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Who Is the King?

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My dear international reader, let me introduce myself: I am an ophthalmologist working in a small university hospital in Croatia. The city where my hospital is located has 200 000 inhabitants, almost as many as a longer street in China. My whole country has fewer citizens than Munich, Germany. Gross domestic product of my country amounts to less than a half of the European Union average, and our national health budget is so humble that it would probably move each and every of 27 European health ministers to tears. At the same time, a considerable portion of medical equipment in Croatian hospitals is of noticeable historical value, which is not so bad since it could probably be sold to an American technical museum to obtain funds for buying new instruments. (I almost forgot: I am a woman, and certain number of patients in our country still put greater trust into male than female physicians.)

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So, what can a physician from such a hospital and such a health system say to the colleagues from wealthier countries with better

organized health care systems? Actually, quite a lot, I dare say, especially because our therapeutic outcomes are very similar to those in health systems with more advanced medical technology.

Also, some would think that problems in our health care system are fundamentally different from those in the countries that are much more or much less developed than Croatia, but this is just not true. Health care systems all over the world are based on almost the same principles and suffer from very similar problems. In this country, the problems are just more pronounced, since we do not have enough money and technology to conceal them.

Most physicians in Croatia believe that they would be more successful with better equipment. It is not much different, not only in Sub-Saharan Africa, but also in best equipped hospitals of the world – just one more little medical gadget, and professional happiness of the physicians would be infinite...

Croatian physicians believe, just like their European, American, and Asian colleagues, that disassembling a phenomenon into its constitutive parts, connecting it to a measuring instrument, scaling it, and expressing it in digits and measuring units – makes it instantly more distinct and perceivable. However, many important discoveries were made with no technical aids. For example, cellular automaton and system of deterministic chaos were discovered using no more technical devices than a pencil and piece of paper (1).

Why Cubans still survive their teen age?

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Just like the whole world, Croatian physicians are overwhelmed by strong optimism when technology is concerned, entertaining the belief that all medical problems could be solved by just a few more new gadgets. Furthermore, they believe that the problems caused by technology can be solved only, solely, and exclusively by even more technology (2).

Unfortunately, technology and money are certainly not magic bullets for problems in the health care system, as much as the amount of health is not proportional to the amount of money invested. Let me illustrate this by some simple statistical evidence.

According to WHO statistic, life expectancy at birth is almost the

same in Cuba as it is in the USA (for men – 75 years in both countries; for women – 80 years in the USA and 79 years in Cuba), and mortality among children under five years due to neonatal causes is lower in Cuba than in the USA (49.9 compared with 56.9 in 2000, the latest available year). Gross national income per capita for 2006 (Purchasing Power Parity methodology, measured in international dollars) was \$41 950 in the USA, as opposed to \$906 to \$3595 in Cuba. Total expenditure on health, as percentage of gross national income, was 6.3% in Cuba and 15.4% in the USA (3).

Per capita total expenditure on health in 2004 (the latest available year) was \$229.8 in Cuba and \$6096.2 in the USA (4). In other words, total expenditure on health, as percentage of gross national income, in the USA is 2.5 times higher than in Cuba, and per capita total expenditure on health in the USA is – believe it or not – 26.5 times higher than in Cuba. It is obvious that, if the amount of health is proportional to the amount of money invested, Cubans would not live much longer than their teen age.

Despite the fact that the USA has the largest health care budget in the world, both in relative and absolute figures, it seems that their model of free enterprise in health care is more expensive and less efficient than health care models in some state-driven and less wealthy countries, like Canada or UK (or Cuba, for that matter).

What would Aristotle suggest?

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In every country and every time period, health care has been influenced and modeled by social reality. Three concepts have usually been considered to be the driving forces of social change. Socrates envisioned the community as a bearer of social changes. Plato thought the state is entitled and able to bear the changes, and Aristotle gave this power to the private entrepreneur (embodied in his disciple, Alexander the Great) (5).

Each of these three concepts had its rise, zenith, and decline, and was superseded by a more advanced and enhanced system. Today, some consider neoliberal capitalism to be the last and most perfect social system, but we must keep in mind that there were people who considered slavery to be quite an advanced and humane system, since war captives were enslaved instead of being killed right away.

Similarly, the model of privatized health care system is far from being ideal, contrary to the prevalent opinion. Unfortunately, the Americanization of health care system is impending in Croatia, as well as in the majority of transitional and developing countries. In this process, Croatia will have to learn from its own mistakes, so in next columns we will discuss some of the mistakes that have already been made – in hope of helping others to learn from our experience.

Why is the patient loosing patience?

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Likewise, I will raise questions, many questions, even on the simplest and straightforward matters, which we are used to take for granted. For instance, who is the physician? Although, modern high-tech medicine transformed the physician-patient relationship into person-machine-person, or even person-machine relationship, in my opinion, person-person relationship remains the core of quality health care.

Slovenian sociologist and philosopher Slavoj Žižek, in his book “The Sublime Object of Ideology,” wrote that a king is the king only because his subjects loyally think and act like he is the king (6). Accordingly, a doctor is the doctor only because his patients loyally think and act like he is the doctor.

Nowadays in Croatia, just like in America or Asia, more and more patients do not behave in this way. The patients come to the doctor’s office, waving a bundle of medical information freshly downloaded from the Internet. Essentially, the message is “I can do it myself.” The today’s patients not only refuse to take into consideration that doctors really are doctors, and that they should treat them as such, but they seem to lose their patience altogether. And even more, modern patients argue that the term “patient” should be discarded, because it connotes an inferior status of the recipient of health care, suggesting the term “health care consumer” or “client.”

So, who is the patient? With patients who lost their patience and doctors who find it hard it to be the kings before their patients, what is medicine? In the age of medicalization and defensive and anticipative medicine, what is health?

Possibly some readers might take it against me that I have more questions than answers. Well, as I said before, problems caused by

technology cannot be solved by more technology. This is because technology is fundamentally stupid; all that it can provide are answers. It cannot pose questions, but we humans can, and will.

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