ՊԱՑԻԵՆՏՆԵՐԻ ԻՐԱՎՈՒՆՔՆԵՐԻ
ՊԱՇՏՊԱՆՈՒԹՅԱՆ ՄԻՋԱԶԳԱՅԻՆ ՀԱՄԱԺՈՂՈՎ

INTERNATIONAL CONFERENCE ON PATIENTS' RIGHTS

Equitable Access to Quality Care, not just Availability

Sven-Eric Söder
chairman, Swedish National Council on Medical Ethics

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Putting Ethics into Practice

Ideas are not enough

- Ideas matter – but don't forget the humdrum of building and protecting institutions
- The basic values of medical ethics – autonomy, do no harm, beneficence, and justice – cannot come into play unless we organise healthcare in the appropriate way in the first place.
- Equitable access is an active choice and requires creating and maintaining well-functioning institutions

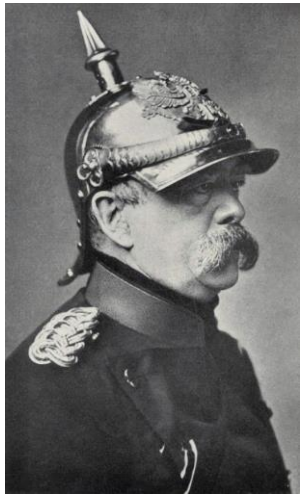
Three Foundations of Success

Access and quality of care are largely determined by:

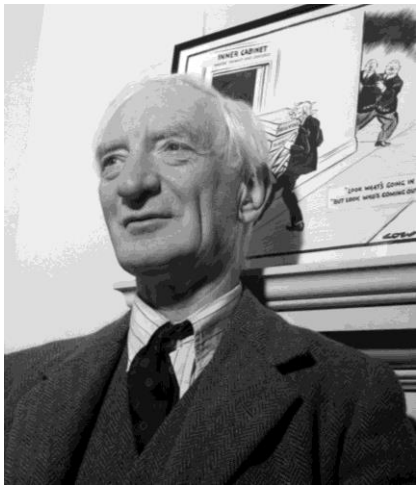
- How healthcare is *funded* (taxes, insurance, individual)
- How healthcare is *organised* (public, private, or mixed)
- How *skills are* supplied

Two Models That Still Shape Us

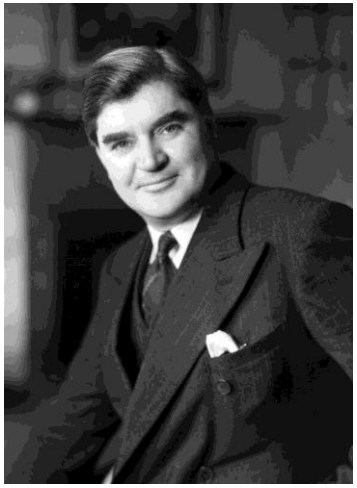
- Bismarck
  - Insurance tied to employment
- Beveridge
  - Tax-funded, universal coverage



Otto Bismarck 1815-1898



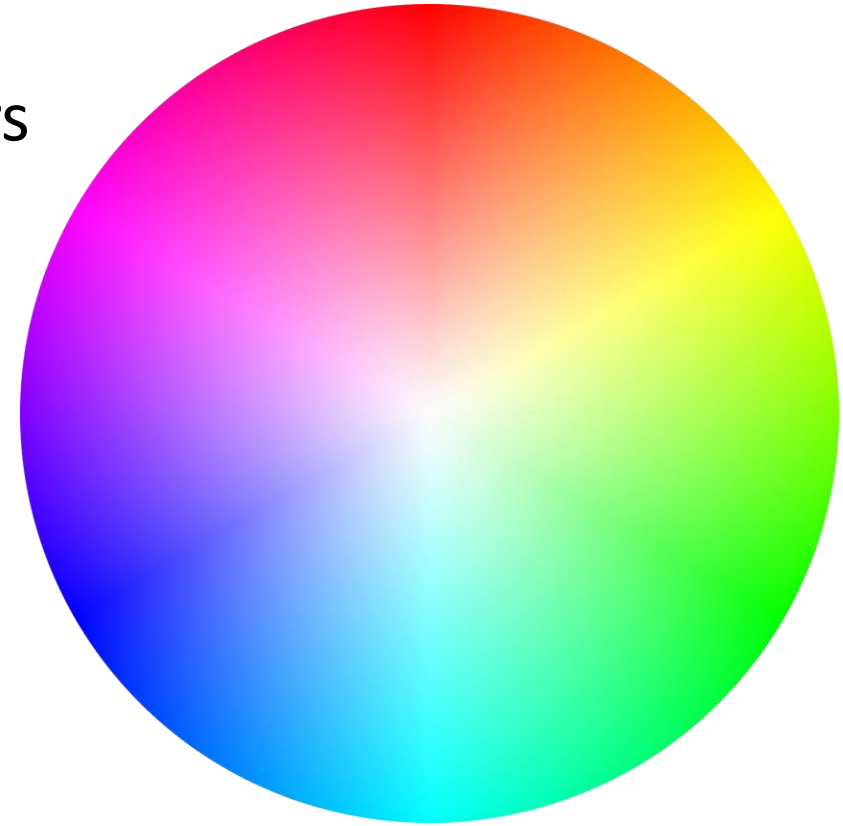
William Beveridge 1879-1963



Aneurin Bevan 1897-1960

Modern Hybrids

- National public healthcare system
- NPM, internal competition
- Private alongside public actors
- Full market



Sweden as a Reference

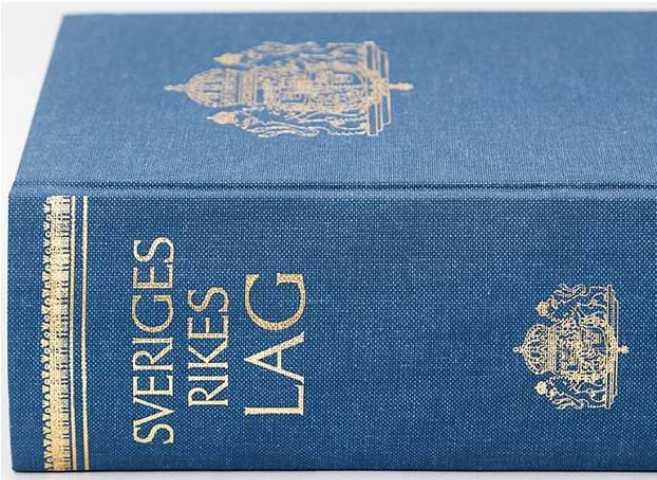
- Largely tax-funded
- Universal coverage
- 21 regions

Photo: Felix Gerlach

The Legal and Ethical Foundation

- Health- and medical services act:

  “The objective of care is good health and healthcare on equal terms for the entire population. Healthcare is to be provided with respect for the equal worth of all persons and for the dignity of the individual. Those who have the greatest need of healthcare shall be given priority in access to it.”



The Ethical Platform for Priorities

- *As per parliamentary decision, three principles govern priority-setting:*

- *The principle of equal human worth and dignity*
- *The needs and solidarity principle*
- *The cost-effectiveness principle*

Market Reforms: Gains and Risks

- Since the 1990s, Sweden has gone from public monopoly to a mix of public and private providers, still with tax-funding.
- Challenges include
  - Demand for healthcare ≠ need of healthcare
  - Inequality in access (eg. cities vs rural areas)
  - Mental health discriminated against (longer waiting times)

Organisation is Ethics in Action

- A nation’s choice of organisation is of monumental importance as it will have large effects on the delivery of healthcare.

Health Outcomes Compared

Indicator	United States	Sweden	EU average
Health spending (% of GDP)	17,2 %	11,3 %	10 %
Infant mortality per 1.000 live births	5,3	2,2	3,3
Life expectancy at birth	78,4	83,4	81,4
Treatable mortality deaths per 100.000 under age 75.	95	47	89,7

Swedish National Council on Medical Ethics

- Founded in 1985
- Works independently, advices the government
- Consists of political representatives and experts

Ethics and Governance

- The Council approaches medical ethics both in terms of ideas & principles *and* as matters of organisation and institutional design
- *Governance Models in Healthcare: Suggestions for Ethical Assessment* (2019)
- Awarded prize for organisational ethics to Erica Falkenström (2021)

The Core Requirements

The success of institutions depends on

- Adequate and appropriate *funding*
- Appropriate *organisation*
- Available *skills*

What Safeguard Equity?

Don’t jeopardise equitable access

a) **Funding**: public

b) **Organisation**: largely public

c) **Governance** & **oversight**: regulatory and supervisory authorities, as well as ethics councils, enable equal access

Photo: Richard Giles

The Final Question

- Universal access is a choice – and the evidence shows it is the most cost-effective form of organising healthcare to provide equitable access and the values we cherish and seek to promote.

Thank you!