

HIGO プログラム選抜試験

2014. 7. 5

HIGO program selective examination for Kumamoto University

小論文

試験時間 1時間30分

(13:00~14:30)

Short Article

Duration of examination 90 min

(13:00~14:30)

注意事項 Attention

1. 試験開始の合図があるまで、この冊子は開かないこと。
Do not open this booklet without the examiner's permission.
2. 問題用紙、解答用紙に乱丁等がないか確認すること。
Please check to ensure all pages are present in the correct order.
3. 試験問題は2題あります。どちらか1題を選択し解答すること。
Select any two questions to be answered among the questions **I**, and **II**.
4. 解答用紙をとじているホッチキスは、はずさないこと。
Do not remove the staple from the answer sheets.

I Read the sentences below and answer the following questions:

Mr. K. is a thirty-seven-year-old divorced black male who is very sick with end stage chronic liver failure. He is a state prison inmate and is to be paroled* in three years after completing the ten-year-sentence for armed robbery. Mr. K. had developed chronic hepatitis* C after blood transfusions fifteen years ago for an auto accident injury. He was diagnosed with hepatitis on a screening test five years ago while in prison. A series of courses of interferon therapy did not produce any permanent remission.

The prison physicians concluded that Mr. K's only hope for avoiding an early death was a liver transplant. The prison administration agreed to provide the transplant on the ground that the law mandated it. A call was made to the local organ procurement agency to have the patient evaluated to be put on the waiting list for a liver transplant.

Ms. B. is a 30-year-old white divorced female who has been working as a housekeeper in hotels to provide for her three children. Despite intensive medical therapy, Ms. B is hospitalized with hepatitis C end stage liver disease that is also attributed to a blood transfusion. Ms. B's physicians have decided that only a liver transplant would save her life. Unfortunately, she wouldn't be able to obtain one from a family member, and because she lacks health insurance yet does not qualify for Medicaid*, she is not on a waiting list.

Ms. B's father has read a leaked story in the newspaper about the prison inmate. He is incensed to think that his daughter can't get on a waiting list for a liver transplant when the state will ensure that a prisoner can. He feels the policy is unjust, and he even wonders whether he could get a lawyer to challenge it.

(The Hastings Center Report, vol.32, No.4, 2002)

*parole: to give prisoners permission to leave prison before the end of their sentence on condition that they behave well

*hepatitis: a serious disease of the liver

*Medicaid: the insurance system that provides medical care for poor people

Q1. What, do you suppose, are the reasons why the father of Ms. B felt such a waiting list policy 'unjust'? (within 200 words)

Q2. What, do you suppose, are the reasons why the U.S. regards such a waiting list policy as just? (within 200 words)

Q3. Behind this issue, there is the problem of the health insurance system, in addition to the problem of the waiting list policy. State your opinion about the health insurance system that covers all the citizens. (within 300 words)

II

Assuming that your government is planning to allow concierge doctor medical service in your state. What would be political issues that policy makers and scientists should discuss?

CONCIERGE DOCTORS

Although U.S. hospitals are not thronged with scalpers, medical care often involves a lot of waiting. Doctor appointments have to be scheduled weeks, sometimes months, in advance. When you show up for the appointment, you may have to cool your heels in the waiting room, only to spend a hurried ten or fifteen minutes with the doctor. The reason: Insurance companies don't pay primary care doctors much for routine appointments. So to make a decent living, physicians in general practice have rosters of three thousand patients or more, and often rush through twenty-five to thirty appointments per day.²⁰

Many patients and doctors are frustrated with this system, which leaves little time for doctors to get to know their patients or to answer their questions. So a growing number of physicians now offer a more attentive form of care known as "concierge medicine." Like the concierge at a five-star hotel, the concierge physician is at your service around the clock. For annual fees ranging from \$1,500 to \$25,000, patients are assured of same-day or next-day appointments, no waiting, leisurely consultations, and twenty-four-hour access to the doctor by email and cell phone. And if you need to see a top specialist, your concierge doctor will pave the way.²¹

To provide this attentive service, concierge physicians sharply reduce the number of patients they care for. Physicians who decide to convert their practice into a concierge service send a letter to their existing patients offering a choice: sign up for the new, no-wait service for an annual retainer fee, or find another doctor.²²

One of the first concierge practices, and one of the priciest, is MD2 ("MD Squared"), founded in 1996 in Seattle. For a fee of \$15,000 per year for an individual (\$25,000 for a family), the company promises "absolute, unlimited and exclusive access to your personal physician."²³ Each doctor serves only fifty families. As the company explains on its website, the "availability and level of service we provide absolutely necessitates that we limit our practice to a select few."²⁴ An article in *Town & Country* magazine reports that the MD2 waiting room "looks more like the lobby of a Ritz-Carlton than a clinical doctor's office." But few patients even go there. Most are "CEOs and business owners who don't want to lose an hour out of their day to go to the doctor's office and prefer instead to receive care in the privacy of their home or office."²⁵

Other concierge practices cater to the upper middle class. MDVIP, a for-profit concierge chain based in Florida, offers same-day appointments and prompt service (answering your call by the second ring) for \$1,500 to \$1,800 per year, and accepts insurance payments for standard medical procedures. Participating physicians cut their patient rolls to six hundred, enabling them to spend

more time with each patient.²⁶ The company assures patients that “waiting will not be a part of their health care experience.” According to *The New York Times*, an MDVIP practice in Boca Raton sets out fruit salad and sponge cake in the waiting room. But since there is little if any waiting, the food often goes untouched.²⁷

For concierge doctors and their paying customers, concierge care is everything medicine should be. Doctors can see eight to twelve patients a day, rather than thirty, and still come out ahead financially. Physicians affiliated with MDVIP keep two-thirds of the annual fee (one-third goes to the company), which means a practice with six hundred patients makes \$600,000 per year in retainer fees alone, not counting reimbursements from insurance companies. For patients who can afford it, unhurried appointments and round-the-clock access to a doctor are luxuries worth paying for.²⁸

The drawback, of course, is that concierge care for a few depends on shunting everyone else onto the crowded rolls of other doctors.²⁹ It therefore invites the same objection leveled against all fast-track schemes: that it’s unfair to those left languishing in the slow lane.

Concierge medicine differs, to be sure, from the special ticket windows and the appointment-scalping system in Beijing. Those who can’t afford a concierge doc can generally find decent care elsewhere, while those who can’t afford a scalper in Beijing are consigned to days and nights of waiting.

But the two systems have this in common: each enables the affluent to jump the queue for medical care. The queue jumping is more brazen in Beijing than in Boca Raton. There seems a world of difference between the clamor of the crowded registration hall and the calm of the waiting room with the uneaten sponge cake. But that’s only because, by the time the concierge patient arrives for his or her appointment, the culling of the queue has already taken place, out of view, by the imposition of the fee.

Michael J. Sandel
*What Money Can't Buy: The Moral
Limits of Markets, 2012*