

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 co-ordinated 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