

Physicians roles and responsibilities in relationship to hospitals



The paper "Physicians' Roles and Responsibilities in Relationship to Hospitals" is a brilliant example of a term paper on health sciences & medicine. A physician has the most predominant role in a hospital setting as he or she has to make vital decisions about the healthcare of the general public or patients in the hospital. The rules and law governing the country's Medicare facilities have vital influences on the medical practitioner. The healthcare regulatory authorities of the country frame certain amendments from time to time keeping in view medical ethics as well as the health requirements of its people which necessitate certain mandatory duties to be followed rigorously by the physicians. A physician thus enjoys certain privileges as well as the huge responsibility of making decisions which can make a difference between life and death.

Healthcare industry reforms are introduced as a continuous process and by changing governments based on their health policy. These reforms have a telling influence on all those affected by them, especially the physicians who occupy an important position in the medical hierarchy. hospital-physician integration is, therefore, an activity which demands top priority. According to a monograph published by the American Hospital Association's Centre for Healthcare Governance, authored by Duffy J. H. & Green T. (2007) on the subject of 'hospital-physician clinical integration', increasing level of concern is being expressed by both physicians and hospital administrators about the methods employed in their working together which both parties believe have much room for improvement as both parties are at odds and disadvantaged.

Physicians, in general, operate either individually or in medical academic institutions and community health organizations. Individual efforts are

successful in small towns with minimal population but generally, physicians
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with varied specializations operate as a group with close cooperation in large community health/academic environments, as modern advances in diagnosis and therapy are highly technical and require teamwork for successful operation.

Hence management of large healthcare institutions has become an elaborate and intricate science in recent times. Regulation of physician-hospital integration has been attempted from time to time as and when technology has put up new challenges. Clinical integration is, therefore, a new challenge which should follow a similar pattern throughout the country. In order to achieve this, a new federal health policy named " Safe Harbor" has been enacted in the United States from October, 2006, which allows hospitals to donate ' Electronic Medical Records (EMR) which includes hardware, software, internet connectivity, and training and support services to the physicians' (Duffy J. H. & Green T., 2007). The recipient physicians have to contribute 15% to the donor of this service. This policy is aimed at achieving integration between hospitals and physicians at a national level and aimed at achieving a positive return of investment in information technology.

According to Duffy & Green (2007), there has been a trend towards disaggregation of hospital services which in the past existed as a wholesome unit. The advent of super specialization has led to the development of specialized facilities such as radio-diagnosis, clinical pathology, neurology, orthopedics, ophthalmology, radiation medicine, etc. which exist as individual entities manned by the concerned specialists. The authors believe that market forces contribute substantially towards the need for achieving hospital-physician integration in modern times.

HFMA (Healthcare Financial Management Association) in an online article <https://assignbuster.com/physicians-roles-and-responsibilities-in-relationship-to-hospitals/>

published on August 8, 2007 states that the hospital-physician relationship has evolved in a manner in which physicians have a tendency to shift towards super specializations which are high paying professions rather than sticking to family practice and internal medicine, and are thus becoming direct competitors of hospitals. There are various factors responsible for this phenomenon. For the hospitals, weak financial reimbursement, staff shortages, increasing technology, consumer expectations and competition from clinical providers are the vital stress factors while for the physicians, reasonable compensation, clinical autonomy and optimum balance between professional and personal times have special overtones. An article published by the Arizona Hospital and Healthcare Association in December 2005 focuses on the relationship between physicians and hospitals over the twentieth century and compares it to 'saving a marriage' which highlights the crisis this relationship has suffered over this time period. The physicians feel that hospitals were using their enigma and charitable character as a service to the human race as a selfish profitable business while ignoring the physicians' interests. They believe that the hospital administrations were taking all possible means and measures to divert the flow of funds from the physicians' pockets to their own. The hospital administration which is in the control of nonphysicians is so polarized that it lead the administrators to make a remark "...doctors because they are doctors, are hard to fit into hospital organization." (Arizona Hospital and Healthcare Association article, Dec. 2005). The physicians want to be more independent with minimal barriers between them and the patients.

In short, they aim at more autonomy while the administration is more

concerned about making hospitals a profitable business with managed

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efficiency in which the physicians have to follow a certain set of rules which do not jeopardize the overall management efficiency of running the hospital. This inculcates a tendency within the physicians to work as groups together in more outpatient-based environments rather than public administered hospitals, in order to exercise their own set of rules and reap the benefits of their professional skills for themselves. The paper by HFMA stresses that this discord between the physician and the hospital has come into force ever since the ' industrialization' of the American health care has begun from the dawn of the twentieth century. When physicians work independently, they are more liable to deal with patients who have medical reimbursement benefits which directly translate as an advantage for the physician while in a hospital environment; this is not possible as the patients are usually from low-income groups.

Conclusion

With the advent of the modern economy in the world which is getting more or less cosmopolitan in character, it has become essential for a middle path to be followed for medical services as both independent operations and totally organized large healthcare facility is not possible within the present economic constraints. Physicians have to weigh the pros and cons while deciding to work independently or in a professionally managed hospital environment according to their practical professional requirements. Interests of both factions need to be considered in a judicious way in order to achieve a balance which provides professional satisfaction to the physicians as well as a sound business for hospitals.