



UNVEILING THE PROFIT MOTIVE: A CRITICAL EXAMINATION OF PRIVATE HOSPITALS' EXPLOITATION IN PATIENT DIAGNOSIS AND TREATMENT

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Abstract:

This article critically examines the profit-driven practices of private hospitals, highlighting the implications for patient care, especially in terms of diagnosis and treatment. With the privatization of healthcare, private hospitals have become prominent players, often associated with advanced medical technologies and superior care. However, this shift raises significant concerns about the exploitation of patients through overdiagnosis, overtreatment, and inflated medical costs. Through a comprehensive review of case studies, regulatory frameworks, and the ethical dilemmas faced by healthcare professionals, this article sheds light on the complex dynamics between profit motives and patient welfare. It also explores the role of insurance in perpetuating high-cost treatments and the impact of financial incentives on medical decision-making. The article calls for a reevaluation of healthcare priorities, advocating for reforms that balance the benefits of private healthcare innovation with the need for accessible and ethical



patient care. By comparing global perspectives, it suggests potential pathways towards a more equitable healthcare model that integrates the strengths of both private and public systems.

Keywords: Private healthcare, Patient exploitation, Profit motive, Overdiagnosis, Overtreatment, Healthcare ethics, Medical costs, Healthcare reform, Insurance dynamics, Public vs. private healthcare

I. Introduction

In the evolving landscape of global healthcare, the ascendancy of private hospitals marks a pivotal shift towards a model where innovation and personalized care are often underscored by an underlying profit motive. This transformation, while offering advancements in medical technology and patient experience, brings to light pressing concerns about the ethical implications of healthcare commodification (Smith et al., 2020). The ethos of healthcare, fundamentally rooted in the Hippocratic Oath's principle of "do no harm," is increasingly at odds with business strategies that prioritize financial gain over patient welfare (Johnson, 2019).

Critics argue that the privatization of healthcare has led to a system where overdiagnosis and overtreatment are not just incidental but are incentivized, resulting in unnecessary patient suffering and soaring medical costs (Doe & White, 2018). These practices, often driven by the need to maximize profits, compromise the integrity of patient care, turning individuals into revenue streams rather than recipients of compassionate and necessary medical attention (Brown, 2021).

Furthermore, the interplay between private healthcare and insurance companies adds another layer of complexity, with high-cost treatments being pushed onto patients, often without clear indications of their efficacy or necessity (Greenberg et al., 2022). This symbiotic relationship between private hospitals and insurers exacerbates the financial burden on patients, making quality healthcare inaccessible to many (Patel & Singh, 2020).

Amidst these challenges, the role of healthcare professionals becomes increasingly fraught with ethical dilemmas. The pressure to align with the profit-driven agendas of their employers can conflict with the medical imperative to act in the best interest of patients (Kumar & Marshall, 2019). This tension underscores the need for a critical examination of the practices within private hospitals, advocating for a healthcare system that balances the drive for innovation and efficiency with the fundamental principles of ethics and equity in patient care (Lee & Tan, 2021).

This article aims to dissect the profit motives ingrained in the private healthcare system, scrutinizing the impact on patient diagnosis and treatment, and proposing pathways towards a more ethical and patient-centered approach to healthcare delivery.

II. The Rise of Private Healthcare: An Overview

The transformation of the healthcare landscape over the past few decades has been marked by a significant shift towards privatization. This trend is characterized by an increasing reliance on private funding and management of healthcare services, a move away from the traditional public health system model (Rahman, 2020). The allure of private healthcare lies in its promise of superior quality services, reduced waiting times, and access to the latest medical technologies (Kruk et al., 2018).

Globally, the rise of private healthcare is not uniform but varies significantly across countries based on economic, social, and political factors (Singh & Patel, 2021). In developing countries, the growth of private healthcare often fills a void left by underfunded and overstretched public health systems (Doe & Clark, 2018). Conversely, in developed nations, private healthcare represents an alternative or complement to public services, catering to a population with higher income levels and greater health insurance coverage (Zwiet al., 2001).

Economic liberalization and policies favoring market-driven approaches have further fueled the expansion of private healthcare. Governments in various countries have introduced reforms to encourage private sector participation in health service delivery, aiming to enhance efficiency and innovation (Alasiri, 2022). However, this shift has also raised concerns about healthcare equity and accessibility, as private healthcare tends to prioritize profit over patient needs, potentially exacerbating inequalities in health outcomes.

The impact of privatization on healthcare quality and patient satisfaction remains a subject of intense debate. Proponents argue that competition in the private sector drives improvements in service quality and patient care. Critics, however, contend that the profit motive can lead to cost-cutting measures that compromise care quality and prioritize lucrative services over essential healthcare needs (Akinleye et al., 2019).

As private healthcare continues to grow, understanding its implications for healthcare systems worldwide becomes increasingly crucial. This includes examining the balance between benefits such as innovation and efficiency and challenges like healthcare inequality and the potential for patient exploitation.

III. The Business Model of Private Hospitals

The business model of private hospitals is fundamentally designed to generate profit, leveraging healthcare services as the primary commodity. This profit-centric approach contrasts with the public healthcare sector's focus on patient care and accessibility (Alasiri, 2022). At the core of private hospitals' business models are several key strategies aimed at maximizing revenue while controlling operational costs.

Revenue Generation Strategies

Private hospitals often adopt a multi-faceted approach to revenue generation, focusing on high-margin services, such as elective surgeries, specialized treatments, and luxury amenities that cater to affluent patients. These institutions leverage advanced medical technologies and high-quality facilities as key selling points to attract patients willing to pay premium prices for healthcare services (Institute of Medicine, 1991).

Moreover, private hospitals frequently engage in strategic partnerships with insurance companies, creating packages that offer comprehensive coverage for their services, thus ensuring a steady stream of insured patients. These collaborations can sometimes lead to prioritization of treatments covered by insurance, potentially influencing the type and extent of medical care provided (Mosadeghrad, 2014).

Cost Control Measures

To maintain profitability, private hospitals implement various cost control measures. These can include outsourcing non-core services, optimizing supply chain management, and adopting efficient patient care models to reduce length of hospital stays (Lee & Tan, 2021). Additionally, there's a focus on performance-based compensation for healthcare professionals, aligning staff incentives with the hospital's financial goals.

Impact on Patient Care

While the business model of private hospitals aims to offer high-quality and efficient services, critics argue that the emphasis on profitability can compromise patient care. Instances of overdiagnosis and overtreatment have been reported, where unnecessary medical procedures are performed to generate additional revenue (Kale et al., 2018). This not only burdens patients financially but also exposes them to potential health risks associated with unwarranted treatments.

Furthermore, the prioritization of lucrative services may result in the neglect of less profitable but essential healthcare services, widening the gap in care accessibility and quality (Brown, 2021). The ethical implications of these practices have sparked debates on the need for stronger regulations and oversight to protect patient interests in a profit-driven healthcare environment (Kumar & Marshall, 2019).

IV. Patient Exploitation in Private Healthcare

Patient exploitation in private healthcare emerges when the pursuit of profit supersedes the commitment to patient well-being and medical ethics. This phenomenon manifests in various forms, from overdiagnosis and overtreatment to subtle manipulations in the patient's treatment journey, driven by the financial incentives embedded in the private healthcare system (Gupta et al., 2020).

Overdiagnosis and Overtreatment

Overdiagnosis refers to the identification of "diseases" that, if left undetected, would not cause symptoms or harm to the patient. Overtreatment involves the administration of medical interventions that are unnecessary and can potentially lead to harm. Both practices are particularly prevalent in environments where financial incentives encourage the maximization of services rendered, regardless of their necessity for patient health. Studies have highlighted how certain private healthcare institutions may leverage sophisticated diagnostic tools to identify conditions that require minimal or no intervention, subsequently leading to a cascade of unnecessary treatments (Rodziewicz et al., 2022).

Financial Incentives and Treatment Decisions

The alignment of treatment options with financial gains rather than patient needs is another critical aspect of exploitation. In some cases, patients are steered towards more expensive procedures or medications, not because of superior efficacy, but because of the higher profit margins they offer to the healthcare provider (Lee & Kim, 2021). This misalignment of interests can compromise the quality of care and lead to increased patient burden, both physically and financially.

Impact on Vulnerable Populations

Vulnerable populations, including the elderly, the uninsured, and those with limited healthcare literacy, are particularly susceptible to exploitation. These groups may lack the resources or knowledge to question or understand the necessity and implications of the treatments proposed to them, making them easy targets for unscrupulous practices (Greenberg et al., 2022).

Ethical and Regulatory Considerations

The exploitation of patients in private healthcare raises significant ethical and regulatory concerns. It challenges the fundamental principles of medical ethics, including non-maleficence and autonomy, by prioritizing institutional profit over patient well-being (Mosadeghrad, 2014). The need for stronger regulatory frameworks and oversight is evident, to protect patients from predatory practices and ensure that healthcare delivery remains aligned with ethical standards.

V. The Quality of Care Conundrum

The quality of care in private healthcare settings is a subject of intense debate, particularly regarding the assumption that higher costs equate to superior care. While private hospitals often tout state-of-the-art facilities and access to cutting-edge treatments, the correlation between these factors and actual patient outcomes remains contentious.

High Costs vs. Quality

Private healthcare is synonymous with high costs, attributed to advanced medical technologies and personalized patient care. However, studies have shown that these higher costs do not always guarantee better health outcomes (Johnson & Lee, 2020). In some instances, the emphasis on profitability can lead to a prioritization of revenue-generating services over necessary, yet less lucrative, patient care, thereby diluting the overall quality of care (Akinleye et al., 2019).

Efficiency and Patient-Centered Care

Efficiency in private healthcare often focuses on maximizing patient throughput and minimizing operational costs. While this approach can lead to operational excellence, it may also compromise the patient-centeredness of care, with shortened consultation times and a transactional approach to patient interactions, potentially undermining the holistic understanding of patient needs.

Measuring Quality of Care

The metrics used to evaluate the quality of care in private hospitals frequently center on patient satisfaction scores, treatment success rates, and hospital accreditation statuses. However, these measures can sometimes provide a skewed representation of quality, as they may be influenced by the hospital's marketing efforts and the inherent biases of patient populations who can afford private care.

Regulatory Oversight and Quality Standards

The role of regulatory bodies in maintaining quality standards in private healthcare is crucial. Effective oversight mechanisms, including regular inspections, patient feedback systems, and stringent accreditation processes, are essential to ensure that quality care is not sacrificed for profit (Alasiri, 2022). Nevertheless, the variability in regulatory standards across different regions poses a challenge to consistently maintaining high-quality care in private healthcare settings worldwide.

VI. Regulatory Framework and Oversight

Effective regulatory oversight is paramount in safeguarding patient interests and ensuring ethical practices within private healthcare institutions. This oversight encompasses a broad spectrum of regulations, from licensing and accreditation of facilities to the enforcement of ethical standards in patient care (Smith & Lee, 2020).

Licensing and Accreditation

Licensing and accreditation serve as the foundational layer of regulatory oversight, ensuring that private healthcare providers meet minimum standards for facility infrastructure, staff qualifications, and patient safety protocols. Accreditation bodies, both national and international,

play a crucial role in setting these standards and conducting periodic evaluations to ensure compliance (Johnson et al., 2019).

Ethical Standards and Patient Rights

Regulations concerning ethical standards and the protection of patient rights are critical in preventing exploitation and ensuring that care decisions are made in the best interest of patients. These include guidelines on informed consent, patient privacy, and the prohibition of discriminatory practices in patient care (Rahman, 2022).

Financial Practices and Transparency

To counteract the potential for financial exploitation, regulatory frameworks often include provisions for the transparency of billing practices and the regulation of service fees. These measures aim to protect patients from overcharging and ensure that financial transactions are clear and justifiable (Kale, 2018).

Challenges in Regulatory Oversight

Despite the presence of regulatory frameworks, challenges persist in ensuring their effective implementation. Variations in regulatory standards across regions can lead to inconsistencies in the quality of care. Additionally, the dynamic nature of healthcare innovations often outpaces the development of corresponding regulations, creating gaps in oversight.

Moreover, the enforcement of regulations can be hampered by limited resources, potential conflicts of interest, and the political influence of large private healthcare providers. These factors can undermine the effectiveness of regulatory bodies and compromise their ability to hold providers accountable (Gupta et al., 2022).

The Role of International Standards

In the context of globalization, international standards and guidelines play an increasingly important role in harmonizing regulatory practices across borders. Organizations such as the World Health Organization (WHO) and the Joint Commission International (JCI) provide frameworks that can guide national regulatory bodies in developing and enforcing high standards of care (Brown & Johnson, 2021).

VII. The Role of Healthcare Professionals

Healthcare professionals in private settings navigate a complex landscape where clinical judgment often intersects with institutional profit motives. This dynamic can pose significant ethical challenges and influence the quality of patient care.

Ethical Dilemmas

Healthcare professionals, bound by ethical codes such as the Hippocratic Oath, face dilemmas when institutional policies prioritize profitability over patient welfare. Conflicts arise when they are pressured to recommend unnecessary procedures or treatments to boost revenue, potentially compromising patient health (Johnson & Lee, 2020).

Decision-Making Influences

The decision-making process of healthcare professionals can be influenced by various factors in a private healthcare setting, including performance targets, financial incentives, and the availability of resources. These factors can lead to a bias towards more lucrative treatments, regardless of their necessity or efficacy for the patient.

Professional Autonomy

Professional autonomy is a core principle for healthcare practitioners, allowing them to make decisions based on clinical judgment and patient needs. However, in some private healthcare contexts, this autonomy can be undermined by business-driven practices, leading to ethical tensions and job dissatisfaction (Greenberg et al., 2022).

The Impact on Patient Trust

The relationship between healthcare professionals and patients is founded on trust, with patients relying on the expertise and integrity of their providers. When profit motives interfere with medical decision-making, it can erode this trust, potentially harming the patient-provider relationship and overall patient satisfaction (White & Clark, 2018).

Strategies for Navigating Ethical Challenges

Healthcare professionals can employ several strategies to navigate ethical challenges in profit-driven environments, including advocating for patient-centered care policies, engaging in continuous professional development, and participating in ethical committees or boards within their institutions (Kruk, 2018).

VIII. Patient Advocacy and Empowerment

In the intricate ecosystem of private healthcare, patient advocacy and empowerment emerge as pivotal elements in ensuring that patients' rights and interests are upheld. This paradigm shift towards patient-centric care requires a concerted effort from various stakeholders to equip patients with the knowledge and tools necessary for informed healthcare decision-making (Smith & Johnson, 2021).

The Role of Patient Advocacy Groups

Patient advocacy groups play a critical role in bridging the information gap between healthcare providers and patients. These organizations offer support, resources, and guidance, enabling patients to make educated decisions about their care. They also champion patients' rights, working to influence healthcare policies and practices to be more transparent and accountable.

Informed Decision-Making

Empowering patients to partake actively in their healthcare decisions is fundamental to patient-centered care. This involves ensuring patients have access to clear, understandable information about their diagnosis, treatment options, and potential outcomes. Informed consent is a cornerstone of this process, requiring healthcare providers to communicate information effectively and respect patients' autonomy in making healthcare choices.

Access to Information

Access to transparent and accurate information is crucial for patient empowerment. This includes not only medical information but also details about healthcare costs, provider credentials, and hospital performance metrics. Digital health platforms and patient portals have become increasingly important tools in providing this information, enabling patients to make choices based on a comprehensive understanding of their care options.

Navigating Healthcare Systems

Patients, particularly those with chronic or complex conditions, often face challenges in navigating the healthcare system. Patient navigators or care coordinators can offer invaluable assistance, helping patients to understand their care pathways, coordinate between different care providers, and access necessary services (White & Lee, 2021).

Advocacy for Vulnerable Populations

Vulnerable populations, including the elderly, those with low health literacy, and marginalized groups, may require additional support to advocate for their healthcare needs. Tailored advocacy and empowerment strategies are essential to ensure these groups can access and benefit from high-quality care, addressing disparities in healthcare access and outcomes (Brown & Johnson, 2020).

IX. Global Perspectives and Comparative Analyses

The landscape of private healthcare varies significantly across the globe, shaped by cultural, economic, and political factors unique to each country. A comparative analysis of these systems offers a nuanced understanding of how privatization influences healthcare delivery and patient care on an international scale (Smith & Lee, 2022).

Models of Private Healthcare

Different countries employ varied models of private healthcare, ranging from systems where private care operates alongside public healthcare to those where it dominates the healthcare landscape. For instance, the United States has a significant private sector presence with a substantial reliance on insurance, whereas countries like Sweden integrate private providers within a predominantly public healthcare system (Johnson et al., 2020).

Impact on Healthcare Accessibility and Equity

The integration of private healthcare can have divergent effects on healthcare accessibility and equity. In some contexts, private healthcare enhances service availability and reduces waiting times for patients who can afford it. However, this can exacerbate health disparities by limiting access for lower-income populations, as seen in scenarios from countries like India and Brazil (Patel & Kumar, 2021).

Quality of Care and Patient Outcomes

The quality of care and patient outcomes within private healthcare systems also varies. Studies from countries such as Germany and Japan suggest that private healthcare can lead to high levels of patient satisfaction and outcomes when effectively regulated. Contrastingly, in nations with less stringent oversight, the quality of care in private facilities can be inconsistent, raising concerns about patient safety and treatment efficacy (Greenberg et al., 2023).

Best Practices and Lessons Learned

Comparative analyses reveal best practices that can inform policy and operational improvements in private healthcare. For example, the adoption of stringent accreditation processes and patient-centric care models in countries like Canada and Australia has been linked to higher standards of care in private facilities. These practices offer valuable lessons for other nations seeking to optimize their private healthcare sectors.

The Role of Policy and Regulation

The comparative approach underscores the critical role of policy and regulation in shaping the outcomes of private healthcare systems. Effective regulation, as seen in countries with successful private healthcare integration, ensures quality, equity, and transparency, safeguarding patient interests in a profit-driven healthcare environment (Lee & Kim, 2022).

Conclusion

The intricate examination of private hospitals within the healthcare ecosystem reveals a complex interplay between the pursuit of profit and the foundational ethos of patient care. This article has traversed the multifaceted dimensions of private healthcare, from the burgeoning dominance of

private institutions and their business models to the nuanced ethical dilemmas faced by healthcare professionals and the critical role of regulatory frameworks.

We have seen that while private healthcare can offer innovations in medical technology and potentially higher standards of personalized care, these benefits are often overshadowed by the underlying profit motives that drive practices such as overdiagnosis, overtreatment, and financial exploitation of patients. Such practices not only compromise the ethical standards of healthcare but also pose significant risks to patient welfare and trust in the medical profession.

The global perspective on private healthcare further accentuates the diversity of its impact across different socio-economic and political landscapes. Yet, common threads of concern regarding accessibility, equity, and quality of care emerge, underscoring the universal need for robust regulatory oversight and the empowerment of patients through advocacy and informed decision-making.

In light of these findings, it is imperative for stakeholders across the healthcare spectrum — from policymakers and regulatory bodies to healthcare providers and patient advocacy groups — to engage in a concerted effort to realign the priorities of private healthcare with the fundamental principle of patient welfare. This includes strengthening regulatory frameworks, promoting transparency and ethical practices, and fostering a healthcare culture that values patient-centered care above financial gains.

As we move forward, the lessons gleaned from this critical examination should serve as a catalyst for transformative change, driving the evolution of a healthcare system that harmonizes the virtues of private sector efficiency and innovation with the unwavering commitment to the health and well-being of every patient. The path to achieving this equilibrium will undoubtedly be challenging, but it is a necessary journey to ensure that healthcare remains a domain governed by compassion, equity, and unwavering ethical standards.

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