Complementarity of Medicine and Economics

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Abstract

Modern Medicine and Economics need each other:

- Modern health technology requires so many scarce resources that economic priority rules are needed for an optimal allocation
- Economics needs medical science, too, because the Neoclassical Paradigm of bounded economic rationality (BR) doesn`t apply to health behavior due to an "Asymmetric Knowledge" between physician and patient.

This integrative review finds five crucial relationships between Medicine and Economics:
1. Neuroeconomics explains patient behavior as "Asymmetric Knowledge" rooted in risk-aversion turning the Willingness-to-pay paradigm (WTA) invalid as indicator of health preferences. Economics must accept the medical concept of QALY as the overall outcome of healthcare
2. Cost-effectiveness Analysis (CEA) based on QALY cannot stand-a-lone, but is a special case of Health Technology Assessment (HTA), for instance because strong savings on healthcare may stress the staff
3. Universal Basic Income (UBI) serves equality in both Economics and Medicine
4. A cost-effective organization of health systems recognizing the "Asymmetric Knowledge" must be based on the following axioms:
   a) The GP is the local key coordinator
   b) University regions are the basal functional unit of specialized healthcare. A Regional Health Council must advise both GPs and hospitals on the best continuity of care to optimize the allocation of healthcare resources
5. Neuroeconomics explains meditative in-depth-relaxation as complementary to physical fitness in stress-management and as such a common target for Medicine and Economics.
The final Discussion focuses on the education of health economists.

Keywords: Health systems, Health Technology Assessment (HTA), health economics, Cost-effective analysis, QALY, Stress-management and Regional Health Council.