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## **OPINION OF THE ADVISORY BOARD ON HEALTH CARE ETHICS ON THE PROPOSED HEALTH CARE ACT**

The Ministry of Social Affairs and Health has requested opinions on report No. 2008:28 of the Working Group preparing the new Health Care Act. Although the National Advisory Board on Health Care Ethics did not receive an official request for opinion it decided to take up the report for discussion at its meeting on 16 September 2008.

Based on the discussion the Advisory Board wishes to state as follows:

The Advisory Board stated that the Working Group's proposal for a new Health Care Act does not only include the combined content of the present Primary Health Care Act and the Act on Specialised Medical Care but that it also includes points of view on the basis of which it can be expected to develop health care in Finland in a more equitable direction. The proposed act emphasises fostering the patient-health care professional relationship that is important for patients. This is probably also cost-effective from the point of view of the service provider. On the other hand, many members of the Advisory Board were worried about how the good principles expressed in the act can be implemented. The exactness and binding character of the act varies, and a part of its aims are only expressed at a general level while others are formulated more precisely. The act contains very detailed provisions on, for instance, how the services of guidance clinics should be organised.

The Advisory Board sees it important that the patients' freedom of choice will increase and their role in the care process will be emphasised. An opportunity to take part in the decision-making regarding one's own care or the care of a close relative however presupposes information about care and care options, their advantages and also of their risks and disadvantages. In order that a person can choose between different options he or she must be guaranteed adequate information in support of decision-making. This could also be stressed in the law text.

The act also touches on some difficult issues in health care; it among others obliges the relevant actors to cooperate in organising mental health services. Introduction of training health centres and establishment of a primary health care unit in a specialised medical care complex were also considered important and worth supporting.

Transfer of the responsibility for provision of emergency care to the hospital districts and health care districts may contribute to making the provision this care more equitable between the various parts of the country. The obligation to cooperate could also improve the care of some other patient groups. A recommendation for the care of patients at the end of life has been prepared recently. In particular the care of terminal patients is organised very differently in different parts of the country. The hospital and health care districts mentioned in the act could have an excellent opportunity to develop terminal care and to monitor that it is provided on an equitable basis and regionally in the best possible way. Dying patients and their significant others do not necessarily have the resources to demand the good care they are entitled to.

The time limits for access to care laid down in the Primary Health Care Act and the Act on Specialised Medical Care have also been recorded in the proposed Health Care Act. When monitoring the time limits for access to care, the implementation of care has been a problem in some specialities. Therefore the Advisory Board pondered whether it would be possible to lay down in the act that care must be provided within the agreed time limits.

The Advisory Board has stressed in many contexts before that a seamless cooperation between social and health care is a prerequisite for provision of good care in particular as regards the care of patients with multiple problems. Although it is emphasised in the preamble to the bill that the cooperation between different actors must be seamless, it may be difficult to



realise it in practice. The challenge is not made easier if, based on the new act, health care will be organised in larger units while social services are also in the future, as a rule, the responsibility of the municipal authorities.

The Advisory Board stated in its discussion that as the keeper of register will according to the proposal be the health care districts, that will, on the other hand, enable a better information transfer within a district but increase possible risks related to data security and data trespass. The principle that any data transfer is based on the person's own consent, and that it is possible to deviate from it in special situations only does not clearly appear from the act. On the other hand, the development of electronic patient record archives will probably also enable a better limitation of the access to information. Different options to organise care and e.g. private actors also involve challenges for data transfer and protection. Protection of sensitive health data is a very essential part of the privacy protection regarding the patient, which must be ensured by means of laws.

The realisation of the principles laid down in the draft Health Care Act depends not only on the content of the law but also on the professional skills of health care professionals and their capacity for cooperation and their ethical skills. The obligation to take part in further education laid down in the act can according to the report be specified by a decree of the Ministry of Social Affairs and Health. The sufficiency of further and supplementary education has to be ensured in drafting it so as to guarantee good and ethical care for patients.

The Advisory Board finds that it is important to monitor the impact of the act. There are still inequalities in the access to care across the country, but there are also considerable differences in care paths and thus also in the delivery of care. In the future it is important to monitor and assess what is made within health care, how it is made and how it affects the health and well-being of inhabitants as well as patient safety in this country. It is also important to assess and monitor the realisation of ethical safety of care.

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