



Global health care expectations

Doctors marched on parliament on 6 February 2004 to highlight, among other things, inadequacies in patient care, conditions affecting doctors in the public sector and concerns about aspects of legislation, the effects of which they felt would be harmful. The traditionally conservative medical profession was galvanised into unprecedented action through perceived dictatorial impositions without adequate consultation. The world seems a less cozy place, but what are the global changes that we can expect to have a further impact on medical practice? Since health care is big business, which consumes a large percentage of expenditure of all countries, we should expect to be analysed from a business perspective. Here are some attempts at forecasting the future of the global health care industry, outlined in a report by a major international accounting group.¹

Significant changes have occurred and more are on the way, but many fail to recognise the new challenges they face. Thanks to the Internet, telecommunications and a proactive consumer, the health care world is smaller. European government reforms have placed both health providers and social insurers in a new, competitive world of contracts and limited budgets. In the USA employers moved virtually their entire workforce into managed care, a major change of direction that occurred without the consent or approval of health care providers and without major government legislation. Health care is a growing industry, and it is for society to decide the right amount to spend. Reducing expenditures on health care may be a key to economic growth and a source of economic advantage. As the world is greying, generational conflicts may arise over the resources needed to keep the elderly healthy.

The report identified three forces of change: Empowered consumers create impatient patients, survival in the new health care world requires e-business adaptability, and genomics may shift health care from cure to prevention. Among the future trends are health processes becoming standardised, workforces must adapt to technology and consumerism, and ageing, technology and consumerism create difficult choices. The powerful implications of these forces may be summarised as follows:

- Health care organisations that are consumer-friendly will be winners.
- Organisations must distinguish themselves through brands.
- Service and speed will be keys to consumer satisfaction.
- New e-business models will emerge and challenge traditional medicine.
- The race for capital will hinge on the ability to demonstrate quality, efficiency and consumer focus.
- Resources must be allocated to retrain the workforce.
- Functional silos in health care must be eliminated and replaced with seamless service.
- Payers must stress prevention, because early detection and intervention will cost more.
- Consumers will want more and won't pay for it.
- Ethical dilemmas will accelerate for consumers, providers and purchasers.
- Medical professionals need to work toward global standards of medical treatment.

Effects of technology could push more devices and diagnostics into outpatient and home settings. Laboratories will be much more automated, less centralised and less labour intensive. Point-of-care testing, such as hand-held blood and saliva analysers, will be pushed out to the bedside, the clinic and the home.

All these trends seem to have little to do with the traditional doctor-patient relationship. But we would be foolish to ignore them and wise to adapt when protests may fail.

1. PricewaterhouseCoopers. *Health Cast 2010: Smaller World, Bigger Expectations*, 1999.

Pains and pleasures of editorial responsibility

Editors come in an endless variety of ages, shapes, sizes and egos. Their responsibilities also vary widely. Increasingly the editors of daily and weekly newspapers are being held liable for revenue derived through circulation increases or decreases and through advertising support. Medical editors too are finding themselves under new pressures. A few years ago a respected editor of major general journal was fired for a perceived political bias. And more recently a respected specialist journal turned down an important research article as a result of pressure from its marketing team, which created a major international furore. The chairman and secretary-general of the medical association here in South Africa refused former editors of the *SAMJ* their editorial prerogative to publish letters concerning Steve Biko.

Apart from using their wits and experience, how do editors cope? It was precisely to define limits and responsibilities that the Health and Medical Publishing Group defined its editorial policies, the following of which have relevance:

- We shall strive to report without fear or favour, and with even-handedness, on matters of interest and importance to the medical profession.
- Harmful inaccuracies shall be rectified promptly and with due prominence and the right of reply to persons criticised shall be afforded, when the issue is of sufficient importance.
- Bribes and other inducements to influence the performance of professional duties will not be accepted, nor will the truth be distorted or suppressed because of advertising or other considerations.

The seeds of these comments were sown when the *SAMJ* editorial responsibility and process were again challenged because of the publication of an article on probiotics and subsequent rebuttals. On a lighter note, medical editors know that they are on target when claims that our judgement is too strict are balanced by complaints that we are too lenient. On balance the exercise of editorial responsibility delivers more gain than pain.

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