HEALTH IS WEALTH: CONSIDERATIONS TO EUROPEAN HEALTHCARE

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European Healthcare is a duty, imbedded in our European culture, to help people in sickness, to promote a healthy society through education and the prevention of diseases.

Human Life is our highest value; the concept of Health is fundamental to Life and leads to the creation of Wealth.

Health is the result of a common European cultural endeavour.

The provision of Healthcare in Europe is highly diverse and must be understood in the light of different geographical and cultural development perspectives. In the 21st century Health is becoming a matter of general European interest and will be an increasingly important priority within the enlarged European Union. Healthcare Systems must enshrine the principal of Health for All as their ultimate goal.

Healthcare, essential to life, is enormously complex and dependent on:
– the needs of the population and its demographic structures;
– progress in all aspects of medical practice;
– financing models.

Healthcare provision is developing from a National to a European endeavour as a European Healthcare Market (EHCM) serving its people, legitimised by the European Convention, which sets out the principals of a socio-market economy, competition and self-responsibility (Fig. 1).

The component parts of the EHCM are the Patient, Medical Arts and Sciences, Medical Providers, Medical Organisation and all stakeholders. The Medical Arts and Sciences together with the Medical Organization are to be entirely reshaped as strategic European tasks, while the stakeholder, financing,
monitoring and controlling are subsidiary tasks for the national authorities. The Convention provides a unique opportunity to create a European Market for Health. Greater European co-operation enables effective use of resources, access and quality of care (2512\textsuperscript{th} Council meeting, EU, June 2003). The EHCM serves the patients and creates the conditions for continuing wealth creation. To achieve sustainable effects, the main component in structuring medicine is the clinical leadership.

Demographics and Healthcare financing issues are the most sensible areas to tackle as a priority. This requires reconciling national health policies with European obligations.

In the spirit of the Lisbon Council conclusions and the European Convention the EHCM provides:

– Health for all;
– Provision based on evidence and effectiveness;
– Control of costs.

![Figure 1 – Vision: European Health Care Market](image)

The European Institute of Medicine sees this as a great opportunity to consolidate the different National models and inherited systems in an EHCM and consequently to stimulate clinical leadership to achieve sustainable reforms. The common concern is the increasing cost of provision. Stabilizing costs in an environment of a decreasing working population is very challenging. By modernizing systems there is potential for controlling costs, the processes for which have to be identified. Most national reforms have failed due to massive political influence especially where Healthcare together with Welfare is operated as a state-monopoly.
This Strategic Vision has four mutually dependent parts: the patient is in the centre, and surrounded by clusters representing the Medical Arts, the Medical Organization and Financing.

This Strategic Vision is structured in 4 segments, which are the cornerstones for establishing systems for the EHCM:

A. The Patient

There is a change in today's paradigm: The patient becomes the focal point. The patient of today is increasingly well informed and motivated. The patient is at the centre of all efforts, and all healthcare provisions are constructed around the patient. The patient is both a consumer and a contributor to the EHCM.

B. Cluster I: Medical Arts

The optimisation of Medical Arts and Sciences is an essential prerequisite of the Strategic Visions. This cluster focuses on the basics of diagnosis, therapy and prevention. Conservative, invasive and prophylactic principles cover the whole range of possibilities including the prediction and prevention of diseases. To use Outcome Related Medicine (ORM) as a measure of effectiveness, medical conditions have to be classified. The capacity for purchasing has a direct effect on the access of patients and clinicians to all therapies and diagnostics. It is necessary to monitor the effectiveness of healthcare provisions, to perform quality-control checks and to measure that of therapy by means of health technology assessment and outcome indicators. Assessment can be done by patients, clinicians, Healthcare organisations and providers of finance. Research, development and industry play indispensable parts in developing the medical arts. Europe has to encourage and promote innovation in new therapies and diagnostics.

C. Cluster II: Organization in Medicine

Greater effectiveness in the organisation of healthcare can be achieved by the alignment of best practices and in boosting synergies in access and quality. The main nucleus of the EHCM is that Healthcare is delivered by doctors for in- and out-patients in acute, chronic and long-term conditions. New educational concepts on healthcare provision will have to be introduced at universities and schools for nurses and paramedics. It will be essential in the future to create and to foster sustainable clinical leadership. There will be no sustainable reform in the future without a solid core of medical professionals. E-Health will play a major role in medicine for information, transfer of findings and avoiding duplication of effort. A patient's "Health literacy" will gain in importance. It is foreseen that 80% of patients will perform "self-care" actions without the involvement of Healthcare professionals.
**D: Cluster III: Financing of Healthcare**

Healthcare financing must be patient oriented and make use of several instruments: insurance premiums, co-payment systems, capitation, taxes, voluntary payments, out-of-pocket expenses etc. Covering Healthcare costs will need a combination of national Healthcare allocations and individual contributions to provide all citizens with equal access, responsiveness and to demonstrate fairness in financing.

Surveying Europe, a variety of systems are in operation; including the Anglo-Saxon (Beveridge) universal state centred tax-based social security system, and the continental "Bismarck" model financed by social insurance and corporate elements.

(Chassard and Quintin 1992). The private sector will gain increasingly in importance. In the future co-payment systems will be unavoidable, and the methods of financing by solidarity contributions will need to be redefined.

The Three Clusters are the sides of a triangle (Fig. 2) consisting of medical arts – organization – financing, with the patient at the centre, creating a special market with special rules guided by human considerations. After each section this mutual relationship is discussed demonstrating how interrelated are the components, the whole Healthcare system. Reforms of the present system can be tackled only by a comprehensive approach, gradually adapting all the clusters to the new Strategic Vision and transferred to the European Healthcare market (EHCM).

*Figure 2 – Overview of the European Health Care Market*
The Goals of this Strategic Vision are:

– To provide Healthcare for all European citizens;
– To transform Healthcare from national state-monopolies to an open European market allowing mobility and better use of resources;
– To identify potential for cost control.

Conclusion

The practice of the Medical Arts is a perpetual endeavour of man. Its mission and purpose is to cure, and prevent diseases and heal trauma, to control pain and to prolong human life as long as possible in an optimal healthy condition. Medicine has been in the past based on charity. Its delivery was provided locally via private initiatives. In modern times the provision of medical care has extended to cover whole populations; its delivery organised nationally by public Healthcare systems to provide Health for All.

At the beginning of the 21st century the patient has become more independent and self-motivated. The trend is towards the provision of Medical Services based on the patients’ own responsibility in a free market. Medicine, as a European endeavour, develops into an open market known as the European Healthcare Market. (Fig. 3)

Figure 3 – Health Care Cost: A Direct Investment in Society

The delivery of Healthcare in Europe is now a matter for serious public discussion. The old national structures are seen to have failed. This has resulted in growing public frustration while the costs are exploding. People react angrily if they are denied access to care or services. In many countries Healthcare is considered as a part of social welfare and has a very high political priority, which
creates a national state-monopoly with a few private exceptions. This is a source of mismanagement and discomfort to patients. Europe is now ready to form a European market for Healthcare with the essential prerequisite “Health for All” as a part of our culture. This market depends on clinical leadership. Key challenges are progress in therapy and diagnostics, which make Healthcare more and more specialized and expensive in an environment of an ageing population compounded by declining birth rates. (Cluster III).

In Europe, Medicine represents up to 14% of GNP (D: Cluster III). When all other health markets such as wellness, para-medicine and all related structures in health and care are included, this is estimated to increase to 20–25% of GNP. Public contributions to the costs via insurance premiums and taxes cannot grow unlimitedly while the working population is shrinking. The potentials for costs reduction have to be quickly realised by redefining the Healthcare packages that can be provided from public funds as the level of commitment and solidarity to be given by our society. Patients will be informed of these levels. The private sector will cover any additional costs not covered by public funds and therefore will gain more importance. These sectors will not be mutually exclusive. Young people have to be advised today about providing for their Health coverage tomorrow.

This report is prepared for the European Parliament to initiate intensive debates on structural reforms of Healthcare in Europe by balancing issues of responsibility, solidarity, subsidiarity, equity and effectiveness, competition and benchmarking. Europe demands a new comprehensive European Healthcare System to overcome national barriers and to foster greater mobility in an open market.

REFERENCES


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