PHYSICIAN POWER AND POLITICS: MEDICAL DOMINANCE AS A BARRIER TO HEALTHCARE INTEGRATION

Urooj Zaman

Purpose

To determine the effects of medical dominance on three areas of healthcare integration: consumer-focused approach, continuum of health services and the use of electronic records.

Approach

An analysis of secondary resources in the healthcare field is done to identify existing views on medical dominance. Insufficient integration is attributed to inefficiency in primary care services resulting from biased physician behaviour.

What is healthcare integration?

"A network of organizations that provides or arranges to provide a coordinated continuum of services to a defined population and is held clinically and fiscally accountable for the outcomes and health status of the population served" (Zon, 2013). Integrated health care system is seen as the 'ideal system' due to its potential benefits of improved patient experience, improved clinical and financial outcomes.

What is medical dominance?

Medical dominance allows physicians control over four areas: (1) the content of care (2) clients (3) other health occupations and (4) healthcare policy. In the 19th century, the state granted medicine **a monopoly** on the 'free' market in healthcare (Coburn, 1993). The state further supported this monopoly by restricting the role and funding of other healthcare professionals. Physicians occupied key posts and controlled other healthcare occupations through education, professional organizations and labour process.

Is continuum of care being neglected?

YES. Continuum of care involves the 'seamless' coordination of healthcare and social services. Medical dominance has prevented the integration of Complimentary and Alternative Medicine (CAM) into the healthcare system Allopathic physicians are biased and hesitant in referring patients to CAM providers and herbal alternatives to allopathic drugs (Lexchin, 2010).

Is consumer-focused care being neglected?

YES. The focus on the provider is evident in high physician remuneration, which is higher for physicians than other healthcare professionals and has been increasing since 2005 (Gregory, 2013, 67). Physicians account for 43% of total health spending. See Figure 1.

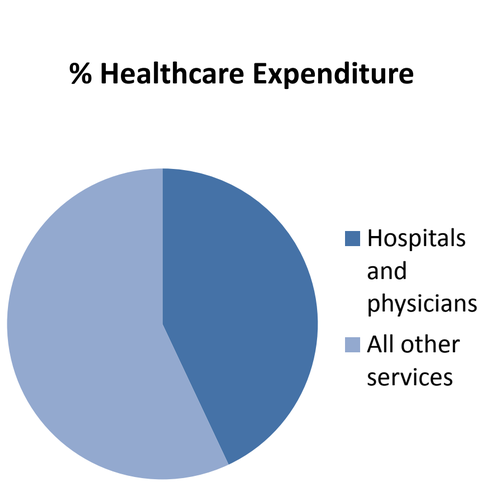

Figure 1: Division of healthcare expenditure by percentage

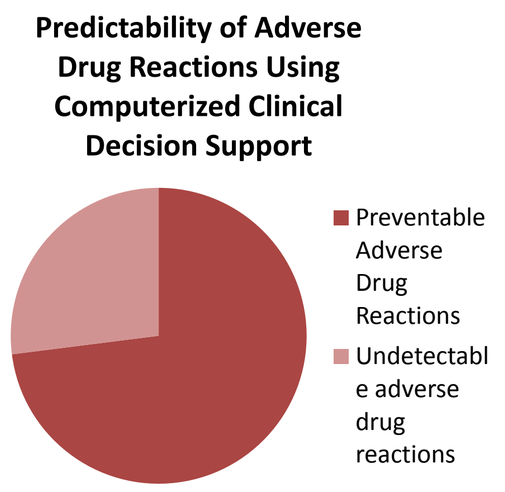

Figure 2:Use of e-health and Computerized Clinical Decision Support to prevent 73% of all adverse drug reactions

Is the use of e-health being neglected?

YES. The resistance to e-health stems from physician resistance to cultural change (Hannan & Celia, 2013). Millions of unnecessary tests are being ordered by physicians, costing approximately $4.55 million a year. Physicians are hesitant in using e-health technologies and there has been no formal pressure on physicians to adopt e-health strategies. An example of neglecting the benefits of e-health can be found in Figure 2.

Conclusion

Physician autonomy functions as a barrier to achieving an integrated health system. Medical dominance neglects the following integration principles: consumer-focused care, continuum of care and use of e-health. The current healthcare system is provider-focused, which is evident in physician remuneration. Physicians have aimed to reduce the role of other healers, such as CAM providers. In addition, high physician autonomy has resulted in the resistance of the e-health initiative. Despite its costliness, disastrous clinical decision making, and the resistance towards e-health technologies continues.