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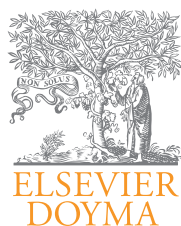
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Editorial

The crisis in the colombian healthcare system

La crisis del sistema de salud colombiano

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As a result of the bill sent to the Colombian Congress that revamps our healthcare system, an unprecedented national movement has been generated, and all the professional medical groups are participating. Starting from students in pre-med and post-graduate medical studies, to professors in the health area, the majority of medical faculties and scientific associations have raised a general outcry of "NO TO THE REFORM". It is difficult to find such unanimity and concurrence in an entire sector; only a few leaders appointed by national government are still trying to push the bill forward.

The reform proposed undoubtedly deepens the problems existing in the system. Since Law 100 (1993) came into force, healthcare has become a "commercial activity" and not a "fundamental right" of the citizens. Twenty years ago, intermediation through private healthcare provider companies (HPCs) [NT: EPS in Spanish] was established. This caused a profound divide between the contributory regime and the one subsidised by an obligatory plan (OPS) to which only legal action (guardianship) granted access in the vast majority of cases. The power handed over to these healthcare companies through financial intermediation was added to the corruption that arose. As a result, the HPCs limited the services available, abandoned the concepts of public health and ignored the importance of primary care – leading the system into "bankruptcy". In the face of the crisis, the HPCs have demanded that their profits should be maintained at the expense of the public healthcare resources fund (Fosyga). And the public and private hospitals and clinics (the healthcare-providing institutions or IPS), which constitute the last link in the chain of providing services, have been unable to with-

stand the delay in HPC payments – and many of them have consequently had to close.

It is incredible that, despite this panorama, the proposed reform attempts to give the HPCs more opportunities, including more open and direct economic management for their "gains", only changing their name to health management organisations (HMO or EGS). Not only that, but they will also be permitted to verticalize the business (which was a limitation before in Law 100), with changes ranging from allotting resources and doing their own audits, up to the creation of IPSs. To round out the perversity of the model, the vertical structure will make it possible for the IPSs (university hospitals) to train the human talent, which will cause detriments in the quality of training. The obligatory plan (POS) will also change its name, to "My Plan", but the services granted by it are reduced and the alternative of accessing them by legal action (guardianship) is also rejected.

We are left with no other option than to continue with clear and reasoned opposition to this reform project, promoting voices of protest from all fronts. Our journal, the means of publication of the Colombia Psychiatric Association, is one of these fronts. We invite all the scientific publications in the country and the professional societies from their websites to raise the awareness of the entire Colombian population as to the negative effects of this reform. It is the least we can do.

Turning to another item of interest, the National Congress of Psychiatry was a complete success. A new Board of Directors was elected and Dr Jaider Alfonso Barros was appointed president. We wish him all the best in the coming management tasks and want to let him know that the publications committee stand ready to give 100% to achieve the plans set out.

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