

# 6th European Health Forum Gastein "Health & Wealth"



## Parallel Forum B II: Healthy Ageing Needs and expectations of the citizens The challenge for society

Media information on October 3, 2003

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### Is the dominance of the elderly a threat for the health system?

Following an old tradition, each British citizen who celebrates his or her 100th birthday receives a personal congratulation card by the Queen. This group of privileged currently counts 7,000 members. At the 6th European Health Forum Gastein, however, Baroness Sally Greengross estimated that the number of those aged over 100 will rise to 36,000 by the year 2020. In a society that feels threatened by the rising number of old people, can such congratulations still be earnest?

### Black and white

Yet perhaps there is even an ulterior motive behind such gloomy predictions. Finnish economist Jukka Lassila, head of an EU research project that studies the sustainability of social security systems depending on uncertain demographic developments (DEMWEL), spoke about the positive effect of a "worst-case scenario": If one expects the worst possible outcome, one will be pleasantly surprised if this does not happen in the end. This applies to all the changes in the European health and pension system, including the "healthy ageing" sector. Europe fears an army of long-lived citizens plundering the state budget.

Patricia Barry, a physician with good contacts to the pharmaceutical industry, is less worried, because precisely the reduction of diseases and disabilities among old people through better medical care can help increase a country's productivity, provided that people work longer. The decrease of disabilities among older people in the USA by 6.5% and a decrease in the number of patients needing professional treatment by 22%, equalling to savings of US \$ 18 billion, are first indications of this development. All in all, she believes that the burden on the health system should not be attributed to the higher treatment costs for older people, but to the negative effects of the shifts of contributors and non-contributors to the health insurance system.

### **Ageing: a megatrend**

In any case, precise information is scarce. Therefore, large-scale studies are being carried out in the EU in an attempt to reveal the correlations between politics, medicine, business, and family network. According to Prof. Axel Börsch-Supan, an economic expert at the University of Mannheim, this is the only way to understand the "megatrend of ageing" and to deal with resistance to reforms. In future, such studies must be gender-specific, since men and women show a different susceptibility to certain diseases, stresses Peggy Maguire From the European Institute of Women's Health.

The 6th EU framework programme is currently examining the access opportunities, quality requirements, and the economic sustainability of European health systems in an international comparison. The aim is to provide guidance on the impact of new technologies on the population structures, the awareness of the population, and social discrimination in the health system. *CARMEN – the Care and Management of Services for Older People in Europe Network* – an EU project supported by the European Commission in which 40 organisations from ten countries took part, focuses on the special requirements of old-age pension with the intention of developing an international, affordable, and comprehensive care for the elderly. Project director Henk Nies believes the debate concentrates on three questions: Who provides care, who pays, and who decides on the medical care of older people? The answer to all three questions can be provided by a combined approach of old-age pension, health care, and social care. This would be the only way to ensure an "integrated" care of the elderly that is best adjusted to the patients' individual needs.

### **What to do with Mrs. Costa?**

Nies used the example of Mrs. Costa, a 78 year-old widowed immigrant and mother of three children living far away, who suffers from dementia and has to live on a very small pension. The individual regulations of different EU member states treated this common case in a completely different manner. Roland Bladth, the representative of the European Commission for Employment and Social Affairs thus appeals for an open coordination method for the health systems of the different member states on healthy ageing, that will gradually help harmonise the national old-age pension and health systems. This coordination will make use of indicators and promote the exchange of experiences with the aim of establishing international guidelines for a policy of "common targets".

### **Together, and yet on one's own**

Of course, this was doubted by EU advisor Hans Stein: "In view of the large number of EU member states, can it be possible at all to have a common useful approach?" Nick Boyd, a British government official, questioned whether interregional indicators can apply when one considers the diversity of health systems. Hans Kratzer, an industrial representative, pointed out to the importance of the business world that is accustomed to thinking globally and internationally. French sociologist and insurance expert Claudine Attias-Donfut stressed the aspect of international solidarity and underscored the threat of a two-speed social protection for the rich and the poor. She insisted that EU coordination should not lead to an adaptation of generous old-age pension systems to less generous ones. Hospital representative Martin Schölkopf was also critical toward European coordination policy. The cost-cutting aspect must not prevail over quality requirements and access opportunities. Professor Reinhard Busse, the author of

an important study on EU coordination, deplored the lack of concrete data and figures, without which the general debate and the exchange of experiences would come to nothing.

Zsuzsanna Jakab, State Secretary at the Hungarian Ministry of Health was fully in favour of the EU directives, which she believes can only accelerate the development of the new member countries. Patient representative Mary Baker said that coordination could only be positive if patients also had a say in the process. All in all, the unanimous approval of an EU coordination was surprising even for the participants at the discussion.

### **Recommendations**

Philip Berman, the director of the European Health Management Association, presented a summary of the general expert recommendations. According to these, structural reforms ought to be accelerated and reforms should become more transparent. It is also necessary to develop stronger incentives for people to work longer. Moreover, knowledge bases need to be set up that will ensure a patient-oriented policy as Pan-European databases based on the American model. National legislation must be adjusted to the EU framework conditions. On the one hand, prevention measures must focus directly on young people, and, on the other hand, there is a need to improve the basic medical care for the elderly through general practitioners. In the nursing sector, it is necessary to examine the qualifications and the mobility of nursing staff as well as the impact of long-term nursing care on the Single Market.

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