

EDITORIAL VIEW

PERIOPERATIVE MEDICINE

The impact of commercial healthcare on the quality of anesthesia care

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ABSTRACT

The direct impact of increased commercialization of healthcare systems, especially in the low- and middle-income countries, on the quality of anesthesia care is seen. With the profit-based schemes, most of the trained workers will be eliminated, remaining employees will get overburdened, cost-cutting will diminish access to proper monitoring apparatus, and no effort will be put into training the workers for additional training. This editorial discusses how privatization of healthcare services affects the quality of anesthesia, patient outcomes, systemic gaps, provider burnout, breach of safety, and nonadherence to perioperative standards.

Keywords: Anesthesia; Burnout; Equity; Healthcare Privatization; Health Systems; Patient Safety; Quality of Health Care; Surgical Procedures

Abbreviations: CME: continued medical education, NHA: National Health Authority, PPA: public–private partnerships, PSA: Pakistan Society of Anesthesiologists, WFSA: World Federation of Societies of Anesthesiologists

Citation: Batool A, Sana M. The impact of commercial healthcare on the quality of anesthesia care (Editorial). *Anaesth. pain intensive care* 2025;29(8):828-830. DOI: 10.35975/apic.v29i8.3003

Received: October 06, 2025; **Accepted:** October 09, 2025

The practice of anesthesiology, which is a patient-focused practice, has been changed into a profit-based organization by the commercialization of the healthcare system. Privately governed hospitals have a notorious reputation because of their limited financial means, which do not prioritize safety standards but rather profit margins. The research indicates that higher rates of understaffing, increased patient workload, and fewer safety audit practices are observed in privatized anesthesia departments compared to public hospitals.¹ The outcome of this change will be poor decision-making and poor pre-anesthetic evaluations, which are required to ascertain risk factors before procedures.² Such environments also limit clinical autonomy by the anesthesia provider because the administration priorities override the clinical protocols.³

The role of personnel is also of paramount importance. The low-cost provision of commercial healthcare

services—usually involving contractual or rotating anesthesiologists leads to the absence of continuity of care and professional responsibility.⁴ This not only increases the medical error risks, but also weakens the anesthesia profession. A health study across the globe estimated that up to 40% of complications in anesthesia in low-resource private hospitals were attributed to fatigue or inadequate training, or understaffing of the providers.⁵

Safety in anesthesia is not only determined by the human resources but also by the availability of adequate equipment and monitoring in the operating room. However, commercial healthcare providers often buy cheap and old anesthesia machines just because of the budget restrictions.⁶ Normally, standard monitoring devices like capnography, pulse oximeters, and depth-of-anesthesia monitors are not present or are haphazardly utilized in commercial systems.⁷ In South Asia, the

World Federation of Societies of Anesthesiologists (WFSA) reported that over 30% of the private South Asian hospitals were below the minimum international standards on anesthesia monitoring.⁸

Moreover, patient-centered care needs time and resources to deliver quality anesthesia care. In commercial environments, where the rate of patient turnover is valued, anesthesiologists are forced to induce and emerge faster without necessarily taking breaks.⁹ Monetary benefits to increase patient turnover rate infringe the fine line between patient safety, ethics, and efficiency. Notably, these inadequacies have a disproportionate impact on vulnerable populations who seek cheaper private care because of unfavorable availability in the public sector.

Commercialization has its share in the fields of medical education and professional growth. As attention to the operational output grows, the lack of organization of continuing medical education (CME) programs in anesthesia providers is observed in many private hospitals. As a result, more current policies regarding sedation, pain management, and airway precautions might be ill-received in these centers.¹⁰ Regulatory agencies need to implement similar standards of anesthesia safety in the public and private sectors. National Health Authority (NHA) may impose minimum staffing ratios, equipment requirements, and CME requirements to provide minimum quality care.

In addition, quality metrics can be motivated through the accreditation systems and licensing systems. The introduction of an anesthesia safety element into national health policy, particularly a universal health coverage (UHC), can avert the profit-driven approach. Anesthesia is not a secondary or optional service but a pillar of modern medicine.¹¹ Unless commercial healthcare begins to re-prioritize its quality, it will inevitably lead to more perioperative risks, enduring poor health outcomes, and worsen health disparities over safe surgery.

Low- and middle-income countries, including Pakistan, need to improve national policies on the integration of standardized anesthesia safety parameters, consistent training, and periodic quality reviews across public and private sectors. Joint work being done between the Pakistan Society of Anesthesiologists (PSA), the WFSA, and the NHA must be aimed at harmonizing clinical approaches to global safety standards. Subsequent studies should concentrate on determining the impact on patient outcomes of cost-competitive privatized anesthesia care models and the potential of public-private partnerships (PPP) for balanced and enduring anesthesia care.¹² Lastly, there is a need to ensure that trust is rebuilt through effective ethical leadership and

equitable regulations to maintain the dignity and safety of all patients.

Conflict of interest

Authors declare no conflict of interest.

Authors contribution

All authors took part in the concept, literature search and manuscript drafting.

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