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FINLAND
Valtakunnallinen terveydenhuollon eettinen neuvottelukunta (ETENE)
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OPINION

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Committee for the Future of the Parliament

Subject **A HEARING CONCERNING THE REPORT ON THE FUTURE OF HEALTH CARE**

The Committee for the Future of the Finnish Parliament wanted to hear the Advisory Board on Health Care Ethics (ETENE) when preparing its report on the future of health care. The Committee asked to hear the Advisory Board on 8 December 2004. The report is based on a pilot study carried out by Olli-Pekka Ryynänen, Juha Kinnunen, Markku Myllykangas, Johanna Lammintakanen and Osmo Kuusi. The report itself is based on the conclusions of the pilot study, which have been presented as arguments to Members of Parliament representing different political parties and which are arranged in the report in an order of importance.

In the report ETENE paid attention to the circumstance that the pilot study approached the future of health care mainly through negations. As the expectations are negative and threatening, the threats created by the negative expectations of the present trends are highlighted in the replies too. The population is ageing and it is necessary to think about what Finland will do when the number of pensioners increases in the years to come. Differences in welfare increased in the 1990s. It is important to analyse at this stage very carefully what are the underlying causes of all this and to try to influence the development by every possible means. If nothing is done for it fairly soon its costs for society will rise to be insurmountable and the scenarios put forth in the pilot study will be a fact.

The Advisory Board hopes that the future of Finnish health care could be evaluated to a greater extent starting from the present strengths and weaknesses of the health care system. The report does not present many new ideas to solve the future problems facing health care. Combining specialised medical care and primary health care is experimented with in several localities throughout Finland, and considerable reforms are planned in the health insurance scheme. When weighing the key tasks of health care and the present and future choices, ethical criteria and starting points have not been paid much attention. Perhaps they have been considered self-evident for those engaged in health care. Since the report is also read much outside health care, it would be necessary to specify the ethical principles that are considered important and based on which choices are made.

ETENE paid attention to unclarities regarding health care terminology in the report and the pilot study. For instance, medical care has been used in the report as a synonym for health care. Health care however includes, in as balanced a way as possible, health care services, medical care, health promotion and prevention of illness. Efficiency and effectiveness are used in texts incorrectly as synonyms.

As the most important challenge for future health care the interviewed MPs stressed the problems brought about by the multichannel financing system. Several questions and arguments in the pilot study were linked with them. It remained unclear how the purchase pools formed by local authorities could solve the financing problem or how the control exerted by local authorities would increase if the financing system is clarified. When developing the health care financing system it is important to do it so that socially excluded people and those at risk of social exclusion are not further excluded from the health care system.

It is difficult to place treatments in an order of priority. At present, a significant assessment work is going on in Finland related to the National Health Care Project and access to care and treatment. The scoring systems are not, at least so far, comparable, i.e. diseases and patients suffering from them cannot be placed in an ‘order of priority’ on the basis of the scores, in particular because there are thousands of diseases known



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in medicine, and the scoring is going to be applied only to some tens of the most common diseases – and even in regard to them mainly to clarify the boundary between specialised medical care and primary health care.

In the future it is also necessary to choose what treatments are to be provided within public health care. ETENE finds is important that the choice is based on clearly defined ethical principles, benefits of treatment and cost benefits so that the treatment and wellbeing of patients improves after the treatment, not worsens. The assessment of effects and cost effects is at present an extensive but a very important task to do. Therefore – and related to the National Health Care Project – the resources of the Finnish Office for Health Care Technology Assessment FinOHTA are being increased. It is true that it has not been possible to measure the quality of life very well, neither have there been good or easy to use indicators for that. However, it is perhaps too early to claim that in the future 15D will be the national standard for measuring effectiveness. Although it is a useful indicator of the quality of life, the use of a single, large-scale indicator as the only instrument of measurement of effectiveness must be considered problematic in an area such as health care, where variables outside health care strongly affect e.g. indicators of the same type as 15D.

The interviewed MPs saw population ageing as the third most important challenge for the future of health care. It is not necessarily easy to predict the impact of ageing on the development of health care. Today, people aged 75 are in a considerably better condition than their peers thirty or forty years ago. Age is however linked with illness. If there will be in the future better ways of preventing dementia, the need for resources for the care of older people will be less considerable than expected. On the other hand, increasing obesity and changes in tobacco and alcohol use will contribute to an increase in the incidence of cardiovascular diseases. In recent decades old age has changed, becoming more individual. Loneliness of older people is increasing. Problems linked with ageing and loneliness should not be incumbent upon heath care alone but they should be solved by other means.

It was found in a recent Swedish study that the health of the oldest old people was in 2003 worse, measured both objectively and as reported by the persons themselves, than in a research on their peers ten years ago. It was thought that the big cuts in Swedish health care have led to that. In Finland the situation is probably similar. Therefore it is impossible to estimate, in the light of the present development, the fitness or performance of people aged 75 years in ten years. From societal perspective it is indeed necessary to maintain and continue the debate about how society can maintain the increasing age dependency ratio when the number of older people, even though with good functional capacity, grows.

The fourth challenge was new methods of medicine that jeopardise the system of financing health care. The new methods are most expensive at the stage when they are introduced. How expensive they are for the health care system depends on what illnesses will be treated with them. There are also some other special aspects regarding health care financing. Studies have shown that 20 per cent of patients use 80 per cent of the resources, and the most expensive per cent accounts for 35 per cent of the health care expenditure. The last year of life is often the most expensive. Examinations that are unnecessarily repeated in different health care units increase the costs and demand a great deal of resources. The calculation systems are still undeveloped, and it is not probable to find rapid solutions to the large-scale productification of health care services because of the large number of interdependent effects. Introduction of very expensive medicines all too often takes place without a cost-effectiveness analysis. Competition however contributes to a fast decrease in costs (cf. e.g. reduction in the price of genetic examinations in the recent decade). On the other hand, there are also inexpensive innovations in medicine, sometimes even used successfully to eradicate certain diseases, and the course of some illnesses has changed totally when we have learnt to understand their origin or progress. It is also important to remember that the care of patients does not only consist of pharmacotherapy and treatments but interaction between the patient and staff is needed in addition, as well as understanding that people can recover from some diseases spontaneously. Wisdom and professional skills are needed to reduce unnecessary examinations and treatments.

The Advisory Board is not receptive to the idea of a total reorganisation of the labour division between doctors and nursing staff. The pilot study does not explain about or state reasons for this reorganisation in detail. Changes in the division of labour should be realised so that the end result, a good patient-doctor relationship and the safety of the patients are not weakened. The doctor-patient (or health care professional-patient) relationship and interaction and maintaining hope are the key elements in health care and treatment of patients in the future too.

As regards the challenge regarding citizens' own responsibility, the Advisory Board has difficulty in endorsing the idea that in the future citizens should be more responsible (even in financial terms) for their choices in life. Here the Advisory Board refers to a seminar publication it published in 2004 "Autonomy and abandonment – ethical borderlines", in which it expressly discusses self-induced illnesses and the right to self-determination. The Advisory Board suggests abandoning the term 'self-induced'.

The authors of the pilot study also assume that Finland and other EU states follow the Dutch model by preparing their own laws on euthanasia. There is much discussion in Finland about good care at the end phase of life and about the right of old people suffering from dementia to good and humane care and treatment, and in this situation such an argument has raised a lot of concern and fear about the future. ETENE does no see euthanasia as a solution that would conform to the ethical principles accepted in society. Instead, it finds it necessary to develop good terminal care, pain alleviation and treatment of other illnesses causing suffering. Various supportive services can also improve the quality of life for people. The authors of the pilot study argue that attitudes are becoming more favourable towards euthanasia, but do not state reasons for that. Studies carried out elsewhere do not support this argument.

ETENE has pondered a lot about the position of children and young people in modern society. The future of our society lies in children. Adults, especially parents, have to feel joint and global responsibility for making it possible for the young to grow into responsible adults in a secure environment. Financial support from society is not enough but a child-friendly educational environment, expertise at all levels of health care and social welfare, co-operation of adults working in child day care centres, the educational system and other places of employment, support for learning and education, early identification of problems, and effective early care are needed in addition.

In the tenth challenge about the theme Challenges of the European development and globalisation for health care the author links to the challenge not only medicalisation and 'medialisation' but also e.g. increasing sales of medicines through the Internet "which breaks the prescription practice and the sole right of pharmacies to sell medicines". At the moment, purchase of prescription medicines via the Internet is forbidden but difficult to control. It is not probable that there would be issued a law amendment regarding approval of Internet trade or importation of medicines from abroad. It is simpler and, in the opinion of the Advisory Board, possible to influence the practice of reimbursing medicines so that purchase of medicines on prescription at a pharmacy is equally advantageous or more advantageous than medicines obtained via the Internet, when it is question of medicines that have proved effective.

Use of medicines is linked with many problems. According to estimates, half of the prescription medicines are not taken at all. On the other hand, many medicines have combined effects, which is a special problem for older people who take medicines for many diseases at the same time. Also non-prescription medicines may be dangerous in large amounts, and the supervisory authorities annually have to deal with cases of deaths even caused by over-the-counter (OTC) medicines. Expertise is still necessary in the sale of pharmaceutical products.

It is supposed in point Development of medical research in the pilot study that basic and clinical research will converge and traditional occasional medical research will be compensated by various modelling solutions. In recent decades the demands on the effectiveness and safety of medicines have increasingly emphasised the importance of clinical pharmaceutical research and its multi-level evaluation. The significance of the expertise of ethical committees and supervisory authorities has increased. Researchers claim that in the future pharmaceuticals that are researched in randomised trials cannot be compared to placebos but to treatment that is known to be effective, which tends to weaken the possibilities of clinical research. This is not true. Comparing to a known treatment maybe reduces differences between the researched medicine and the reference group but the effect of the medicine can well be measured by known active control. There has been much discussion about that on both national and international forums.

The authors of the pilot study have a very pessimistic view on changes in alcohol and drug use. Their increased use is worrying and it is important to tackle it and to examine how the trend could be reversed. It is expected that in the next few years Finland will pass France, Italy and Spain in alcohol consumption, which decreased considerably in those countries in the 1990s.

The authors of the pilot study claim that genetic information is at a rapid pace changing the identification and treatment of the most important common diseases in Finnish population. Genetic information will

hardly put aside the traditional methods in the identification of these diseases, although gene studies can be used in the future for assessment of the risk of contracting such diseases. Genetic information may influence the treatment of common diseases to a greater extent through the development of highly selective medicines and by making it possible to assess in advance what medicine is most suitable to a patient, e.g. for the treatment of blood pressure. It is probable that gene maps as a routine research will hardly benefit anybody. Genetic information will hardly affect a person's behaviour more than any other health information that has been available for decades (acquired e.g. through laboratory and imaging examinations). Researchers also claim that cloning of people will become possible. Many international communities have suggested that the reproduction of a human being by cloning should be prohibited. Finnish legislation forbids the cloning of people. This naturally does not, as such, prevent the cloning of people.

Proposing various research packages as a solution to diagnosing (e.g. fever package) is unnecessary medicalisation. Researchers tend to medicalise everyday life elsewhere too. There is no evidence of longer human life spans as assumed in the pilot study.

The future development can be forecasted to some extent on the basis of the present developments. Recent decades have however shown that in the long term forecasting the future is linked with so much uncertain and unknown variables that it is mostly useless to forecast future trends. Therefore, estimation of problems in advance is based on presumption, and many unprecedented events give rise to new ponderings and problems. The impact of medical development on the future cannot be predicted. Neither is it easy to predict people's confidence in a system. In science and health care, scandals have in many countries broken the confidence in the health care system, which is still high in Finland. The foreseeable new challenges and societal changes must however be taken into account, taken seriously and tried to be influenced at an early stage, at the same time however clearly indicating the value objectives on which future visions are based.

It is important to raise discussion and it is possible to influence by means of it how the future society is built, what we want to retain and reform in society. It is important to address future challenges by means of tomorrow's methods. It is vital to see to it that the present and future measures do not weaken the ethical dimensions of health care and that the values that are important to Finns – such as the equitable access to the high-level health care that is financed based on solidarity – are retained in the future Finland as well.

When enacting laws and assessing their societal impact it is important to pay attention to how the laws will influence people's health and choices. It is essential to remember that we always will live in a society bound by values in which it is possible to influence the future of the entire society by legislation.

On behalf of the Advisory Board on Health Care Ethics

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