

Editorial

How Should the Government Deal with the Rise In Health Care Costs?

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On the very day that our editor, Professor Hussain Dashti, asked me to write an editorial for the Journal, I was requested by the administrators of the Ministry of Health to provide them with a report regarding a particular event that took place in the hospital and was subsequently publicized in a local newspaper. I, therefore, thought it would be a good opportunity to write about this issue in this editorial.

The event that had been publicized in the newspaper relates to a patient for whom I had performed a coronary angioplasty and subsequently placed a stent in a coronary artery. Because of the benefits involved, the patient elected to purchase one of the new, more expensive drug-eluting stents (DES) rather than accepting one of the free stents provided by the hospital. Of course, he purchased it on his own volition after I had explained to him the advantages of the new stent versus the free stent. Somehow, a journalist heard of this incident and ended up writing about it in a newspaper column criticizing the Ministry of Health for not making such stents available free of charge to citizens.

The issue of these new DES has been the source of considerable publicity and debate in Kuwaiti society including the daily newspapers, "deewaniyas" and even the parliament. The Ministry of Health has been subjected to great deal of criticism as citizens continue to purchase these stents out of their own pockets.

To me this whole issue boils down to one question, which is: **"Is the Ministry of Health obliged to provide, all expensive new technology to its citizens, and as early as they appear on the market?"** The answer to this question is a very complex one. It involves patients, physicians and administrators/politicians. Obviously this question does not apply only to heart disease but rather is a broad question that applies to all branches of Medicine and Health Care. The answer

is even more complex when we realize that Kuwait's constitution is involved as well. The Kuwaiti constitution guarantees free health care to all Kuwaiti citizens. However, does that mean the provision of the absolute state-of-the-art health care, and the provision of all the latest upto the minute new technology free of charge?

This issue involves patients, physicians and administrators/politicians. As far as the patient is concerned, his/her health is at stake here. Talking about heart disease is always dramatic, for people associate it with a life and death situation. When patients are informed of the benefit of such device, most of them agree to have a DES even if they do not have the financial means. Patients would agree to such a procedure and might end up taking a loan and then file a complaint with their Member of Parliament for incurring such expenses. The same patient might take a much bigger loan to spend on a summer vacation abroad and never complain about it. One sometimes wonders what is more important, spending money on a summer vacation or spending money on one's health!!

As far as the second element of this complex matter, i.e. physicians, are concerned, we have been put in an awkward position. When people are ill, they want doctors who are up-to date, thorough, and technically skilful; and that is exactly what we have been trying to be. On the one hand we realize the superiority of such a new device to the degree that we believe it would be unethical not to inform the patient of its existence. On the other hand, our administrators prefer that we do not talk to patients about its existence and go ahead and implant the regular free stents that we have at our disposal. We find the latter impossible to do, especially as these stents become the standard of practice around the world.

The third element of this complex issue is the administrators/politicians who run our health care system. Just like physicians they have also been put

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in a very difficult position. They have to deal with daily criticism in the newspapers as well as patients visiting their offices with large bills that they have incurred during hospitalizations, not to mention the MPs who keep hammering them with all their might in the parliament. The administrators/politicians' problem is pure and simple, that is they are suddenly faced with a device that would cost them almost KD 750,000 per year (\$2,500,000), and they need to find a way of budgeting for this kind of sudden rise in health costs. They try to make it simple by saying that stents are available free of charge to all citizens and non-citizens. They also try to explain that it is the "patients' own decision to purchase a device from a source outside the hospital when an equivalent device is available free of charge in the hospital". Unfortunately, it is not that simple and the free device is not at all equal to the new device (DES). Simple answers and justifications that our administrators/politicians are putting forward are not any more acceptable. They need to come up with a new answer or a new policy. This new policy would either make these DES available free of charge to citizens or, if funds are not available, they should make it very clear to the public and their representative Members of Parliament that there are not enough funds to cover such new technology. The latter position needs a great deal of political courage on the part of our health care administrators/politicians, and an even greater deal of understanding on the part of the public and their representatives.

As a physician, I feel that it is totally unacceptable not to inform our patients of the presence of such new devices. Our job and ethical standards demand that patients be fully informed in order for them to make the appropriate choice as to whether to purchase the device or not. At the same time as a citizen, I think that the Ministry of

Health is not obliged to make this technology available free of charge as soon as it appears on the market. When new devices appear on the market for use they are usually very expensive and limited to one company. However, as the case always is, within a year or so other companies usually come up with similar devices and the competition makes prices go down dramatically. It would seem very reasonable to ask the administrators/politicians to make such devices available when their prices are reduced to a reasonable level. As a citizen, I feel it is impossible for our health care system to maintain coverage, free of charge, of all new and expensive technology; and it would be unreasonable on the part of the public to demand that.

This is an important issue that needs to be debated on a wider scale in our society. We are being faced with an epidemic of cardiovascular disease and a population that is growing older with limited financial resources. During the past 30 years medical practice has altered dramatically at a pace many find breathtaking. Today it is coronary stents, tomorrow it is some other device relating to neurovascular disease and next, it could be some other health-related device. Therefore, this issue will have to be settled; and addressing and tackling it now, is an essential step at this stage. This is an opportunity to start considering some form of comprehensive health insurance and phase out the one payer system that currently exists.

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