



Healthcare systems in Europe: where is the patient?

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The aim of the presentation

- To analyse systemic characteristics of the European healthcare systems
- To point out policy measures facilitating a more favorable position for the patient



Healthcare systems in Europe

- Accessibility - unsatisfactory
 - Quality - random
 - Price – high
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- Different countries have different mixtures of these three desired features (e.g. France and UK, Germany and Lithuania).



EU healthcare policies – no real intentions to place the patient in the centre

- The policy trend (the Lisbon agenda) is to improve all three factors – by better management of public services and funds, technology and prevention measures within the limits of the existing system (to keep administrative control of services and products as well as public funding and redistribution as the bases of the system).
- Unsuccessful attempts to improve the system by opening new dimensions (the state monopoly is preserved, while the services directive is rejected).
- Market elements are introduced, but bitty (private providers, PPP, public procurement of services, a wider choice for consumers, a bigger role for private insurance, the “purchase” of physicians abroad, etc.)



Perhaps it is enough to save our health?

- No, because:

- the goals are contradictory in economic respect, therefore the improvements will not be substantial
- the present system has a set of essential deficiencies
- the healthcare system is not the most important factor for human health, but the way of living of an individual. However,
 - On the one hand, healthcare systems are considered to be so (the most important).
 - On the other hand, public healthcare systems try to control the way of peoples' life as well (public healthcare).



Core deficiency of the present framework

- Separation of the doctor from the patient (no contract)
 - By public financing
 - By state control of the quality (services and products)
 - By state control of procedures (treatment algorithms, good production practice, quotas for medications, hospitalization, rehabilitation, etc.)
 - By state control of healthcare providers qualification (qualification requirements for certain activities, licensing of physicians and institutions)
 - By state control of supply network (in terms of territory and type)
 - By state ownership of important healthcare institutions
 - By the general notion that an individual's health is public concern



Economic outcome of this separation

- There is no chance for the demand to meet the supply (waiting lists)
 - There are no explicit prices for most healthcare services, only compensations and expenses.
 - The demand is almost endless as it is too little restricted, if at all, by a personal financial contribution.
 - The supply is limited within the state-designed framework (public ownership, financing and control).
 - The supply outside the public system is suppressed by administrative requirements and discriminated in terms of funding (e.g. equipment for public and private hospitals).



Other outcomes of this separation

- The change of the doctor's function towards administrator and executor – less mutual trust – too high expectations of the patients.
- The emphasis on technology, not human wisdom – exaggerated consumption of drugs and treatment – raising costs.
- The falling attractiveness of the medical profession.




The healthcare aspect

- A shift of individual to public responsibility – less awareness
- Redistribution covers unhealthy tendencies in one's health and makes the change of life-style less probable
- A big risk of over-consumption of drugs, tests and treatment
- Delayed treatment of catastrophic diseases due to long waiting lists
- Undelivered more expensive treatment due to pursued equality among patients
- Undelivered needed treatment due to its standardization and limitation
- Extra stress due to low quality service, waiting lists and general attitudes in non-patient oriented system
- Worse medical care due to devaluation and obscure perspective of medical profession
- Worse medical care due to extensive regulation and administrative control (formal benchmarks become primary)



Public finances alone is a sufficient cause for economic deficiency - inefficiency

- Due to the well-known public sector inefficiencies (expensive compulsory administration instead of natural market self-regulation by competition)
- Due to the nature of the service: there is unlimited demand in:
 - Amount (unnecessary visits to doctors, overuse of drugs)
 - Variety (new uncomfortable human conditions are recognized as diseases)
 - Quality (new technologies provide higher-quality treatment)
- Due to scarce resources



Unlimited expansion of the system - public health – “the teeth of children is a national property”

- Inefficient, administrative, creates an illusion of safety, and withdraws awareness
 - Publicly financed prevention programs to decrease mortality from certain diseases (a statistical approach to the patient)
 - Restrictions of advertisement of certain products (tobacco, alcohol, pharmaceuticals)
 - Healthy food and lifestyle promotion – is the universal healthy life formula invented? (jogging, sugar-free cola, low-fat margarine). The role of NGOs



How to bring the patient back to the healthcare system?

- To make the patient responsible for his/her own health:
 - by making him/her pay
 - by making him pray
 - by making him to estimate and take a risk
 - by making him chose
 - by making him trust who and what is chosen



Systemic changes needed to attain that

- Explicit prices of healthcare services
- Transparent compensations of services and medications
- Private healthcare providers
- The right for the patient to chose (in terms of territory as well)
- Private insurance
- Abolishment of a big part of regulations



May it be too much? Personal choice and social justice

- Is healthcare a public good? If yes, then
 - there is no genuine patients' choice
 - there is no service provider-client relation
 - the patient is not a central figure
- Is the absence of choice socially just?
 - individual choice is a necessary precondition for quality
 - more well-off patients always have a choice



Conclusion

- An ideal healthcare system doesn't exist due to the nature of its object – human health.
- Peoples' awareness about their health is and will be growing – the demand for quality and choice will increase. This in any way compromise other desired qualities – accessibility and low price.
- The patients' rights can be exercised only if he becomes a consumer (one who chooses the service, the provider, and pays the bill)
- Dealing with exceptional cases (uninsured people) will depend on the norms - in terms what is health and how solidarity is implemented - of the particular society.