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## **Painful healthcare choices**

By Jennifer Rankin  
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### **EU member states face the difficult task of achieving a balance between providing quality services and keeping spending under control.**

European-level discussions of health are increasingly common, although health services are not a competence of the European Union. The agenda for next month's meeting of the EU's health ministers demonstrates how many problems they share.

European governments have all pledged fidelity to a philosophy of healthcare that is universal and mostly funded through public spending. But even in boom times, governments face difficult trade-offs between universal access, high-quality services and budget constraints – and in times of austerity, these tough choices become even more acute.

On 3-5 April, in Gödöllo Palace, near Budapest, the ministers will reflect on some of these trade-offs. Spending on health is rising: in 2008, average spending in the EU was 8.3% of annual output, up from 7.3% a decade earlier, according to the Organisation for Economic Co-operation and Development (OECD). Ageing populations, rising costs of medical technology, increasing public health problems such as obesity, and higher patient expectations all help push up spending. Further increases are “inevitable”, according to Mark Pearson, the head of the health division at the OECD.

There are good reasons why countries spend more on health as they become wealthier, he says, adding: “Both poor and rich people want to live for longer.” And while new technology can cut costs in some areas, new drugs and devices almost always cost more, because they are often intrinsically expensive, and can also extend treatment to a wider population. Few people benefited from heart bypass surgery because it was so costly, says Pearson, but the introduction of angioplasty, which is a cheaper procedure, means new costs because it is provided for many more patients.

### **Greater expectations**

People also expect more from their health providers. As Pearson puts it, “as we become richer we do not expect those mass wards, or mixed wards. We want decent food and we want a bit of service.”

Allowing patients to shop around for different doctors, as is the case in France and Germany, also represents “inefficient” spare capacity in the system, which soaks up more money, Pearson says. He sees EU health systems as “riddled with overspending, underspending and misspending”.

John Dalli, the European commissioner for health, who is a former finance and health minister in his native Malta, also wants governments to target waste. “We need cost-efficiency in health to ensure we can live up to our high quality, universality and solidarity values – without going bankrupt,” he said in a speech to members of the Finnish government last month. Dalli's prescription included more spending on prevention and more rigorous assessment of the value of new technologies.

However this advice – fully in line with health economists almost everywhere – is difficult to achieve in practice. EU countries spend only 2.9% of healthcare budgets on prevention, such as smoking-cessation or health education. But if the case for spending more seems obvious, these decisions are rarely taken in isolation: spending more on prevention means spending less on something else. Hospitals are popular, and shifting money away from iconic institutions to small-scale programmes with invisible beneficiaries is not easy.

Similarly, rigorous assessment of health technologies runs into difficulties when the focus on the most effective treatments with proven benefits means excluding a drug that extends someone's life by a few weeks at a cost of €100,000. Who is to say that is not ‘value for money’?

### **Getting involved**

One idea that is missing from the Dalli vision is greater patient involvement. Involving patients in their care more effectively, from management of chronic conditions to taking medicines correctly, should also be part of the cost-efficiency treatment. According to one medical journal, almost half of all medicines are not taken properly, which at the very least represents a huge waste of resources, not to mention the risk to patients. But again, involving patients can be easier said than done. EU health systems will have to transform themselves from treating diseases and mending limbs to giving closer attention to patient compliance.

None of these remedies is new and all of them are hard to put into practice. But EU policymakers are hoping that the precarious state of public finances may give fresh impetus to the attempt. From the emergency room may come a new lease of life.

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