

HEALTHCARE

What role for the govt?

Some doctors believe there is a case for contracting out non-core services

■ *Paisarn Likhitpreechakul*
THE NATION

SUB-CONTRACTING part of the country's national healthcare system would redress some of the major problems resulting from the centralisation of healthcare services under the controversial Bt30-per-visit universal coverage programme, according to a private hospital executive.

Dr Sant Chaiyodsilp, director of Phyathai Hospital's heart centre, said universal coverage does not necessarily mean the end of quality. "We can still create a fair environment where both government and private providers compete. This will give more choices to the population."

Dr Banluh Siripanich, who is highly respected among rural medical practitioners, agreed. "The private sector can have a role in the system too. Doctors used to have to take care of financial matters. If they can't do it well, it's better to recruit other

people to do it." However Dr Chotechuang Chutinthon, the leader of a group of doctors which advocates the *status quo*, was highly critical of the government's Bt30 healthcare programme, labelling it a type of "socialised" medicine which would eventually lead to "disaster"

Such a programme will stifle competition, eliminate freedom of choice and reduce service quality, according to Chotechuang.

A case in point is a woman who died last week after seven months of waiting for her heart operation at a state hospital.

Although he remains optimistic about the universal healthcare system, Banluh thinks there has to be a trade-off between academic excellence and equal access to health care. "We have to make a choice. If we follow the US example [towards less government intervention], the poor will have more difficult lives. But if we follow the UK's example toward more equality, the service won't be all that spectacular. The

best way is the middle way, I believe."

Sant said the government was apparently reluctant to embrace the basics of the free market to strengthen the universal healthcare programme so that the quality of medical service would be higher and the public would have more choice.

"In fact, the government's distrust of the private sector is impeding any process to make improvements in the system. Our [public sector] officials are somewhat ultra-conservative."

"They hate the words 'business' and 'profit', but, vocabulary aside, they will have to learn to run it in a business-like way. National healthcare is a big system. To make the system run efficiently, the government can't go it alone. They must let the private sector assist in areas where it has less expertise," said Sant.

State hospitals have to wait up to one year to be compensated for performing operations. This financial bottleneck can affect the decision-making process in the hospital referral system, which could result in a patient's death, he said, adding that outsourcing non-core procedures like billing would also help increase

efficiency in the national health system.

Thai doctors at state hospitals have tended to run things by themselves, so it is time they learn to delegate certain responsibilities, otherwise the system will come to a halt, he said.

Sant also believes that the objectives of universal healthcare should not necessarily mean a compromise in medical excellence.

"This new system can increase quality while keeping the cost down by squeezing out the excess in the old system. The drive for efficiency will also mean rightsizing of personnel. Presently, there are many under-employed specialist doctors at big public hospitals. They will have to expand their roles to treat more patients with more common complaints in order to meet performance targets or they will have to leave the system," he said.

"Other things that will likely be eliminated from the system are unnecessary and expensive products, prescribed by doctors who have ties with drug and surgical supplies companies. The savings could be used to advance research, or in other areas."



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vicinity of drug use.