

## Access to Healthcare: My Goals as an Aspiring Physician

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Through personal medical hardships as well as medical work and volunteer experiences, I have concluded that access to healthcare should be a fundamental right that everyone has access to. In this piece, I showcase evidence proving that while most people in the U.S. have access to emergency care, there is a lack of emphasis on preventative care, both physical and mental. A primary factor for not having health insurance is the financial burden that it imposes. To deny a person access to medical care due to lack of personal funds is not only inhumane, but also goes against the advancement of a nation. I analyze these healthcare disparities and lack of education and list out numerous solutions that I, as a future physician would like to work towards in order to expand access to healthcare, as it should be a basic right. Specifically, I explore this work through time given in clinics, time management to maximize patient care, and utilizing video resources, as we are with the COVID-19 pandemic. Even though increased access to caregivers would benefit all, children especially would benefit from it since keeping them healthy in their developmental ages has a major impact on the rest of their futures.

The importance of having access to healthcare  
President Roosevelt once said, “We have accepted a second Bill of Rights. Among these are the right to medical care and the opportunity to achieve and enjoy good health” (Roosevelt, 1944). However, 72 years later, it is unfortunate that as a nation, we rank first in the list of the OECD (Organization for Economic Co-operation and Development) nations when it comes to healthcare spending, but last when it comes to public expenditure on health (“OECD Health Statistics,” 2020). This discrepancy highlights that much of our healthcare expenditures are spent on either private or emergency care, and this could be better balanced by making preventive healthcare accessible to all. Early detection and prevention of chronic medical conditions is key to lowering long term costs and ensuring better outcomes. In the long term, this has shown societal and financial benefits by achieving a healthier population through controlled costs. There is also a large social cost by denying individuals access to quality healthcare. For example, the “Healthier Kids Initiative” in California has demonstrated that there *are* tangible benefits to society by

inoculating children and timely preventive care (Stevens, 2007). This resulted in healthier children focusing on their schooling and eventually becoming more competitive in the global workforce. Furthermore, parents miss fewer workdays to take care of their sick children, which increases wages and productivity and in turn raises their quality of life.

My personal experiences with recent medical challenges have helped shape my views on the importance of access to healthcare. A few years back, my mother was treated for an acoustic neuroma and I recently had surgery for a paraspinal ganglioneuroma. I can only imagine how devastating it could have been if we did not have adequate insurance to cover the costs of the expensive procedures, the extended stay in the hospital, etc. As I was sitting in the hospital room and reflecting on how fortunate I was to have access to world class care and resources, I felt a strong desire to make a greater impact on society. I felt devastated that I was given access to healthcare, but many other kids do not always have the same privilege.

Having lived in Singapore and in the United States and traveled across six continents, I got the opportunity to compare the impact of access to medical care. It was heartbreaking to see individuals in countries like Singapore having to choose between getting appropriate medical care or facing bankruptcy. In contrast, Australia, which has sophisticated universal health policies for its visitors and citizens, seemed to enjoy the rights of access to medical care. In third world countries such as India, access to healthcare is so limited to the point where India is responsible for 18% of global deaths, deaths that are mainly attributed to their lack of healthcare (Alwan, 2015).

I have been involved with a shelter serving child victims of human trafficking in India since middle school, and the stagnating effect of their past on their future had been bothering me. I could not help but think of the disparity in our lives and was galvanized to get out of my comfort zone and do something meaningful to help these girls, since they deserved access to mental health services and educational opportunities.

I decided to start a business for charity to support the educational needs of the girls, since that would help them cope and work towards securing their future. I created Tutoring for Hope, a nonprofit organization that coaches Bay Area middle schoolers in STEM subjects, to raise money towards books, general educational supplies, and technology for this shelter in India. After weeks of work, I felt euphoric and satisfied that everything was finally coming together, especially when I sent the first shipment of supplies to the shelter. I was utilizing my role as a privileged and educated citizen by using my innovative and academic skills to start and continue this nonprofit to help these girls in India. These supplies included basic aid kits and funding for these girls to get more school supplies such as textbooks, notebooks, and basic writing utensils.

The primary purpose of education is “to develop within the student the knowledge, skills, dispositions, and attitudes that enable them to live a

flourishing life and contribute to the happiness and flourishing of others” (Brighouse, 2006). It is the same with healthcare, since physicians equip their patients with the basic needs that they need to enable them to live a flourishing life and contribute to the happiness and flourishing of others, but that is not possible without them being healthy and tended to when they need to be cared for. They need to be able to be healthy enough to be contributing members of society; in fact, health is one of the seven key factors to happiness/flourishing (Brighouse, 2006).

It is imperative that we consider the importance of healthcare in areas such as education and mental health as it allows people, especially younger children to be healthy and contributing members of society. It is especially important with children, because with a healthy mind and body, they will develop positively as they grow. Therefore, access to healthcare should not be as limited as it currently is, and it should be a basic justice for all children.

### My future plans

For a while, physicians have struggled with efficiently implementing effective communication channels, scheduling multiple patients, and the ideal workflow needed to increase patient access. These issues are often self-inflicted by the physicians themselves or by organizations which employ a gatekeeper model where access to the caregiver is often too controlling and confined to very limited availabilities to see patients. This has built many barriers and caused minimal access to people, therefore mounting their frustration. Currently, there are numerous solutions to the lack of healthcare, which I want to implement and explore as a future physician, including small urgent care centers and clinics, better time management as well as emerging and attractive options for people including video, phone or web based medical resources.

### *Clinics*

A major route I would take to provide better access to healthcare for the maximum number of children would be through working at rural clinics, or clinics made for low-income families who cannot afford the taxing medical costs of more intensive care. Working at these clinics would allow me to utilize my skills as an M.D and grow my personal experience by working with a number of different patients, as well as help promote justice for all who do not have equal access to top notch medical care. Many of the people in rural areas and third world countries do not have qualified doctors, or proper medical equipment. Opening up clinics or working in pre-established clinics with my skills as a physician would increase the number of doctors able to provide medical care to those in these areas who need them.

A clinic called the “Friendship Medical Clinic” was opened in New Albany, Mississippi (an area with many residents of low socioeconomic status) to help those who could not afford larger institution medical care.

Lucy, a patient there, did not have health insurance for the first time in her life due to a recent divorce, and was working, hence did not qualify for Medicaid (“Lucy’s Story,” n.d.). She was diagnosed with uterine cancer by this clinic, and she was subsequently able to work with this free clinic to get the care that she needed, as she could not afford anything more. Without this free clinic, she would not have been able to get a proper diagnosis and thus, would have died.

There are plenty of people living with minimal access to physicians, which is extremely risky due to the lack of care they receive as a result of this. The more children that do not receive care, the greater the risk of fatalities or developmental issues. Often, their immunity is not built up, and due to the playful and curious, yet unhygienic nature of children, they are more prone to certain diseases and infection. Lack of care could alter their life and deprive them of a completely different future if they would have had access to healthcare.

### *Time management*

Often, organizations which caregivers work for are restrictive and limit the number of patients per caregiver. This is good because it maximizes the quality of patient care, but it also can have negative consequences as many are therefore left without access to a caregiver. Apart from this though, as a physician, I believe we should work on time management and set aside separate hours for those who come from low socioeconomic status brackets and cannot afford healthcare, or those remote who cannot access care. Even though this would be after hours and the quality of advice given might go down, some access to medical advice is better than none at all, so that patients would have basic direction of how to work on their issues.

According to Duncan and Murnane in their paper “Restoring Opportunity,” “It’s difficult to determine the extent to which poverty causes poor mental health and harsh parenting, since so many factors are associated with low family income” (Duncan & Murnane, 2014). Mental health issues cannot even be tended to because of low income, and therefore cannot be accurately measured; we need to make sure that we are able to even provide prevention of spiraling mental health cases so that we can accurately fix this result of poverty. There are so many factors associated with low family income, and these kids do not get even the most minimalistic access to medical care, which is extremely risky since their issues, if serious, can just dwell and become even more malignant where they otherwise would have remained benign.

A major issue right now includes the prevalence of mental health issues in today’s society, and these issues can easily be tended to through minimalistic care, something that physicians can give in their off hours. There are a number of other major health issues related to poverty, and access to some type of caregiver allows those who are impoverished to

receive medical advice and act on it, rather than remaining helpless. A little bit of a physician's extra time can go a long way.

*Video, phone, and web-based medical resources*

Using video, phone, and web-based medical resources allows us caregivers remote access to healthcare for patients who are not always very close to a hospital. With the technology boom as part of the digital age, it is more likely for people to have access to technology over healthcare and utilizing technology in order to provide medical care would make a major impact. It allows physicians to have face to face contact and provide them even minimal medical advice based on their symptoms and refer them to more intensive medical care, if necessary.

Many individuals, especially children, have a major transportation barrier to seeking care at a medical institution, so sitting in the comfort of their home while having access to advice to alleviate their symptoms could significantly help these individuals. In a recent study, a survey found that "sixty-two percent of respondents using the Internet for health information rated the quality of their experience as "excellent" or "very good," hence utilizing this resource to encourage verbal and written communication "could expand a physician's reach significantly to those who do not have the opportunity to meet with a physician in person" (Diaz et al., 2012).

Conclusion

I believe that medicine is the most noble of all professions and for some individuals, physicians are their last hope, and stand between quality of life and dignity in death, something which should be highly valued. Additionally, everyone should be able to have the opportunity to lead a flourishing life, and it is vital to help those especially at a young age while they are still growing. Therefore, access to healthcare, especially for children, is a right, and not a privilege, as it is truly necessary for human triumph and for our nation's growth, as these children are our next generation of scholars.

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