

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

OPINION

STM091:00/2002

Rec no

24th February, 2004

Ministry of Social Affairs and Health Registry

Reference STM091:00/2002

Ritva Halila

Subject NATIONAL PROGRAMME TO SECURE THE FUTURE OF HEALTH CARE: ACCESS TO CARE AND QUEUE MANAGEMENT

The Working Group for the National Health Project preparing instructions for the implementation of access to care and queue management has delivered its memorandum on 5 January 2004. A request has been made to issue an opinion on the memorandum with special attention to the amendments proposed to the Act on Specialized Medical Care, the Primary Health Care Act and the Act on the Status and Rights of Patients as well as to the proposals to clarify the responsibilities to arrange care, the national recommendations and the publicising of queuing times. The National Advisory Board on Health Care Ethics (ETENE) has discussed the request for an opinion as well as the working group memorandum in its meeting of 3 February 2004 and states the following:

ETENE considers it important that work ethics are central in the working group report. Increasing justice and equality is not only the constitutional duty of public health care but also an ethic responsibility of health care personnel.

The Advisory Board considers that the extensive health project opens up significant possibilities. The material the working group has compiled is extensive and serves as the basis for the carefully considered conclusions of the working group. The implementation of the legislative projects as well as the proposals on the division of labour would lead to significant reforms.

The Advisory Board views that the Act on Specialized Medical Care, the Primary Health Care Act, and the Act on the Status and Rights of Patients, which at present are framework laws resting on principles, will as a result of the proposed amendments transform towards quality standards and it is very likely that prioritisation decisions will be made on the basis of the amended acts.

As the working group report and the debate on it have strongly focused on medical care, there arises a danger that cuts in the funding of preventive health care may be needed in order to allocate resources to eliminating queues and ensuring access to care in due time.

ETENE estimates that the timetable for the implementation of the working group proposals is too tight and some of the Advisory Board members were doubtful on



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Direct: +358-9-160 73834 Telefax: +358-9-160 74312 ritva.halila@stm.fi www.etene.org whether queues could be eliminated by removing patients from the waiting list technically without care. Especially with regard to oral diseases there is a danger that the focus shifts from preventive work to treating oral diseases, which from the public health point of view can be considered problematic.

Projects that focus on managing queues or securing access to care easily disregard persons with multiple problems when it is not appropriate to classify them according to criteria for the care of one specific disease.

The Advisory Board supports the effort to publicise queues. In this way, both the citizens and the doctors referring their patients to specialised medical care would be better aware of the patient's chances of receiving care. Having public queues also facilitates comparing access to care between different units.

The final report of the project viewed it important to compile national criteria for access to care for persons with diseases requiring non-emergency care. If it were successful, it would be the kind of prioritisation that is transparent and fair in a positive sense. Prioritisation has always been part of the health care system. In the past, prioritisation and queue management were utilised very differently and according to different kinds of criteria across the country. A system of giving points was, however, considered problematic. Too much simplification can lead to an unequal system. In many countries, the efforts to give points for different diseases have turned out to be unsuccessful.

This opinion of the Advisory Board is based on the discussion in the aforementioned meeting as well as the work done afterwards by a working group consisting of the members of the Advisory Board. The opinion and the memorandum will be further discussed in the next meeting on 10 March 2003. If new views are expressed in the meeting with respect to the working group memorandum, we will be pleased to forward these to the working group although the deadline for issuing an opinion has then already passed.

On behalf of the Advisory Board

Martti Lindqvist Chairman Ritva Halila General Secretary