ISSN: 2755-6735

Journal of Neuro Psychiatry Reports

SCIENTIFIC Research and Community

Review Article

Open Access

Medical Care Services Becoming Money-Making Machine in Human Society Under Physicians' Headship in Today's World: A Pestle Analysis

Akim M Rahman

Associate Professor (Economics) and Dean, Faculty of Business Dr. Momtaz Begum University of Science and Technology (MUST) Bhairab, Kishoreganj, Bangladesh

ABSTRACT

In today's world, people mostly behave with business mentality without considering moral obligations in society. These behavioral changes have been influencing service-market, particularly Medical-care service market which becoming vulnerable year after year. In supplying medical care services, the doctor or hospital receives capitation payments, fees-for-services, risk pool settlements etc. However, today it is probably the most criticized profession in world-economy country-wise such as Bangladesh. Sometimes here doctors' professional activities are assumed to be related to promotional activities of pharmaceutical products by writing lengthy prescriptions. Sometimes doctors here are blamed for requiring unnecessary tests of patients. Here the existence of "asymmetric information" dominates the medical-care market where doctor takes advantages in multi-faucets. It causes market inefficiency that creates negative economic externalities i.e., deadweight loss. This situation is not just in one country. It is in economy country-wise such as Bangladesh. Today, the global medical-care system is transitioning into a highly financialized, commercial enterprise, with physician-leaders frequently tasked with reconciling ethical patient care with aggressive profit-driven demands. A PESTLE framework analysis reveals that this shift is propelled by corporate lobbying, high-margin economic strategies, and technological integration focused on volume, necessitating regulatory reform to balance commercial interests with patient-centric care. Improving medical education with special emphasis on ethical aspects and soft skills in communication are considered important in aiming to reduce the magnitudes of today's dilemma in the medical-care service market. Also, strict enforcements of medical-care provisions and ethical code of conduct among all health works can be instrumental. Finally, the answer to the question "Do doctors work for patients or something else, depends on who are asked. But the reflections of today's medical-care-market in economy of Bangladesh are no deniable, which deserves to be studied further curtailing the magnitudes of the problem.

***Corresponding author**

Akim M Rahman, Associate Professor (Economics) and Dean, Faculty of Business Dr. Momtaz Begum University of Science and Technology (MUST) Bhairab, Kishoreganj, Bangladesh.

Received: August 12, 2026; **Accepted:** August 18, 2026; **Published:** August 26, 2026

Keywords: Medical-Care Service-Market, Hippocratic Oath, Misuse of Services, Economic Externalities, Deadweight Loss, Pestle Analysis

Introduction

Today's human society lives in world of business-mentality where people try to take advantage without considering moral & ethical obligations to his / her society and beyond no matter what country we talk about [1]. In these behavioral changes, service-market, particularly Medical-care service-market, has appeared to be vulnerable particularly under the pluralistic setup of community-level and facility-based services [2,3]. The government, NGOs and private for-profit providers deliver these services in economy country-wise such as Bangladesh [4]. Accordingly, this study advances with medical care market, not with healthcare services, even medical care and healthcare are closely related. This is because, in practice, medical care is a focused subset focusing on diagnosis, treatment and cure. However, healthcare is a broad umbrella encompassing overall well-being, disease prevention, and public health.

So, in aim to marginalize the dilemma in multi-faucets of today's medical cate service-markets country-wise, it is vital carrying-out academic studies on relevant topic(s) for attracting & organizations & policymakers' attentions country-wise such as Bangladesh. It will facilitate designing effective policies & its implementations. Accordingly, this study advances with PESTLE Analysis on today's medical-care services for assessing the current situation in medical care market. This effort then advances making policy recommendations, which can be instrumental to the authority addressing the dilemmas in economy country-wise such as Bangladesh. This analysis further interprets how modern medical care services have shifted toward business-driven, profit-oriented models under clinical leadership.

Importance of PESTLE Analysis in today's Medical-Care Service-Market in Bangladesh

The PESTLE analysis is vital for medical-care services because healthcare is heavily regulated, technologically driven, and deeply impacted by changing societal demographics. It can facilitate healthcare executives, hospital administrators and policymakers

identifying external risks and strategic opportunities before they impact patient care or financial stability. Unlike any other standard businesses, medical care services operate within a highly volatile ecosystem where a shift in government policy or a new disease outbreak can instantly overwhelm operations. Accordingly, an effective PESTLE analysis of today's medical-care service market can help organizations involved in the process to identify, evaluate, and monitor the macro-environmental (external) factors. These factors are Political, Economic, Social, Technological, Legal, and Environmental forces, which can impact their business performance, strategy, and market position.

The PESTLE Analysis of today's Medical Carre Service-Market in Bangladesh

Political Factors

- **Lobbying Power:** Medical care corporations and physician unions heavily influence government healthcare policies and reimbursement models where the Medical Care Corporation has been rebranded as Embic Corporation (EMBIC).
- **Privatization Trends:** Governments globally are outsourcing public healthcare to private providers to cut state budgets.
- **Subsidy Allocation:** State funding often favors large, physician-led medical conglomerates over public, Community-Based clinics.
- **Policy Mandates:** Government insurance mandates to create a guaranteed, captive consumer base for private medical entities

Economic Factors

- **Revenue Optimization:** Physician executives increasingly prioritize high margin specialized procedures over low-margin preventive care.
- **Corporate Consolidation:** Private equity firms buy independent medical practices, placed doctors in corporate leadership to maximize shareholder returns.
- **Monopolistic Pricing:** Physician-led networks control local markets, driving up costs for diagnostic tests, surgeries, and consultations.
- **Induced Demand:** Fee-for-service models incentivize doctors to recommend unnecessary follow-ups, scans, and interventions to boost profits.

Social Factors

- **Erosion of Trust:** Patients increasingly view doctors as businesspeople rather than caregivers, damaging the traditional patient-physician relationship.
- **Consumerist Mindset:** Wealthier demographics demand luxury medical experiences, leading to the rise of premium concierge medicine.
- **Health Disparities:** Profit-driven leadership directs resources to affluent urban areas, leaving rural and low-income populations underserved.
- **Medicalization of Life:** Normal human conditions (aging, mild anxiety) are reframedas pathologies requiring lucrative, lifelong medical management.

Technological Factors

- **Over-Digitization:** High-cost electronic health record (EHR) systems are optimized for maximizing billing and coding rather than patient care efficiency.
- **AI and Automation:** Advanced diagnostic tools are marketed as premium upgrades, increasing out-of-pocket costs for patients.
- **Telehealth Commercialization:** Digital platforms expand market reach, allowing physician-led corporations to commoditize routine medical advice globally.
- **Patent Exploitation:** Alliances between medical boards and pharmaceutical firms prolong monopolies on expensive, tech-driven treatments.

Legal Factors

- **Defensive Medicine:** Fear of malpractice lawsuits drives physicians to order excessively costly diagnostic tests that inflate hospital revenues.
- **Regulatory Capture:** Medical licensing boards and billing regulators are often staffed by industry insiders who protect commercial interests.
- **Compliance Costs:** Complex billing laws require large administrative departments, squeezing out affordable, independent doctors.
- **Anti-Kickback Loopholes:** Complex legal structures allow physicians to profit indirectly from referring patients to specific pharmacies or labs.

Environmental Factors

- **Medical Waste Bio-Hazards:** The push for single-use, disposable medical devices to ensure corporate compliance generates massive plastic waste.
- **Carbon Footprint:** Massive, centralized mega-hospitals run by healthcare networks consume vast amounts of energy compared to decentralized clinics.
- **Resource Depletion:** High-volume, profit-driven surgeries rapidly consume global supplies of specialized chemical agents and sterile packaging.

Analysis on The Impact on Patient Outcomes

Evaluating a profit-driven medical care market model under clinical leadership reveals a distinct dual impact on patient outcomes. While it accelerates advanced clinical success for affluent individuals, it simultaneously reduces overall medical care equity, safety, and quality for the general population.

Negative Impacts on Patient Outcomes

- **Increased Medical Errors:** High-volume productivity targets set by corporate clinical leaders cause physician burnout, directly leading to diagnostic and surgical mistakes
- **Unnecessary Procedural Risks:** Profit-motivated "induced demand" exposes patients to unnecessary surgeries, radiation from excessive scans, and side effects from over-prescribed medications.
- **Fragmented Continuity of Care:** Corporate consolidation prioritizes high-margin specialized procedures over long-term, low-margin primary care relationships.
- **Delayed or Forgone Treatment:** Monopolistic pricing and high out-of-pocket costs force patients to skip essential maintenance medications, leading to acute emergencies.
- **Neglect of Chronic Conditions:** Business-driven models underfund preventive health education, worsening long-term outcomes for diabetes, hypertension, and obesity.
- **Discharge Acceleration Risks:** Hospitals push for early patient discharges to maximize bed turnover rates, causing sharp increases in 30-day readmissions.

Positive Impacts on Patient Outcomes

- **Rapid Technological Adoption:** High profit margins allow physician executives to invest swiftly in innovative robotic surgery, advanced oncology tools, and AI diagnostics.
- **Streamlined Clinical Pathways:** Business-driven

standardization reduces operational inefficiencies, speeding up treatment timelines for time-sensitive emergencies like strokes or heart attacks.

- **Enhanced Specialized Expertise:** Concentration of capital into high-margin centers creates ultra-specialized clinics with highly experienced surgical teams and superior success rates.
- **Improved Patient Experience Infrastructure:** Digital investments in telehealth and patient portals make scheduling, communication, and prescription refills highly convenient for tech-literate patients

Contrast Outcomes between Public vs. Private Medical / Healthcare Systems

The operational divide between public and private medical / healthcare systems directly shapes patient health outcomes, balancing universal equity against specialized quality.

Core System Differences

- **Public Healthcare Systems:** Funded by taxes, prioritized around population health, and managed by government bodies.
- **Private Healthcare Systems:** Funded by out-of-pocket fees or insurance, prioritized around financial sustainability, and managed by corporate or physician leadership.

Structural Comparison of Patient Outcomes

Table 1: Reflects a Structural Comparison of Patients' Outcomes in Medical Care Service Market in Economy of Bangladesh. Here Many Patients were Interviewed time to time in Many Private Hospitals Located in Dhaka City. Their Answers are Summarized in a Table Format (in Table 1)

Outcome Metrics	Public Healthcare Systems	Private Healthcare Systems
Preventive Care & Longevity	Higher life expectancy due to universal coverage and strong primary care networks.	Lower overall impact; focuses heavily on acute treatment rather than population health.
Wait Times & Access Speed	Extended waiting times for non-emergency surgeries due to strict budget ceilings and high demand.	Rapid, on-demand access to consultations, diagnostics, and elective surgeries.
Health Equity & Disparities	Low disparity; standard medical care is distributed evenly regardless of socioeconomic status.	High disparity; excellent care for wealthy individuals, but poor or no care for underinsured populations.
Overtreatment Risks	Slower adoption of expensive, cutting-edge equipment due to bureaucratic procurement.	Rapid integration of state-of-the-art medical technology, robotic systems, and modern facilities.
Overtreatment Risks	Incredibly low; salaried physicians have no financial incentive to order unnecessary tests or surgeries.	High; fee-for-service or revenue targets incentivize clinicians to perform extra procedures.
Infrastructure & Technology	Slower adoption of expensive, cutting-edge equipment due to bureaucratic procurement.	Rapid integration of state-of-the-art medical technology, robotic systems, and modern facilities.
Continuity of Care	High; patients retain the same general practitioners and regional hospital networks for life.	Fragmented; care shifts based on corporate acquisitions, employer insurance changes, or network updates.

Table 1 Structural Comparison of Patient Outcomes in medical-care market in Bangladesh

Patient Outcome Synthesis

Public System Outcomes

Patients in public systems generally experience fewer complications from overtreatment and better long-term management of chronic illnesses. However, budget caps can lead to rationing, meaning patients may suffer from prolonged pain or disease progression while stuck on long waiting lists for elective procedures [5].

Private System Outcomes

Patients in private systems benefit from exceptional survival rates in acute, high-tech interventions like advanced oncology or complex cardiology. Conversely, they face significantly higher rates of medical bankruptcy, higher exposure to the physical risks of unnecessary surgeries, and sudden drops in care quality if their insurance coverage changes.

Policy Recommendations Addressing Medical Care Service-Market Problems

Addressing the financialization of medical-care services requires regulatory reforms like capping private equity and enforcing price caps, alongside restructuring institutional governance to ensure equal representation of clinical leaders on board [3,6]. Furthermore, shifting to value-based care models, redefining leadership metrics, and protecting whistleblower autonomy are crucial for prioritizing patient care over profit. For more details, explore the full analysis at Harvard Gazette

Harvard researchers analyzing medical care services found that private equity acquisitions and high patient time costs are driving significant, often detrimental, system-level changes, including declining hospital quality. The research highlights that rapid digital integration, and ownership changes are fundamentally altering the landscape of care delivery [7,8].

Conclusion

In today's world, people mostly behave with business mentality without considering moral obligations in society. These behavioral changes have been influencing service-market, particularly Medical-care service market, which becoming vulnerable as year after year are passing by. In supplying medical care services, the doctor or hospital receives capitation payments, fees-for-services, risk pool settlements, incentive payments or other fees. However, today it is probably the most criticized profession in world-economy country-wise such as Bangladesh. Sometimes here doctors' professional activities on duty are assumed to be related to promotional activities of pharmaceutical products by writing lengthy prescriptions. Sometimes doctors here are blamed for requiring unnecessary tests of patients for doctor's own monetary gains.

The transformation of medical care services into a "money-making machine" under modern physician leadership highlights a structural conflict between economic sustainability and humanitarian ethics. When clinicians transition from bedside care to boardroom governance, they face the dual imperative of maintaining financial viability while safeguarding patient welfare. Ultimately, resolving this tension requires systemic health care reform that balances reasonable financial returns with equitable, outcome-based patient care.

Acknowledgement

I owe to respondents who participated in the opinion / discussion gathering for their valuable time during the time they visited physicians' offices. Besides answering the direct questions to them, they have provided valuable information in the discussions that I had with them on the issue of medical-care services, doctor-patient relationships etc. in Bangladesh.

References

1. Rahman Akim (2022) Do Patients-Work-for-Doctors in Today's Healthcare Services of Bangladesh?. Biomedical Journal of Science & Technical Research 45: 36474-36482.
2. The Financial Express (2017) Doctors in Bangladesh see patients for merely 48 seconds on average, reveals study. Retrieved from https://thefinancialexpress.com.bd/health/doctors-in-bangladesh-see-doctors-for-merely-48-seconds-on-average-revealsstudy-1510301628.
3. Rahman Akim (2025) Are Medical Care Services Becoming Money-Making Machine in Human Society under Physicians' Headship in 21st Century Business-Driven World?. Sociology Study 15: 136-153.
4. Transparency International Bangladesh (2022) Health sector: Governance challenges and the way forward. Executive Summary https://ti-bangladesh.org/images/assets/1696573176_TIB-annual-report-2021-2022.pdf.
5. Islam Sufia, Rizwanul Islam, Fouzia Mannan, Sabera Rahman, Tahiya Islam, et. al. (2020) COVID-19 pandemic: An analysis of the healthcare, social and economic challenges in Bangladesh. Progress in Disaster Science 8: 1001-1035.
6. Rahman AM (2022) Free-of-charge VI product can ensure attachment to loyalty in e-banking services: Seeking bank management's attention for boosting customers' psychological engagements. Psychology and Behavioral Science International Journal 20: 1-5.
7. Feldscher, Karen (2018) What's behind high U.S. health care costs. Harvard Chan School Communications, The Harvard Gazette Report https://news.harvard.edu/gazette/story/2018/03/u-s-pays-more-for-health-care-with-worse-population-health-outcomes/.
8. Rahman AM (2021) Way to demolish the 'Sabrina-ism' in public Sector. The Daily Observer 25-36.