



EHFG 2011: “COMMON SENSE” WAYS OF IMPROVING THE WAY WE LIVE

Nurturing good health was crucial to a well-run society and needed to be reflected in all aspects of public policy, Alojz Peterle MEP, former prime minister of Slovenia, told the European Health Forum Gastein. But he was sceptical about the way “medical business” had been allowed to abuse health systems, wasting precious resources. “‘Social innovation’ is really a fancy way of talking about using our common sense and people’s creativity,” Peterle said. There were few more sensible things to do than follow the advice of EHFG president Prof. Günther Leiner, he said, “and really get to grips with the pruning the huge number of unnecessary treatments and prescriptions” which were actually dangerous to health as well as diverting precious resources. People should take more responsibility for their own health, he said. At the same time health issues were now so central that they needed to be reflected in all aspects of policy.

Bad Hofgastein, October 7, 2011 – Alojz Peterle MEP, former prime minister of Slovenia, told the European Health Forum Gastein (EHFG) today that social innovation is much more than a fashionable phrase related to improvement of social services. It also relates to the way societies function. One of the most important messages of Gastein had been that of EHFG president Prof. Günther Leiner, who drew attention to the huge proportion of surgical operations and prescriptions, especially in Germany and Austria, which were unnecessary, “a racket - just keeping the wheels of the medical business turning,” Peterle said.

“Was Prof Leiner trying to subvert the medical profession? Of course not. He has devoted his life to medicine. But he was doing more than drawing attention to an abuse. We need to focus on the whole context of health in modern society. Have we allowed it to become part of the consumer experience, something to be paid for – ideally by insurance companies - in a pharmacy? We expect it to be delivered, at worst, in an operating theatre. In a sense we now see our bodies as the responsibility of others to fix, like cars or computers. This makes no sense, and leads directly to this nonsense of over-doctoring, which we cannot afford and is at best pointless and wasteful, at worst actually dangerous to health.”

Voluntary illnesses – facing an uncomfortable truth

Peterle, himself a cancer survivor, said he was not denying the remarkable advances in medicine which had improved and prolonged the lives of so many. But it was also undeniable that the triumphs of medical science had been accompanied by, for example, an obesity epidemic responsible for huge and hard-to-treat cardiovascular and diabetes problems. “Let’s be clear. This is voluntary illness, so the opposite of common sense. We as societies and as individuals need to face that uncomfortable truth. It would make many people happier and healthier,” Peterle said. “We need to look at how we can do better with less, to live better. That for me is an innovative approach to the current crisis. Health needs to be understood, not as something that can be bought, but as something that can and should be nurtured.”

The MEP went on: “If we want to improve our general level of health common sense tell us that we need to reflect that concern in coherent, coordinated, cross-sectoral health policies. Their needs, so to speak, to be 'health and quality of life in all policies'. Health issues need to be reflected in reforms to the Common Agricultural Policy, for instance, with an emphasis on producing healthy food, but also in environmental protection policy, industrial policy, transport, development, research and technological innovation, education, sport, and social welfare,” Peterle said. “Health is one of the key social and political issues on which the future of the EU depends.”

Making things better - and cutting costs by 50%

Kai Leichsenring, Research Associate at the European Centre for Social Welfare Policy and Research in Vienna, described the Interlinks project, a framework for long-term care (LTC) for elderly people, and its work of a inspiring and stimulating health and social care professionals, policy makers, people from administrative agencies, and people working in non-governmental organisations (NGOs) to work towards integrated systems of care.

One program, the so-called “Buurtzorg Model”, delivered care by small self-managing teams using a team of a maximum of 12 community nurses, and by promoting activation and self-care in the neighbourhood and cutting organisational costs delivered both high user satisfaction and cut costs by 50%.

“Older people and their carers want to be independent and have some control over their care,” he told the meeting. “But gaps in LTC pathways often lead to poor quality care in which they cannot make the right choices. Interlinks looks for ways to fill these gaps and improve care. We aim to point planners and those who provide services towards improved ways of supporting older people. We take particular notice of older people who may be difficult to reach.

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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