Chapter 6

의사: 보건의료 서비스의 공급자

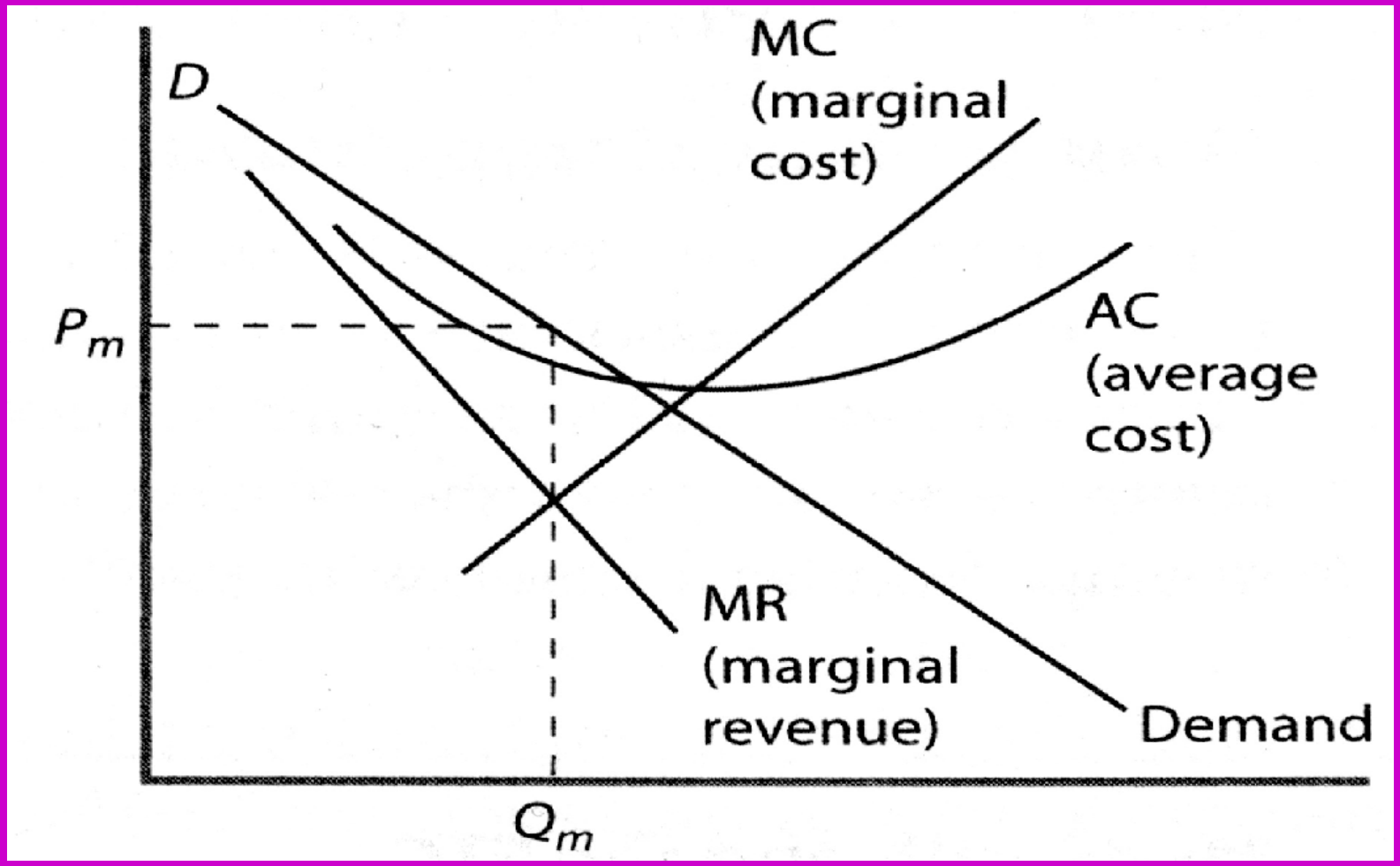
A. 의사의 의료행위

집단적인 독점**(group monopoly or cartel)**의 양상이 보이나, 기본적으로 독점적 경쟁**(monopolistically competitive)**의 성격을 띠고 있음.

대체로 지역내에서 경쟁의 양상을 띠고 있으며, 이에 따라 의사의 의료행위는 관련 환자그룹에 대하여 우하향하는 수요곡선에 직면하게 됨.

A. 의사의 의료행위

A Monopolistically Competitive Physician Firm



B. 의사의 의료행위에 관한 이론

A model proposed by Thomas McGuire (2000) treats physicians as quantity setters(수량결정자) rather than price setters(가격결정자). It has a great deal of plausibility in an age of managed care, and when Medicare and Medicaid set rates of reimbursement.

It treats consumers (patients) as having marginal benefit rather than demand functions for services purchased.

Total benefit is a function of quantity of service received, B(x), where x is the unit of service.

If price of a unit of service = p, Net benefit is:

$$NB(x) = B(x) – p(x).$$

B. 의사의 의료행위에 관한 이론

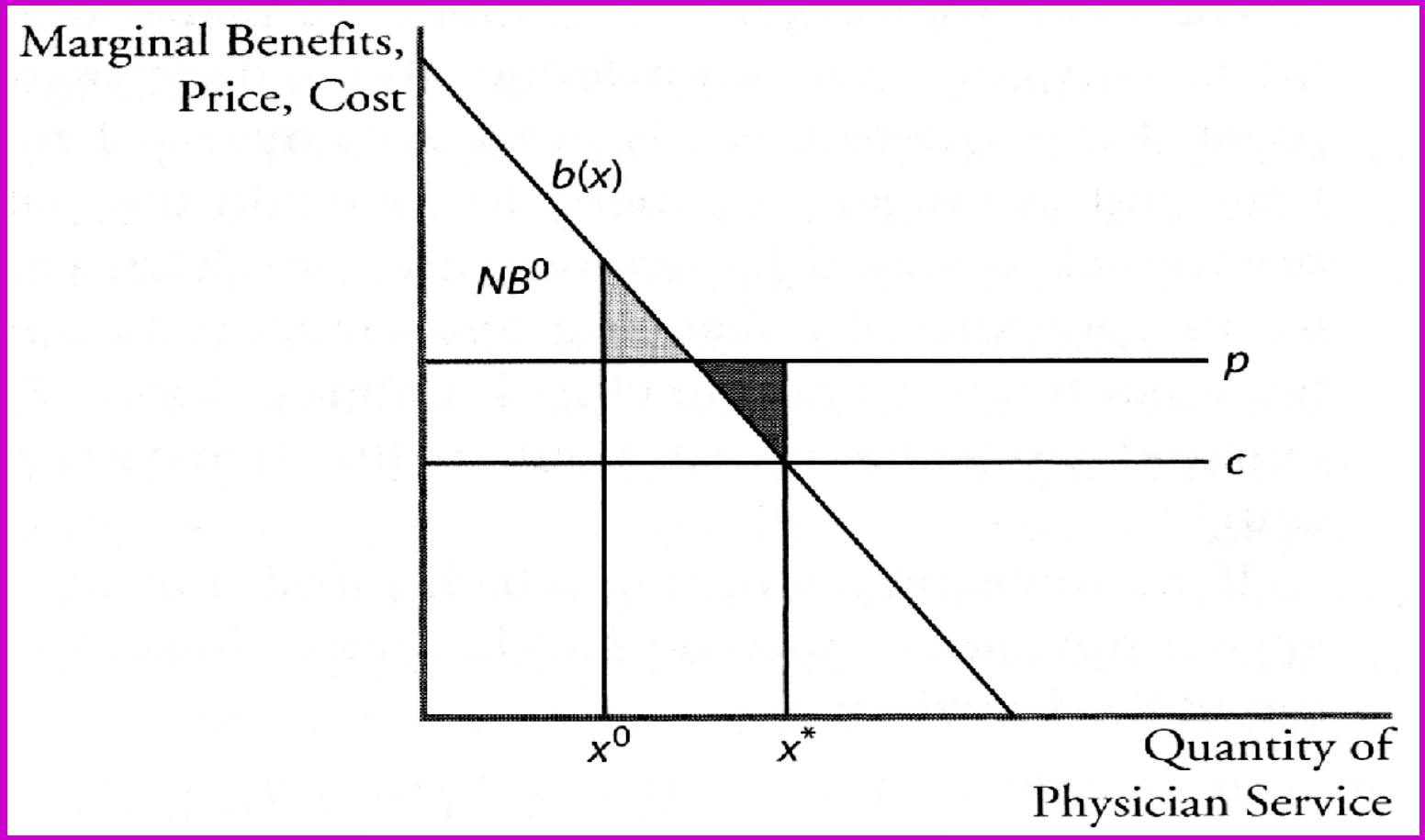
In this model patients do have choices among physicians.

In order to remain with the same physician practice, a patient must receive a minimum level of net benefit, NB_0.

A physician can satisfy this condition while providing varying amounts of service since some care is perceived as having positive value while other care is perceived as having negative value.
(다음 그림)

B. 의사의 의료행위에 관한 이론

The McGuire Model



Based on McGuire, T.G., "Physician Agency" in *Handbook of Health Economics*, Vol. 1A, A.K. Culyer and J.P. Newhouse, eds., (Amsterdam, Elsevier, 2000) Fig 3, p. 480

C. 대리인(Agent)으로서의 의사

정보비대칭(asymmetric information): physicians' specialized knowledge gives them an advantage in diagnosing and recommending treatment, patients delegate authority to physicians to make decisions about their health care. This creates the potential for principal/agent problems.

Physicians can either be **perfect or imperfect agents**. If they behave as perfect agents, they act in the patient's best interest in recommending treatment. In the case of imperfect agency, physicians substitute their own self-interest.

C. 대리인(Agent)으로서의 의사

Physicians who are perfect agents will tend to recommend the same treatment, regardless of the way in which they are reimbursed.

Imperfect agency will manifest itself differently depending upon whether physicians are reimbursed on a fee-for service basis, salaried, or paid on a capitation basis.

C. 대리인(Agent)으로서의 의사

Imperfect Agency in a Fee-for-Service Regime may take the form of "**Physician Induced Demand" (PID, 의사유인수요).**

This can be illustrated (앞의 그림), as providing the quantity of service, $(x^* - x_0)$ when it is deemed by the physician to be medically unnecessary.

It also allows for the possibility that a physician is acting as a perfect agent in prescribing x^* amount of treatment, since his/her superior information may cause the physician to understand the advantage of treatment which the patient may prefer to avoid.

C. 대리인(Agent)으로서의 의사

Imperfect Agency, when physicians are either salaried or paid on a capitation basis, is likely to be manifested in skimping rather than providing unnecessary treatment.

Imperfect Agency is likely to enter into a physician's utility function as a negative term since it directly conflicts with professional ethics. The disutility associated with inducing demand is a limiting factor. (Robert Evans).

It can be argued that skimping on care would also involve disutility. Moreover, the need to satisfy patients' NB_0 limits imperfect agency.

D. 의료분쟁과 방어적 의료행위

The main aim of **medical malpractice** law is to reduce medical mistakes resulting from carelessness or incompetence.

However, it also leads to increases in cost of medical care due to
(a) the high cost of malpractice insurance
(b) the practice of defensive medicine

– This is fear-of-liability-induced changes in medical practice. It may be hard to distinguish in practice from physician-induced demand, which is motivated by enhancing physician income. Both are easier to do when patients have generous health insurance or are not cost-conscious.