

Maldistribution of physicians

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Mal-Distribution of Physicians Any country around the world relies on physicians for the provision of quality health care. Therefore, most of the countries envisage in having a right number of physicians to address various health challenges. At the same time, there is a need for control on number of physicians as surplus may be a burden when it comes to payment. On the contrary, shortage of physicians affects provisions of health services. United States continues to boast of high number of physicians. However, there exists physician's shortage in some parts of the country. The shortage has been attributed to mal-distribution of physicians in terms of both geography and specialty (Shi and Singh 85). Mal-distribution is defined as an excess or a scarcity of any given physicians needed in safeguarding of health status of any given people at a best possible level (Shi and Singh 85). The paper seeks to define the problem related to mal-distribution and imbalance of specialty in United States concerning physicians and then provide possible solutions to the problem.

Mal-distribution of physicians has been a problem. The United States is not spared of this problem. Some parts of the United States have inadequate access to health care (Rosenblatt and Hart 348). The shortage of physicians in the rural setup has been a nagging problem with the country medical care system. It is estimated that close to 20% of the United States population live in rural areas. However, the number of physicians that are in these areas is alarming. As noted, only 9% of the country physicians practice in the rural communities (Rosenblatt and Hart 348). There has been increased supply of physicians. However, rural areas still are far below the current urban supply of physicians.

There are various factors likely to have an influence on physicians supply.

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One of such factors is specialty mix. Specialty is seen as having an influence on physician location choice for various specialty groups (Rosenblatt and Hart 348). In United States, family physicians are seen as distributing themselves based on population. However, other specialties are seen to stay likely in areas with more progress (Rosenblatt and Hart 348).

There are various things that can be done to avoid the problems in the health sector. The first crucial thing is to fix the medical education system (Rosenblatt and Hart 350). The change will help in ensuring that there are more physicians in rural areas. The system should be ensured it selects, trains, and deploys more majorities of health workers that choose to work in rural areas (Rosenblatt and Hart 350). Secondly, offering incentives can be a crucial thing is addressing the problem. For example, there can be more pay to those individuals that chose to work in challenged areas or areas perceived rural. As a result, the physicians will most likely settle in these areas. The option has been successful in countries such as Britain and Canada (Rosenblatt and Hart 350).

In addition, there should be changes to current policies concerning health care by federal authority. The changes should ensure that there are ways of increasing access to health care. For example, there should be programs that will help in offering direct services to underserved areas. An example of such programs is having community health centers (Rosenblatt and Hart 351).

Furthermore, there can be ways of encouraging non-united states citizens to work n challenged areas. For example, there can be a waiver of visa restriction on condition that one will work in an underserved area (Calman and Hauser 10). The effect will be increased number of physicians in these

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areas.

In conclusion, it is clear that mal-distribution and imbalance of specialty have been an issue in the United States. As a result, most areas have become underserved. Hence, there should be the implementation of programs that can ensure the challenge is reversed.

Works Cited

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