EDITORIAL

DO HOSPITALS HAVE A FUTURE?

Before talking about the hospital of the future, we must deal with the question of "What is the future for our hospitals?"

The public hospital crisis has resulted from the crisis affecting the system and not its cause. The future for public hospitals in Colombia remains unclear in the current healthcare insurance model, as this has been based on a free market healthcare model which is managed by private Profit- Making Organizations (healthcare-providing entity - EPS). There is also disloyal competition between hospitals and clinics belonging to these EPS and public and private entities, a type of money-grubbing war which has already been experienced in other areas of the economy, with disheartening results.

Unless in-depth corrective action is taken, the public hospitals will not be able to continue carrying out their special functions, such as dealing with sectors of the population having pathologies involving low economic profitability even though being services having very high social profitability, such supply having always been present and which will continue being supplied in the future. This would be the case of paediatric services which have been closing in private institutions due to their low economic profitability.

The role of what is really public in healthcare and education service supply must be recovered, these being the population's rights and not services to be sold in line with free market laws. The concept which reigns in some sectors in the country must be re-evaluated as, according to it, when large-scale allocations are made for generating lucrative private sector profit they become so-called *"investment"* but when such allocations are made for public hospitals to provide services for the poor and vulnerable parts of the population they are called "*public spending*" (i.e. the emphasis being on *expense*). Current healthcare organization means that it will be difficult to coordinate the existing system which appears to be fragmented between attention levels, insuring entities and healthcare providers, lacking any real attention networks, as in the case of the national maternal and perinatal healthcare network.

Today, according to Pan-American Health Organization (PAHO), the worldwide trend in terms of a healthcare model is that of the organization of healthcare-providing networks, leading to organizing an integral healthcare model, understood as being a set of actions promoting and facilitating efficient, effective and opportune attention, directed more towards people than a disease *per se*, considering them to be the subjects of rights regarding their physical and mental integrality and as human beings within a social and historical context belonging to different types of families and communities, in an ongoing process of integration and adaptation to their physical, social and cultural environment.[1]

PAHO's Board of Directors, in Resolution CD49. R22/2009 about *integrated healthcare service networks (IHSN) based on Primary Health Care (PHC)* in addition to expressing member states' preoccupation about *"high levels of healthcare service fragmentation and their negative repercussion on healthcare systems' general performance"*, expressed their conviction that *"integrated healthcare service networks constitute one of the main operational expressions of the PHC approach to providing healthcare services."*[1]

In the same document PAHO defined IHSN as *"a network of organizations providing, or making arrangements for providing, equitable and integrated healthcare services for a defined population, being prepared to account for its clinical and economic results and the state of health of the population which it serves.*[1]

Reading the entire definition of IHSN, which was partially copied in law 1438/2011,[2] it can be seen how our hospitals are far from such approach, as our current system leads us towards forming part of a fragmented and segmented attention system. Our hospitals do not complement each other, they compete with each other. Also, in the writer's opinion, our healthcare attention model is strongly orientated towards what is curative, based on activity regarding hospital bed occupation and billing per patient attended, the latter area being where economic spending, citizen attention and political actors and national and territorial governments' preoccupations are concentrated.

Our healthcare attention model has cantered its priorities on welfare, not on inter-sector work leading to definitive action affecting determinant healthcare factors and the population's quality of life.

A reading of Colombian reality makes it clear that even when having the most successful experiences and having the best healthcare indicators (i.e. in Bogotá) there is still a lot to do and that, in response to epidemiological, demographic, technological and sociocultural changes, hospitals will have redefine themselves and tackle in-depth structural reforms to make implementing IHSN viable. Put another way, our crud reality invites us to think first about our hospitals' futures, their sustainability, before we can even think about hospitals in the future.

Undoubtedly, the International Conference on Primary Healthcare held in Alma Ata in 1978 marked an important success regarding the conception and development of worldwide healthcare systems by defining a concrete goal: *"An acceptable level of health for* **all** *people of the world by the year* **2000***",* and outlined a strategy for strengthening an organized response for reducing inequity regarding healthcare and promoting the development of healthcare systems having a positive impact on social and environmental determinants of disease, called Primary Health Care (PHC).[3]

More than three decades later, fulfilling the principles stated at Alma Ata has become more necessary than ever and has taken on renewed force with the increasing recognition that PHC-based healthcare systems will be more equitable and lead to better healthcare results being obtained.

The 2008 World Health Report called for new reforms which are needed for reorientating health systems towards the ideal of healthcare for all and *"for obtaining people-centered healthcare systems."* Regarding healthcare services, the 2008 WHO report set out the need for reforms for achieving universal coverage, reforms for improving the quality of providing services and public policy reform.[4]

PAHO's member states have agreed to promote updating PHC in an attempt to confront such new challenges, defined as, *"a broad approach to healthcare systems' organization and operation, making the right to achieve the best level of healthcare possible its main objective, whilst at the same time maximizing system equity and solidarity.*[1]

Herman Redondo Gómez, M.D.
Service Development Director
District Healthcare Secretariat

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