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Autor: Gross, Seraina / Baumann-Hölzle, Ruth
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opting to train as general practitioners. The shortfall in doctors actually only affects the basic care providers or, in other words, general practitioners, internists and paediatricians. There is no shortage of specialists. On the contrary, Switzerland has too many. The Federal Council therefore decided once again at the end of last year to restrict the licensing of specialist doctors. From April, the cantons are to be allowed to refuse specialist doctors a practice licence if they believe that the demand is not there. The Federal Council has thus responded to the sharp increase in specialist practices following the expiry of the first medical licensing moratorium at the end of 2011. However, nobody is really satisfied with this solution. The licensing restrictions will therefore only apply for three years. This period of time is to be used to bolster the ranks of general practitioners. Federal Councillor Alain Berset's GP master plan enables prospective general practitioners to join local practices as junior doctors. They have until now primarily undertaken their junior doctor training in hospitals like the specialists. A key factor will nonetheless be whether efforts to make a career as a GP more financially attractive succeed. GPs in Switzerland earn much less than specialist doctors. The Swiss Medical Association calculated the average income of GPs, subject to old-age and survivors' insurance contributions, at CHF 197,500 in 2009. By contrast, a neurosurgeon earned more than twice that amount at CHF 414,650, an eye specialist received CHF 345,150 and a gynaecologist CHF 236,000.

300,000 Alzheimer's patients by 2050

With the bolstering of GP ranks, the reintroduction of the licensing moratorium and the improvement in the distribution of risks between the health insurance funds, Federal Councillor Berset is pursuing a policy of small steps after the failure of large-scale re-

"The question of allocation should not be delegated to the sickbed"

Ruth Baumann-Hölzle is one of Switzerland's leading experts on ethical issues relating to healthcare. She is vehemently opposed to individual patients being refused medical treatment on cost-saving grounds. She instead argues that the services themselves need to be scrutinised.
Interview by Seraina Gross

Ruth Baumann-Hölzle

"Swiss Review": *The maxim that you cannot put a price on health has long applied in Switzerland. Is that still the case today in view of the costs of CHF 661 per person per month?*

Ruth Baumann-Hölzle: That maxim has never held true. Every service has always come at a cost. This attitude has nonetheless resulted in a failure in Switzerland to address the issue of the financial limitations of the healthcare system. But Switzerland too must tackle the question of how much to spend on healthcare.

What is the answer?

I'm not in a position to put that into figures for you. What is important is to look at healthcare costs in relation to other social costs, such as spending on education. Education needs to be improved, not just at university level but basic schooling as well. We know that there is a direct correlation between the standard of education and the state of health. The higher the standard of someone's education, the better their state of health or, in other words, poverty and poor education result in ill health.

Switzerland has one of the best healthcare systems in the world. But what are its shortcomings?

We have good basic care and guarantee access to top medical services. Shortcomings exist in the distribution of resources, which is unfair.

In what way?

We have both over-treatment and a shortage of care services. There are patients who are over-treated and others who do not receive the care they actually require. We know, for example, that lots of unnecessary operations are carried out in Switzerland. There is good money to be earned from operations. The issue of over-treatment primarily exists among those who are privately insured. This is because the treatment of privately insured patients is extremely lucrative.

Which patients do not receive sufficient care?

This is the case for patients who primarily require nursing care rather than medical care. These are multi-morbid patients suffering from several illnesses and patients for whom the medical treatment options have been exhausted. As a general rule, it is true that the higher the level of care required, the higher the risk of rationing. An issue also exists with people suffering from rare diseases. Too little research is carried out here still. The pharmaceutical industry has made some effort in this respect in recent years, but not enough.

The "reformiert" newspaper, a Reformed Church publication, recently conducted a survey on the issue of rationing. A narrow majority were in favour of refusing alcoholics a liver transplant. What is your view on that?

> *"That puts us in the middle of a debate about whether or not a life is worth saving"*

I am strongly opposed to addressing the issue of rationing in terms of individual patients or patient groups. I absolutely reject that. That puts us in the middle of a debate about whether or not a life is worth saving. Such a debate is

Photo: donated

forms in recent years. Whether he succeeds in tackling one of the greatest challenges of the future – the increase in the number of patients needing care and of the chronically ill – will prove decisive. The Swiss Alzheimer's Association estimates that there will be 220,000 dementia patients by 2030, with that figure set to reach 300,000 by 2050. Tens of thousands of German, Polish and French nursing staff are already working in Switzerland. They are in short supply in their home countries, just like the thousands of foreign doctors working in Swiss hospitals and practices. The OECD and WHO are calling for a national nursing staff plan.

The proportion of elderly people in the population is rising all the time

The two international organisations are also critical of the lack of healthcare policy data available in Switzerland. Information on the effectiveness of treatments is vital to "knowledge-based" policy, say the OECD and WHO. They are addressing the lack of transparency here, a point that is constantly raised in Switzerland as well. This lack of transparency means that debates on healthcare policy are always a bit of a fumble in the dark. It would be good to know, and frankly it is very important that we know, exactly what we are getting for the large sums of money that we spend on healthcare.

SERAINA GROSS is a correspondent for the "Basler Zeitung" in French-speaking Switzerland and a freelance journalist.

beneath human dignity and history shows where that leads: to a loss of humanity.

But doesn't Switzerland have to address the issue of rationing?

Yes, but not in terms of individual patients or individual patient groups. It is a question of how we set priorities. We must avoid focussing on whether or not alcoholics should be granted liver transplants. We must instead assess whether the cost-benefit ratio of the services currently paid for by the health insurer is right. Does a new cancer drug launched on the market really justify the additional costs incurred compared to existing treatment? Top-quality research is required to determine this. Switzerland lacks such cutting-edge research, which is one of the Swiss healthcare system's greatest shortcomings.

What do you think about the QALY (Quality Adjusted Life Years) concept where an amount is agreed for the cost of an additional year in good health?

There are currently no real alternatives to QALY as a measure for assessing the effectiveness of medical services. However, QALY should not be used to assess the value of a person. The question of allocation should not be delegated to the sickbed. On the other hand, it is vital that we apply the concept of QALY to the cost-benefit analysis of services.

Even at the risk that expensive services are excluded from health insurance cover?

No, if a service is efficient then it can also be expensive because its cost-benefit ratio is right. By contrast, the cost-benefit ratio of a cheap but ineffective service will be poor.

This means that agreement would be reached on the services to be covered by health insurance and if they are included in the list, then they would be made available to everyone.

Exactly. I like to compare it to a library. The decision on whether a book will be made available to users is made at the time of purchase. Once the book is on the shelf, you do not suddenly turn around and tell someone that they cannot borrow it now. We must look at the make-up of the healthcare "library". I strongly believe that there are tremendous savings to be made here.

"The lack of cutting-edge research is one of the Swiss healthcare system's greatest shortcomings"

But would that also mean assessing who earns what from the services?

The issue of margins is also an ethical one. We know that the margins are extremely high in some cases. The prices for medicines, implants and hospital beds, for example, are very high in Switzerland. Wheelchairs for which the Swiss social insurance schemes pay several thousand Swiss francs can be purchased online for a fraction of the price. Health insurance premiums have also gone up by more than the rate of inflation in recent years.

Why aren't services subjected to close scrutiny?

Because there is no will for transparency as this would reveal the interests of the various players. Hardly any other area of politics is so dominated by strong individual interests and intense lobbying on the scale found in healthcare.

Focussing on a more fundamental question, what is the purpose of a healthcare system? There is often talk about a healthcare market in the political debate.

The healthcare system is not simply a market because a healthcare service is only an elastic commodity to a limited extent. A treatment is not like a car where you can decide for yourself whether you want to buy one and, if so, what model. If you are in an emergency ward suffering from a bilious attack, then you are no longer the one making the decision; others make it on your behalf.

Is making money from healthcare unethical?

No, the players involved in healthcare should, of course, earn money and be remunerated appropriately. But turning a profit is not the healthcare system's raison d'être. The priority must be to provide care for sick people.

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