The spatial characteristics of the referral relationship between hospitals and clinics: the case study of Korea

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The purpose of this paper is to examine the spatial characteristics of the referral system in Korea which means the relationship between hospitals and clinics for the purpose of improving patient's health condition. The referral relationship in Korea has been started by the medical insurance system in 1989 in order to prevent the concentration of patients at only specific hospitals and revitalize local hospitals and clinics. In the past, the relationship was connected by a medical document but the method of the referral system in Korea is rapidly converting off-line to on-line in these days. Especially, the exchange of patient's information between hospitals and clinics on cyberspace comes under telemedicine and it has a capability to develop as a new innovation or leading technology in 21st century.

Basically, facilities located in particular areas of the city are based on the accessibility of customers, the burden of travel time and cost, so the location of urban facilities can be seen in Walter Christaller's central place theory (Bola Ayeni, 1979). Medical service is no exception to this rule. Surely, the economic approach to medical area is worthy to be considered but the distribution of medical facilities is involved in welfare which is out of the theory of market. By this meaning, it should be considered in this context; who gets it where (Smith, 1977) and ethics of care (Hester Parr, 2003). Moreover, according to the view point of telemedicine, even though telemedicine operates on cyberspace, it must be considered by a regional structure because of stable earning, accessibility to telemedicine system, effective medical treatment, technology problems and so forth (Cutchin, 2002). So all aspects considered, the referral relationship is approached by not only the equity of opportunity or accessibility to medical facilities but also an economic area and it must be operated within a regional base.

The main role in the referral system is decided by hospitals and they take on a role as serving place in medical area (Mitchell, 1999). The majority of hospitals have a responsibility to support high dimensional treatment and deal with the referral relationship. So there are a lot of hospitals, which are running separate referral center, in order to support the referral relationship with effective. Now the total number of hospitals is 290 (Ministry of Welfare&Health in Korea, 2005) and the distribution of hospitals reflects population. So we think that the range of the referral relationship is based on each region. To find out real situation about the referral relationship, I chose 25 hospitals, which have a great influence on medical area, and I draw some conclusions. Generally, the referral relationship is composed within a same region because of the accessibility of patients and travel time or cost. But the range of the referral relationship about hospitals located in or around Seoul is on national scale, in adverse, the range of the referral relationship about local hospitals is based on each region. Surely, the range of the referral relationship depends on the size and scale of hospitals but the case of Korea is very strange. So I tried to interview hospitals so as to find out the reason why hospitals in or around Seoul appear the referral relationship between hospitals and local clinics on a national scale. The main reasons are caused by the concentration of good hospitals in or around Seoul, the opinion of patients and the strategic referral relationship. Surely, the referral system based on the improvement of patient's condition is top priority. But by this strange phenomenon, there are some problems in Korea, for example, unstable earning of local hospitals, double diagnosis, malfunction of medical structure and so forth.