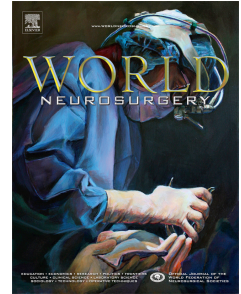


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Physicians, Poverty, and Profits: Can Robin Hood Finance Healthcare in Developing Countries?

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Physicians, Poverty, and Profits: Can Robin Hood Finance Healthcare in Developing Countries?

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For-Profit Healthcare – Lessons from a Developed Country

One suggestion regarding financing of healthcare for financially-challenged citizens in a developing country is to construct a for-profit hospital system in that country.¹ A percentage of the profits from that hospital system would then be used to finance a non-profit healthcare system for the impoverished members of that country.

We might call this “Robin Hood Healthcare”, after the legendary British folklore figure who robbed the rich to give to the poor. Additionally, if the model is adapted to healthcare for the country’s population – rather than simple thievery to redistribute wealth, as Robin Hood advocated – it injects capitalism squarely into healthcare. Indeed, the model depends on profitable healthcare for the rich underwriting (economically) subsidized healthcare for the poor.

The suggestion of having a for-profit healthcare system subsidize a not-for-profit healthcare system is being put forward for Tanzania.¹ The proposal is that 3.5% of the profits from the for-profit system go to support the non-profit system. One item in favor of such an arrangement is the Tanzanian government’s restriction that all government employees receive their healthcare in-country, i.e. medical tourism is prohibited for government employees. However, the proposers of this system realize that the relatively small wealthy population in Tanzania cannot support the 90+% of Tanzanians who could not afford care in the proposed for-profit system. Medical tourism by wealthy Africans from neighboring countries would be essential for such an arrangement to succeed.

However, what is to prevent neighboring countries from prohibiting their government employees to seek healthcare in Tanzania (as the Tanzanian government has done)? What is to prevent neighboring countries from building their own for-profit healthcare systems to attract medical tourists – much as has been done throughout the Middle East (Dubai and elsewhere)? What is to prevent the for-profit healthcare system from deciding that the 3.5% “tax” cuts too deeply into profits – resulting in diminishing support for the non-profit healthcare system?

Capitalism may be universal but it has been taken to the extreme in healthcare in the United States (USA). There is clear agreement that the healthcare system in the USA is the most expensive in the world – up to 50% more expensive per-capita than other developed countries. There is also agreement that it does not deliver comparable benefits to the citizens of the USA in terms of lifespan, infant mortality, etc, that not only other developed countries provide – but also countries that spend much less on healthcare such as Cuba

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