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Overlooked Intentions Are To Unintended Consequences As Unnecessary Care Is To Caregiver Shortage

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My opinion

Just like naÃ¯ve â€œWildhoodâ€• [1] akin to adolescence as described in â€œBehaveâ€• [2], the developing nations are naÃ¯vely expanding and emulating healthcare coverage on the lines of developed nations like the United States (U.S.) and their Centers for Medicare & Medicaid Services. But they may have to be ready for few things:

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- There is a need for legal professionals. There is a need for healthcare professionals. However, is there an upper limit to how far and how much society can bear legal costs and healthcare costs [3-4]? This question may have not arisen yet in some places while this question may have been overlooked in other places. These are sensitive questions with no answers remaining right for all the time. The logic may state that when lawyers are too many, they drive societyâ€™s economy which becomes dependent on them exploring legal avenues in every human transaction and when doctors are too many, they drive societyâ€™s economy which becomes dependent on them exploring healthcare avenues in every human body. This is nobodyâ€™s fault because society needs legal and healthcare professionals but it can never know how many it truly needs or its resources can economically support. Therefore, its needsâ€™ projections may always get overshot especially when payers for these services are well-endowed pillars of society who can bear the costs of these services at least for the time being before passing it on to the unsuspecting, ignorant and impoverished within society [5]. Thus, the question remains whether the unsuspecting, ignorant and impoverished within society will ever be ready to bear the costs of growing number of lawyers and doctors either in-training or in-practice.

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- The number of medical college seats thus the number of applicants appearing in eligibility determining examinations in developing nations thus the number of applicants representing 40th-50th to be eligible for admissions to medical colleges may keep on increasing but the scores representing 40th-50th percentile may keep on decreasing thus lowering the bar for eligibility to get admissions in medical colleges [6-7]. Although this bar may seem to be dwindling when compared to Medical College Admission TestÂ® (MCATÂ®) conducted by Association of American Medical Colleges scoring eligibility of applicants for admissions into U.S. medical schools, MCATÂ® always scales the score to 472-528 with ~500 at its 50th percentile [8] so that applicants across the years successfully getting admitted into medical schools may not feel or recognize that they have scored differently compared to other successful applicants over the years. For appearancesâ€™ sake, eligibility determining examinations in developing nations too can consider scaling applicantsâ€™ scores to avoid this obvious dwindling of cut-off scores because in MCATÂ® even when theoretically all questions may have been answered incorrectly, still the score may be 472 or within 1st percentile considering that negative marks for incorrect answers are not there and lowest score can never be below 472 even when it may even be theoretically representing zero correctly answered question. However, U.S. medical schools give weightage to applicantsâ€™ life-stories, reference letters, grade point average (GPA), and performance in interviews which allow better triaging of applicants despite all applicants scoring 472-528 in MCATÂ®. Comparatively, eligibility determining examinations in developing nations may not get scaled because applicants are getting admitted to medical colleges in developing nations solely based on their numerical scores in eligibility determining examinations plus their capacity to bear the costs of medical college education although same may be somewhat true for MCATÂ® applicants who may consider to apply for MCATÂ® to score 472-528 only after readying themselves for time and money needed to be invested in their medical education. Some may even wonder whether holistic approach entrusted with administrators overseeing admissions at U.S. medical schools can ever be emulated during admissions in medical colleges in developing nations. Some may even wonder whether, to equalize all foreign as well as indigenous medical graduatesâ€™ assessment prior to their provisional or permanent medical registration to practice medicine in developing nations, eligibility determining examinations for postgraduate medical specialty programs themselves can evolve on the lines of United State Medical Licensing ExaminationÂ® (USMLEÂ®) with its scaled scoring finally designating pass/fail [9] unlike MCATÂ® scaled scoring without pass/fail as final outcome unless assessment tests prior to provisional or permanent medical registration to practice medicine in developing nations are feared to have extremely poor pass percentage. Interestingly, as contrasting to just common percentage (< 10%) of applicants appearing and qualifying in eligibility determining examinations to finally fill medical college seats in developing nations and as compared to only 41% of MCATÂ® applicants finally accepted in at least one U.S. medical school during 2019-2021 (n=164,428),

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it appears that only 2-3 percent of applicants failed in three-step USMLEÂ® during 2019-2021 period while 91%-93% U.S. medical school seniors (final year students) matched into residency training programs via National Resident Matching ProgramÂ® (NRMPÂ®) in the 2022 Main Residency MatchÂ® [10] irrespective of applicantsâ€™ personal statements, letters of recommendation, Medical Student Performance Evaluations (MSPEs), medical school transcripts and performance in interviews unlike very common percentage (â‰¥10% but much lower than those observed during USMLEÂ® and NRMPÂ®) of applicants appearing in eligibility determining examinations and thence succeeding in securing their admission to postgraduate medical specialty programs in developing nations. On top of all this, the number of lifetime attempts are limited to seven in MCATÂ® and four per step in three-step USMLEÂ® while lifetime limits to attempts may have been erased for eligibility determining examinations in developing nations. The bottom-line is that scores documented in eligibility determining examinations in developing nations, or MCATÂ®, or USMLEÂ® are only a glimpse but not the complete picture into the caliber of prospective doctors applying for these programs because many high scoring doctors may fail to practice medicine as much successfully and safely as some other doctors who may have scored very low in mandatory examinations/tests like eligibility determining examinations in developing nations, or MCATÂ®, or USMLEÂ®.

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- The number of doctors in-training and in-practice will increase with increasing populationâ€™s unrecognized and unmet healthcare needs which would have remained unrecognized and unmet in the absence of large shockproof public and private payers to bear the costs of recognizing and meeting unrecognized and unmet needs. Now the chicken-egg paradox will prevail to ignore and overlook whether these unrecognized and unmet healthcare needs will have rather remained undiscovered in the absence of large shockproof public and private payers or will rather get invented in the presence of large shockproof public and private payers. Consequently, there will be eternal shortage of doctors [11] to fulfill readily discovered and constantly invented old and new healthcare needs of growing population supported by large shockproof public and private payers because rapidly evolving healthcare needs being paid by large shockproof public and private payers will always lead way ahead of the numbers of doctors in-training and in-practice whose numbers may never catch up to sufficiently fulfill the readily discovered and constantly invented old and new healthcare needs of growing population. The question for doctors will evolve whether the unresolvable shortage of doctors will necessitate the shortage of unnecessary and invented healthcare or the shortage of necessary and discovered healthcare. The question for payers will evolve whether the cost of screening diseases among all those who are at-risk will turn out to be more than the cost of treating diseases among all those who become sick [12]. The question for developers will evolve whether healthcare needs will evolve on the lines of Apple Inc. products wherein the needs may have to invented to be needed. The final question for system will evolve whether the always-lagging unresolvable doctor shortage will drive always-leading impossibly expanding healthcare to evolve artificial intelligence as robotic doctors thus maybe turning even the available doctors in-training as well as doctors in-practice redundant in due course of time.

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The simplest thing to wonder and ponder is that it is unimaginable what the unsuspecting, ignorant and impoverished within society can and will ever achieve by detesting well-endowed pillars of society who will eventually pass healthcare costs on to them after having overlooked intentions leading to unintended consequences with unnecessary care leading to caregiver shortage.

Reference(s)

1. Wildhood: The Astounding Connections between Human and Animal Adolescents. https://www.amazon.com/Wildhood-Journey-Adolescence-Adulthood-Animals-ebook/dp/B07P5FKBK7/
2. Behave: The Biology of Humans at Our Best and Worst. https://www.amazon.com/Behave-Biology-Humans-Best-Worst-ebook/dp/B01IAUGC5S/
3. THE LAWYER BUBBLE. https://www.amazon.in/Lawyer-Bubble-Steven-J-Harper/dp/0465065597
4. The U.S. healthcare sector is in a gigantic â€˜bubbleâ€™ that is about to implode. https://medium.com/the-capital/the-u-s-healthcare-sector-is-in-a-gigantic-bubble-that-is-about-to-implode-adb221ff4c38
5. Self-Pay All Along. https://www.webmedcentral.com/article_view/5443
6. A New Era of Growth: Regulatory Reforms Pave way for 54% growth in No. of Medical Colleges. https://www.thehindu.com/brandhub/a-new-era-of-growth-regulatory-reforms-pave-way-for-54-growth-in-no-of-medical-colleges/article65366188.ece
7. NEET qualifying marks this year are lowest ever. https://timesofindia.indiatimes.com/india/neet-qualifying-marks-this-year-are-lowest-ever/articleshow/94106838.cms
8. Using MCATÂ® Data in 2023 Medical Student Selection. https://www.aamc.org/media/18901/download
9. USMLE Score Interpretation Guidelines. www.usmle.org/pdfs/transcripts/USMLE_Step_Examination_Score_Interpretation_Guidelines.pdf
10. NRMP Delivers a Strong Match to Thousands of Residency Applicants and Programs. https://www.nrmp.org/about/news/2022/03/nrmp-delivers-a-strong-match-to-thousands-of-residency-applicants-and-programs/

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11. Doctor shortages are hereâ€"and theyâ€™ll get worse if we donâ€™t act fast. https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act
12. Assessing the value of screening tools: reviewing the challenges and opportunities of cost-effectiveness analysis. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6043991/