

THE DOCTOR'S NOTEBOOK:

A series of opinion articles written by prominent medical leaders

The other side of compromise: The gloom of Swiss doctors

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When, one of my daughters chose to study Medicine in Basel some years ago, I felt both elated and worried. Elated, because diagnostic and therapeutic breakthroughs were radically changing the impact of an art that was at last coming to terms with science. Worried, because the bureaucratic burdens that doctors have to contend with, were doing away with the satisfactions of care and with the joy of cure. Two or three generations ago, practically every physician hoped that at least one of his children would follow his steps into the profession. A local poll conducted in 2005 in my area showed that one out of three doctors would now try and dissuade his son or daughter from going to medical school!ⁱ

Regulation in the land of cuckoo clocks

Bureaucracies entered Swiss health care with the first federal health insurance law (LAMA) voted in 1912. For many decades however, a decentralized administrative framework together with the "compromise and consensus" principle ingrained in Swiss political culture, allowed doctors to play a substantial role in decision making at most levels of healthcare. The decline of the medical corporation's grip on its own tools started in the sixties with the growing influence of socialist ideologues on federal health policy making. This climaxed in 1994 with a revision of sickness insurance laws that established compulsory insurance and spawned a de facto cartel of insurance providers anointed with almost unlimited regulatory powers. Top to bottom planning is now the rule in cantonal and federal health policymaking and the opinion of doctors has become irrelevant.

Despite the renowned meticulousness of the Swiss, regulated health care fails to live up to the expectations of its inceptors. Inflationary costs have led to intrusive and counter productive "cost containment" measures that constrict hospital infrastructures and constrain medical activity. In 2000, federal government authorities suspended the opening of new medical practices for five years. The rationale behind this rather extreme measure was the perception by planners that excessive offer creates a demand for unnecessary services and that health costs are directly influenced by the number of practicing physicians. Subsequent research has shown, as was to be expected, that patients are not driven by quite the same incentives as ice-cream consumers in a shopping mall: a comparative study conducted in 2002 by the Swiss Observatory of Healthcare has demonstrated that the number of visits to doctors practices was unrelated to GP densityⁱⁱ. This has not stopped federal government from extending the current ban on new medical practices until 2008.

A new time-based fee system (Tarmed) introduced in 2004 was supposedly designed to upgrade the "intellectual activity" of doctors. The "neutralization of costs" that was part of the deal, implied drastic downgrading of fees for technical procedures. The new tariff has had no effects other than a) discontented patients now charged by the minute for "intellectual services" that inevitably include small talk and b) longer waiting lists for surgery, linked to disenchanting surgeons whose fees no longer meet overheads.

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Tarmed has not diminished costs. In 2005, total sickness insurance expenditures touched the CHF 20 billion mark (a 5.6% increase from 2004). With a jump of 19.6%, outpatient care topped all other costs. Only health planners were surprised by this predictable consequence of forced hospital mergers (aimed at cutting down the number of available beds) and of relentless bureaucratic pressures to shorten stationary treatments. This of course has not stopped of hospital in-patient costs from rising by 4.1% over the same time scale ⁱⁱⁱ.

Downgrading care and cure.

Cost-containment remains a top priority for Swiss healthcare policy makers. Blaming patients as was attempted at one point, brought no clear dividends. Health insurance cartels and their political proxies find it more productive to bully and ransom medical professionals pathologically prone to compromise. Swiss physicians have been cast for the role of scapegoats for the last twenty years and this has affected their morale.

An extensive survey on perceptions of trends in healthcare and their profession conducted among European doctors in 2004 ^{iv}, demonstrated that one Swiss doctor out of two sensed a decline in professional status over the last 10 years and that one out of three foresaw a decline both in his future role in the healthcare system and in his satisfaction with his practice. Only one out of ten doctors expected his satisfaction and his position in the healthcare system to improve in the future. Close to 30% of Swiss doctors predicted that the quality of healthcare available to the average family would decline in the future, while only 19% thought that it might improve.

Most of the concerns expressed by Swiss doctors center around increases in bureaucratic interference with relationships with patients, access to diagnostic tools and choice of medicines and treatments. Although efforts to discourage office laboratories and threats to exclude "costly" physicians from public health care are at the forefront of current conflicts, attempts to influence prescriptions remain an on-going issue

Despite heavy-handed pressures from sickness funds and government, one out of two doctors polled in my area in 2005^v, was reluctant to prescribe generics. Amongst the reasons quoted were the fact that copies did not always match original substances and that generic companies did not contribute to research and innovation. In Switzerland as elsewhere cooperation between medical professionals and associated industries has been under heavy fire. In 2002, the Swiss Academy of Medical Sciences (SAMS) formulated restrictive guidelines regarding exchanges between doctors and allied industries. A local poll conducted in my area had almost seven out of ten (67%) doctors totally rejecting SAMS recommendations and 18% partly rejecting them^{vi}. Such surveys tend to indicate that physicians are aware that progress in curative medicine depends on the growth of their industrial partners and that interchange between doctors and their allies is important.

The awakening of a profession

On April 1st 2006, approximately 100,000 Swiss medical practitioners backed by a petition signed by 300'000 patients marched in the Swiss capital Bern in order to protest against the dismantlement of basic family doctor medicine and house-medical services. Although federal health policy makers pooh-poohed the doctors' march, this event may mark the end of pseudo-consensus and one-way compromises between medical professionals and the administrative authority. Front-line doctors no longer accept health policy processes that have gnawed at their autonomy and downgraded their work for far too long. They begin to realize that unless they regain leadership in medical care decision-making, Swiss quality medicine will soon be

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ripe for autopsy... and my grandchildren will probably flock to law school with no need of prompting.

ⁱ <http://www.montchoisi.ch/radiologie/Sondages.html> - March 2005

ⁱⁱ Revue Medicale Suisse – www.revmed.ch - May 24 th 2006 p. 1439

ⁱⁱⁱ Numbers quoted by Santesuisse in *24Heures*, June 21st 2006.

^{iv} Pfizer EUCAN survey: "Perceptions of Healthcare and the Medical Profession among European Doctors", Nov 1 2004 conducted by Consensus Research Group Inc, NY

^v <http://www.montchoisi.ch/radiologie/Sondages.html> - Nov.2005

^{vi} [Http://www.montchoisi.ch/radiologie/Sondages.html](http://www.montchoisi.ch/radiologie/Sondages.html) - Febr.-March 2005