By far the most important news story of 2020 has been the coronavirus, and for obvious reasons; it has the potential to affect every person on the planet, and accordingly, we all should be taking appropriate precautions to protect ourselves and our loved ones. Recent news of the first coronavirus patients in the Kansas City and St. Louis metro areas hammer those points home. At the same time, it’s becoming increasingly clear from other countries’ experiences that good long-term healthcare policy is also terribly important, and among the most important policies for reformers to consider is promoting a flexible supply of healthcare goods and services.

Healthcare supply is an especially important issue in China. Ground zero for the pandemic, China had already long been beset by shortages of healthcare professionals, largely thanks to the surprisingly low pay and status of the health care professions in that country. Despite this, China has (as far as we can tell) mitigated this problem by shifting the supply of health care professionals from other areas into the Wuhan region. (Emphasis mine)

Sometimes it takes a crisis to highlight what’s wrong with a medical system. In China, however, the coronavirus hasn’t uncovered any surprises. Instead, it’s thrown a spotlight
on problems that have festered for decades, including the lack of a primary care system, and — most critically — a shortage of qualified medical personnel. Although reform efforts have been underway for years, the situation in Wuhan is a stark reminder of how far China must go to meet the minimal medical standards expected by its fast-growing middle class. . . .

For now, China can treat Wuhan's shortage of doctors as a health crisis and mobilize qualified personnel from across China to work in the city. Indeed, 6,000 medical workers from across China have either arrived in the Wuhan area or will soon, and they will alleviate much of the pressure building up in hospital corridors. But they'll stay only as long as the immediate crisis requires. When they leave, Wuhan — like most Chinese cities — will be left scrambling to find enough doctors to treat a long-term healthcare crisis.

Meanwhile Italy, which has also been hard hit by the virus, has also been dealing with a shortage of doctors and facilities for many years. That shortage has only been accentuated by the severe pressure the coronavirus has placed on the Italian healthcare system in recent weeks:

“We have a health-care system in southern regions, especially south of Naples, where we actually have very few facilities,” said Prisco Piscitelli, an epidemiologist and vice president of the Italian Society of Environmental Medicine. Their ability to cope may be “even worse with the increased number of occupied beds in hospitals and intensive-care units.”

Hospital berths are only part of the answer. Italy is also suffering from a shortage of doctors. As many as 1,500 leave the country every year after finishing their specialization, according to doctors’ association Fnomceo.

Thankfully the worst of the coronavirus hasn't hit the United States yet, and hopefully the disease will be brought under control before it reaches Spanish flu epidemic levels. Whatever the outcome, the experiences of China and Italy reemphasize the threat posed by uneven and inadequate healthcare supply, both in terms of medical professionals and medical facilities. The consequences of government intervention in the United States and in Missouri that exacerbates these shortages—whether by blocking interstate licensing reciprocity or erecting barriers to new healthcare facilities —will be borne by patients, even under non-crisis circumstances.

Reformers should continue to focus on bringing supply-side reforms into law because not only will such reforms help the public during periods of healthcare normalcy, but they will also help the public when a healthcare crisis is upon us.

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Advancing liberty with responsibility by promoting market solutions for Missouri public policy.

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