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Money vs. access: efficiency in public and private health care

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ABSTRACT

Introduction: the quality of health care constitutes a central pillar of health systems, particularly in contexts marked by pronounced inequalities between public and private sectors.

Objective: to analyze the quality of medical care in Ecuador within public and private hospital sectors.

Methods: an exploratory bibliographic review was conducted. The search was carried out in recognized scientific and academic databases using terms related to quality of care, public health, and hospital services. Relevant sources were selected based on timeliness, thematic relevance, and academic rigor, complemented by an analysis of the current Ecuadorian legal framework.

Development: substantial differences exist between the care provided in public and private hospitals in the country. The public sector shows limitations associated with administrative deficiencies, shortages of supplies, inadequate infrastructure, and high service demand. In contrast, the private sector has greater technological and human resources, resulting in a better perceived quality of care, although with economic barriers to access. Furthermore, health legislation is identified as remaining insufficiently updated in relation to social and health-related changes.

Conclusions: there is a significant gap in the quality and effectiveness of care between public and private sectors in Ecuador, with direct implications for equity and population satisfaction. The evidence highlights the need for regulatory reforms, institutional strengthening, and optimization of public management to promote a more efficient, accessible health system aligned with the country's current needs.

Keywords: Health Services Accessibility; Quality of Health Care; Healthcare Disparities; Public Health; Health Systems.

INTRODUCTION

Quality of care is defined as the ability to satisfy and address the needs of an individual, regardless of the underlying causes. Three key factors must be considered: one the reason prompting the need for care, two the physical or emotional characteristics of the patient, and three all aspects that enable a thorough assessment of the case.^(1,2)

The decline of Ecuador's health sector is driven by social, economic, and political factors. Consequently, Ecuador ranks 54th out of 71 countries in health system performance. From a contemporary perspective, the 2020 pandemic exacerbated existing challenges: in 2019 alone, 12 health facilities were closed (0,29 % of the total).^(2,3,4) According to the Statistical Registry of Health Resources and Activities, 20 % of facilities suspended operations, and 60 % ceased functioning entirely after the pandemic. Shortages of medical supplies and medications affected 30 % of public health establishments.⁽³⁾

Emphasis on this issue is crucial due to the scarcity of available information—a gap that hinders national health sector development and fuels public dissatisfaction.⁽⁵⁾ Furthermore, it is essential to analyze and compare the effectiveness of public and private institutions, as their stark differences in service delivery have profound individual and societal implications.⁽⁶⁾

Public hospitals demonstrate lower effectiveness and safety compared to private hospitals—a critical issue requiring identification and analysis. This disparity stems from multiple influencing factors and warrants investigation to propose future solutions that can genuinely improve and foster national health sector development.^(5,6,7,8) These considerations motivated the present study, which aimed to analyze the quality of medical care in Ecuador's public and private hospital sectors.

METHODS

This study was conducted as a bibliographic review. The methodological objective was to rigorously identify, select, evaluate, and synthesize available scientific evidence on health care quality, with emphasis on comparing public and private hospital sectors. The search period spanned from January 2010 to December 2024 to ensure inclusion of up-to-date and contextually relevant literature.

Information sources included recognized scientific and academic databases in health and social sciences: PubMed/MEDLINE, SciELO, ScienceDirect, LILACS, BVSAJUD, and Google Scholar. Additionally, secondary references from selected articles were manually reviewed, and grey literature—including normative documents, institutional reports, and legal texts on health policies—was examined to contextualize scientific findings.

The search strategy employed a structured algorithm combining standardized descriptors and free-text keywords with Boolean operators. Terms included: "quality of health care," "healthcare quality," "public hospitals," "private hospitals," "health services," "calidad de atención," "salud pública," and "servicios de salud," linked via AND/OR operators. Searches were adapted to each database's syntax. Publications in Spanish, English, and Portuguese were included to broaden coverage of relevant Latin American and international studies.

Inclusion criteria encompassed original articles, systematic reviews, and observational studies published within the defined timeframe that directly addressed health care quality in public and/or private settings. Excluded were duplicates, articles without full-text access, publications outside the search period, irrelevant studies, and those with insufficient data for analysis. The selection process occurred in three phases: title screening, abstract review, and full-text evaluation. Initially, 18 records were identified; after deduplication and eligibility screening, 16 full texts were analyzed using narrative qualitative synthesis, as methodological heterogeneity precluded quantitative meta-analysis. This approach facilitated critical integration of evidence and identification of key patterns and disparities between care sectors.

DEVELOPMENT

Health care delivery varies significantly between the public and private sectors. Although both share the common goal of preventing and treating disease, quality differs markedly: public care is state-funded but often fails to meet all patient needs, whereas private care—backed by adequate resources—typically fulfills them comprehensively.⁽⁹⁾

For many years, health professionals operated without regulatory oversight or alignment with the constitutional right to *buen vivir* (good living). This changed with Ecuador's 2008 Constitution and the Organic Health Law, which established citizens' fundamental rights—including free access to comprehensive medical care—and set professional standards. Unfortunately, the health sector has since received little attention despite ongoing social, economic, and cultural transformations, hindering favorable health outcomes for Ecuadorians.^(5,6,7,8)

The Ministry of Public Health aims to “provide services, finance those services, govern the health system, and generate health resources,”^(1,2) striving for equity—a goal it shares with the private sector. However, as Fariño Cortez notes, the institution type (public or private) ultimately determines patient satisfaction, as individuals seek empathy, safety, accurate diagnosis, and adequate resources.^(10,11)

The gap between public and private care is stark. Despite its obligation to prioritize health funding, the state underinvests in the sector. Consequently, most public facilities suffer from outdated, deteriorating infrastructure and allocate budgets to non-medical expenditures, neglecting essential supplies and medications—fueling patient dissatisfaction. In contrast, private institutions largely meet these needs, offering high-quality care and strong physician-patient relationships, though at costs often inaccessible to the general population.^(5,12)

These disparities impact individuals and society alike. A person seeking timely, reliable care often faces overwhelming public-sector wait times due to understaffing and insufficient infrastructure. This forces patients into a collective struggle for relief, creating demand that private providers fulfill—but only for those who can afford it. Low-income individuals, meanwhile, endure prolonged suffering while awaiting public care.⁽¹³⁾

As future health professionals, we find it disheartening to confront this reality—particularly given the state's failure to prioritize health despite its critical importance. The absence of reforms to the 2008 Constitution and Organic Health Law further exacerbates the crisis. From our perspective, such reforms are urgently needed to drive sectoral improvement and uphold every citizen's right to accessible, high-quality, compassionate health care.^(14,15)

Singapore exemplifies an effective public health system through three government-mandated funds: Medifund, Medisave, and Medishield. Medifund provides a universal safety net for access; Medisave—similar to Ecuador’s public system—is employer-funded and mandatory; Medishield covers chronic or catastrophic cases beyond the scope of the other two, with subsidized medications.⁽¹⁶⁾ Crucially, Singapore integrates public and private sectors through partnerships, agreements, and shared ownership. Public institutions extend beyond free hospitals to include polyclinics and affiliated private emergency centers—all aligned with national goals of affordable costs, zero wait times, superior quality, advanced equipment, and care that exceeds patient expectations.

CONCLUSIONS

A significant gap in consumer satisfaction regarding public health sector efficiency is evident, compounded by Ecuador’s outdated legal framework—which, since 2008, has failed to adapt to evolving medical and societal needs. We recommend comparative studies on patient safety and effectiveness in public versus private hospitals to generate much-needed evidence, given the current dearth of information. Additionally, as a social policy measure, these findings should inform strategies to improve determinants of comprehensive care—particularly in public hospitals.

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Conflict of Interest

The authors declare no conflict of interest in the conduct or publication of this research.

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