

# A European healthcare superstate? Nein danke!

European citizens are better off under the patchwork of health systems that offer care for the 492 million citizens of the EU, argues hospital board strategic advisor Dr Yvonne van Kemenade, of the Netherlands

What we have in Europe today: no overall insurance system, but national arrangements for social security in each EU member state. Because of this, the structure and finance of healthcare systems should remain a national topic, of necessity.

## *We could even go so far as to say harmonisation of healthcare in Europe is out of the question*

We could even go so far as to say that harmonisation of healthcare systems in Europe is out of the question, as healthcare is too much an integrated part of the social security systems of the individual European nations. And further, that the relationship between citizens and their insurance organisations must remain the responsibility of the respective governments of each of the EU member states.

The European Council's June 2007 agreement is in line with this vision: it welcomes a national approach on various parts of the healthcare system. According to the agreement, the member states remain responsible for the organisation of their own public services (such as healthcare and lodging). The delineation between national and European issues has also been made clearer in the agreement.

### **Need to co-operate?**

Does this mean, then, that there is less need for European co-operation in the field of healthcare?

Certainly not, the European influence on healthcare is becoming more important. Decisions about standards for healthcare in each European country and legislation on pharmaceuticals and product safety are taken in Brussels, with enforcement legislation for all member states. Moreover, the focus of the EU is on topics that transcend national concerns, such as AIDS, cancer and healthcare promotion plans.

Co-operation is important in respect of mutual learning. Ever more similar or comparable experiences abroad are taken into account and discussed in preparation of new legislation and reforms in each member state. The various healthcare systems in Europe are profiled in "Healthcare in Europe 2007", which lists the finance and reimbursement practices of healthcare systems in 11 European countries, giving descriptions of the position and role of their respective governments, insurance systems, pharmaceuticals, the structure and finance of general practitioners, medical specialists and hospitals, including recent reforms.

Trends can be seen, such as a growing role for networks in primary care (and their influence on the position of the general practitioner) and hospital care. Improving the continuity of care is a political issue. Also, the general practitioner is becoming more of a co-ordinator between the various healthcare providers.

Elsewhere, it can be seen

that hospitals focus increasingly on what they call their "core business". In some countries, the responsibility and transparency of results of care (quality and cost) are becoming more prominent issues.

### **"Micro" approach**

European healthcare policy makers have shifted their attention from macro-economic measures (budget control) to micro-based measures. There is more attention to cost efficiency, options for patients, the system's responsiveness to users, and there is a better balance between primary, secondary and tertiary care. West European countries tend to emphasise the introduction of better managerial mechanisms for provider institutions in their reforms. They have also looked for solutions in which solidarity will effectively combine with an entrepreneurial approach.

## *"There is no real drive for uniformity – rather a pluriformity"*

The healthcare of a country is no longer a closed circuit, and it is undergoing more influence from the EU. But then why this plea for decentralisation of parts of the healthcare system? Because the healthcare systems in Europe are too much an integral part of the social security systems of the individual member states.

The healthcare system depends on the history of a

country; it is a part of the culture and of the country's economic and political system, the public health and the sense of standards of living among its population. In some cases, healthcare is also part of the income policy.

It is not a question of healthcare systems being superior to others, and indeed, there is no real drive for uniformity – rather a "pluriformity".

Besides, it will take much energy to make national healthcare systems more uniform through the instrument of legislation. And the question remains whether the advantages outweigh the disadvantages.

## *Mutual learning is better than a superstate*

While the influence of Europe as a centralising influence on healthcare will undoubtedly continue for parts of the system, there is no real chance or opportunity for forcing the issue. More relevant, however, is the understanding that "mutual learning is more beneficial than a European superstate for healthcare."

*Dr Yvonne van Kemenade is strategic adviser of the board of the Albert Schweitzer hospital in Dordrecht, the Netherlands.*

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