2024 CMAAO General Assembly And 59th Council Meeting Manila, Philippines





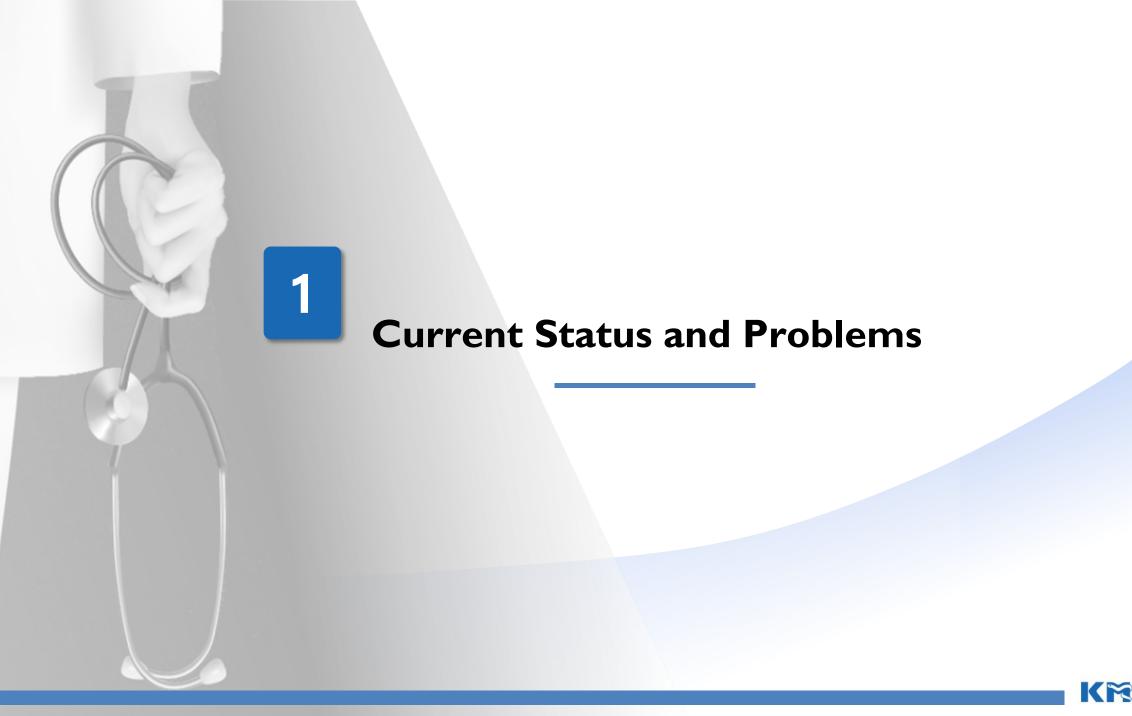
August. 24-26

COUNTRY REPORT

Korean Medical Association

Executive Board Member
International Affairs, KMA









Current Status and Problems



1977 The start of medical insurance system

1988 National health insurance system



Leading to high level of healthcare

One of the highest levels of healthcare satisfaction in the world

Annual OECD health statistics

Health indicators

- Life expectancy
- Infant mortality rate
- Age-standardized mortality rate for various diseases
- Avoidable mortality rate

South Korea

Top tier among OECD countries,

with the highest level of medical accessibility



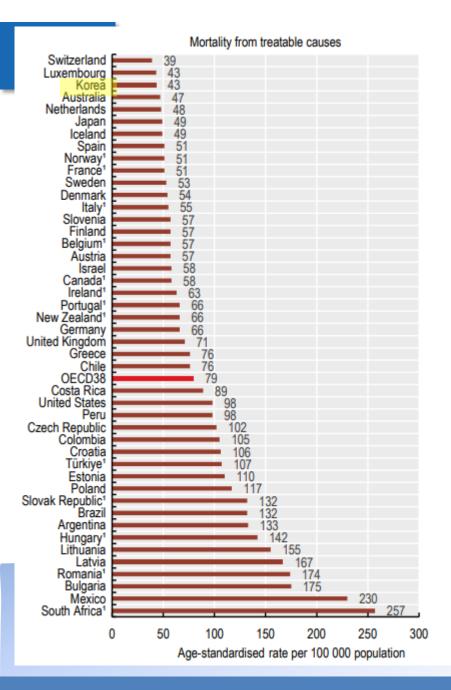
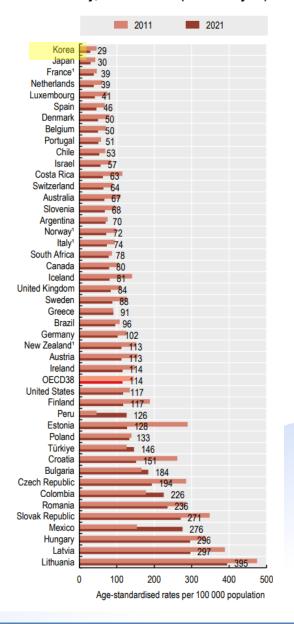
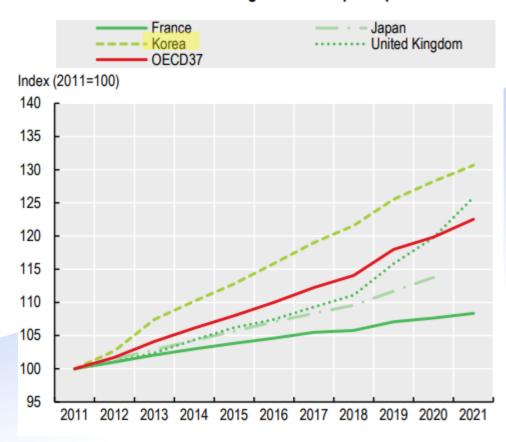


Figure 3.11. Heart attack and other ischaemic heart disease mortality, 2021 and 2011 (or nearest year)



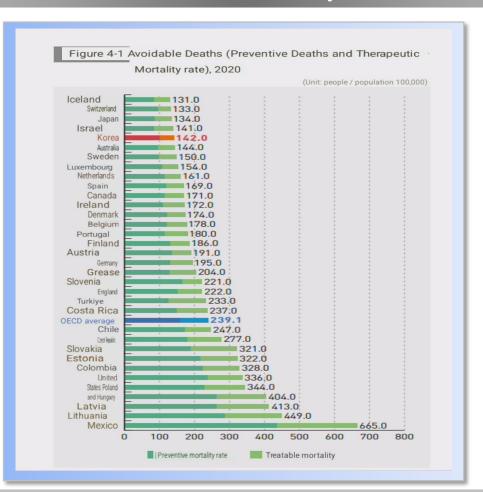
Countries below OECD average in doctors per capita in 2021







Preventive Death and Therapeutic Mortality





Current Status and Problems





Increased foreign patients

Boosted medical tourism



Attracts the most talented individuals to medical schools



Producing excellent medical professionals

The advancement of medical technology in South Korea

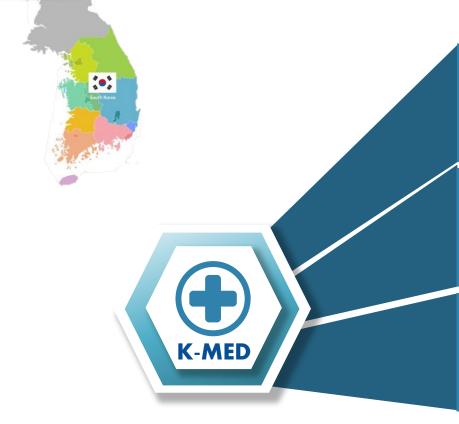






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Current Status and Problems



Limited support for essential healthcare



Widened gap between regional and central healthcare



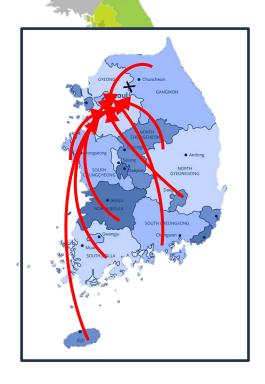
Excessive workloads, poor working environments, low medical fees





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Current Status and Problems



Development of a rapid public transportation system (KTX, SRT)



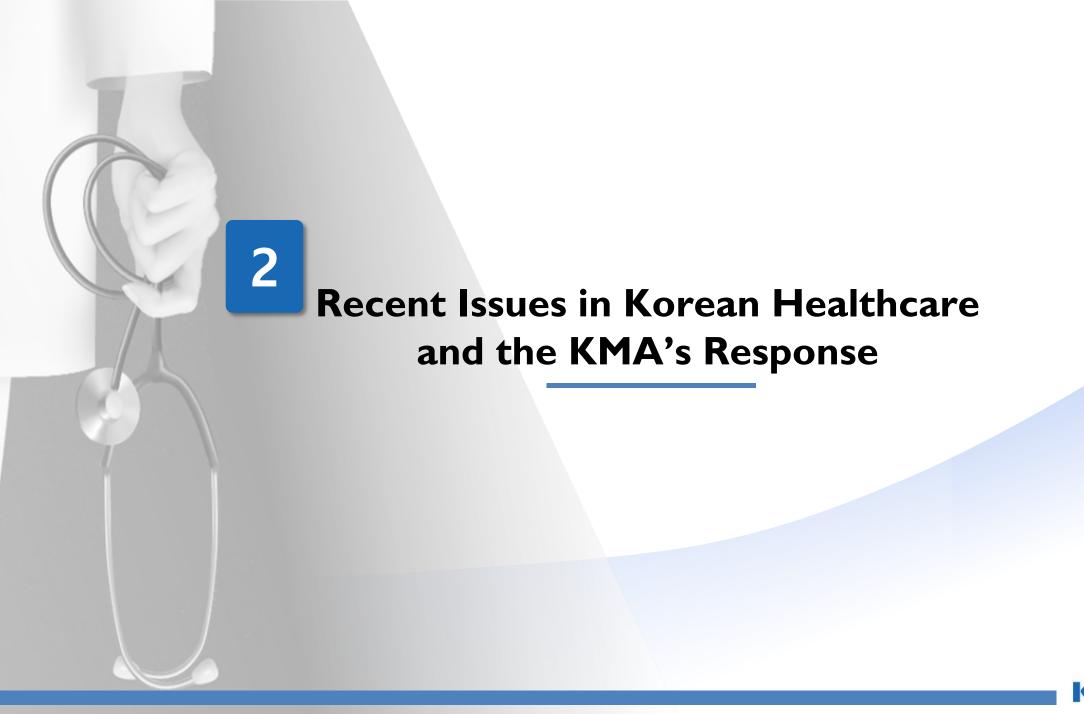
- Patient concentration in large hospitals
- ER overcrowding with minor conditions
- Financial strain on primary care clinics vs. growth of major hospitals



Current Status and Problems

- Narrow perspectives and inaccurate, biased forecast scenarios exist
- Lack of future predictions addressing current healthcare system issues and suggesting effective directions







2-1. Opposition to the Nursing Act



February 9, 2023

Health and Welfare Committee of the National Assembly

- Partial amendment to the Medical Law and enactment of the Nursing Act
- Direct submission to the plenary session of the National Assembly
- Focus on regulations and policies related to the nursing profession



2-1. Opposition to the Nursing Act

The Korean Medical Association formed an emergency response committee

- Injustice of the Nursing Act disrupting healthcare collaboration
- Infringement on the scope of medical licenses
- Potential severe harm to public health

Opposition expressed through around 50 large-scale rallies Extensive media coverage highlighting the controversy



2-1. Opposition to the Nursing Act

- The Nursing Act passed the National Assembly but faced a presidential request for reconsideration, leading to its initial disposal through a re-vote.
- → Recently reintroduced in the National Assembly.

The President, previously exercising a veto, has shifted stance within months?

A strategic move to pressure doctors opposing the policy to increase medical school admissions



2-2. Strengthening the Medical License Revocation Act

November 20, 2023

- Revised Medical Law implemented, expanding the grounds for medical license revocation
- Licenses now revoked for crimes related to duty, such as violations of the Medical Law
- Revocation also extends to any crime resulting in a sentence of imprisonment with labor,
 including suspended sentences and stays of execution





2-2. Strengthening the Medical License Revocation Act

- Broadened grounds for revocation could undermine the pride and morale of medical professionals
- Negative effects on the policy concerning the supply of medical personnel
- Significant hindrance to smooth medical practice
- Potential risks to the public's right to health and damage to the healthcare system's foundation





2-2. Strengthening the Medical License Revocation Act

- To minimize negative impacts of the Strengthening the Medical License Revocation Act
- To advocate for amendments that limit revocation to serious offenses
- To protect the integrity of the medical profession and maintain the stability of the healthcare

system





2-3. Government's Decision to Increase Medical School Admission Quotas

On February 6, the South Korean government announced a unilateral and autocratic plan

- The plan aims to increase the current medical school quota by 65%.
- This includes adding 2,000 students starting from the 2025 academic year.
- The goal is to expand the medical workforce by 10,000 by 2035.
- The justification given is to revitalize essential and regional healthcare.





- The government relied on superficial use of OECD statistical data.
- Unique healthcare systems of each country were not considered.
- The justification was based solely on the number of doctors per thousand people being below the OECD average.
- No clear objective or scientific basis was presented for the influx of medical personnel into essential and regional healthcare or the scale of the increase in medical school quotas.





- High-quality physicians need adequate educational infrastructure
 - Resources, diverse patient exposure, skilled faculty, and systematic clinical training
- → The hasty expansion of medical school quotas lacks assurance of a quality education environment
- → Degrade the quality of medical education





- Comprehensive improvement measures for the healthcare system should precede
- Should consider various support policies for essential and regional healthcare, financing methods, healthcare supply and delivery systems, compensation systems, and plans for medical residents
- A mid-to-long-term perspective is necessary, population estimates, medical demands, and overall healthcare system and finances.



2-3. Government's Decision to Increase Medical School Admission Quotas



 South Korean government has ruthlessly ignored many concerns and unilaterally proceeded with the expansion, ultimately leading to the current healthcare crisis.





2-3. Government's Decision to Increase Medical School Admission Quotas

- The government is responsible for the healthcare crisis
 - Implementation of an irrational policy to increase medical school quotas
 - Labeled protesting doctors as engaging in illegal collective actions
 - Resorted to threats, repression, and excessive punishments, such as suspending and revoking medical licenses, suppressing the freedom and

human rights of doctors





- Resident doctors currently on strike against government decision
- Countering government's decisions with large-scale rallies, statements, and through social media









Directions for Future Healthcare Development

- Korean doctors oppose government's indiscriminate expansion of medical school quotas, fearing collapse of healthcare.
- Advocating for withdrawal of policy and focus on incentivizing mechanisms for essential and regional healthcare.
- Emphasize need for medical fee increases, financial investments, and expanded legal protections for medical accidents and disputes.



Directions for Future Healthcare Development

- Global medical organizations, including the World Medical Association, are closely monitoring the situation in Korea.
- Demand the Korean government to stop oppressive measures and engage in constructive dialogue with doctors





Directions for Future Healthcare Development

 Korean doctors seek healthcare policies and systems to fulfill responsibilities for patient health and life.

> "We hope for ongoing support and attention from our international medical colleagues!"



