How and why will hospitals worldwide have changed by 2029?

Coming from and representing primary care and family doctors of the world, I see the hospital sector from a cooperative, consultative, and referral and coordinating services point of view.

An overarching challenge is to make sure that we select the right patients for hospitalization. To achieve that, the hospital sector and primary care should work hand in hand. A well-functioning primary health care can take care of 95% of medical issues in the population.

Needless to say, one size, shape or form pertaining to hospitals and health services does not fit all locations and situations. And, as we are living in times when change comes at an ever increasing pace, health services must be ready for adapting to change, whether it is more or less foreseeable due to epidemiological, demographical or economic factors - or due to abrupt events like the occurrence of epidemics, conflicts and wars, famine and natural disasters.

As I see them, the three main challenges on the rise, for health services in general and for hospitals in particular are:

1. To train, obtain and contain adequate and appropriate professional staff, qualified for handling health problems particular to the location and the situation,
2. To deploy health services in general and hospitals in particular within reach for people with the heaviest disease burden - the underprivileged, the poor - paying due attention to logistics, transport, cooperation, coordination, task sharing between levels, between hospitals and within hospitals - the services must work in concert. They must be accessible, affordable, acceptable and available for people in need in the location and in the situation,
3. To define the health problems of the location and the situation and to design and organize appropriate and relevant services to be included in the portfolio and the mandate for the public health services to deal with, and fund, supply and equip the system with adequate, relevant and appropriate technology, affordable and sustainable within the limits of the economy.

The opportunities and solutions depend on the ability, the will, the quality and the values of the real power structures in the country in question. Are they market-driven, dominated by the quest for profits, or are they driven by a will and values seeing health services, along with education, as a common public good, to be accessible and affordable for everybody in need of health services?

A capitalist economy and thinking is dominating most countries in the world, whether they are rich or poor. Partly due to the main factors fueling the capitalist system, supply and demand, partly to the introduction of new technology, new diagnostic and treatment procedures, the expansion of health services in the rich part of the world has been way beyond what one would expect to be “the real need” of the people.

So, the main challenge for the poorer countries where the burden of ill health and disease is the heaviest, is to be left and aided to design health services in accordance with their needs, sustainable within their economic, social and political limits. They should be warned not to let their services fall for the temptation of leapingfrogging into a hyper-specialized, hyper-technological western type healthcare system exclusively available for the rich, draining resources from the poor.

A serious crux for many poor countries is observing how nationally-trained health professionals tend to seek greener pasture in the western world - the rich countries saving the cost of training wanted professionals, and the poor, suffering from an ongoing brain drain.

The rich countries should engage in a process of decommodifying health services defined as “basic”, securing that those services be accessible and affordable for all in need. Hospitals merging into big corporates, behaving like hi tech businesses in a competing market, should be reminded of their role and their main mandate, as tailor-made health institutions for the country, for the location and the situation, to deliver health services in concert with primary care, funded by public money - some of them also having teaching and research obligations within the same mandate and framework!