



Ethical Implications of For-Profit Physician Care for Indigent Population

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Abstract

Primary health care physicians (PCPs) are facing dissatisfaction with current medical practice models, resulting in the scarcity of doctors delivering traditional medicine. They switch to a different practice, one of which is concierge medicine. A 2012 survey of 13,000 physicians reported that 6.8% are embracing this type of practice, with this number expected to grow in the next three years. In concierge medicine, physicians limit the patients they see in return for providing extensive and quality care. In addition, participating patients must directly pay an annual retainer fee of \$2,000-\$20,000. This poses affordability barriers to the indigent populations. Ethical concerns arise because this creates a “two-tiered” care system, dividing the wealthy and the poor. The scarcity of PCPs in traditional medicine allows opportunities for Nurse Practitioners (NPs) to provide primary care to patients left in traditional practice.

Justice

- Preservation of an individual’s dignity, respect, equal access to health, services, and equality of treatment.
- “Two-tiered” care system between the rich and the poor.
- Quality care for those who can pay service fee, and less for those who cannot (indigent).

Nonmaleficence

- The duty to do no harm.
- PCPs indirectly impose harm on indigent patients by leaving them with less quality care in traditional practice, a form of abandonment.
- Predisposing indigent patients to harm which results to progression of diseases and possibly death.

Autonomy

- The individual’s right to function independently and participate in decision making with their care.
- Choice of provider is eliminated due to inability to pay the retainer fee.
- Accessibility to better quality care is denied.
- Participation in patient-centered care is denied.

Alternative Actions: Nurse Practitioners’ Role

- With similar skills as PCPs, NPs can provide primary care.
- Can be resolved by optimal utilization of NPs.
- Better delivery of care for patients and less burden for doctors in traditional care resulting in overall patient satisfaction.

Current Actions

- MDVIP (MD- Value in Prevention), a network of PCPs, including concierge physicians that provide preventive services, quality care, availability and access to healthcare resources.
- MDVIP opened 600 clinics for Medicaid patients with similar services as to those in concierge medicine.
- MDVIP allows physicians to accept scholarships and fee waivers to 10% of their patients who cannot afford the retainer fee.
- NP managed clinics

Conclusion

- Provides benefits for patients such as quality and preventive care, improving quality of life.
- Doctors feel less burden in their career, improving delivery of care.
- Retainer fee creates a barrier.
- Clinics similar to concierge for the indigent population.
- NPs providing primary care to those left in traditional care.

Recommendation

- More research needs to be conducted on the impact concierge medicine will make in the delivery of care to all populations, but in particular the poor.
- More research into the special programs offered within the concierge model for indigent populations needs to be conducted to assure quality and quantity of care delivered to this population is adequate.

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