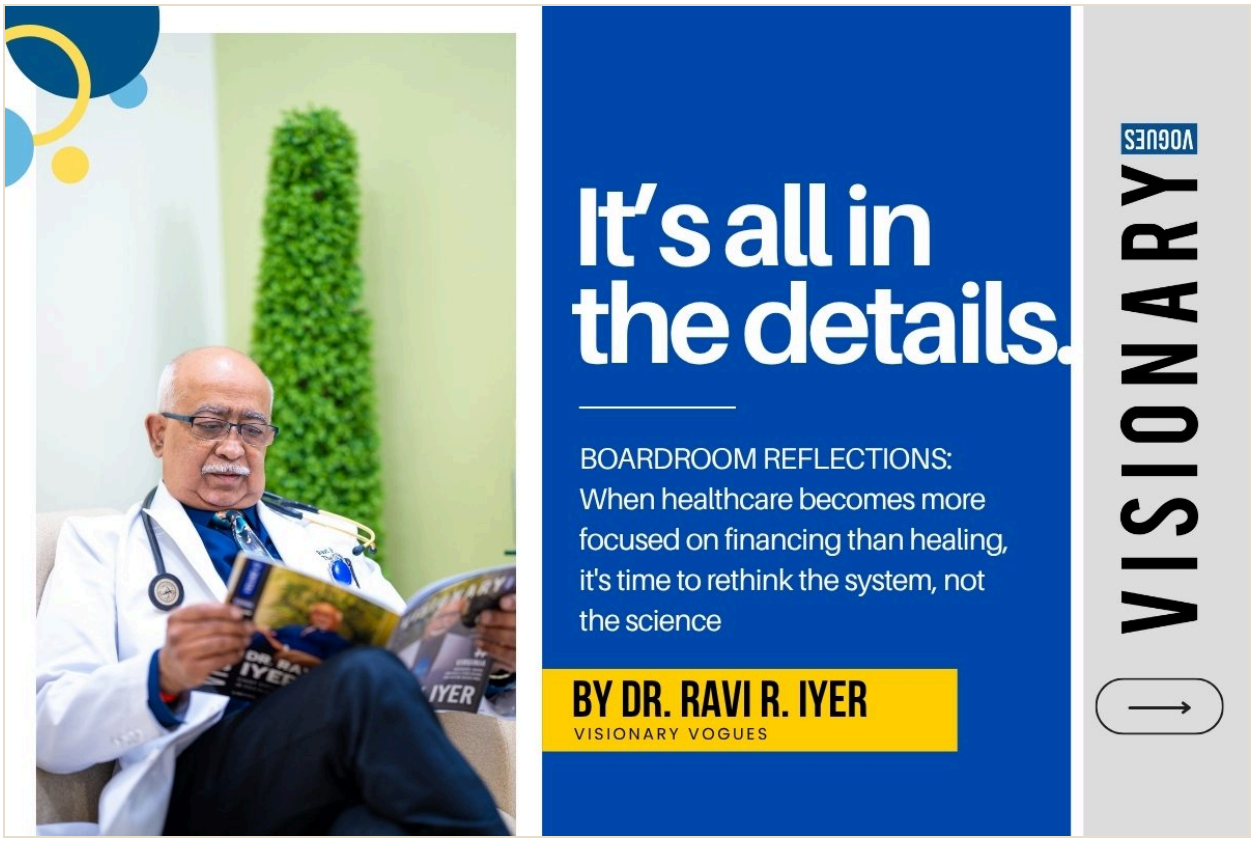
PUBLISHED IN **Visionary Vogues** · Magazine column · web
PUBLISHED 30 August 2026
Recorded by the author. The source carries no date, and nor does the publisher's live page.
AUTHOR Ravi R. Iyer, MD
SOURCE https://visionaryvogues.com/healthcare-business-vs-calling
RECORDED 23 November 2026 · record AR-2026-08-002

BOARDROOM REFLECTIONS

When Healthcare Becomes a Business Before It Remains a Calling

By **Ravi R. Iyer, MD**



Key art as published by Visionary Vogues. Retained as part of the record of how the piece appeared.

For more than forty years, I have had the privilege of practicing medicine in the United States. During that time, I have witnessed extraordinary advances that once seemed impossible. Treatments for heart disease have transformed survival rates. Cancer care has become increasingly precise through targeted therapies. Artificial intelligence is beginning to equip physicians with instant access to decades of medical knowledge, enhancing decision-making in ways that were unimaginable only a generation ago.

From a scientific perspective, healthcare has never been more advanced.

- Yet despite these remarkable achievements, the overall
- experience of healthcare tells a very different story.

Patients often feel overwhelmed by costs and complexity. Physicians are experiencing unprecedented levels of burnout. Employers continue to struggle with rising healthcare expenses year after year.

The problem, in my view, is not the quality of modern medicine itself.

- It is the growing dominance of the business surrounding
- medicine.

Innovation Must Also Be Accessible

The United States has long been a global leader in pharmaceutical innovation. Developing new medications requires years of research, billions of dollars in investment, and an extraordinary willingness to accept scientific and financial risk. These accomplishments deserve recognition because they have improved and extended countless lives.

However, innovation alone is not enough.

A medical breakthrough has limited value if patients cannot realistically afford to benefit from it.

Across the United States, many prescription medications continue to carry significantly higher price tags than those available in many other developed nations. While manufacturers point to research costs, regulatory requirements, and pricing structures as explanations, patients experience a much simpler reality, they struggle to pay for the treatments they need.

As a result, some individuals delay filling prescriptions. Others reduce dosages to stretch medication supplies. Many quietly make impossible financial choices between healthcare and everyday living expenses.

- Medical innovation achieves its true purpose only when it
- reaches the people it was designed to help.

A System Built on Increasing Complexity

- Healthcare has evolved into one of the most complex
- ecosystems in modern society.

Government agencies, legislators, pharmaceutical companies, hospital systems, insurers, professional organizations, consultants, and technology providers all play important roles within the broader system. Most of these organizations are staffed by capable professionals who genuinely seek positive outcomes.

Yet complexity has created unintended consequences.

Each new regulation introduces additional compliance requirements. Compliance creates administrative layers. Administrative growth increases operational costs. Higher costs contribute to increased insurance premiums, prompting further oversight and additional regulation.

The cycle continues.

- Somewhere along this journey, the patient's experience has

- become secondary to maintaining an increasingly complicated
- system.

Instead of placing individuals at the center of care, healthcare often feels designed around the processes required to sustain the system itself.

The Growing Physician Shortage

- Perhaps one of the greatest challenges facing American
- healthcare is not infrastructure or technology.

It is the growing shortage of physicians.

Primary care, in particular, continues to experience mounting workforce pressures. Newly qualified doctors frequently graduate with substantial educational debt, influencing many to pursue specialties that offer greater financial security, improved work-life balance, or fewer administrative responsibilities.

At the same time, many experienced physicians are choosing early retirement.

The reason is rarely a loss of passion for medicine.

Rather, many no longer recognize the profession they originally entered.

- Increasing documentation requirements, administrative
- burdens, and declining autonomy have fundamentally changed
- how many physicians experience clinical practice.
- Healthcare ultimately depends on relationships between
- physicians and patients.
- When those relationships become increasingly difficult to
- sustain, the entire system feels the impact.

Medical Education and Workforce Challenges

- Medical education remains one of society's most valuable
- investments, producing exceptionally skilled physicians through
- rigorous training.

However, the pathway into practice has become increasingly challenging.

Residency opportunities remain limited despite growing workforce shortages. Internationally trained physicians with extensive experience frequently encounter lengthy licensing and accreditation processes before contributing meaningfully to patient care.

- Protecting quality and patient safety will always remain
- essential.
- At the same time, it is reasonable to ask whether current
- systems are producing enough physicians to meet future

These goals are not mutually exclusive.

Maintaining high standards while expanding workforce capacity should remain complementary priorities.

Has Insurance Become the Primary Product?

- Ask most employers about healthcare today, and the
- conversation often begins with one topic, cost.

Premiums continue rising. Deductibles continue increasing. Employees frequently face higher out-of-pocket expenses while businesses absorb escalating healthcare expenditures.

- Over the years, healthcare financing has introduced
- sophisticated concepts including value-based care, population
- health, shared savings, quality metrics, and risk adjustment.

> Many of these approaches have genuine merit.
> Some have delivered measurable improvements.

Yet frontline physicians continue asking an important question.

- If healthcare has become increasingly value-driven, why do
- patients often feel rushed during appointments? Why are
- employers paying significantly more? Why are physicians
- spending so much time documenting care instead of delivering
- it?
- The language of value carries little meaning if the everyday
- experience suggests otherwise.

Rethinking Routine Healthcare

One of the most interesting developments within healthcare involves questioning assumptions that have long been accepted as standard practice.

- Must every routine medical interaction pass through an
- insurance company?

Alternative care models suggest another possibility.

Increasingly, employers are partnering directly with physicians or healthcare networks to provide routine medical services. Through direct primary care arrangements and employer-sponsored clinics, employees gain consistent access to preventive care, chronic disease management, wellness support, and ongoing relationships with physicians.

Within these models, insurance returns to its original purpose.

- Protecting individuals against catastrophic financial events
- rather than serving as the intermediary for every routine office
- visit or prescription refill.
- While these approaches continue evolving and important
- questions remain regarding scalability, specialist care, and

- equitable access, they encourage meaningful discussion about
- how healthcare could function differently.

Sometimes meaningful reform begins simply by questioning long-standing assumptions.

Transparency Is Becoming a Powerful Disruptor

Some of the most meaningful changes in healthcare today are not being driven by legislation alone. They are emerging from organizations willing to challenge long-standing pricing practices and demand greater transparency.

- One notable example is the growing movement toward
- transparent prescription drug pricing. Models that openly
- While transparency alone will not resolve every challenge within
- the pharmaceutical industry, it changes something equally
- important.

It changes the conversation.

When patients, employers, and healthcare purchasers understand how prices are determined, they begin asking better questions. Greater visibility encourages accountability, stimulates competition, and gradually shifts markets toward more consumer-centered practices.

- Transparency may not solve every problem overnight, but it
- creates the conditions necessary for meaningful reform.

Reasons for Optimism

Despite today's challenges, I remain hopeful about the future of healthcare.

- Not because the obstacles are insignificant, but because
- encouraging changes are beginning to emerge from several
- directions at once.
- Artificial intelligence is helping clinicians manage an ever-
- growing volume of medical knowledge while supporting more
- informed clinical decisions.
- Direct-care models are restoring stronger physician-patient
- relationships by reducing administrative complexity.

Greater pricing transparency is encouraging consumers and employers to think differently about healthcare purchasing.

- Businesses are increasingly evaluating healthcare spending
- through the lens of measurable value rather than accepting
- annual cost increases as unavoidable.

Patients themselves are becoming more engaged participants in their own care, seeking partnerships with physicians instead of simply navigating transactions within a complicated system.

Taken together, these developments suggest that healthcare is entering an important period of reflection and transformation.

Returning to First Principles

Perhaps the next great healthcare revolution will not come from constructing larger hospitals or introducing another insurance product.

- Perhaps it will not originate from additional regulations or
- increasingly sophisticated administrative systems.
- Instead, meaningful progress may come from rediscovering
- principles that have always formed the foundation of good
- medicine.

Healthcare works best when physicians have sufficient time to listen, evaluate, and think critically.

- Patients deserve to be heard rather than hurried through
- appointments.
- Medical innovation should remain accessible rather than
- financially out of reach.
- Healthcare pricing should be understandable rather than
- hidden behind unnecessary complexity.

Most importantly, incentives should reward prevention, wellness, and healthier lives, not simply the management of illness after it occurs.

These are not revolutionary concepts.

They are timeless principles that deserve renewed attention.

A Final Reflection

Medicine itself has never lacked intelligence, compassion, or scientific brilliance.

Throughout history, physicians, researchers, and healthcare professionals have continually pushed the boundaries of what is possible, improving survival rates and transforming lives through extraordinary innovation.

- The greater challenge today lies not in advancing medical
- science, but in ensuring that the systems surrounding
- healthcare continue to serve the people they were created to
- protect.

As healthcare continues evolving, our objective should not be to reinvent the purpose of medicine.

It should be to restore clarity around that purpose.

When patients become the priority, when physicians regain the freedom to practice medicine with focus and compassion, when innovation remains within reach, and when trust once again defines

the relationship between healthcare providers and the communities they serve, the system moves closer to fulfilling its original promise.

Healthcare has always been about people first.

The business of healthcare should never allow us to forget that. — Dr. Ravi R. Iyer, MD

ABOUT THE AUTHOR

Ravi R. Iyer, MD, is a physician-scientist, entrepreneur, author, and 5x TEDx speaker who has spent four decades exploring a deceptively simple question: What makes human beings, and the organizations they create, perform at their best? A Harvard-trained physician, corporate strategist, and the founder of multiple healthcare and performance ventures, he is the creator of Neuroalignment, a framework for building high-performance organizations around the realities of human cognitive diversity. His work sits at the intersection of biology, leadership, technology, and human behavior. Boardroom Reflections is where those worlds meet.

THE AKAASHIK RECORD

A permanent, complete and unedited register of the writing and public work of Ravi R. Iyer, MD. Each entry records where the work first appeared, when, and at what address, so that the record stands independently of any platform that carries it. Entries are never removed. © Ravi R. Iyer, MD. Recorded by arrangement with the original publisher; all rights in the original publication remain with its owner.

Name forms. One person, credited as Ravi R. Iyer, MD; Ravi R. Iyer; Ravi Ramamoorthy Iyer, MD; Ravi Ramamoorthy Iyer; Ravi Iyer, MD; Ravi Iyer; Ravi Ramamoorthy; R. R. Iyer; R.R. Iyer; R. Iyer. The author's name is Ravi Iyer, and has been for many years. His work is nonetheless credited under several forms. In India the canonical surname is Ramamoorthy and Iyer is the clan name appended to it, and where a form is entered under that convention the credit follows it: on the signed speaker release for TEDxChantilly he entered Ravi Ramamoorthy Iyer, and that talk stands credited on the TEDx channel to Ravi Ramamoorthy. The five ted.com event pages credit him under four different forms between them — Dr. Ravi Iyer at TEDxGary, Dr. Ravi Iyer, MD at TEDxHandley Blvd Women, R.R. Iyer at TEDxUMKC, and Ravi Ramamoorthy Iyer at both TEDxMontgomery College and TEDxChantilly HS. The Record lists every form the work is credited under, so that it remains findable under each.