

5th EUROPEAN HEALTH FORUM GASTEIN –

On the Future of Health in Europe
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Plenary Session 1: Martin McKee Markku Jehto

How healthy is the health market?

Challenges for the European health policy



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Supporting health or fighting diseases?

Although health care has improved significantly since Florence Nightingale or Ignaz Semmelweis - for instance as far as premature births, children's diseases, infections, cancer or coronary vessel diseases are concerned – many people still die despite of our modern health policy, because they do not manage to express their needs. This is an alarming thesis, Martin McKee, professor at the European Observatory on Health Care Systems, developed in his speech on "Challenges for medical services in Europe" at the 5th European Health Forum Gastein. One of the main goals of future health policy should be the closing of information-gaps between service providers and clients. McKee determines that farsighted health policy should focus on the health of the population in first place and on economical aspects in second place. Who wants to reduce the burdens on health systems has to invest into political measures, which help to preserve the status quo of health systems or to raise the standards. This is a simple and comprehensive conclusion. But what about its realization?

Potential available funds on the health market

McKee tries to find answers by using strictly capitalistic criteria. Were investments primarily done in order to optimize labour and capital, development programs on the health market had to cover four fundamental fields: human, material, intellectual and social capital. McKee names strategies in the right direction - like finding a balance between trained and needed physicians, reorganizing hospital structures, the development, dissemination and implementation of new medical ideologies, as well

as the intensification of social relationships between care personnel and patients – that would help lowering the costs of the health systems in a long run. If health insurance schemes bought and sold services actively on the health market, instead of being passive payers, waiting for patients in need, the quality and efficiency of existing health systems could be improved.

On these objectives research has already been done within the scope of the WHO-studies “Health for All” and “Health 21” and numerous EU Member States have signed them, but there is still a significant gap between vision and realization of this health paradise. All in all the shortage of adequate research and information on regional and national levels, is criticized. McKee blames governments for the this circumstance. The national governments seem to lack problem awareness and seem to have no interest in the development of constructive long-term perspectives, McKee assumes.

The healthy elderly endanger the young ill ones

The Finnish Minister for Social Issues and Health, Markku Lehto, dared to contradict McKee’s accusation. In his speech, he reported on the objectives as well as the success of the Finnish health policy. Lehto spoke very highly of the awareness of health issues among his population and mentioned a revealing long-term study of the Finnish government, which does – since spring 2001 - research on demographical developments influenced by globalisation and EU-extension. For Lehto the health sector depends strongly on national welfare systems. Positive achievements, like “access for all” would face specific problems. For instance, the ageing of the population is a direct result of improved health care. Lehto’s suggestion sounded like harmless common knowledge, but beared explosiveness. “If people”, states Lehto, “live so much longer nowadays, they have to work longer.” This was the only possibility to put off too early old-age pension and to avoid the financial burden on social and health systems. An important supplementary measure to achieve this goal is to minimize the risk of accidents at work.

Medical treatment smuggle and border traffic

Within the scope of a 9 billion Euro reform program, which is going to last until 2007, the Finnish government intends to apply additional measures in order to restructure its health system that is carried by public funds and administrated strictly municipally. Foremost the legal security for appropriate health care, the further training of the personnel, the linking of smaller health centres to a network of coordinated units and, last but not least, the information structure (internet, data processing) should be improved in the run of this program. Finally Lehto placed particular emphasis on the fundamental readiness of Finland, to take the European Health Mandate serious and to implement it by means of well-aimed policy. The constructive efforts Finland puts into its health policy carry additional weight, considering the problematic medical “border traffic” in Finland, due to the growing mobility of EU citizens.