



## Healthcare Development Plan: Balancing Accessibility and Human Resources in Korea

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The number of physicians per 1,000 people is very similar in South Korea (2.5), the United States (2.6), Japan (2.5), and Taiwan (2.1), with values all falling in the range from 2.1 to 2.6 [1,2]. However, due to vast differences in the geographical size among countries and the diverse nature of medical care and healthcare consumption culture, there is a significant disparity in patient waiting times between larger countries like the United States and smaller ones, such as South Korea or Taiwan. For instance, recent data from 2022 in the United States reveal that the average patient wait time for an appointment is approximately 26 days, marking an increase of 8% since 2017 and 24% since 2004 [3]. In contrast, such waiting times for primary care are considered unacceptable in Korean society.

If the waiting time for a primary care doctor's appointment in Korea exceeds one week, it would likely cause public outrage, potentially leading to calls for government change. In the United States, it is widely acknowledged that long wait times for doctor appointments are indicative of a physician shortage. Therefore, we can ask—does Korea's lack of an appointment backlog suggest an overabundance of doctors? The number of doctors per 1,000 people is, in fact, slightly higher in the United States than in Korea. Therefore, a clear scientific explanation is needed to understand how Korea's superior and swift access to care is achievable.

When discussing the shortage of doctors in Korea, we need to be more specific about the accessibility of healthcare in Korea. What are the drawbacks and sacrifices associated with a lack of promptness? A thorough and systematic study is needed to enhance accessibility in a country where the healthcare delivery system is still underdeveloped. One might hypothesize that a mandatory, low-cost medical reimbursement system, like the one in Korea, does not necessitate a well-defined healthcare delivery system. However, the crumbling of essential medical care, which underscores the limitations of rapid medical intervention, is increasingly evident. It is worth considering whether this issue can be addressed by increasing the number of medical schools or by establishing new ones.

A policy that fails to provide specific indicators for addressing the healthcare workforce issue, instead simply proposing increasing the overall number of physicians, would be highly unprofessional, oversimplified, and vague. Korea has not yet reached a consensus on the objectives and structure of its healthcare system. However, the policy of prioritizing low-cost coverage has become deeply embedded in our medical culture. Our strength lies in delivering affordable and efficient healthcare. The sustainability of the current healthcare provision, including the risk of essential medical services collapsing, remains to be determined.

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The opposition parties and the Korean government consistently emphasize the need to enhance public healthcare services with a focus on equality. They view the establishment of medical schools as a critical strategy to achieve this objective. However, it is important to keep in mind that patients' freedom of choice is an inviolable principle, and there is a concern about losing votes in elections. While political parties and governments assert their commitment to strengthening the public oversight of healthcare provision, they do not exert control over healthcare consumption.

The "Framework Act on Health and Medical Service," enacted in 2000, requires the Minister of Health and Welfare of the Korean government to establish a healthcare development plan every 5 years. This plan is created after consultation with the heads of relevant central administrative agencies and deliberation by the Healthcare Policy Review Committee [4]. However, the government has not established a Healthcare Development Plan in the 23 years since the enactment of this law. The Second Public Healthcare Basic Plan (2021–2025), announced in June 2021, is based on the "Act on Public Healthcare," rather than being a Healthcare Development Plan as stipulated in the "Framework Act on Health and Medical Service." It emphasizes measures to enhance public health, with a focus on providing stable essential medical care in local communities and ensuring regular relief. However, it lacks specific details regarding various healthcare personnel [5].

The "Korean Healthcare Act" legally requires special mayors, metropolitan mayors, governors, special autonomous region governors, county governors, and mayor's office chiefs (referring to mayors of autonomous regions) to establish and implement local healthcare plans based on the finalized Healthcare Development Plan. This should be done with appropriate consideration of the actual situation of the local government, as prescribed by relevant laws and regulations [6]. However, the law creates an unworkable and impossible role for the government to fulfill. The lack of progress in national healthcare planning, apart from ensuring universal coverage in the shortest possible time, implementing low medical cost policies, and improving public awareness, reflects the private aspect of healthcare in Korea.

A country's healthcare policy must first establish a comprehensive dialogue on healthcare, and then assess the supply and demand for healthcare human resources based on clearly defined objectives and specific detailed plans. This process also necessitates the involvement and consensus of the professionals and hierarchical organizations tasked with healthcare provision. Healthcare policy is a complex and challenging issue that demands extensive collaboration. The time is now for the Korean government to formulate a cohesive short- and long-term plan, incorporating expert input, to guarantee the delivery of sustainable, top-tier healthcare services.

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### Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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### Author Contribution

The article is prepared by a single author.

### Ethics Approval and Consent to Participate

Not applicable.

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