

Chapter 13

Relational Dynamics and Health Economics: Resurrecting Healing

David S. Bathory
Bathory International LLC, USA

ABSTRACT

Primary care physicians' and allied healing professionals are overwhelmed with greater demands to provide complex care within business structures that either mandate high volume or exorbitant fees for service in order to support healthcare needs or sustain their livelihood. Statistics within the USA note that 40 to 50 percent of primary care physicians practice consists of complicated care. There are continued decreases within the USA of medical doctors who enter general practice and most choose to enter specialties where they are able to dictate their hours of availability and are reimbursed at a higher rate for services. The exception lies in psychiatry and pediatrics, where there is a shortage of providers and low fees for service. Models that have been proposed to alleviate issues related to these shortages include models of integrated health care, where physicians provide holistic care or partner seamlessly with others to provide total care at a single location. Physician extenders have been developed as an alternative where Master's Level Nurses and Physician Assistants are allowed to practice in the same setting and under the supervision of the licensed physician to deliver care. The intent of the physician extender is to allow the physician to spend greater time with more complicated cases and for the assistants to provide routine care. The issue becomes differentiating when a patient presents with a routine issue but actually requires complex interventions. When traditional physical medicine is combined with a need for psychological counseling the needs are complex, and medical doctors or physician extenders are provided with only a three month rotation in psychological diagnosis and interventions. Both socialized non-socialized medicine do not have a practice model in which they provide adequate care and holistic healing. This paper proposes a new model of providing holistic healthcare based upon relational dynamics in an economically sound manner.

DOI: 10.4018/978-1-5225-3168-5.ch013

1. OVERVIEW

Ancient medicine saw healers, whether they were physicians, mid-wives, herbal healers, barbers, alchemists, shamans, clergy, or confidants as assuming a greater role than delivering individual short term care. Hippocrates and Galen (121-201 AD) provided guidance to early physicians in defining this larger role and responsibility in providing healthcare. Hippocrates envisioned the role of the physician as much more than simply a practitioner of medicine. He viewed the physician as having a moral obligation to provide care and healing and for this role to include: ethics, to do no harm, to teach, to care for the sick and injured, to provide confidentiality and to practice regardless of the patients' status, beliefs, allegiance, or ability to pay (Hippocrates, reprinted 2008). Galen introduced the expectation of healers to provide consistent education, individual and family psychological support and counseling, physical care that included home and community based interventions and in return to be supported financially within the means of the people they served. In his review of the history of Medicine, Porter (1997) noted that the healthier the community the wealthier the healers became as others sought their care by reputation.

The practice of medicine within the Balkans and Eastern Europe was also influenced by the Romans beginning before 100 AD but as Roman citizens after the first Dacia Roman War in 101 AD. Aqueducts and public health was addressed for citizens of the empire (Romanescu, 2011; Craughwell, 2008). Medieval medicine was heavily influenced by the bubonic plague, as most of Europe turned to religious explanations for the causal factors of this disaster; the Balkan region integrated other philosophical and scientific practices. (Lindemann, 2010; McVaugh, 1993; Siraisi, 1990) Ciric (2008) describes how Balkan medicine integrated knowledge from alchemy, folk medicine and midwifery into mainstream medicine and regulated practice.

In Eastern Europe and the Balkans the incorporation of Asian and Islamic Medicine into traditional Greek/Hellenistic practice created even greater emphasis on public health that later paired well with the principles of Communism and Socialism. In 610 AD, Muhammad included the ethics and teachings of Hippocrates and Galen with religion and teachings. In these teachings, or hadiths, he addressed issues such as amulets and prayer as well as mental and physical health, sanitation and the treatment of illness and disease. The Muslim physicians lead public welfare initiatives: asylums, ambulatory clinics, libraries and hospitals (the first in Baghdad in 805 AD). These Muslim doctors were seen as public servants, who were sent wherever there was a need within the region. (Werfelli, 2008)

In the United States, Puritan values and Capitalism created individualized healthcare for the wealthy. The role of public health advocate and enforcer was delegated to local government, who intervened only in extreme or potentially life threatening circumstances (such as STD's, epidemics, sanitation, etc.) or by forced control (e.g. the eugenics movement). As small towns wished to industrialize in the United States, they often attracted new residents by noting their access to employment, education, public services (electricity, water treatment, and sewers), housing, crime rates and healthcare. Towns recruited physicians and in rural medicine the community doctor was expected to provide more than just office hours to their patients- they were often consulted on public and personal issues and were required to travel for home visits. The USA developed private and public insurance systems to support the healthcare needs of its citizens. The private health insurance industry is available to those who are employed and can subsidize the costs of their healthcare in partnership with their employer's monetary contribution. The public healthcare insurer is financed by the federal and state governments and is available only to people who are living 200% below the Cost of Living (as determined by the Federal Government as the Level of Poverty), totally disabled, or who are minors. The USA's vision to provide adequate healthcare to all

14 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/relational-dynamics-and-health-economics/186084

Related Content

Leadership in Continuous School Improvement: Learning and Leading to Improve

Suleiman M. Hamdan and Gihan Fradi (2023). *Restructuring Leadership for School Improvement and Reform* (pp. 141-158).

www.irma-international.org/chapter/leadership-in-continuous-school-improvement/321993

Isocenter Verification in Radiotherapy Clinical Practice Using Virtual Simulation: An Image Registration Approach

George K. Matsopoulos, Pantelis A. Asvestas, Vasiliki Markaki, Kalliopi Platoni and Vasilios Kouloulis (2019). *Healthcare Policy and Reform: Concepts, Methodologies, Tools, and Applications* (pp. 863-884).

www.irma-international.org/chapter/isocenter-verification-in-radiotherapy-clinical-practice-using-virtual-simulation/209160

The Role of National Archives in the Repatriation of Liberation Archives: Preservation, Heritage, and Ideals for Future Generations

Nkholozeni Sidney Netshakhuma (2022). *Interdisciplinary Approaches to the Future of Africa and Policy Development* (pp. 252-266).

www.irma-international.org/chapter/the-role-of-national-archives-in-the-repatriation-of-liberation-archives/299726

Management of Tacit Knowledge and the Issue of Empowerment of Patients and Stakeholders in the Health Care Sector

Marc Jacquinet, Henrique Curado, Ângela Lacerda Nobre, Maria José Sousa, Marco Arraya, Rui Pimenta and António Eduardo Martins (2019). *Healthcare Policy and Reform: Concepts, Methodologies, Tools, and Applications* (pp. 314-338).

www.irma-international.org/chapter/management-of-tacit-knowledge-and-the-issue-of-empowerment-of-patients-and-stakeholders-in-the-health-care-sector/209135

A Framework to Identify Influences of Environmental Legislation on Corporate Green Intellectual Capital, Innovation, and Environmental Performance: A New Way to Test Porter Hypothesis

Nikolaos S. Trelopoulos, Thomas A. Tsalis and Ioannis E. Nikolaou (2024). *Research Anthology on Business Law, Policy, and Social Responsibility* (pp. 18-34).

www.irma-international.org/chapter/a-framework-to-identify-influences-of-environmental-legislation-on-corporate-green-intellectual-capital-innovation-and-environmental-performance/335694