

Should Healthcare for NCDs Be Equated with Other Goods and Services? — Commodification of Health Care in NDCs

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doi:10.56397/JIMR/2024.06.05

Abstract

Healthcare services for Non-Communicable Diseases (NCDs) cannot be simply treated as tradable goods or services. The debate surrounding whether healthcare should be equated to commodities is complex, involving economic, ethical, and social considerations. While market-driven approaches can enhance innovation and efficiency, critics caution against the risks of inequality and the erosion of social solidarity. Commodification of NCD healthcare may worsen existing disparities, prioritize profit over patient well-being, and neglect prevention strategies. Balancing efficiency with equity and preventive measures is essential in managing NCDs effectively while addressing the shortcomings of a commodified healthcare system.

Keywords: healthcare commodification, Non-Communicable Diseases (NCDs), equity in healthcare, preventive healthcare, market-driven healthcare

1. Introduction

Health care is a fundamental aspect of society that directly impacts the well-being and quality of life of individuals. The debate over whether health care should be treated as equivalent to other goods and services, like consumer products, has been a longstanding and complex issue. At the heart of this debate lies the question of how society values the health and well-being of its citizens in relation to other economic priorities.

The concept of treating health care as a commodity, subject to the same market forces and principles as other goods and services, has been a topic of much discussion. Proponents of this viewpoint argue that by allowing market mechanisms to operate within the health care system, efficiency, innovation, and quality can be maximized. They contend that competition drives down costs, improves services, and increases access to care for all individuals, ultimately benefiting the overall well-being of the population (Milcent, C., 2018). On the other hand, critics of equating health care with other goods and services raise important concerns about inequality, ethics, and the social responsibility to provide basic health care to all members of society. They argue that health is a fundamental human right and should not be subject to the whims of market forces (Ekmekci PE & Arda B., 2015). Providing equitable access to health care is seen as a moral imperative that transcends economic considerations.

One prominent example that exemplifies the intersection of economic principles and ethical considerations in healthcare is the National Health Service (NHS) in the United Kingdom. The NHS is a publicly funded healthcare system that provides comprehensive and universal healthcare coverage to all residents. It operates under the principle of equity, aiming to ensure that individuals have equal access to healthcare services regardless of their socioeconomic status (Dobbs P & Warriner D., 2018). The NHS serves as a model of a single-payer system, where the government acts as the sole insurer and provider of healthcare services. The NHS experience offers insights into the challenges and benefits of a universal healthcare system. Proponents argue

that the NHS promotes social solidarity, reduces financial barriers to care, and achieves cost efficiencies through centralized administration (CCRI, 2018). However, critics raise concerns about the potential for long waiting times, limited choice of providers, and budget constraints leading to resource allocations that may not always align with individual preferences.

Studying the NHS provides a valuable real-world example of how different healthcare systems can balance economic considerations with ethical imperatives, shedding light on the complexities of healthcare policy and its impact on population health.

The link between noncommunicable diseases (NCDs) and the principle that 'other health care should be equivalent to other goods and services' lies in the importance of providing equitable access to healthcare services for the prevention, treatment, and management of NCDs. NCDs such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases require ongoing and often costly healthcare services, including medications, screenings, and specialized treatment (Kruk ME, Nigenda G & Knaul FM., 2015). Ensuring that healthcare services for NCDs are equivalent to other goods and services means recognizing the value of preventative measures and timely interventions in addressing NCDs, while also addressing barriers such as cost, availability, and quality of care to promote better health outcomes for individuals affected by these conditions (Information DoP, 2011).

2. Effectiveness, Acceptability, and Equitability of Healthcare Services in NCDs

Effectiveness, acceptability, and equitability between Non-Communicable Diseases (NCDs) and other healthcare services should indeed be equivalent to the standards applied to other goods and services (Montserrat Meiro-Lorenzo TLV & Margaret N. Harrit, 2011). Ensuring effectiveness means that interventions for NCDs should be evidence-based, tailored to individual needs, and result in positive health outcomes. Acceptability requires that services are respectful of individuals' preferences, values, and dignity, while also being culturally appropriate and accessible. Equitability is essential to address disparities in access and outcomes related to NCDs, ensuring that all individuals have fair opportunities to achieve and maintain good health. By applying these principles to NCD care, we can strive for a healthcare system that is not only effective, but also acceptable and equitable for all individuals.

2.1 Effectiveness of Healthcare Services

When evaluating the effectiveness of healthcare services, it is crucial to prioritize the sustained benefits in health by assessing both short-term improvements and long-term impacts on population health (Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al., 2018). Key health indicators should be tracked to measure the success of health care programmes in achieving lasting benefits (Batko K & Slezak A., 2022). Additionally, effective communication of healthcare services to the public is vital to ensure individuals can make informed decisions about their health. Accessible information about services, treatments, and care pathways should be provided, with a focus on minimizing disparities in access based on socio-economic factors.

Furthermore, the integration of technology and innovation in healthcare delivery is essential, especially in addressing healthcare challenges during global crises like the COVID-19 pandemic. The effectiveness of the healthcare system in managing such crises heavily relies on advanced health technologies such as telehealth, chatbots, virtual reality (VR), and artificial intelligence (AI) (Darwish T, Korouri S, Pasini M, Cortez MV & IsHak WW., 2021). For instance, telehealth has emerged as a crucial tool for improving healthcare delivery, allowing for increased access to medical services while adhering to physical distancing measures. Studies have demonstrated the effectiveness of telehealth in providing care across various health issues, contributing to the overall improvement of healthcare services.

In addition to communicable diseases like COVID-19, advanced health technologies are also playing a significant role in addressing non-communicable diseases (NCDs) such as diabetes, cardiovascular conditions, and mental health disorders (Hussein ESE, Al-Shenqiti AM & Ramadan RME., 2022). By leveraging technologies like chatbots, VR, and AI in healthcare delivery, providers can deliver personalized and proactive care for patients with chronic conditions, enhancing the effectiveness of disease management and preventive strategies.

Moreover, as healthcare services continue to evolve, there is a growing concern about the commoditization of healthcare. The emphasis on profit margins and the market-driven approach in healthcare delivery raise questions about the primacy of patient care and outcomes (Stevens R., 1985). It is essential to strike a balance between the commercial aspects of healthcare and the effectiveness of services in improving health outcomes and patient well-being.

2.2 Acceptability of Healthcare Services

The acceptability of a healthcare system extends beyond its clinical effectiveness to encompass social,

psychological, and ethical dimensions (Dyer TA, Owens J & Robinson PG., 2016). In evaluating the social and psychological acceptability of a healthcare system, factors such as patient satisfaction, trust in healthcare providers, and cultural competency in service delivery must be considered. Service users should actively participate in the planning and evaluation of healthcare systems to ensure their needs are met. Giving individuals a voice in decision-making processes, incorporating feedback mechanisms, and designing services with input from service users can lead to patient-centered care and improved healthcare outcomes (Krist AH, Tong ST, Aycock RA & Longo DR., 2017).

In addition, the quality of health services plays a crucial role in determining their acceptability. Quality assessment should take into account clinical outcomes, patient experience and adherence to evidence-based practice. It is important to recognise the impact of poverty on the acceptability of health services. Poverty can have a significant impact on access to health care, the quality of services received and, ultimately, the health outcomes of individuals. In low-income communities, limited financial resources can lead to difficulties in accessing necessary medical care, medicines and preventive services (McMaughan DJ, Oloruntoba O & Smith ML., 2020). This can lead to disparities in health outcomes and reduced acceptability of health services among disadvantaged populations.

It is important to note that non-communicable diseases (NCDs) and healthcare should not be viewed as commodities (Collins TE, Akselrod S, Mahy L, Poznyak V, Berlina D, Hatefi A, et al., 2023). The treatment and management of NCDs should prioritize patient well-being and health outcomes over financial gains. Viewing healthcare as a commodity can undermine the ethical principles of healthcare delivery and potentially compromise the quality and acceptability of services.

2.3 Equitability of Healthcare Services

Equitability in healthcare is essential to ensure fair distribution of services among individuals or groups (WHO, 2010). The equitable distribution of health-care resources and the accessibility of health-care services to different populations should be examined. Disparities in access to health care due to income, geography or social status should be identified and addressed in order to promote equity in health care.

Additionally, the healthcare system should be accessible to all individuals, including marginalized populations such as the poor or rural communities (RHIhub, n.d.). For example, in rural areas of China, access to healthcare services can be challenging due to long distances to medical facilities and limited transportation options (Guo B, Xie X, Wu Q, Zhang X, Cheng H, Tao S, et al., 2020). Residents in remote villages may have to travel significant distances to reach a healthcare facility, which can be particularly difficult for those with limited financial resources. Economic constraints, along with geographic barriers, can hinder individuals from seeking timely and necessary healthcare services, leading to disparities in health outcomes between rural and urban populations.

Equitability in the distribution of healthcare commodities for NCDs is essential for achieving universal health coverage and reducing health inequalities (Asaria M, Ali S, Doran T, Ferguson B, Fleetcroft R, Goddard M, et al., 2016). Governments, healthcare organizations, and international agencies must work towards ensuring that essential medications and technologies for managing NCDs are available and accessible to all individuals, regardless of their socio-economic status or geographic location (Loewenson R., 2022).

Efforts to improve equitability in healthcare commodities for NCDs include implementing policies to reduce the cost of essential medications, increasing funding for health systems in underserved areas, and strengthening supply chains to ensure a consistent availability of necessary products (Beran D, Pedersen HB & Robertson J., 2019; Williams JS, Walker RJ & Egede LE., 2016; Lugada E, Komakech H, Ochola I, Mwebaze S, Olowo Oteba M & Okidi Ladwar D., 2022). Additionally, promoting health literacy and awareness among disadvantaged populations can empower individuals to advocate for their healthcare needs and access available services more effectively (Kath Parson DJP., 2015).

3. Conclusion

In conclusion, Services related to NCDS prevention, management and treatment of chronic diseases cannot be treated as tradable goods or services. The topic of whether healthcare should be equated to other goods and services is multifaceted, encompassing economic, ethical, and social dimensions. The debate between treating healthcare as a commodity subject to market forces versus a fundamental human right reflects the complex interplay between efficiency, equity, and social responsibility in the provision of healthcare services (Mwachofi A & Al-Assaf AF., 2011). While market mechanisms can drive innovation and efficiency, critics rightly point out the risks of inequality and the erosion of social solidarity when healthcare is commodified (Christiansen I., 2017). In addition, there are the following weaknesses.

- 1) Inequity: The commodification of NCD healthcare may exacerbate existing disparities in access to care, with vulnerable populations facing obstacles in obtaining necessary treatments due to financial constraints

(Andrade CAS, Mahrouseh N, Gabrani J, Charalampous P, Cuschieri S, Grad DA, et al., 2023).

- 2) Profit-driven care: A system focused on commodification may prioritize profit over patient well-being, potentially leading to overutilization of services, inappropriate treatments, and higher costs for patients (Huang EC, Pu C, Chou YJ & Huang N., 2018).
- 3) Prevention neglect: The emphasis on treating NCDs in a commodified system may overshadow investments in preventive strategies, health education, and population-based interventions, which are critical for reducing the prevalence of NCDs in the long term (Budreviciute A, Damiati S, Sabir DK, Onder K, Schuller-Goetzburg P, Plakys G, et al., 2020).

Overall, while the commodification of healthcare for NCDs can drive efficiency, innovation, and individual choice, it also raises concerns about inequities, profit motives, and a potential neglect of preventive measures. Striking a balance to ensure that commodification benefits patients while addressing these weaknesses is crucial in the management of NCDs.

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