

Healthcare system in turmoil essays example

[Economics](#), [Insurance](#)



Introduction

The healthcare system in the United States and many developed nations is considered to be in turmoil. Access to care and the cost of care are two major issues observed in the healthcare system. The healthcare industry, like any other business sector has suffered from bankruptcies and market-driven failures. The best example of healthcare system turmoil was observed in New York between 1983 and 2006. Over 63 nursing homes and 70 hospitals shut down due to the lack of financial and healthcare resources. Many patients complained of lack of healthcare services in many parts of the country. The healthcare system in the United States received lot of criticism owing to its improper management and services. The lack of healthcare resources and the reduction in the number of hospitals and nursing homes added to the depreciating healthcare system. (Shapiro, J., K., et al; 2008) However, the paper highlights the two major problems in the health care system. The increasing cost of care has led to turmoil in the healthcare industry. Many people in the United States and developed nations do not have a medical or healthcare insurance. In the cases of emergency care, the scenario seems to have worsened. Many theorists and researchers have blamed the government and healthcare system management for such a turmoil to have happened. It is important to understand the needs of the sick, injured and hospitalized patients. Many patients (Injured or sick) do not have access to proper healthcare facilities. The cost associated with emergency care is too high for uninsured people. The time taken at a healthcare facility adds to the cost of care to most people. Moreover, the lack of patient protection and affordable care laws by the government has

added to the problems of the healthcare system. The paper highlights the two major problems in the healthcare industry that are access to care and cost of care. Lastly, the paper would also highlight the benefits and risks of national healthcare insurance. (Shapiro, J., K., et al; 2008)

Lack of Access to Healthcare:

An uninsured individual may suffer from various healthcare benefits like the lack of access to primary and preventive healthcare. Many uninsured individuals face problems in emergency rooms. More than 70% of uninsured individuals pay more for medical care compared to insured individuals. Individuals who are uninsured may often go without screenings and preventive care. Many emergency care facilities and hospitals demand high fees from patients for preventive and primary cases. In such an event, the lack of medical insurance could leave a patient distressed and prevent him/her from accessing primary healthcare services. Medical costs during and after the medical intervention has also been associated with the patient lack of access to healthcare. However, the lack of access to healthcare cannot be blamed to individuals alone. Some healthcare facilities do not have sufficient resources like diagnostic tests and emergency beds. The lack of healthcare resources can led to the lack of access to primary healthcare facilities in some cases. However, the number of uninsured patients and low-income background individuals are high. These patient populations may suffer from the lack of access to primary healthcare. (Taroni, F., et al; 1998)

Cost of Care: The costs incurred before, during, and after a medical intervention are considered to be high in most cases. The number of low-income and uninsured patients are higher compared to insured and high-

income patients. In such cases, the healthcare system in the United States had to face a turmoil. The healthcare industry cannot afford to provide low-cost healthcare facilities to the masses. Many patients are unaware of the costs associated with primary and secondary healthcare facilities. More than 70% of healthcare facilities consists of low-income and uninsured patients. However, many patients leave the healthcare facility due to the high costs and the lack of medical insurance. The next section of the paper would highlight the risks and benefits of healthcare insurance. (Taroni, F., et al; 1998)

The benefits and risks of healthcare insurance

Healthcare insurance is considered to be a vital asset for many individuals. Many people prefer national healthcare insurance that would cover major health disorders and their associated hospitalization costs. Many healthcare insurance policies cover the hospitalization costs incurred due to an emergency (accidents) or sudden health disorder (example cardiac arrest). However, some of the insurance policies are linked with hospitals. If the individual is hospitalized in healthcare centers not linked with the policy, the patient may have no rights to claim such healthcare insurances. Healthcare insurances provide benefit to more than half a million people in the United States. However, each insurance policy is based on the monthly/yearly installment paid by the customer. Higher the yearly installment paid, higher would be the amount of insurance. In more than 70% of cases, the costs of medical intervention is higher than the medical insurance. It is important to understand the costs associated with hospitalization and post-medical intervention. (Glied, A., S. 2008).

In some cases, healthcare insurance policies would not cover for pre-diagnosed diseases like diabetes. Many healthcare insurance policies would also make the customer sign an undertaking stating that the costs of hospitalization due to long-term acute diseases like HIV/AIDS, cancer, Parkinson's diseases would not be covered. On the other hand, some healthcare policies would cover certain costs for long-term diseases. Such healthcare insurances would cover the costs of medications to some extent. It is important that people understand the importance of healthcare insurance policies. (Glied, A., S. 2008).

References

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