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Full Length Article

# Paramedics' experiences of financial medicine practices in the pre-hospital environment. A pilot study

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ABSTRACT

*Background:* The term *"financial medicine"* refers to the delivery of health-related services where the generation of financial gain or "profit" takes precedence over the provision of care that is reflective of evidence-based best practice. The practicing of financial medicine includes over-servicing and overbilling, both of which have led to a sharp rise in the cost of health care and medical insurance in South Africa. For this reason, the practicing of financial medicine has been widely condemned both internationally and locally by the Health Professions Council of South Africa (HPCSA) and allied Professional bodies.

*Objectives:* This qualitative pilot study explored and described the experiences of South African Paramedics with regard to the practicing of financial medicine in the local pre-hospital emergency care environment.

*Method:* A sample of South African Paramedics were interviewed either face-to-face or telephonically. The interviews were audio recorded and transcripts produced. Content analysis was conducted to explore, document and describe the participants' experiences with regard to financial medicine practices in the local pre-hospital environment.

*Results:* It emerged that all of the participants had experienced a number of financial medicine practices and associated unethical conduct. Examples included Over-servicing, Selective Patient Treatment, Fraudulent Billing Practices, Eliciting of kickbacks, incentives or benefits and Deliberate Time Wasting.

*Conclusion:* The results of this study are concerning as the actions of service providers described by the participants constitute gross violations of the ethical and professional guidelines for health care professionals. The authors recommend additional studies be conducted to further explore these findings and to establish the reasons for, and ways of, limiting financial medicine practices in the South African emergency care environment.

OPSOMMING

*Agtergrond:* Die term "finansiële medisyne" verwys na die lewering van gesondheidsverwante dienste waar die skep van finansiële gewin voorkeur geniet bo die lewering

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van sorg soos vereis word deur bewys gebaseerde praktyk. Die be-oefening van finansiële medisyne sluit oor-verskaffing van dienste en oor-fakturering in, wat beide lei tot 'n skerp styging in gesondheidsorg kostes en mediese versekering in Suid Afrika. As gevolg van hierdie rede word die be-oefening van finansiële medisyne wyd gekritiseer, beide internasionaal en nasionaal deur die "Health Professions Council of South Africa (HPCSA)" en verwante professionele rade.

*Doel:* Hierdie ondersoekende studie poog om die ondervindinge van Suid Afrikaanse Paramedisie te verken en te beskryf met betrekking tot die gebruik van finansiële medisyne in die plaaslike pre hospitalisasie noodgeval omgewing.

*Metode:* Ses Suid Afrikaanse Paramedisie is ondervra om hul ondervindings te ondersoek, te dokumenteer en te beskryf met betrekking tot die praktyk van finansiële medisyne in die plaaslike voor-hospitaal omgewing.

*Result:* ate: Dit blyk dat al die deelnemers 'n aantal finansiële medisyne praktyke ervaar het asook geassosieërde onetiese gedrag. Voorbeelde sluit in: oor-dienslewering; selektiewe pasiënt behandeling, bedrog ten opsigte van eise, aanduiding van onwettige winsbetaling of winsdeling, aansporing of voordele en doelbewuste mors van tyd.

*Gevolgtrekking:* Die uitslag van hierdie studie is kommerwekkend omdat die aksies van die diensverskaffers soos beskryf is deur die deelnemers dui op growwe oortredings van die etiese en professionele riglyne vir die professie. Die outeur beveel verdere addisionele studies aan vir uitbreiding van hierdie bevindinge en om die redes vir en maniere van finansiële medisyne praktyke in die plaaslike noodsorg professie te beperk.



## 1. Introduction

Practice as a health care professional is premised upon a relationship of mutual trust between patients and health care practitioners. In essence, practice as a health care professional is a moral enterprise (HPCSA 2007).

The Health Professions Council of South Africa (HPCSA) requires registered persons to consistently act in the best interests of their patients (HPCSA 2007). Ethical guidelines of the HPCSA highlight the importance of practitioners avoiding potential conflicts of interest by maintaining professional autonomy and independence (HPCSA 2007). The ability and desire to generate profit is naturally central to the activities of private health care providers, for without this they would be unable to exist. The very concept of making money from ill or injured persons when they are at their most vulnerable continues to pose a philosophical ethical dilemma. Registered professionals employed in the private health sector may therefore at times experience moral dilemmas and potential conflicts of interest. Some of these are brought about by incentives or forms of inducement that threaten their autonomy, independence or commitment to professional conduct which should place the patients' needs ahead of the expectation to generate profit.

In the context of this article, the term *"Financial Medicine"* is used to refer to the delivery of a health-related service and or the performance of medical interventions where the generation of financial gain or profit is viewed as the central focus of the provider's activities and rather than the patient's wellbeing.

The practising of financial medicine may include a number of potentially unethical actions with "Over-servicing" being one. Over servicing involves the provision of unnecessary treatments and or procedures, either diagnostic and or curative, which are not informed by recognised treatment protocols. Those engaged in over-servicing more often than not fail to take into account the financial and health interests of the patient (HPCSA, 2007).

## 2. Background

In the local pre-hospital emergency care environment, patients are billed according to the level of care they have received. Levels of care are divided into three broad categories. These are Basic Life Support (BLS), Intermediate life Support (ILS) or Advanced Life Support (ALS).

The Basic Life Support scope of practice includes mostly simple non-invasive interventions, such as spinal immobilization; administration of oxygen, entonox, and oral glucose; basic wound care and splinting fractures (Professional Board for Emergency Care 2006a).

Intermediate Life Support (ILS) sees the introduction of a couple of additional procedures, such as the siting of IV lines; needle thoracentesis; needle crichothyrodotomy; use of a 3-lead ECG; defibrillation and administration of selected drugs such as dextrose, beta 2 stimulants, ipratropium bromide and aspirin (Professional Board for Emergency Care 2006b).

Advanced Life Support (ALS) includes advanced airway management (oral tracheal intubation, nasal tracheal