine would save millions from early death at a relatively low cost. Coming on the heels of the most expansive reform to U.S. health care in fifty years, this book plots the ways in which this globalization will develop as the reform is implemented.

About the Author I. Glenn Cohen is an Assistant Professor at Harvard Law School and Co-Director of the Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School. Professor Cohen is one of the world's leading experts on the intersection of bioethics (sometimes also called "medical ethics") and the law, as well as health law. Professor Cohen has spoken at legal, medical, and industry conferences around the world and his work has been covered on PBS, NPR, ABC, Mother Jones, the New York Times, the Boston Globe, and several other media venues. He frequently contributes Op-Eds in the New York Times and the Washington Post.