## OPINION

M S F M (J R

MINISTRY OF SOCIAL AFFAIRS AND HEALTH FINLAND

National Advisory Board on Health Care Ethics (ETENE) Ritva Halila

11<sup>th</sup> October, 2004

The National Project to Secure the Future of Health Care Steering Group for preparing the criteria for care provided within the health care system Ministry of Social Affairs and Health

## Subject A HEARING ON PREPARING THE CRITERIA FOR CARE PROVIDED WITHIN THE HEALTH CARE SYSTEM, 12 October 2004

The National Advisory Board on Health Care Ethics (ETENE) has been invited to a hearing on 12 October 2004 to comment on the work of the working group preparing care criteria. Those invited were asked to comment, in particular, on how the prescribed maximum waiting times for access to care will influence the functioning of the health care system in general, how the prescribed times will affect the activities of the reference group of the party giving an opinion, what aspects should be taken into account in creating uniform criteria for care, and what points of view of the reference group the Advisory Board would like to emphasise when creating uniform criteria for care.

ETENE discussed the issue at its meeting on 16 September 2004. The opinion given in spring 2004 on the memorandum "The National Protect to Secure the Future of Health Care: access to care and queue management" served as a background document for the discussion. The said opinion is attached to this opinion. ETENE has also been sent criteria for access to care prepared by various specialties, but it has not been possible – in view of its mandate – to give separate opinions on them.

Preparing the criteria for access to care is linked with a fair division of health care resources and is a part of prioritisation. There is a rational starting point for this work: the criteria aim to level down the extremely big differences in the amount of treatments and measures in different parts of the country and also to enable access to care within the prescribed time by means of scoring illnesses. The project is a vast one and has great possibilities of influencing the development of Finnish health care and the access of patients to care. The Advisory Board however considers that the most important thing is an interactive assessment within and between specialties that is rational and takes into account practical aspects.

In ETENE's view the scorings however may not be norms that mechanically compartmentalise patients according to disease or diagnosis, and neither shall they be legally binding or constitute subjective rights. Health care and holistic care of patients cannot be defined only by scoring individual illnesses. It is, for instance, difficult to score pain because of its subjective nature. Patients with several illnesses, especially if those illnesses come under several specialties, are problematic. For instance people with substance abuse problems and in particular multiple abusers often also have mental health problems and somatic illnesses. Older people often have many illnesses simultaneously. Patients with many diseases are in need of diversified care demanding a lot of resources and medicines when, at the same time, the risks of combined effects and detrimental effects increase. ETENE hopes that when promoting the access to care and prioritising care measures, attention should also be paid to patients whose illness requires such care measures as are not scored in this project. The attitude towards these patients and their illnesses varies in different parts of the country. One example of them is patients suffering from a rare hereditary disease and, on the other hand, patients whose diagnosis is left undefined.

K: DATA TEKSTIT RHAL ETENE 2002-2006 Muistiot Hearing 121004. doc



Email: <u>ritva.halila@stm.fi</u> <u>www.etene.org</u> ETENE finds it problematic that specialties are preparing the criteria for care in their separate working groups. The classifications and criteria of the specialties must then be coordinated and put in an order of priority to secure an equal treatment of patients with different illnesses. When setting criteria it is important to compare treatments and measures also to their effectiveness. The work of the Finnish Office for Health Care Technology Assessment (FinOHTA) and the project Good Medical Practice ('Käypä hoito') should be made use of as extensively as possible, adjusting their outcome to local and individual needs and resources. It is important that the project will not only focus on some separate measures but health care and access to care must be looked at as an entirety. ETENE sees some problems, among others, in the placement of measures demanding know-how pertaining to several specialties and in securing skills. Nation-wide co-operation and mutual agreements between different units are needed in these areas. It is important to assess comprehensively how the health care provision meets the objectives set for it by society.

ETENE considers that the access to care and the criteria selected for the different specialties should be monitored even after the completion of the project and the introduction of the criteria. The health benefit produced by the project cannot be seen until in a few years. When measuring the health benefit it is important to follow, in particular, the quality of life of patients and restoration and maintenance of their functional capacity.

At its meeting ETENE also debated various means to minimise waiting times for patients. Reduction of queues through working overtime has facilitated the acute situation, but in the long-term queue management by encouraging staff to work continuously overtime might prove difficult. Financial remuneration is not enough but also other means of encouragement are needed for queue management.

ETENE wishes to stress the significance of prevention and rehabilitation for public health. Effective care chains are very important in ensuring the sufficiency of resources and patients' access to care within reasonable time.

The greater the share of the scored illnesses and measures is of all measures and patients to be treated, the more difficult it will be to co-ordinate the services of the specialties and to treat patients as a whole and in a patient-oriented way. Long and very detailed lists of the criteria for access to care are likely to steer practices in the direction that the criteria are tried to be met purposefully when drawing up referrals for treatment. Lists may increase competition for resources between the specialties. It is sensible to take this into account beforehand.

There are big differences in weightings in the criteria and proposals for scoring sent by the different working groups for comment, and some criteria are difficult to understand in terms of their concepts. The role and resources of ETENE limit its possibilities to follow the progress of the project. Because of its mandate the Advisory Board confines its opinion to general aspects.

On behalf of the Advisory Board on Health Care Ethics

Paula Kokkonen Chairperson Ritva Halila General Secretary