

**Health Care: Out-of-Pocket**

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The out-of-pocket payments are the payment made by the patients directly to the health service providers while availing the health care services. The people of poor communities or the impoverished community is unable to afford the health insurances, for which they rely on the non-system of out-of-pocket systems. This non-system of “out of pocket” approach is not beneficial for the prospect of health-financing and the payments of the health care services providers. However, being a health professional, the duty of serving the patients comes first. This model can be used in helping the poor communities considering the two facts. First, providing the poor people with the optimum treatment regardless of the insurance in the emergency cases, and secondly, by reducing the payments of out-of-pocket and developing the strategies of finances.

Being a health professional, this could be strategized to put an end to the user charges and fees in the general health services or community health facilities. In the context of infection control and prevention, the children of the poor community can be identified and made free from the burden of the official fees. The pregnant women need precaution from the diseases as the spread of disease rates adverse impact for both mother and him child. Being a health professional, I will prefer to conduct campaigns, through which the community people will be educated regarding the practices of maintaining hygiene so that the spread of disease could be reduced and prevented. Moreover, the customary charges for the treatment of specific disease could be made free to reduce the out-of-pocket payments.

The health resources could be shared with the community people so that they can avail the health services in emergency cases. A system could be developed that will facilitate the collection of large pools of the prepaid funds. The collection of the repaid funds will be afterwards used to meet the costs and charges of health care in the time of requirements and

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emergency cases. The people who are unable to afford the charges or other health insurances can also use the services. The government could be urged to bring changes in conventional health funds. The out-of-pocket model will be applied by drawing contributions from the insured people or who can afford the diverse charges against health care services. The funds can be then used for the health care service of the impoverished communities in the treatment of diseases. In the case of a critical situation, the patients will be given treatment even being uninsured. In case the patient's condition is associated with death, the patient will not be asked for out-of-pocket payments.

A health professional must bode by several ethical issues in practice. The care and support of the patient are one of the ethical and moral aspects of the health care profession. Hence, the care of poor people will be prioritized against the income of profit. Therefore, in my view, poor patients will be given care prior to thinking about out-of-pocket payments.