

Practicing Medicine with Reduced Resources

Dr Ronan Boland – Chair IMO GP Committee discussed the impact of the recession on medical practice and the professional challenges for doctors advocating on behalf of their patients.

While there is a shortage of general data on the impact of the recession, Dr Boland first discussed broader statistics regarding unemployment, medical card holders and private health insurance. The number of unemployed has more than doubled since January 2008 from 196,700 to 433,000. The number of people holding medical cards has increased by more than 200,000 in the same period, and is predicted to increase to 1.7 million by the beginning of 2011. On the other hand the number of people with private health insurance is falling. Research from the *Pfizer Index 2009*, shows that the recession has impacted most on males, parents, 25-49 year olds and urban dwellers. Not surprisingly unemployed people have been most affected.

Looking at the impact of recession on the ‘coal face, Dr Boland discussed the impact of recession on patients including the increase in illness related to financial worries and job uncertainty, the upsurge in drug and alcohol problems, and problems resulting from the cost of care with patients not complying with treatment or delaying seeking care due to cost. There are also difficulties obtaining entitlements to medical cards and other benefits as existing offices are overwhelmed

In terms of the impact on GP practices, Dr Boland reported that GPs have by and large had to absorb the reduction in fees and resources to date. There are more patients with medical cards who are wholly reliant on the public health services. Local hospital services are closing with no commensurate strengthening of community services and thus overburdening the remaining hospital services.

While GMS fees have been reduced, GP overheads remain the same. Most GPs have absorbed the cuts however as income falls the viability of practices is threatened. 90% of GPs say the GMS subsidies are inadequate to meet the cost of employing the necessary staff. So far 21% of Practices have had to cut staff in the last year, and 67% have said they may have to cut staff levels this year if there are further cuts in GMS income. Reduced staffing levels means doctors may not be able to carry out as much pro-bono work (phlebotomy, warfarin monitoring, chronic disease management) and cases could be referred earlier to secondary care, placing further pressure on services.

Dr Boland also discussed the professional challenges for doctors advocating on behalf of their patients. It is the responsibility of doctors to advocate for, inform and advise the society they serve dispassionately and without self-interest yet often they are accused of acting in their vested interest. He raised the issue of the media ‘cheapening’ public debate on health. Doctors are proud of what they do and most patients are happy with the service they receive. This is not often reflected in the media and the odd good news story would not go astray.

The take-home message was that the recession will end. Mistakes made in the 1980s must be avoided. The improvements of the last decade are there to be built on and meaningful change will best be delivered with the involvement of all clinicians.