A Challenge for Reform in South Korea

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Dear Editor:

We read with deep concern on dispatch from South Korea. Strikes continue in South Korea as doctors fight drug reform in Lancet article issued on November 4, 2000. The current news states that the strike in South Korean physician is over, but is it completely over? The issue for the Korean Medical Association seems to be its concern over pharmacists prescribing medications without proper medical training as well as the lack of appropriate record keeping by pharmacies.

Even though the South Korea is one of the most advanced and rich nation in Asia, the South Korean health system is in need of a major overhaul. One of a fellow of the Department of Emergency Medicine at the Ajou University Hospital, states that the main problem in Korea is the overlap between the responsibilities of doctors and pharmacists compared to the United States where the responsibilities are quite distinct and separated. In South Korea, pharmacists are allowed to sell many drugs, such as antibiotics and steroids, which can not be sold in the Western world without a prescription. Hence doctors are forced to lower the cost of consultations and sell cheap, government subsidized drugs to remain viable. The Korean government has used the competition between pharmacists and doctors to keep costs down and to ensure Korean citizens to have access to cheap medical attention and drugs. This overlapping system was devised right after the Korean War when many people were dying due to the inability to receive medical treatment.

Unfortunately, time has caught up to this post-Korean War relic. The increasing risk of inappropriate use of medical drugs in the absence of physicians consultation and the public pressure of providing advanced western style treatment at third world prices are reasons the doctors in Korea want reform. The Korean physicians are well aware of what the standard therapy for specific illness, thus left with frustration that they can not provide with the budget that they are provided.

The government ignited the current controversy when they moved to take away the doctors right to sell drugs during the summer in an effort to cut government costs. By not allowing doctors from selling drugs, the government no longer had to subsidize the drugs the physicians were selling before. This move has sparked countrywide protests and demonstrations by the Korean Medical Association. Doctors are crying foul for several reasons. A chief resident of the Department of Emergency Medicine at the Ajou University Hospital states that the cost of treatment and consultation will have to be dramatically increased due to the elimination of income from selling drugs: For example, the cost of endotracheal intubation is less than ten dollars in Korea. Of this ten dollars, physicians are reimbursed perhaps less then fifty percent, thus they are receiving approximately five dollars for this critically important life saving procedure. Financially, the Separation Act threatens the viability of the profession because physicians will
be less able to compete for patients with pharmacists. However, doctors are more concerned with public health aspect of the move. They are worried that Korean patients will skip the visit to the doctor and go directly to the pharmacist due to the increased cost of physician consultation and the unavailability of government subsidized drugs. This practice, for obvious reasons, is a very dangerous practice due to the discrepancy in training between the two practices. Pharmacists are not trained to diagnose patients and they lack the expertise to recommend certain life-threatening drugs. This practice encourages patients to diagnose themselves and go to pharmacies and buy drugs they have very little knowledge of. South Korea already has one of the highest rates of resistance to penicillin and other antibiotics.

What the Korean Medical Association really wants is a system similar to the one in the United States. A clear separation of prescription and dispensation plus tighter regulation approval of non-prescription drugs. The major side effect of the American system is a higher cost of medicine and possibility a greater number of patients who will forgo traditional Western treatment and seek alternative types of treatment.

It would seem that Korean physicians have legitimate concerns about public safety aside from their relatively minor financial interests as described. We are concerned that the Korean Media would portray its physicians as showing signs of avarice as the article states. Are the pharmacists being viewed differently? The financial interests of pharmacists seem to be substantial and would appear to raise serious conflicts of interest. As pointed out in the article, Korean pharmacies are permitted to dispense drugs in ways that would not be permitted in western industrialized nations.

It is our hope and prayer that all the parties in this dispute will come to the conclusion that is beneficial to all, and most importantly to take the next step in advancing the nations health care system for the sake of its own people.

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