

# Health care vs disabled essay sample

[Health & Medicine](#), [Healthcare](#)



Pro 1st: In Korea today, there is an increasing number of people who doesn't have access to health care, such as proper cancer insurance because of their inability to pay the amount that they need to get the care they want despite the Korean National Health care system. It is because the National Health Care system does not cover serious illness such as cancer. Hello my name is Sang-eun Kim and I am the 1st speaker on the proposition side. I will first say our team's burden, define the topic and move on to my argument. Our team's burden is that we should prioritize health care for all people in Korea instead of prioritizing the people who have disabilities in Korea.

We will define prioritize as treating it as more important, subsidies as financial aid, health care as medical care, such as proper medical treatment and people who is permanently with any impairment which limits the physical function of limbs, and also which limits other facets of daily living. I do think that the health care program in Korea is excellent however, that does not mean it's faultless and that does not mean it is any less a problem to fix than increasing financial support for physically disabled. Because the health care program in Korea focuses on equality, there is lots of gaps-problems that we need to fix, such as serious illness such as cancer which the NHIC does not cover which means that a lot of Korean people with cancer suffer from bankruptcy+cancer., etc. NHIC doesn't cover complex disease

First, the coverage under the Korean national health insurance is not as good as the European countries, especially when it comes to more expensive diseases. Given that Koreans generally pay less for premium compared Europeans/Canadians, NHIC tends to be more conservative on what type of procedure counts as covered. This is not a big deal with primary care where

<https://assignbuster.com/health-care-vs-disabled-essay-sample/>

a procedure for common cold, for example, is straightforward. But this could pose a problem when it comes to a continual condition or a complex disease like cancer where there are many extra tests, etc. that the national health insurance does not cover. (Which this makes cancer insurance a good idea for many Koreans.) It also does not help that these diseases/conditions drag on for years.

The end result is that while European/Canadian national health insurance pays up to 90 percent of the total medical cost, Korea's national health insurance ends up paying around 55 percent of the total cost. While Korea does not have too many cases of a middle class family receiving treatment all the way to bankruptcy as happens in America, there are definitely cases where lower-middle class families do not invest in a private health insurance and later get bowled over by cancer treatment expenses Doctors get lower wages

Second, doctors just don't earn a whole lot of money. Korean doctors are well-off compared to the rest of the society, but they earn about half of European and Japanese doctors, and about a quarter of American doctors in PPP-controlled income. This is because even if you are the best doctor in the country, you still have to charge the NHIC-set price – and the NHIC price, compared to the rest of the developed world, is pretty low. There is some differentiation in the NHIC price that factors in the doctor's expertise, the hospital's facilities, etc., but that difference is not big. For each of the same medical procedure, Korean doctors can only charge one-eighth of what

American doctors charge one quarter of what European/Japanese doctors charge. The results

This has real effects on healthcare. Think about it from the doctor's perspective – if the price is fixed, how can they earn money? Broadly, there are two ways: (1) see more patients; (2) perform treatments that have a higher NHIC price or are not covered by NHIC

Because Korean doctors are incentivized to see more patients, they often cram in as many patients as they can, in a practice called “ five-minute diagnosis.” As of 2005, each Korean doctor sees three to four times more patients than doctors in other OECD countries. Many Korean patients complain about this practice, as they do not feel adequately cared for.

Korean doctors are also incentivized to over-treat a patient or recommend more expensive treatment. For example, Korea is the world leader in caesarian delivery – a whopping 43 percent of all births – partly because doctors are more likely to recommend a c-section, which has the higher NHIC price. Korea also has more hospital beds, CT scanners and MRI machines than OECD average, partly because hospital stay and advanced scanning has the higher NHIC price. Koreans have longer hospital stays than the OECD average, for the same reason. One can argue under this system, patients who do not require extended hospital stay are wasting resources. Also, to avoid the grip of the NHIC price, top medical students often adopt a specialty that the NHIC generally does not cover, like plastic surgery.

Doctors also look for other ways to get paid under this system, and the most common way is to receive kickbacks from pharmaceutical companies for prescribing their medicine. This practice sometimes leads to a pattern of over-prescription that has a direct consequence on the national health. For example, Korean patients are notorious for having high immunity against antibiotics, because very strong antibiotics are over-prescribed partly due to doctors' profit motives.

By fixing the problem of KNHCS, more people could be able to enjoy a healthy life, Korean doctors will be able to get suitably paid. As I've said before, Korean health care program is great in the fact that they cover everyone but just the rich, like the American but we still have lots of problems that need to be fixed before it causes another problem.