

MINISTRY OF SOCIAL AFFAIRS AND HEALTH **FINLAND** National Advisory Board on Health Care Ethics (ETENE)

21 November 2003

Subject

OPINION OF THE NATIONAL ADVISORY BOARD ON HEALTH CARE ETHICS REGARDING REIMBURSABILITY OF PSYCHOTHERAPEUTIC **TREATMENT**

The National Advisory Board on Health Care Ethics has followed closely the recent debate on psychotherapeutic treatment and its reimbursability in Finland. In view of the recent decisions the Advisory Board however wishes to draw the attention of the bodies making decisions on the matter to the status and rights of the patients referred to and being in need of psychotherapeutic treatment as well as to their fair and equal treatment.

On behalf of the Advisory Board

Ritva Halila General Secretary

ENC Opinion of the National Advisory Board on Health Care Ethics

Cc. Director-General Jorma Huuhtanen, Social Insurance Institution

Director-General Tarmo Pukkila, MSAH, Insurance Department Ministerial Counsellor Anja Kairisalo, MSAH, Insurance Department

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Parliament, Social Affairs and Health Committee



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MINISTRY OF SOCIAL AFFAIRS AND HEALTH FINLAND National Advisory Board on Health Care Ethics (ETENE)

MEMORANDUM

21.11.2003

REIMBURSEMENT OF PSYCHOTHERAPEUTIC REHABILITATION

Several persons/bodies have contacted the National Advisory Board on Health Care Ethics relating to the heated debate that was going on in spring and autumn 2003 about the reimbursability of the costs of psychotherapeutic treatment, freezing reimbursement decisions and the distress of people in need of treatment and of their family members. The National Advisory Board discussed the matter at its meeting on 6 November 2003 and decided to draw the attention of the bodies responsible for the matter to the untenability of the prevalent situation from the ethic point of view.

The running out of the appropriation reserved by the Social Insurance Institution for psychotherapeutic rehabilitation in 2003 has led to changes in the treatment of patients, fewer times of treatment and no new treatment decisions being processed. This is a serious ethic problem since it has been established on reasonable grounds that these patients are in need of psychotherapeutic treatment. The density of treatments is based on the recommendation of the medical specialist that has assessed a patient's situation. Changing a treatment decision before a course of treatment is finished causes a feeling of insecurity and fear of being left without treatment in persons who owing to their mental state are especially vulnerable and sensitive. Also their family members are put in a difficult situation. A change in how many times treatment is provided should be made only by the person treating the patient or by the person's consent. Postponing reimbursement decisions indefinitely is particularly traumatic for persons that have been diagnosed to have a psychiatric disease and to be in need of treatment.

An administrative decision may not be a criterion for interrupting or changing medical treatment. The National Advisory Board on Health Care Ethics considers that the appropriations allocated for psychiatric rehabilitation must cover the whole year. There should also be created criteria for the use of the appropriations, and the responsibilities of the providers of these services and their mutual labour division should be agreed on as precisely as possible.

Once the appropriations for 2004 are made available the changed decisions on continuing psychotherapeutic treatments and those that have been left unprocessed should be checked, since the situations may change a lot when the waiting times are prolonged. The persons receiving treatment may not be kept in uncertainty regarding issues related to their treatment. The local authorities should in their own budgets be prepared adequately for the provision of psychotherapeutic treatments. The dispute about financing the treatments between different financiers may not cause unreasonable problems for those receiving therapy and for those clearly in need of it.

In the near future it would be important to assess on a larger scale different types of therapy, their efficacy and cost-effectiveness among different patient groups so that psychiatric rehabilitation could be provided and developed in the best possible way and so that it can benefit as many as possible of those in need of it.

In Helsinki on 21 November 2003 For the National Advisory Board on Health Care Ethics

Martti Lindqvist Chairman Ritva Halila General Secretary