

Insurance Aspects of the Patient-Doctor Relationship

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Agenda

- Relevant insurance products: living benefits
- Insurance cover as a facilitator
- Insurance cover as a temptation
- Problem: lack of insurance
- Some special situations
- Some questions...

Living benefits

- Medical Reimbursement
 - excess?
 - co-insurance?
 - as charged?
 - limits
 - financial
 - facilities (in/out-patient)
- Hospital Cash
- Critical Illness/Cancer/Cancer Treatment
- Long Term Care
- Disability
- (Medical Malpractice Liability)



Facilitation

- Patient: peace of mind and autonomy
 - Selection
 - Cost
- Doctor: adequate response and autonomy
- Ground rules: medically necessary, approved forms of treatment...
- Trust and confidence (nonmaleficence, beneficence)



Facilitation (2)



- Not addressed:
 - Patient's mindset/preconceptions/demands vs. doctor's attitude/abilities/preferences/biases
 - information/Google
 - insistence (53% of doctors would order unnecessary tests ABIM Foundation)
 - trust required to hold off unnecessary procedures
 - quality of life (as an individual perception)
 - time
 - Right to be informed
 - Confidentiality, consent?
 - Bureaucracy, contractual nature of relationship
 - Managed care (rationing of health care) connotations? More about conditions than people?
 - Special issues in out-patient setting (e.g. lack of control - both ways)?
 - Accountability of patients for their health and preventative medicine

Temptation

- Patient:
 - Over-utilisation?
 - Financial windfall gain?
- Doctor:
 - Unnecessary hospitalisation?
 - Unnecessary diagnostics/treatment?
 - Chronification?
 - Advocacy for patient?
- Role of the insurance agent?



Out-of-pocket

- Why under(non)-insured
 - affordability?
 - negligence?
 - impossibility?
- Patient: reduced demand?
 - Dilemma: “own” money > better care?
- Doctor: minimal care?
 - What is minimal?
 - Legal and moral obligations?



Specials

- Waiting periods
- Contestability
- “Terminal Illness” benefit
- End of life care vs. scarce resources
- Low success rate of treatment/marginal benefits
- Suicide clause (and physician assisted suicide)



Questions



- Do we need a code of conduct around the patient's insurance?
- Who would determine what is best practice?
- Would this improve the patient-doctor relationship?
- Would this improve the clinical outcome?
- Could preventative care be an area of collaboration?





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