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MEDICAL CARE- EMERGENCY SERVICES

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ABSTRACT

The quality of Ambulance service available in Armenia differs from that of the European countries and American states. There is also a difference between the state-financed and private sector services qualities within Armenia. Some patients do not receive EMS (Emergency Medical Care) merely because of their inability to pay for services they are entitled to and some service providers perform their duties without due care. A comparison between Ambulance service provision in the heart attack situations reveals some problems regarding what patients expect from the ambulance personnel, what medical treatments are absent from duties of ambulance personnel in Armenia which are available elsewhere, how to incorporate such treatments into our system, why service provision fails to serve its purpose and what steps can be taken to build confidence between the parties to this transaction so that the standards will improve. To add to the effectiveness of EMS and overcome its disparity, the government should act as a catalyst to secure access to health service for all, and to provide financial means to guarantee a reasonable living wage to service providers who choose to perform such an important civil service.

INTRODUCTION

Emergency Medical Services, EMS¹, are those pre-hospital medical services provided by certain trained personnel to patients in need of immediate medical attention. From the moment a patient, a by-stander or an emergency service provider perceives such need until the transfer of the patient to a health facility; care must be provided by certified personnel who operate under medical oversight and in accordance with regulations set by the Health Ministries. Ambulance service² is a unit composed of the emergency service providers whose duty is to provide basic life support techniques and skills³ in order to medically stabilize the condition of the patient while safely transferring him/her in the shortest time possible to an appropriate medical facility where he/she can receive further specialized medical attention.

The purpose of these services lies in the broader concept of health care, which serves to save lives. Human Rights law provides protection for individuals from one point of view and creates obligations on governments from the other. When individuals are protected and medically secure due to the existence of mechanisms that guarantee their access to medical care under all circumstances, they are relieved from worries that otherwise may trouble them in different aspects of their lives. Psychologically speaking, the more satisfied an individual is the more productive and cooperative he becomes. Economically speaking, when he/she is productive, it becomes easier to earn money and pay for the services obtained. Finally, politically speaking, the more individuals in a population feel safe and secure and respected, and the more pleasant the society becomes. Hence it is easier to manage a society whose individuals are professionally productive and satisfied with their governments for making the services available to the whole population. A government that provides some services to its population, in the long run gets advantages from the productive cooperation of the service-recipient individuals. This transaction helps to create a healthier society.

¹ EMS, abbreviation for Emergency Medical Services, pre-hospital basic life support techniques and skills

² Ambulance service, a subset of Emergency Medical Services

³ Basic Life Support techniques and skills: Venous Access/ Defibrillation during cardiac arrest/ Insertion of nasopharyngeal and oropharyngeal airways...

Like in all other types of transactions parties have different interests. One party is interested in getting a service; the other one wants to get paid in exchange for the services he/she provides. A patient having a cardiac arrest, as one party to EMS transaction urgently needs medical attention and transportation to a facility where advanced medical assistance is available. Ambulance personnel consisting of a driver, the paramedics and a physician, as the other party is interested in getting paid for the services they professionally provide. However, when the patient is unable to pay for the service he needs but still is entitled⁴ to receive them, another actor, the government, comes into the interaction between the mentioned parties. The government is obliged to domestically prescribe legislation, which supposedly has to foresee how to resolve the financial problems regarding EMS fee payments; and, set regulations based on the demands of the society. The government's interest, as a third party to this transaction, in fulfilling this legislative and executive obligation is to safeguard the population via programming reimbursement measures⁵ and to cover the expenses of the EMS providers to protect justice in all perspectives.

From the society's point of view providing adequate services to people eventually results in having a healthier population, because protected individuals form a secure and healthy society. In such a society human life is a precious value. Saving life and minimizing casualties are embedded in numerous constitutional frameworks, because access to health care in general and regulated emergency services in particular are among fundamental human rights in a democratic⁶ society.

Health-conscious societies⁷ like some EU member states have gone into details to establish powerful legal frameworks through which they manage to deal with emergencies. They achieve this goal because the frameworks are designed to improve the health care

⁴ Based on Fundamental Human Rights law (Access to Health Care)

⁵ Payback mechanisms

⁶ System in which all have equal rights

⁷ HEALTH RIGHTS AND OBLIGATIONS IN THE EUROPEAN UNION, Chp 3, Medical Ethics

policies, not to create troublesome formalities. High standard health care policies⁸ highlight the intention of policy-makers that is respect for human life and dignity.

Providing medical services to all social classes may result in having healthy generations who in turn will respect and trust their governments. When a heart-attack victim, for example, seeks medical help from Emergency Service Providers, ESP⁹, and is certain that a fully equipped ambulance is going to attend him unconditionally in a matter of minutes, he/she; as the smallest unit of that society, feels secure and respected; as opposed to situations where individuals are unable to rely on the available services.

On the avenue to the European integration, states under the post-Soviet influence were and some still are obliged to measure up to the European standards as one of the best practices. Standards would improve upon the state interference via drafting new legislation and executing the improved regulations monitoring the process of adaptation and implication and providing a competitive atmosphere. Whether a member to EU or not, Armenia would definitely benefit from any improvement achieved in Medical Care.

ARMENIAN LEGAL FRAMEWORK

⁸Supranational Health Care Policies in EU are available to workers regardless of their nationality or citizenship as a guarantee to 4 Market freedoms; See Appendix V

⁹ESP, abbreviation for Emergency Service Providers, such as Ambulance Services

One of the state's major tasks in the social sphere according to the RA Constitution is "to implement health care programs for the population and contribute to the effectiveness and affordability of medical services," and "...the state, *within the scope of its possibilities*, is obliged to undertake necessary measures for the fulfillment of the purposes prescribed in Article 48".¹⁰ RA Constitution puts obligation on the state but within the scope of its possibilities. What exactly that scope is remains to be interpreted by the national authorities. Whether EMS gets priority or not over other national plans and programs is a difficult decision to make dependant on various parameters.

Based on *The RA Law on Medical Care and Services for the Population*, First Aid is categorized as one of the two main types of medical care available to the public: It is "provided by comparatively basic methods and technologies; as opposed to specialized medical care that offers diagnosis and therapies available by advanced methods and technologies. Provision of First Aid, as anticipated by the law, should be free of charge for the whole population and is guaranteed by the state"¹¹. Since First Aid is performed by Emergency Service Providers, ESP¹², Emergency Medical Service EMS¹³ falls into the first type of medical care. Administration of medical care in general is available in two forms in Armenia: indoor clinical one that requires hospitalization of the patient for taking tests, providing treatment, long-term supervision and intensive care, and non-clinical form which does not require indoor conditions¹⁴. Basic life support and transportation of a patient fall within the second category.

The 2nd Chapter of the same law, Art. 4, prescribes the patient's rights as the following: "Any individual, regardless of his/her nationality, race, sex, language, religion, age, health condition, political or other believes, social origin, financial status has the right to

¹⁰*RA Constitution, Art 48*

¹¹*The RA Law on Medical Care and Services for the Population, Chapter 1, Art. 2(a) and (b)*

¹²ESP are trained personnel who perform basic life support techniques and skills

¹³EMS (Emergency Medical Services)

¹⁴*The RA Law on Medical Care and Services for the Population, Chapter 1, Art. 3*

receive medical care and services within the territory of RA.”¹⁵ Additionally, "Any individual has the right to receive state financed health programs free of charge".¹⁶

The duties and responsibilities of medical care and service providers regarding EMS as described in Chapter 3, Art.19 are as follows:

"Medical care and service providers are obliged to:

- a) Provide urgent medical first aid to everybody, irrespective of evidence guaranteeing payment for that aid and presence of other circumstances.
- b) Ensure that the quantitative and qualitative features of provided medical aid and services meet *the established criteria*.
- c) Keep each patient informed on the type, methods, extent, order and conditions of provision of medical aid and services provided.
- d) Provide each patient or other people paying for his medical aid, with necessary information on the quantitative and qualitative features of medical aid and services, and the expenses made for that purpose.
- e) Ensure the privacy of individual's request for medical aid, examination of his state of health, information obtained during the diagnostics and treatment, except in cases stipulated by the legislation of the RA.
- f) Present statistical and other data *in the order established by the legislation of the RA*.
- g) Treat patients with care and respect.

The providers of medical care and services and persons engaged in illegal medical activities bear responsibility *in the order established by the legislation of the RA* for harm caused by their fault to the health of people, as well as for giving out information on the state of health of patients."

From Section (a) one deduces that ESPs are obliged to provide any individual with free of charge first aid. Whereas from Section (b) it is ambiguous to draw a solid line to highlight what the established criteria for quantity and quality of care are that should be provided to any patient in need of urgent or other medical treatment. This could be clarified after the comparison of Armenian and International Practices (next chapter).

The sources of financing for the provision of medical care and services in RA are modified in Chapter 5, Art. 25 as the following:

- Allocations from the State budget of the RA
- Insurance compensations
- Direct payments by patients
- Other sources not prohibited by the legislation of the RA.

¹⁵ *The RA Law on Medical Care and Services for the Population, Chapter 2, Art. 4*

¹⁶ *Id.*

The Government of the RA carries out by means of allocations from the State budget the guaranteed financing of medical care and services within the framework of *State health target programs*¹⁷ for the providers of medical care and services, irrespective of their organizational and legal type and the form of ownership.

Financing of medical care and services by means of insurance compensations is carried out in accordance with concluded insurance agreements.

Patients make direct payments, if financing of the types and extents of provided medical care and services is not carried out completely or partially by sources mentioned in items "a", "b" and "d" of the first part of this Article.

Based on these Articles, EMS should be provided in accordance with established criteria and without anticipation of payment in exchange of the provided service. The established criteria for Ambulance services in Armenia is not regulated enough to serve the main purpose of its existence, for saving lives¹⁸. When failure to provide adequate medical assistance for stopping a cardiac arrest results in unpleasant consequences, because the extent of that assistance foreseen by law is insufficient, the liability cannot be imposed on the service providers¹⁹. Taking blood pressure or fever and pain killing via medication may help but is not enough for rescuing an individual who is experiencing a heart attack.

Although the payment for the Ambulance services by the state is covered by the annual target programs and for example, in the year 2003 a sum of 1,000,000 AMDs²⁰ calculated on the number of registered calls for Ambulances was allocated from the state Budget²¹, we are still encountered with the reluctance of the Ambulance Personnel to attend cases where the inability of the patient to personally pay for his/her expenses is a fact²². The above-mentioned sum covered the Ambulance-related expenses like fuel and repairs and salaries of ESPs. The homeless also form a portion of the population of Armenia, and are entitled to medical care and Ambulance services. From the legal perspective, those medical

¹⁷ Target programs are annual programs, which are aimed at preservation of health of population and financed by the State budget of the RA.

¹⁸ Interview with V. Petrosyan

¹⁹ Interview with S. Melikyan

²⁰ Armenian Drams (monitory unit)

²¹ Basic Benefit Package

²² Report from HETQ-ONLINE, See Appendix W

service providers whose negligence or faulty treatment causes damages to the health of the patients are liable for the damages caused by them and must face the consequences²³. Inability to pay for Ambulance fees must not be an obstacle to receive the service.

The law does not allow for ignoring the patients who are unable to afford for their medical expenses regarding emergency services, however the implications of law are quite different. In order to avoid more losses we need to analyze and compare the steps of the same transaction between; for example, a heart attack victim and the Ambulance service providers in different countries and find out what procedures and/or implications may create problematic issues among the interests of the parties.

Calling for an ambulance starts with dialing the numbers 1-03 for a free of charge service whenever the service is categorized as a first aid one requiring basic methods to 5000AMDs for a chargeable service requiring advanced methods and technologies, or 8-119 for a private one, amounting to 12000 AMDs. The patient who is experiencing chest pains must inform the operator answering the above-mentioned numbers of his/her condition and give the address where he/she is located. The operator then contacts the nearest stationed ambulance and gives the details of the patient.

Depending on how heart attack might be categorized under the regulations of Ambulance Services; whether it requires basic treatment or an advanced one, the personnel of 1-03 might ask for a 5000AMDs fee if they are equipped with the required devices. If not, a second ambulance must be called to provide the advanced life-support techniques on the heart attack victim. The law mentions that the state is obliged to provide the necessary means and/or measures to save such lives. Taking the urgency of attending such a patient into

²³ **ARTICLE 6. PATIENTS' RIGHTS TO RECEIVE COMPENSATION FOR DAMAGE CAUSED WHILE RECEIVING MEDICAL AID AND SERVICES.**

“Everybody has the right to receive a compensation for damage caused to his health during the organization and realization of medical aid and services in the order established by the legislation of the RA.”

consideration the current system might cause undesirable damages whenever this service is not affordable for the patient. The lack of inclusion of heart failure in the first type of medical care constitutes a point in law that needs to be amended. The inability of the patient to pay the fee should not prevent the ambulance personnel from their service provision if it can fall into the first type of medical care and services the one²⁴ that is provided through basic and comparatively less expensive methods. Basic treatment should include CPR²⁵. Another step is to equip all the ambulances with the ECG²⁶ device. This can save time, since there would be no need to call for a second equipped ambulance.

Being a comparatively small country, Armenia although suffering from under-funding, should find remedies for the current situations. The comparison between the public and private sectors of EMS in Armenia also indicates that improvements are not impossible. More detailed regulations also may improve the legal framework upon which the parties to this transaction will reach a win-win situation. The patients will get free of charge services, the ESPs will operate under more legal certainty with guarantees to get paid and the government will enjoy the respect of all.

²⁴*The RA Law on Medical Care and Services for the Population, Chapter 1, Art. 2(a) and (b)*

²⁵Cardio-Pulmonary Resuscitation, a technique used to smooth the operation of the heart and the lungs

²⁶Electro-Cardio-Gram, a device that decodes the heart functioning by electric signals based on pulses

INTERNATIONAL BEST PRACTICE

As economic and social obstacles are removed from a given nation, health standards among others improve. Medical service provision in some advanced countries has reached a higher level than that of the developing or under-developed states who still struggle for less economic dependency or even self-efficiency.

Armenia, as a country in transition, faces various problems including economic ones that indirectly result in some shortcomings or failures of certain services, among them is EMS. A review on procedures and implications of EMS in the US and Belgium, the latter directly comparable to Armenia in size, highlights some issues concerning the mechanism implicated in Armenia.

Procedure in the US

In the US, all that is required from a patient in need of emergency services as the service recipient to commence the transaction is that he/she dials the number 911 and informs the operator about his/her complaint and address, a procedure very similar to the Armenian one. As soon as the operator receives a call, that address and credentials of the patient are disclosed simultaneously to the nearest Ambulance service providers, the police and a fire-fighting unit whose duties and obligations are specified in details enabling them to function according to the regulations and within the scope of their duties. Obviously the same or similar procedures in the US bring several service providers into the play to ensure the well being of the patient. Another issue that may be considered is that ambulance personnel in the US are trained paramedics who should be able to perform basic, intermediate and specified skills²⁷ even though some of them may not be routinely performed. Each state in the US has its own Protocol on EMS for maintaining the high

²⁷ Job description of Emergency Personnel

standards. *Recertification Protocol for Emergency Medical Services Personnel*²⁸ in Utah for example, indicates the importance of continuing education of the emergency personnel and the degree of their expertise in fulfilling their duties when called. The third issue is the payment mechanism that usually causes no problems since the majority of the citizens of the US are insured and enjoy benefits from Medi-Care²⁹ policies which seems to be a very practical solution, however, outside of the scope of this paper.

A comparison between the Armenian and American Legal Frameworks reveals a huge gap between the organizational, regulatory and standard differences that exist in Armenia that creates issues worthy of reconsideration in a democratic society. Adjustments on issues such as broader extent of service provision, educational programs that train professionals for ambulance service and payback mechanisms in the form of state aid may pave the way for achieving better standards. Programs such as *Emergency Medicine Curricula Developed under the Partnership Program*³⁰ between Armenia and US are developed to put the procedures in line with the policies. Courses such as *Train-the Trainers*³¹ and *Basic and Intermediate Emergency Care for Ambulance Professionals*³² have been successful to broaden the knowledge and skills of some ambulance service providers. Our legislation does not require the free-of charge service providers to perform intermediate or specified emergency skills; therefore sometimes the results are not satisfactory. By the time a second equipped ambulance is called for a heart attack patient, if and when the patient can afford the fees; it might be too late to save his/her life. It would be much better if all the ambulances were equipped with trained paramedics and all the necessary devices.

Law on Emergency Medical Care in Belgium

²⁸ See Appendix X

²⁹ An insurance policy

³⁰ See Appendix Y

³¹ Id.

³² Id.

In Belgium, the Law on Emergency Medical Care³³ obliges a physician to respond to the requisition of a competent authority to go to an indicated place and to provide the first emergency aid to a person who needs urgent medical attention. What are indicative of the higher standards of Belgian Law in comparison with Armenian one are the prescribed criminal sanctions that constitute the reprimands foreseen for the non-compliant physicians' conduct with the mentioned obligations. Unlike the United States, where Ambulance services are performed by paramedics who are not required to be physicians, in Armenia the regulations regarding the Ambulance services also oblige a physician to provide urgent medical care to patients in need. However, Art.6³⁴ regarding the Patients' rights to receive compensation for damages caused *during* the organization and realization of medical aid and services in the order established by the legislation of RA, which does not mention the consequences of non-provision of sufficient aid *prior* to organization and realization with no emphasize on the obligation and the liability of the Ambulance physician, as the head of the unit, in case of his/her omission or negligence. As long as this delicate matter, the obligation to perform medical skills, is not addressed in the law, the patients will not be entitled to seek compensations. Art. 4 of Belgian EMC Law applies directly to the physician sent to the location of emergency situation and holds him/her liable both for commission and omission of performance, when his/her conduct is not in line with the policy behind it. Refusals to provide care in Belgium may only be justified when the physician is busy performing more urgent professional duties.

Any damage or loss due to both private and public Ambulance service providers' negligence and refusal to provide medical services shall carry legal consequences; otherwise, the concept of *NULLUM CRIMEN, NULLA POENA SINE LEGE*³⁵ (without law, no crime, therefore no crime, no punishment) will put the personnel in a privileged position. They may legally be allowed to act indifferently without being punished for illegal conduct.

³³ Art. 4, See Appendix Z

³⁴ *The RA Law on Medical Care and Services for the Population, Chapter 3, Art. 6*

³⁵ A Latin legal idiom

That would pave the way for corruption and bribery. A list of detailed sanctions may deter negligent conduct of ESPs if added to Armenian legislation. For this purpose, the European legal framework could serve as a blueprint for drafting new legislation that would broaden the duties and responsibilities of the EMS physicians and the personnel. Not reaching their destination on time, refusal to perform medical skills and not caring for the outcome of the transaction due to lack of financial incentives or other factors leading to acceptance of bribes shall all be categorized as punishable crimes. Only then people would be able to trust their lives to these skillful personnel who are obliged to help the patients and transport them to the nearest health facility with all due care.

REFORMS

After the evaluation of Armenian and International best practices and with the realization of their quality perfection in medical care provision, some reforms or amendments regarding the language of RA law on EMS may contribute to the elevation of standards in Armenia. RA Government and the Health Ministry respectively should reconsider and analyze issues such as the extent of the coverage of EMS under state's "scope of possibilities" and the performance quality of ambulance personnel and their obligations thereof. This is especially important when the European Neighborhood Policy is offered to Armenia, because any state that joins the European Union is under the obligation of measuring up to the uniform standards of Europe. Right now, the "scope of possibilities" does not fully encompass the area of EMS in a way to serve its purpose, to save lives, because ambulance personnel are not under sufficient legal obligation to perform all the necessary life support skills and techniques.

COVERAGE OF EMS UNDER STATE'S 'SCOPE OF POSSIBILITIES'

Health-care is a fundamental human right guaranteed by the European Convention of Human Rights and is required to be among the action plans in compliance with the European standards. The government must intervene as a catalyst between the two parties of this transaction; otherwise the standard of ambulance service will not improve by itself, and neither the patients nor the personnel will benefit from each other. The RA is obliged to create mechanisms for the full coverage of EMS expenses, so that it will provide free of charge services while protecting the patients and the service-providers as the two parties of this transaction who economically are unable to satisfy each other's demands. At the verge of joining the European Community whether as a member or a neighbor, Armenia receives International financial grants to prepare itself for the European standards. A portion of such

aid should be dedicated to the improvement of EMS in Armenia. Financial inability of the population or the government should no longer be used as an excuse to ignore this delicate matter, because some International loans are specifically provided for the improvement of health-care. That money is supposed to be spent on health care matters. Life is valuable and no public policy may justify economizing over it. Ambulance service should definitely become an urgent national program to overcome its variety of shortcomings.

With the financial shortcoming conquered by the International Loans, the question of the quality of Ambulance service should be raised to the attention of Ministry of Health, because that Ministry has competence over medical issues and is responsible to revise and improve the medical laws and regulations. New requirements embodied by law will set a concrete guideline for personnel performance. A legal analysis of the existing medical laws and regulations indicates the gap between the theory and the practice of Ambulance service in Armenia. Offering new regulations similar to that of the US or Belgium which govern the *extent of medical care provision* and *obligations of both parties* to Ambulance service transaction, as opposed to the absence of them, would create an atmosphere in which each individual will act in accordance with his/her duties and limitations.

Inclusion of intermediary and advanced life-support skills among the job description of Ambulance personnel is a measure that specially safeguards the achievement of life saving in heart attack cases. The addition of medical courses that train skillful “paramedics” to the curricula of Medical University would be useful to uplift the standards of Armenian Ambulance Service to that of the European or American level. Additionally, programs such as Emergency Medicine Curricula Developed under the Partnership Program have already proven the usefulness of this idea. Patients receiving medical care from Erebuni Medical Center³⁶ are more satisfied with the results, because according to their statements skillful personnel are competently attending the patients, what unfortunately cannot be shared with

³⁶ A Hospital in Yerevan

the state-financed service providers. RA medical law only obliges them to perform basic skills, which do not include skills necessary for preventing a heart failure. The required equipment and devices also are absent in the state-financed Ambulance Service, without which the training of the personnel would not be as effective as it should be. Sooner or later the obligation of achieving minimum European medical standards will be put on Armenia. It will not hurt to start improving the system before time will put pressure on the state.

After the preparation and education of skillful personnel, another issue that needs to be analyzed is the addition of regulations concerning the commission and/or omission of service providing into the domestic legal framework. Regulations must provide measures to compensate for the damages done to patients' health when personnel perform negligently and/or when a physician omits to perform his/her duties. To fill this gap, new regulations similar to those of Belgian Law should be implemented. Article 6³⁷ of Armenian Medical law provides for the patients to seek compensation from the medical personnel if they perform any service that turns out to be redundant or harmful. The refusal or reluctance of Ambulance Personnel to perform all possible skills to save a life is not foreseen by the law and may be justified by arguments based on the absence of such obligations, since it only refers to liabilities caused during the organization and realization of medical aid and services.

Art. 4 of Belgian medical law³⁸ regarding the duties and liabilities of the physician sent to an emergency location strictly prohibits the refusal to provide medical service and only justifies such conduct if the physician is busy performing more urgent professional duties or a serious exceptional reason. Such measures contribute to the reduction of irresponsible attitudes contrasting the medical ethics. Imposing such pressures through legal amendments would be useful to force the state-financed Ambulance service providers act in accordance with the quality of the best practices.

³⁷ See footnote 34

³⁸ See footnote 33 or Appendix Z

Competition would have a positive role on the procedure of medical care provision development since it is capable to free the state from the burden of single-handedly dealing with this problem. A review of the existing sectors' performance in Ambulance service in Armenia reflects that the population gradually feels the difference between the standards offered by state or the private sector. The government may encourage various private sectors to provide better services with fixed and fair prices for those who can afford such services and subsidize the same for others who are unable to pay. Such competition would fight against monopolies too, because with a bigger number of service providers in the same market the quality of service will improve and the population would have alternative choices for their demands. In a competitive arena, the corruption will not last long.

Following the steps of developing countries may lift the quality of social services to a higher ground and gradually move the position of Armenia on the spectrum of progress closer to that of Europe. Practice, adjustments, revision, research and cooperation will finally result in quality service provision. Health care is one of the major tasks of the state, and state authorities are obliged to put health related issues on top of their agenda.

CONCLUSION

When national priorities are focusing on health problems too, and national authorities broaden their vision to compare, readjust and fix new standards based on what the best practices offer, medical care will realistically improve. Concerted efforts will eventually result in better service provision, beneficial to both the patients and the service providers. A combination of approaches will ensure the progress and achievement of better standards, approaches like inclusion of intermediary and advanced life-support skills and techniques in the free-of-charge Ambulance Services, training and continuing education of “paramedics” who are skilled professionals capable of performing all three categories of skills and techniques (basic, intermediary and advanced), new payment methods that reward quality performance, and achievement of better outcomes and encouraging competition among public and private service providers to elevate quality may build a bridge of trust between the parties to this transaction. Elevation of medical care quality will be ensured when service providers are motivated to act more consciously while their financial rights are protected, if not by the service recipients themselves then by the government on behalf of the patients.