

Globalization of Healthcare: A U.K. Perspective



COMMENTARY

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ABSTRACT

This commentary identifies the ability of the globalization of healthcare information and knowledge to empower populations and individuals. This, in turn, allows people to better hold to account the vested political and professional interests in order to provide or enable improvements to access and delivery of modern and effective health services. The author argues the importance of the wealth of the population to the availability of good healthcare and the contribution that healthcare industries and services could make to the economy of a particular country, notwithstanding its status as a developed, a developing or an underdeveloped nation.

IN REVIEWING THE PAPER by Cortinois, Downey, Closson and Jadad, I have focused on two areas of particular interest to myself:

- How can different countries deal with globalization in the context of their existing cultures, beliefs, resources and systems?
- How do we deal not just with the

impact of globalization on the health-care delivery systems of the various jurisdictions, but also with the massive impact and potential to a country's economic health of claiming a share of the economic activity that this massive enterprise – the health industries and services sector – represents on a global level? This currently is estimated to be about 20% of global GDP.

U.K. Perspective

My response to the lead paper has to be read from the perspective of someone now living in the United Kingdom. In this regard, I would also reiterate my long-held belief that while there are opportunities to learn and disseminate best practice on a global basis, we have to remain cognizant of the fact that any global initiative has to be considered in the context of the local culture, values, philosophy, systems structure and resources. Even between Canada and the United States it is always necessary to point out, when considering the importation of ideas and approaches, that the overarching American philosophy is “life, liberty and the pursuit of happiness” whereas Canada is all about “peace, order and good government.” Thus, approaches to availability and equity of access would be addressed very differently between these two neighbouring countries.

Similar examples of such overarching considerations are to be found in the United Kingdom. In the United Kingdom, there is a preoccupation with the preservation of the National Health Service (NHS) as an entity in its own right, whether from a philosophical perspective (the present government), an employer perspective (the unions and professional associations) or as a “free service” (the post-war population). As a result, any discussion about the health and well-being of the population is measured in terms of the preservation of this “institution” in its current form as being the paramount consideration. Such rationale will be familiar to Canadians who similarly find the Canada Health Act flag being waved at any hint of change in their provincial systems. In the United

Kingdom, such affection for an institution has been manipulated politically to obscure the fact that the United Kingdom has the lowest cancer survival rates in Europe; for example, five-year-survival breast cancer rates are 78% in the United Kingdom compared to 93% for Europe and 97% for the United States (Datamonitor UK Cancer Survival, July 2002). The United Kingdom also has the highest incidence and death rates for ischaemic heart disease but one of the lowest rates of CABG and other treatment indicators (OECD Ischaemic Heart Disease Study, June 2002).

In this case, the salvation of this appalling situation lies in the effect that globalization of knowledge on best practice has on expectations. Think-tanks, the media and the Internet are creating an awareness of the appalling state of the current U.K. healthcare system. This has released a level of public anger to the extent that, for the first time, people are demanding at least equivalent levels of service to their European if not North American neighbours. We therefore have the paradoxical situation that a left-of-centre government is setting hospitals free from direct central control (promised before but never delivered by the right-of-centre Conservative Party) and developing “the third way” where the private sector will deliver service to NHS patients.

The Paradox of Globalization

My reason for bringing in the above U.K. situation to a discussion on globalization of healthcare is to highlight what I believe are some of the fundamental issues overlooked in the lead authors’ Canadian perspective on globalization. The United

Kingdom is the world's fourth wealthiest developed nation in terms of GDP, yet for reasons cultural and structural it has not been able, to date, to respond to the global standards of best practice. If this were extrapolated to the developing nations, it is apparent that the capability of their systems and finances to respond to the globalization of healthcare knowledge is even more remote. This creates an ethical and philosophical dilemma. As we shrink the boundaries of knowledge, do we create an expectation that neither the country itself nor the world at large can possibly meet?

The examples in the lead paper, while heart-rending and engaging, do not address the pragmatic issues of how healthcare and novel interventions regularly practised in North America could or in fact should be introduced in other countries with different values and impoverished systems. There are a number of aspects to this dilemma:

- Is it a catalyst for change to ensure access to current health information and latest interventions available? As previously stated, this globalization of best practice has been a valuable force for positive change for countries such as the United Kingdom, where the wealth exists but the population has been short-changed through ineffective system management and prioritization of available resources. There are also other developed and developing nations who need similar external pressure to be exerted, to ensure they are allowing their populations access to services and choice as to the allocation of resources to permit achievable improvement in health outcomes.
- Will knowledge of the “art of the possible” in other jurisdictions inappropriately lead to resources being consumed on heroic interventions, thus diverting a country's limited resources from providing basic services that would have a greater impact on the overall health of the nation? Examples cited are liver transplant operations and the separation of Siamese twins in developing countries. It has been demonstrated that often complex interventions and “sexy” technology attract resources and funding in jurisdictions that lack generally available primary and secondary care infrastructure (David Sanders, *People's Health Movement, Medicalization of Healthcare and the Challenge of Health for All*). Many examples of WHO/IDB-funded sophisticated tertiary hospital facilities stand unused in Central America and Africa today because of misguided attempts to impose developed nation solutions (Background Paper No. 5 World Summit on Sustainable Development, March 2002).
- Does it lead to focusing on a specific intervention, which for political reasons may seem attractive but in isolation will probably be ineffective? A recent example is the desire to obtain high-priced combination therapy drugs to treat AIDS in sub-Saharan Africa when it is widely acknowledged that the community health support and infrastructure does not exist to support such interventions (White House Executive Order, May 2000). However, by deflecting attention to easy targets such as the global pharmaceutical companies, the real

issues around the need for basic healthcare infrastructures in developing countries and the effective use of the current resources provided are clouded and go unaddressed.

Globalization of World Markets

In the schematic shown in the authors' lead paper (Figure 1, page 15), globalization of world markets is shown as an influence only on healthcare systems. This relates to the potential opening up of the healthcare provider markets to outside companies. There are, however, more profound opportunities and impacts from globalization that deserve more careful consideration and analysis. There are many aspects of world markets that will affect countries at all levels of their future economic development, and this should be a major consideration of any review of the impact of globalization on healthcare. Similarly, there are challenges and opportunities that need to be recognized and managed.

- Developed nations are building capability to exploit the value of the intellectual property developed in their universities and academic institutions. This requires a critical mass of clinical expertise and capability and regulations that makes it attractive for companies to partner with these institutions and to have access to product development resources and scale-up. Hence, Canada, United Kingdom, Scandinavia and Germany have attempted to create environments that are attractive to both start-up ventures and the companies that

will benefit from access to the future products developed.

- Developing nations such as India, Malaysia and Egypt have built capability to attract relatively high paid manufacturing jobs that health industry products require. Singapore is an example of a country that has moved to developed nation status based on such a strategy.
- Underdeveloped nations in bio-diverse regions, particularly rain-forest areas, see the pharmaceutical and medical-device-related industries as having huge future potential. This may initially be as a source of fine chemicals and active ingredients and in the future as a potential manufacturing centre.

Health industries and services directly and indirectly account for up to 20% (and rising) of the world's GDP (*OECD Observer*, Healthcare Expenditure, December 2001). Each of the above scenarios relates to the relevant potential health-related opportunities to improve the economic well-being of the various types of countries, which surely has to be a priority and a fundamental building block to allowing countries to benefit from the globalization of knowledge and skills. It would, in my mind, be naive to not take into account the connection between health services in a country and its economic development. There is also an intuitive belief that economic investment and access to a market, while never formally acknowledged, does exist and should therefore be given consideration in any paper assessing the impact of globalization.

Conclusion

I have attempted to identify two major themes that I believe are important consequences of the globalization of healthcare and that are not recognized in the lead authors' paper.

- There is a paradox in the impact of globalization on healthcare. It has two potentially contradictory effects in empowering the population at large: it provides the evidence and ammunition to allow fundamentalist political beliefs that stand in the way of meaningful change to be challenged; on the other hand, it can create expectations that are beyond the desire, capabilities and/or resources of particular jurisdictions to deliver within their existing institutions and systems.
- The impact of healthcare industries and services as an economic engine for all countries is an opportunity to create wealth to improve the determinants of health and the provision of services.
- In any enterprise, from a management perspective, one would always look to ensure that the philosophy, structure, processes, information and resources are aligned. If any of these components are misaligned or, even worse, working in opposition to each other, this creates a dysfunctional organization. This analogy can, I believe, be carried through to the topic of this paper – the globalization of healthcare. If information – for example, as we have now through the power of the Internet – is ahead of the structures, resources and processes to respond in various jurisdictions, then we are potentially creating forces for

change both positive and negative. These potential forces need to be managed, and I believe the developed nations have a responsibility and obligation to do this in a pragmatic and equitable fashion. Information is power, and as the disseminators of information we have the responsibility to use it wisely.

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