



# ETHICS & MEDICS

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Also in this Issue: "The Execution of Kenneth Smith," by Rev. Gerald Coleman

## THE ETHICAL AMBIGUITY OF CONCIERGE MEDICINE

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Concierge medicine, alternatively referred to as boutique medicine or direct primary care (DPC), has emerged as a notable health care model in contemporary times. In this model, patients must remunerate an annual or monthly membership fee to avail themselves of personalized and augmented health care services. These services frequently include extended appointment durations, round-the-clock accessibility to physicians, proactive health evaluations, and a deeper patient-doctor connection. In contrast to the conventional fee-for-service health care model, concierge medicine prioritizes providing patient-centered care, placing significant emphasis on quality and accessibility.

The emergence of concierge medicine in the late twentieth century can be understood as a response to the increasing dissatisfaction experienced by both patients and physicians within the confines of the conventional health care system. The growing prevalence of administrative tasks placed an additional strain on physicians, impeding their ability to focus on patient care. Consequently, patients experienced extended wait times, abbreviated doctor visits, and a perceived lack of connection with their health care providers. Concierge medicine emerged as a potential remedy for these challenges, offering patients the opportunity to receive enhanced time, attentiveness, and tailored health care in exchange for a higher fee.

Concierge medicine has surged in popularity and is frequently promoted as a strategy to augment patient satisfaction and raise the standard of health care.<sup>1</sup> However, it is essential to acknowledge that this approach is not devoid of ethical intricacies. This study examines the ethical quandaries on access, equity, patient-physician interactions, and the broader ramifications for the health care system.

### Access and Equity

Critics have raised concerns regarding the establishment of a tiered-access health care system through concierge medicine, wherein patients who possess the financial means to subsidize membership fees are granted preferred treatment. A fair health care system should ensure that individuals have equitable access to necessary medical services, prioritizing their medical requirements rather than their financial capacity.<sup>2</sup> Concierge medicine deviates from this fundamental premise, exacerbating pre-existing inequalities in health care accessibility.

Daniel Paul et al. have conducted empirical studies that indicate concierge medicine clinics tend to cater predominantly to individuals of higher socioeconomic status with the financial resources and inclination to avail themselves of private health care services.<sup>3</sup> Consequently, individuals residing in low-income and marginalized regions may encounter obstacles while attempting to avail themselves of the improved health care services provided by concierge practices.

The unequal availability of health care resources worsens health disparities and perpetuates socioeconomic inequalities in the health care system, which goes against the ethical principles of justice and equity.<sup>4</sup>

Certain populations considered vulnerable, like minority groups, persons with chronic illnesses, and those residing in medically disadvantaged regions are especially prone to experiencing adverse consequences resulting from the tiered structure of concierge treatment. These demographic segments frequently possess restricted financial means and rely more heavily on conventional health care systems, which may cause them to encounter resource constraints as the prevalence of concierge medicine grows. Paul et al. have underscored the phenomenon wherein concierge services cluster in urban locations characterized by affluence, resulting in a scarcity of health care options for rural and underprivileged groups. The existing geographical discrepancy exacerbates disparities in health care access. It raises ethical concerns regarding the acceptability of a health care system that primarily benefits a wealthy few while neglecting the most vulnerable populations.<sup>5</sup>

The ethical ideals of equity, justice, and solidarity in health care are being challenged by establishing a two-tiered health care system. The ethical quandary stems from concierge medicine's emphasis on meeting the needs of privileged individuals over the overarching social objective of ensuring fair access to health care.

It is imperative to guarantee equitable access to health services, irrespective of an individual's socioeconomic standing. The emphasis of concierge medicine on serving affluent individuals perpetuates disparities in health care by offering privileged access to a specific demographic while disregarding the broader population's health care needs.<sup>6</sup>

To effectively address the ethical difficulties associated with concierge medicine, it is imperative to carefully deliberate on reconciling the pursuit of individualized health care services with the core tenets of equity and justice in health care provision. Balancing is crucial to maintaining a harmonious relationship between the advantages of concierge medicine and the potential negative consequences.

### Patient-Doctor Relationships

Concierge medicine has the potential to alter a health care providers' ethical priorities. This transition may entail a shift from prioritizing acts of charity and patient-centered care to being motivated by profit-oriented incentives. The enduring central concerns in traditional medical ethics revolve around the significance of the patient's well-being and the altruistic nature of the physician's role.<sup>7</sup> However, one must duly contemplate that concierge medicine entails the implementation of a remuneration framework predicated upon the collection of fees. This model often involves patients paying an annual retainer or membership fee in exchange for exclusive services and amenities, which can include extended appointment time, 24-7 access to their physician, and more personalized attention. This raises ethical concerns regarding the potential for health care professionals to prioritize monetary gain at the expense of their patient's welfare.<sup>8</sup>