Observations on the health care system in the Netherlands

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During a year-long tenure at an academic hospital in the Netherlands, I gained some insight into their health care system. I would like to share some aspects that struck me as novel or thought-provoking.

Health security

The most important feature was the universal health care cover for all citizens. The economic status of a patient was never a consideration in determining the choice of therapy. With ever-increasing costs of high-tech medical care, this seemed, at times, a non-sustainable situation. The cost of health care is the subject of an ongoing debate in the Netherlands. When restrictions are placed on health care expenditure, they are made uniformly applicable, irrespective of the class or creed of the individual.

The average life expectancy is 79 years - the result of a socialized health care structure. I was often asked about health facilities in India. It was incomprehensible to the Dutch that we did not have guaranteed health care for all citizens. Of course, we do have so-called free public hospitals and dispensaries, but patients still have to pay for expensive procedures such as coronary angiograms and heart operations. Expensive antibiotics and other drugs have to be purchased by our patients.

Equality

The absence of class distinction was especially noticeable in Holland. In the hospital, there was no hierarchy or regimentation. Medical staff, nurses, technicians, cleaners and other employees treated each other , with mutual respect. Except for a few senior professors, everyone was referred to by first name. Medical teaching too was democratic and junior doctors were not ordered around by their seniors. Apparently this egalitarianism was not universal in Western Europe, because in neighbouring Germany the medical staff were referred to as 'Herr Doctor', 'Herr Professor' and so on.

Sexual discrimination was not visible although most senior positions were occupied by men while secretarial jobs were manned by women. I was told that one reason for this was the preference of married women for part-time jobs that allowed them time for their families. In the cardiology department, where I worked, all 17 medical staff positions were occupied by males. They were amazed to hear that in three of the four university hospitals in Bombay, women headed the cardiology departments.

Doctors and the drug industry

The relationship between doctors and the pharmaceutical industry is open and deep. By this I mean that pharmaceutical companies regularly and officially sponsor medical personnel for conferences abroad, paying for their travel and stay. This phenomenon is hardly discussed and not considered unethical. Obviously these costs will be recovered in the form of high prices of drugs and medical equipment. A bottle of cimetidine tablets, for instance, costs approximately Rs. 4000 (50 times the cost in India). As patients are insured, these high costs don't directly pinch anyone. Most medical congresses are held in five-star hotels in expensive tourist resorts. Apart from this, the pharmaceutical industry provides funding for academic research in university hospitals. All this is done without any secrecy.

Doctors and patients

The doctor-patient relationship is based on trust. Even when advised invasive therapy such as major surgery, patients rarely shop for opinions. Since most hospitals are state-owned or state-controlled, the profit motive is not strong and this helps greatly in patients developing faith in advice given by their doctors. There is constant peer review of decisions on treatment since there are no individually owned 'nursing homes' where one may do many things without question or criticism.

Doctors are generally scientific in their prescriptions. For self-limiting illnesses, such as the common cold, they rarely prescribe any medication. Patients are informed about their illnesses, the therapy planned and the prognosis explained in great detail. The practice of splitting fees ('cut-practice') does not exist.

Normal pregnancy is undergone without any medication. No vaccines, iron, calcium or vitamins are prescribed to healthy pregnant women, If normal labour is anticipated, the choice of delivering at home is offered to the mother. Around 30% of deliveries are electively conducted at home. In familiar surroundings the process of labour is quicker and less uncomfortable.

Euthanasia

Member, Executive Committee, Maharashtra Medical Council; Member, Central Advisory Board of Education (New Delhi); Ex-Member, Medical Council of India.

Elderly people are, by and large, very well cared for, since great planning has been done to make living and moving around possible for handicapped people.

Euthanasia is accepted and practiced in the Netherlands for those who are severely ill for long or are dying. The family doctor discusses the issue in detail with the patient and the family before a decision not to treat the dying patient is taken. Active euthanasia is defined in the Netherlands as an intentional act to terminate life by a person other than the person involved on request of the latter.[1] Active euthanasia accounts for 1.8% of deaths in the Netherlands. If left alone, 87% of patients subjected to active euthanasia would have lived for a month at most while another 12% would have survived for a maximum of 6 months.[2] Data on the development of public opinion in the Netherlands stems from a number of surveys conducted in 1966, 1970, 1980, 1985 and 1991 on a range of socio-cultural subjects. General practitioners, nursing home physicians, cardiologists, surgeons, internists," chest physicians and neurologists cover approximately ***95%*** of euthanasia cases.

References

1. Dutch State Commission on Euthanasia: Final report. An English summary. *Bioethics 1987; 1: 163-74.*
2. van der Maas PJ, van Delden JJM, Pijnenborg L, Looman CWN. Euthanasia and other medical decisions concerning the end of life. *The Lancet* 1991;338:669-674.

NEWS

Dr. Daniel Callahan

Dr. Daniel Callahan, President and co-founder of the Hastings Center will retire as president in the summer of 1996 (Hastings Center Report 1995;25:45). He conceived the idea of forming a center for bioethics in 1968. Together with his neighbour, Willard Gaylin, and the foggiest of notions on how they should go about the task, they got the Center off the ground in 1969. The rest, as the phrase goes, is history.

Dr. Callahan has served the Center as chief executive officer for twenty-six years, managing it, finding funds for it and directing its research and educational programs. In the process he has also written or edited twenty-five books.

Dr. Callahan offered the following explanation: 'I speculate about the moral meaning of the life cycle and now I should live some of those ideas. There comes a time when every founder of an organisation should step aside to make room for the next generation of leadership. I decided a few years ago that once we passed the twenty-five year mark, my time would come. I have had a spendid and interesting journey. Good talk, good colleagues, good supporters, good issues: what more could a philosopher ask of life?

'But to retire from a role is not to retire from life. I will remain at the Center, happily expending and expanding my energies on that which I have liked the most over the years - my research and writing. Two questions will preoccupy me, both at the international level: What kind of medicine will be best for society? What kind of society will be best for medicine? Immoderate questions, to be sure, but those are the kind I like. They will keep me busy.'

(For an interesting glimpse into Dr. Callahan's style, see Ms. Ellen Moskowitz's essay entitled 'At the Center' on the inside front cover of the same issue.)

Mumbai Grahak Panchayat

This voluntary organisation was established in Bombay in 1975. Its initial activities were restricted to ensuring supplies of good quality to the public at a fair price. It has, since, diversified its activities to include the education of consumers, protecting their rights and launching several programs in their interests.

Its publications cover such topics as Medical negligence and the Consumer Protection Act, UN guidelines on consumer protection, World Environment Day and Consumer Protection Day. They have also published a comprehensive manual entitled Consumer Complaints Guide showing a wronged consumer the various steps necessary for taking effective action against the offending party.

Its periodical - ***Grahak*** - is published in English and Marathi and is replete with especially effective cartoons. One of their cartoons is reproduced below.

For further information please contact Mumbai Grahak Panchayat, Grahak Bhavan, Behind Dr. R. N. Cooper Hospital, Juhu-Vile Parle, Bombay 400056.

Is there anybody in the house not affected by malaria ?