

For Cancer Patients, 21<sup>th</sup>- will be a Century of the Economic-Based Medical Services**Bahram Alamdary Badlou\****BBAdvies and Research, Research and Development Department, Zeist, The Netherlands***\*Corresponding Author:** Bahram Alamdary Badlou, BBAdvies and Research, Research and Development Department, Zeist, The Netherlands.**Received:** December 17, 2018; **Published:** December 27, 2018

Appropriate Medical Services can save life of any patient at risk of high mortality and morbidity. Recently economic problems affect Patients-Related Care/-Cure and Medical Approach (PRCCMA). It became obvious that lack of support, income, and research funds affected either 'the choices' of patients or of the different (multidisciplinary) Medics, surprisingly.

Subsequently, in 21<sup>th</sup> Century the PRCCMA is going toward cheaper and cheapest, and not better and best qualified ones, Medical Scientifically spoken. Both patients and authorities are looking for good qualified (Para-)Medics, remarkably. How with cheapest alternatives could cure cancer patients is the main challenge in the next Century. In the other hand, import issue is still the relationship between the main cause of the in-hospital mortality and morbidity rate which it is not elucidated completely [1].

Recent economic globalization strategies resulted in a major shift of mind provoking ideas toward solving cancer as disease but all so-called 'Genius Scientists and Medici' should come with alternatives, which cover either effectivity, and specificity (for rich people) or cheap, available anywhere, and could be available, locally (for the rest). One is successful Businessman if he/she adapts his/herself (Darwin!) to the new conditions.

Based on different published data paradoxically, Alternative solutions are becoming either the cheapest or the most expensive PRCCMAs as a 'standards' treatments [2-4]. Moreover, some practitioners have own 'Guidelines', which have based on own developed secret methodologies. Above all, recent developments are showing a shift toward Economic-Based-Medical-Service (EBMS), which it is becoming a 'booming business'. Interestingly, the most Oncologists, Palliative Care Specialist, and (Para-)Medics (!) are choosing for abovementioned standard EBMS, which are established by own investigated local experience. How about Science-Based guidelines and standards? How about regularity affairs concerning the

raising EBMSs? Recall, do not forget what Darwin's law was, simultaneously. If one asks what might be the consequent of aforementioned development? One can easily predict that therefore, such choices bring the Medici at risk, and both patients and Medici being involved in different legal affair prosecutions, however.

Illogically, in some developed countries, the Free-Medical- Universities-Schools (FMUS) are generating data from nowhere, and lead into promotion of their Bachelor and PhD students.

Furthermore, graduated 'One' called Specialist, who is allowed to offer the EBMS and/or the PRCCMAs to hopeless subjects, locally. Evidence-based work is becoming unnecessary because of so-called Personalized Medicine (PM), and Home- is becoming better than Hospital-care.

Patients (me too) are looking for the best qualified care, irrespective of appropriate PRCCMAs. Although patients are to get secured services (demand) the supplier think only on his /her income and paying costs annually. If One assume that a patient is customer then 'the Customer is king principle' supposed to be implemented, simultaneously. The cancer patients do not care, what would be done by their supplier, when the final aim might be settled to get best service, and being cured. Obviously, the (Medical-) Market is going toward real demand supply relationship and communications, in the 21<sup>th</sup> Century. At first sight it is in one hand, a disaster but in the other hand is working for both parties, who are involved in the PRCCMAs. Certain patients need acute but cheap treatments, while they have not enough money to pay for expensive-(still) un-specific technologies i.e. Genomics, Proteomics, CT, PET, etc. scans. Recent data revealed that some Genomic, PET scans approaches for some cancers has minimal sensitivity and quality/ price ratio [3-6].

In the next decades the novel PRCCMAs are raising with speed of faster than Scientifically- based FMUS-education teams can even

keep up with. In the near future, when One present his/her Scientific data that are not adapted to the new trend of Economical-based Sciences, get marked as old-fashion Scientist, who has no place anymore in the modern Society, after 2019.

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