

Globally Improving the Quality of Care: The Role of WHO in Controlling Doctor Dominance in the World



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Editorial

Since the beginning of the 80s, the world has witnessed tremendous changes in various dimensions. Great development of electronics has provided the ability to produce personal computers leading to enhanced information and communication technology improvements. The phenomenon of information explosion, the creation and development of the concept of network, the transformation of the Arpanet project into the Internet (Universal Internet Introduction), the introduction of information theories, the establishment of various metamodels for designing interoperable information systems; the architecture of knowledge and wisdom systems, the implementation of different sciences' efforts to achieve a common language with accurate explanation of concepts, the serious attention of the international community to quality, standard, and evaluation, and the comprehensive effort for the interactivity of nations, especially through interoperability and integration of information systems are among the major events marking the beginning of this decade as one of the most important milestones in the evolutionary process of human society. These developments emerged in America and Europe, and gradually spread to other parts of the world (Asia and Africa) [1-7].

The concepts of health and care have faced significant change in meaning in the field of health which indicate a change in the attitude of the American and European medical community toward treatment as a group work. Therefore, if the concept of "care" was referred to as only nursing services before the 80s, it encompassed all services provided by the physician, nurse, laboratory specialist, and other care providers with an intention of improving the health of patients. Also, the concept of "health" changed its meaning to include all measures leading to health (prevention, treatment, and rehab) [8,9].

Changing the meaning of these two concepts implies a change in the attitude of western societies from doctor dominance viewpoint toward medical approaches to treatment based on team collaboration. Additionally, a parallel attention to quality in the health industry by the start the 80s, along with the change of

these concepts, led to the enormous progress of the health system of most western countries.

The significant prospects for such improvement are: reducing medical errors, continuous quality improvement of care, reducing organizational losses in Health care, advances in medical technology, the advent of evidence-based medicine, strengthening the health maintenance organizations especially health insurance institutions, promoting the growth of information systems to knowledge-based systems and knowledge management, developing of clinical decision-making systems and expert systems, paying close attention to health equity through telemedicine, establishing point of care Systems and implementing ehealth and mhealth, electronic health records and finally the development of a national health information network [2,10-14]. The emergence of the evidence-based medicine approach, the establishment and development of Good Medical Practice, clinical protocols and guidelines are clear and credible indications of the growing insight of the medical community in the West [15-17].

Despite more than three decades of such developments in the Western medical community, and the dissemination of documentation in the form of books and articles and its supply to other countries in the world, especially developing countries, doctor dominance effects are still observed in most Asian and African countries and Australia.

In these countries, the health system is the domain of doctors' management and control and they consider themselves as the only elite members in health domain and even in the country. The concept of "care" continues to serve nursing services and the meaning of "health" as prevention. It is noteworthy that most of the country's health budget is spent on treatment, and usually 30% of the budget is allotted to the scientific sectors (education and research), prevention, and rehabilitation [18,19].

While developed countries are trying to reduce the number of hospitals and replace them with day clinics with the contribution of medical technologies, in most developing countries (especially Asian countries), the number of hospitals is increasing, which

suggests an approach advocating doctor dominance and extreme attention to treatment [20].

Costs of nursing and other services collaborating with doctors are ignored and all services provided to the patient are counted as medical services. Doctors, in addition to not paying taxes, try to attract more patients and increase their income. In this regard, private hospitals as major economic mafia, take healthcare industry into a profitable market by involving elite doctor (each of which enjoy an institutional affiliation to governmental hospitals) in their hospitals shares. This way, they will allocate governmental hospitals' resources into their own organizations [18,19].

The power manifestation of the medical organization (council), which provides the interests of the medical professionals is evident in the doctor dominant communities. They are even acting as the reference authority in medical claims. Ordinary people cannot claim their right in cases of medical errors while offender doctors are exculpated. It is worth mentioning that the only reference to the quality of medical service received by patients is the patient's medical records which are usually incomplete due to doctors' poor documentation. Lack of Good Medical Practice guidelines can lead these communities' doctors to this false impression that patients could be considered as laboratory rats that can be manipulated by physicians based on their own interest [17,18].

Disregarding human dignity by doctors in doctor dominant communities is clearly observed in the relationship between the doctor and the patient. Patients do not have the right to speak or comment, let alone participate in their treatment procedure. The guidelines adopted by the specialized medical communities are rarely considered and used. From the organizational point of view, all of the managerial positions of the Ministry of Health are occupied and run by doctors, even those which require the expertise of the basic sciences' experts [21-29].

In such societies, the Center for Disease Control and Prevention does not fulfill its duty which is monitoring the community's health through the management of data collected from all nodes of health network, due to the lack of a preventive approach and self-control. In addition, Social Medicine is considered as the lowest-ranked specialty amongst other medical specialties [8].

Based on what has been said, medical errors are plentiful, and the quality of care is at the lowest possible level in doctor dominant countries. The type of relationship between doctors and colleagues such as nurses or laboratory specialists is somehow dictatorial which will not motivate a sincere partnership. In such a condition where the patient is not considered respectable and other colleagues are considered subordinate without being involved in the care process, how is it possible to hope for community health promotion? [21-24].

Therefore, the World Health Organization has to fulfill its duty of resolving the problems related to quality of care and promoting the health of communities by passing international rules and

implementing mechanisms to strengthen the team-based medical practice and accurate status validation of the world's medical community, especially the developing countries, until the medical mafia is eradicated, and health justice is fully enhanced [30].

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