INSEAD HEALTH FORUM 2020

BUSINESS AND THE HEALTH MARKET

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Fontainebleau, France

15 June, 2007

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Fontainebleau, 14th-16th June, 2007

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Plenary Session 1, June 15th 2007

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Address

August, most distinguished, experienced audience in matters of the health business,

I am most grateful to have been invited to this conference, to this panel chaired by Harpal Singh, who is well known for his imaginative and dedicated leadership.
He even is risk friendly to the extent to invite me as an historian, as an outsider to a topic, to which I am not even a neophyte.

I thank INSEAD,not least for its far sighted *de rigeur* policy to limit speeches to eight(8) minutes--convincing us that abstention from pontificating reduces our anatomy's Co2 emission and thus instantly enhances our environmental health.

By abstaining from a presentation, I would like to leave the power not to the point , but to you august, extremely experienced

audience, who are *the* powerhouse of knowledge to me.
How can an archival historian whose business is to dig for roots/causes contribute to a subject matter which might be centered around symptom treatment?
Perhaps in adopting the role of a suffering and naive patient,-- not least afflicted by these exponential costs in health care.
May I therefore ask you to bear with me when I unload eight(8)questions to which you most probably have prescriptions ready for that transformed global health scene of 2020.

1) How globally disposed will the health market be by 2020?
Will it turn from reactive and interventional to proactive and preventive?
Will the conventional western pharmaceutical industry accomplish a merger with original Asian curative treatments such as Ayurveda, Chi Gong inclusive of their concomitant allopathic-based pharmaceuticals?
All of it, of course, accomplished in a well balanced global Ying Yang fashion when it comes to the production of preventive medication.
And foremost, will such merger alleviate the prospective patient from cost explosions?

2) Will the health market become de-institutionalized due to a matured health conscious human being, which is capable of replacing the conventional business-consumer relationship in health care by a patient to

patient, person to person relationship? The mature patient is defined here as one who has the means and opportunity to imbibe health education based on excellent research, delivered to his/her home by ”e-healthized” IT* whereby IT might either facilitate the communication between patients and the care team or erode it.
IT, moreover, leaves us with the sensitive question of how issues of privacy, equity and justice in health care will be dealt with.
Let’s hope we by then will not have to sacrifice that other relationship on the way to cure and health, the humane live human being, which brings about changes in the lifestyle of suffering people through person to person persuasion. Such engagement could yield the probable life saving side effect that we might regain an almost obscured human capacity, i.e. *common sense*, which often enough is a preventive shield against unwanted ill health.

3) Will such kind of an evolutionary human being have become autonomous and autarkic to the extent that he/she can

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*** by analogy to e-commercialized, or e-governmentalized IT**

maintain robust health, prevent illness, and if the case be combat disease just as well as support himself/herself in ‘young old’ age (baby boomers) as well as ‘old old’ age without state interference?

As behavior in times of globalization is no longer based on a concept of sovereignty of the state which is absolute would this imply an uncoupling of the health industry/market from the state and its related, excessively bureaucratized institutions in charge of health matters?

In consequence, would such a step taken save the global patient all the exorbitant expenses earmarked for corruption on the way to that medical treatment or that dispensed medicine?

4) What does this “do–it-yourself” patient mean for the global health economy?

Will the food and health care industry thrive on the global patient’s self-management?

Will the health market exhaust the healthy food paradox, will it change into international tissue economies, stem cell corporations in the service of Age retardation and profit from global biomedical innovation after the above mentioned implementation of the merger of West and East?

Will this innovative, co-creative and

ideas generating patient create threats or opportunities to the multiple players in the globally open health market?

5) Will health care and especially the growing concern about care of the elderly be dished out by technological wizards like robots or will we find it delivered by inspired, humane, palliative hands and hearts, which neither shun emigration from their countries of origin, nor are barred from access to countries in need of health care by closed boundaries?

6) Will NGOs and philanthropic foundations provide sustainable solutions to long term disease generating problems such as illiteracy, hunger, and polluted environment in poverty stricken regions of the globe? Will these organizations and foundations undergo transformation as to their awareness of ethic and moral criteria in health treatment for the sake of respecting the values of other cultures?

7) Will health improvements be viewed from the angle of an economic development, or will there also be a focus on human rights and social justice in a rather unjust world?

In conclusion:
How will the local realities and the global aspirations in the health business be bridged?
Will our exemplary type of patient contribute to the "de-politisation" of the health business which in the globalized 2020s might be in the purview of presidents, prime,-and foreign ministers?

Thanks to these future politicians' medical careers, which they practice in total defiance of borders, i.e. "medicines sans frontiers"(doctors without frontiers)we might see that very prototype of experienced physician return to the scene reminding us of his ancient Greek homologue, who took the Hypocrite oath pledging to treat any patient, no matter in which place, of which race, of which social status, irrespective of how poor.
Would these "de-politicizing" politicians who are dedicated to a "sane mind in a healthy body", create a healthy and humane globe by 2020?
Or, would we by analogy to Shakespeare's desperate King, who is ready to sacrifice his kingdom to a horse, cry out in despair,

"My globe for a sane being!?"

Fontainebleau,
June 15,2007

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First Plenary Session, June 15,2007,INSEAD

Business and the Health Market

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