



تلخيص المحاضرة 3

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The Aim of Health Economics:

- 1 . Improve health outcomes.
- 2 . And lifestyle patterns.

THROUGH

Interactions between patients , health care providers and clinical settings.



- similarities between PHYSICIANS and ECONOMISTS :

1 - Realistic approach to LIFE's PROBLEMS (both of them are dealing with human life) .

2 - Quantitative information (dealing with NUMBERS) .

3 - Must take DIFFICULT CHOICES.

4 - Good decision requires COMPARING BENEFITS and RISKS (COST).



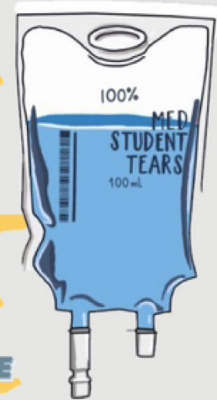
- Difference between PHYSICIANS and ECONOMISTS:

PHYSICIANS

Concerned about individual patients

Economists

Concerned with LARGE AGGREGATIONS



- Organisation and institutions.
- Industries.
- Governments .
- Society as a whole.

- **New THERAPEUTIC procedures.**
- **New use for OLD DRUGS : ASPIRIN .**

Advances in knowledge

- **New DIAGNOSTIC process >> MRI , CT.**
- **New drug .**
- **New understanding of diseases .**



Health Economics ~ influence on > Decision making
~ based on > PRINCIPLE Of EFFICIENCY

CONTRIBUTION of economics in health care services :

- 1 - Quantifying the RESOURCES.**
- 2 - Assess the EFFICIENCY.**
- 3 - CONSEQUENCES of CHOICES.**
- 4 - FUTURE DEVELOPMENT.**

 **Health economics primary perspectives :**

1 - EFFICIENCY .

2 - EQUAITY .

 **EQUAITY** 

Based on need **Prioritizes social justice**

Fair distribution > eliminate health care disparities ~ (race , gender , disability , geographic area) .

Absence of avoidable , unfair differences among a group of people .

Everyone should have a fair opportunity to attain their full health potential .



EQUALITY

Equal treatment

PRIORITIES

A ranking of problems , needs or solutions in order of **PREFERENCES** based on views derived by **DATA** and **INTELLIGENT JUDGMENTS**.

Factors >>>> Priorities

- 1 - prevalence of the problem .
- 2 - **SERIOUSNESS** of the problem.
- 3 - **AVAILABILITY** of **EFFECTIVE MEASURES** to solve the problem.
- 4 - **COMMUNITY CONCERNS**.



کن قویاً لأجلک

