Healthcare reform: let science, not politics, lead the way

Nayoung Kim\textsuperscript{1,}\textsuperscript{\circledast}, Ji Eun Park\textsuperscript{1,}\textsuperscript{\circledast}, Hyun Jung Koo\textsuperscript{1,}\textsuperscript{\circledast}, Sarah Chay\textsuperscript{1,}\textsuperscript{\circledast}, Soo-Youn Ham\textsuperscript{1,}\textsuperscript{\circledast}, So Yeon Kim\textsuperscript{1,}\textsuperscript{\circledast}, Ji-Young Sul\textsuperscript{2,}\textsuperscript{\circledast}, Soon Won Hong\textsuperscript{1,}\textsuperscript{\circledast}, Hyun Wook Baik\textsuperscript{1,}\textsuperscript{\circledast}

\textsuperscript{1}Korean Medical Women’s Association, Seoul, Korea
\textsuperscript{2}Korean Association for Women Surgeons, Daejeon, Korea

In a recent national address, the President of Korea, Yoon Suk Yeol, issued a direct challenge to the medical community, urging them to promptly present scientific evidence to counter the proposal of increasing medical school admissions by 2,000 a year. Simultaneously, he criticized doctors for their opposition to the policy. This proposal, based on a medical demand forecast report published by the Korea Development Institute (KDI), has sparked public discontent due to inconsistent communication from the President’s Office, leading to healthcare system instability. As academicians, our aim is to address this situation with evidence-based research.

First, the KDI report has 2 critical limitations. One, the calculation for the additional workforce needed is poorly supported. It relies on various factors contributing to productivity decline: the aging of doctors (the KDI reported 90% productivity if over 65 years old), a 5% decrease in working hours, and an increase in the proportion of female doctors. However, the referenced article by Staiger et al. \cite{1}, which the report cited as the source for lower productivity of female doctors, concluded that the decrease in hours worked per week during the last decade was observed for all doctors, not only female doctors. Furthermore, several papers asserted the high productivity of female physicians \cite{2,3}. However, the Korean government-led report deliberately reduced healthcare provision by assuming that female doctors are less productive, revealing a societal bias against them. This bias is particularly problematic in Korea’s current situation. Korea’s lowest fertility rate globally is partly attributed to workplace discrimination against women. The report’s other limitation lies solely in considering factors decreasing workforce productivity, neglecting the positive impacts of recent medical technology advancements. For instance, a US government document \cite{4} suggests that artificial intelligence will boost productivity. Hazarika \cite{5} also shows that artificial intelligence technologies could reduce physician work hours by 17%, a trend that is gaining traction in the healthcare industry. Therefore, the government should discard this model founded on unsupported assumptions and establish an expert panel to devise an appropriate alternative. This recommendation was also underscored by the National Academy of Medicine of Korea (NAMOK).

Secondly, the abrupt increase in the quota of medical schools raises significant concerns from an educational perspective. The government’s proposal aims to address the shortage of 10,000 doctors by increasing the quota by 2,000 annually for 5 years. However, considering the current capacity of 3,058, this represents a drastic escalation of 65.4%. The sudden increase raises educational concerns. This jeopardizes not only the quality of education but also public health. Vilifying doctors through media campaigns obscures the real issue, and the lack of post-implementation follow-up after 5 years adds to the concerns.

Lastly, healthcare reform discussions should prioritize equitable resource distribution rather than solely increasing medical school quotas, a point currently overlooked by the government. Korea

Received: May 5, 2024; Accepted: May 6, 2024
Correspondence to: Nayoung Kim, MD, PhD
Department of Internal Medicine, Seoul National University Bundang Hospital, Seoul National University College of Medicine, 82 Gumi-ro 173beon-gil, Bundang-gu, Seongnam 13620, Korea
Email: nakim49@snu.ac.kr

© 2024 Korean Society of Coloproctology
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.
has a compulsory national health insurance system in which all citizens are enrolled. The government dictates medical care allocation, and reimbursement for medical bills is granted based on justification. In the health insurance system, however, the fees for services have been set at less than 70% of the cost. Medical prices, especially for procedures like cardiac, intestinal, and neurosurgery, are notably lower in Korea compared to countries like the United States and Germany. For instance, coronary artery bypass grafting costs $76,384 in the United States, $17,667 in Germany, and a mere $7,323 in Korea. In the United States, the average cost of a colectomy is approximately $75,741, while in Korea, the average cost is $5,325, inclusive of government reimbursements [6, 7]. Additionally, hospitals incur separate instrumental costs, which are not covered under the reimbursement category. In short, providing essential medical care, leads to financial losses for hospitals. Consequently, compensation for essential care providers is comparatively modest, and hospitals are inevitably stingy with essential medical care hospitals. Korean doctors have attempted to compensate for these low reimbursements by overworking. Still, this approach has inherent limitations, and increasing medical students alone will not address the underlying issue. Again, the priority should be equitable distribution of medical resources rather than a sudden rise in the number of doctors without a proper educational environment.

In most areas of society, abrupt increasing the number of specific professional portions by 1.7 times is neither policy nor public interest. There are only 2 cases like this: a crisis equivalent to war or political use. The administration must recognize doctors as essential partners in the ongoing reform efforts rather than casting them as obstacles.

**ARTICLE INFORMATION**

**Conflict of interest**
No potential conflict of interest relevant to this article was reported.

**Funding**
None.

**REFERENCES**


https://doi.org/10.3393/ac.2024.00283.0040