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## Pentagonization of Healthcare

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# Pentagonization of Healthcare

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## My opinion

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Healthcare used to be about physician-patient relationship. But then healthcare grew. Whether it grew because physicians might have wanted more or because patients might have needed more is another chicken or egg dilemma or paradox. Anyhow healthcare grew. With its growth came the conundrum how to manage it from going out of control. Thereafter, the circle of physician-patient relationship got pentagonized wherein physicians began becoming workers for non-physician owners (fictional/legal entities' shareholders) and patients began evolving as products [1-5] under third-party payers while everybody began getting regulated by the overseeing litigators and legislators. Why did physician-patient relationship evolve into regulator-owner-worker-product-payer pentagon? This may be because physicians could possibly neither self-regulate anymore nor provide insurmountably expensive and expensive healthcare on their own for which patients could not even imagine paying on their own when even difficult-to-pay premiums, deductibles, coinsurance, copays were weighing their medical debt-ridden lives down to their graves [6-7]. It was not clear anymore who controlled and cared for whom but one thing for sure was that healthcare got fissured [8]. Then the pandemic happened and the fissured healthcare cracked wide open with disengaged workers resigning [9] and helpless products perishing leaving hapless regulators-owners-payers clueless. What actually happened? The reach of healthcare on society got overblown and then this bubbled healthcare could not safely blow over anymore without blowing up society's economy [10-11]. Too much unnecessary healthcare got discovered and invented [12-13] which became too necessary to sustain society or at least its healthcare-dependent economy. Fissuring widened with expanding wants of regulators-owners-payers while needs of workers-products taking the heat in the backseat [14]. "Beat the Heat, Check the Backseat" became the slogan for something else [15]. What could have been done to prevent this? Healthcare costs could have been controlled well before they went out of control proving irreparably costly to the society. Overblown expansion of healthcare could have been un-necessitated well before unnecessary healthcare

became economically necessary for society's survival. What's done is done. It can no longer be undone. The only thing that can happen or is already happening is that society may be suffering the payback by non-unionized workers who may be resigning en masse to either not work at all under disengaging conditions or get hired again after renegotiating the terms for bettered work-engagement. Ironically, the pentagonized healthcare has evolved workers to measure their engagement only in terms of appropriately quantified wages with appropriate quality of wage-rates because providing healthcare just for the sake of innate calling to caregiving may have inadvertently steamrolled the expectations of regulators-owners-payers that caregiving workers can feel fulfillment and remain engaged despite provisions of unpaid unequal unsatisfactory wages. Concurrently, after having evolved to helplessly and fruitlessly expect affordable healthcare costs in their own countries, patients may be choosing on a whim to explore medical tourism and even reverse emigration [16-17] to underexplored developing countries which themselves may be expecting to reap riches by providing healthcare at so-called affordable rates for those touring and/or emigrating from unaffordable developed countries until the currently welcoming countries themselves become too developed and thus unaffordable for accommodating the needs of touring and/or emigrating patients. The bottom-line is that resources may always remain limited and redistribution may always remain unequal where-after pentagonized healthcare may have to constantly juggle between needs and wants of regulators-owners-payers-workers-products because fissured healthcare may never travel back in time to revive mutual physician-patient relationship that may have been long gone and done under the pentagonized connections among regulator-owner-worker-product-payer.

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