

Title: Croatian Experience and the Future of Health Care Development

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Abstract and keywords

- Abstract:

Nowadays, in the world of markets and market economy, not only health care but medicine and medical practice in general, are looked upon more and more through the eyes of profit-making and financial interests. At the same time, there is an increasing number initiatives intended to emphasise that human medicine should be at the service of society and that this fact should have priority over any market and financial interests of individuals even in «the market oriented world». The experience of the Croatian non-governmental organization to which the authors belong and which deals with patients' rights and helps in the development of partnership relations between patients and other subjects in the health care system, can be of a wider interest. This short review is the result of eight-years experience of the Croatian Association for Patients' Rights (CAPR), and its possible effects on the health care system in the future times from the authors' points of view.

- Keywords:

health care system, future, partnership relations, patients' rights, protection

The authors' aim is to explain the current approach to the health care system around these two main ideas:

- **The system can be depicted as a triangle of patients, health care workers and health insurance companies.**
- **The division of power between these players speaks in favor of insurance companies, while the obvious weakness rests with patients.**

In practice, there is an almost Darwinian approach towards the members of society – those who are more powerful will survive. In the first place, such a situation puts patients in a disadvantaged position which does not correspond to the contemporary world where human rights should be respected. The fact is that patients are willing to accept such a disadvantaged position when they are weak and ill. Although they are aware of the discrimination and they suffer because of that fact, they almost readily support such attitude prevailing in the health care system.

This three players of the system are confronted or have rival positions in the market world. Such a situation is not acceptable at all. This position is not acceptable even if it seems practically accepted.

One of the responses of civilized societies to such a situation can be found in the Recommendation No.5 of the Council of Europe of 2000¹: it recommends partnership relations in the health care system. Although such partnership is proclaimed in almost all instances, it cannot be said that it reveals a desire to consider patients as partners when dealing with health care issues.

In practice, patients are very easily excluded from every dialogue: it is very easy to switch to the issues concerning medicine, legislation or economy and depart from the main objective, i.e. an equal position in the relations between the partners in this relationship. If that is not a case, you

¹ Recommendation No.5 of the Council of Europe of February 2000

lose proper ground for any dialogue. This is typical of a materialistic world of today. But is it acceptable?

In 1999 in Croatia, an NGO called “Croatian Association for Patients' Rights” or CAPR was established, composed of experts and intended to change the situation. Many patients become supporting members of it either. However, politicians always find ways of avoiding us when the health care issues are in agenda. For political reasons, they ask us for our opinion but they almost never read or listen to what we have to say.

In the past eight years, we have been able to assist people to exercise their patients' rights by listening to them or even by teaching and advertising them how to avoid inconvenient situations rised up from not very efficient methods and ways of the patients' rights protection. However, we are not satisfied with such a position. All the suggestions that we have made so far have just been turned into some positive points for journalists and their clippings but not as so mething that would improve the health care system.

We can speak of a modern health care system if it meets the needs of people. We cannot accept any other definition. The global market economy does not easily agree on this point. Therefore, we are expected to say what is expected from us, but at the same time try to be able to also say what we want to bring across.

In the literature on health care economy, we usually find theses that the health care services can be considered and analyzed as any other market activities and then, there are usually explanations of unsuccessful allocation of funds and resources in health care.²

² McGuire, A.P.F. and Mayhew, K., 1989, *The Assessment: the Economics of Health Care*, Oxford Review of Economic Policy, 5(1),1-20

In health care, the increase of the profit on the market is the consequence of the use of expensive equipment whose cost-effectiveness asks for more patients using these services. However, the benefits for any society from preventive actions and investments are of enormous interest. But there is no interest for the business investments in the preventive health care. This conflict of commercial and social interests results in obstacles that we should overcome.

A reform of the health care system is desperately needed all over the world³ and because of the market economy issues involved in the discussion, there are numerous proposals how to solve the problem.

In the light of the aforementioned, the global market economy wants us to speak and act in the following ways:

- the most important interest of society is to have sufficient resources for a good health care system and therefore, we must first improve our economy, then invest in better education, and only then shall we have the possibility to improve the technology used in medicine.

However, we may continue by saying: and then, we shall transplant a heart rather than close a tobacco factory, we shall cure one carcinoma rather than 1000 pneumonia cases; we shall invest a lot of money in the clinical research of the aesthetic surgery but not in the vaccination of third world children. Because huge profits are expected from selling not very good pills, it is said that they are by 20 % more effective than those previously sold. It is not mentioned that their effectiveness was only shown in 10 % of all research cases. As the result of such attitudes, we shall be encouraged to research into the cloning possibilities, rather than how to preserve the health of pregnant women. We shall be more willing to pay for the bottles of oxygen rather than for the filters used on the chimneys of factories.

³ Rathwell, T., 2005, *Health System Reform: Seeking the Holy Grail* [online]. Halifax: Dalhousie University. Available at [<http://archive.rockefeller.edu/publications/conferences/rathwell.pdf>]

We speak about the future of the health care system in the following manner:

the highest possible standard of health care⁴ requires previous improvement of social, cultural and economic conditions. However, in order to achieve the highest possible standard of physical and mental health, the key precondition is to have accurate, complete and timely information about the highest standard of health care achieved elsewhere in the world. Only a determination what is the highest possible standard will help us discover what is achievable and allows us to speak about the achievable.

- What do we need to be informed in an accurate and timely manner?

Here is a possible answer:

Such information must be available to experts who deal with physical and mental health so they can find out about the latest achievements in medicine. This requires high standards of permanent education and learning about the achievements in the world which must be made financially possible by the line Ministries of individual countries.

Therefore, there is a need to establish health care systems with a common denominator in order for us to be able to speak of common standards criteria, as well as the criteria of their achievement. The foundation of all health care systems should be based on a common denominator in order to stop the possibility for the capital from rich countries to jeopardize human lives in poor countries. An example is clinical testing of drugs where there is insufficient protection of patients' rights rooted in the policies that do not want to lose their economic benefits from the fact that their patients are not protected.

The issue of the highest possible standard of health care has several political dimensions. One of them will be explained in the following paragraph.

⁴ The International Covenant on Economic, Social and Cultural Rights, 1961.
Article 12: the right to the highest possible standard of physical and mental health.

- What is necessary for the profession to present the existing knowledge in an accurate way to the public?

Here is a possible answer:

It is necessary to reach a consensus about what is achievable according to democratic standards so that the governments do not set their priorities by ignoring the experts' recommendations and by their narrow-minded determination of economic profits and their transformation into their personal gains. This has nothing to do with the public welfare (the application of short-term evaluations because of short term mandates of governments).

How can partnership be achieved between patients and other participants in the health care system?

There is a problem in the realization and provision of the highest possible standards. Once set and openly presented, the highest standards of health care in a society, presumably decided upon in a democratic way, need to be offered to all members of the society under the same conditions.

- What is necessary for the provision of health care services for all members of the community under the same conditions and without discrimination with regard to their economic status?

Here is a possible answer:

We need high standards of compulsory health care protection, high standards of preventive measures and a high level of medical education for all. We must mention here Andrija Stampar, his ideas and visions, and the prevention standardization through WHO, but also the problems in Croatia which almost led to a disintegration of everything that this great man left to us as his heritage. We are faced with the problem of the privatization of health care, market economy with the introduction of market relationships into something that is called human health.

Today, attempts have been made to force us to accept the phenomenon of buying and selling experts by unscrupulous people whose only value is the value of their capital and its multiplication. Human life has no price but all parts of our bodies now have price-tags put by the insurance policy institutions. There are scientific studies aimed at gaining profit and it is all covered by a veil of offering products. At the same time, we have no means to stop those who only calculate (like the Baxter company involved in a global scandal involving their products). It is easier for them to lose a few million dollars for compensate for damages (only 1 million in Croatia for 23 dead patients) than to lose millions and millions of dollars, euros or any other currency by immediately withdrawing the product from the market.

Having taken into consideration all the aforementioned facts, we can put things differently:

Just like medicine which is based on patient's needs, the health care system must also be based on the protection of patients' rights. Today, we have no internationally agreed standards for patients' rights to protection. Such standards should be our priority and our contribution for future generations.

If we follow the spirit of Recommendation No.5 of the Council of Europe of 2000, setting forth the need for partnerships in the health care system, we realise that not only health care standards must exist, but standards of the protection of patients' rights too, if we want our health care system to be a system providing help based on humane principles and high medical ethics.

Today, patients do not have a permanently available and a committed and responsible institution representing their specific interests. They cannot be protected before the judicial system if the health care system (now subordinate to economic factors and market relations) does not leave room for independent experts. Such an institution for a professional representation of patients' rights must be legally protected from any clash of interests.

It must be noted that it is increasingly obvious to any lay person that we are witnessing a decrease in the experts' independence from the producers of equipment and drugs which is a fact that endangers the existence of global medicine. Can we do something to stop the existence of health care systems which are unethical and allow abortions, euthanasia and cloning as consider them as scientific and medical achievements resulting from a market-oriented attitude towards medicine?

As answer to all these questions can be solved by representing patients' rights via an institution which is independent of any political parties, insurance companies and healthcare institutions.

In addition to the international standardization of the protection of patients' rights by standardisation of the patients' rights representatives, there is another effective way to achieve a common goal: to include health care issues into foreign policies and thereby allowing the set standards to become a subject matter of international bilateral contracts and to be available in the way set forth in international contracts. This would be an ethically wise development of globalization and the development of trade, market and expansion of capital should be of secondary importance.

For all these reasons, we believe that the meeting in Eilat, as well as similar meetings, are very important for all participating countries. This meeting have shown that today's civilization is mature enough for such gatherings and for our joint action in creating common ethical principles in the world of decreased morality. It is an opportunity for us to contribute to a humane and ethical globalization process and to raise our voices against dehumanization of medicine and of everyday life.

A vision of globalization based on common interests that are in people's best interest and concern their physical and mental health may be too futuristic to many. However, Andrija Stampar had

such a vision already at the beginning of the last century and we hope that time has come for us to finally continue following his visionary ideas and not only superficially implementational projects guided by capital investments.

Finally, we want to emphasise the importance of people's health which is of interest to us all and cannot be undermined by capital. Investing in human lives is the only long-term investment that pays off.

The fact that such a long-term investment is at stake is obviously a problem that cannot be dealt with during our lifetime. It is a problem that we have to overcome by thinking of the ways to resolve the issues of health care policy for future generations.

The attitude of the Croatian Association for Patients' Rights is to treat health care as a human right issue and not as a market based phenomenon. It is not acceptable any more to treat patients as slaves and to discriminate them within society.

The Association has been active in Croatia for eight years now with an intention to show and to warn people of the fact that patients are not in the position to interfere in the health care policy and decisions. Their position is not that of partners in the health care system. By searching for a model of partnership in the health care system, we discovered that there are no real possibilities for achieving such relations by relying on the existing models. This can be achieved only by the implementation of a new model.⁵

It is not realistic to expect that someone will pay money for a service with no legal guarantee that his or her human rights will be respected. The right to decide freely depends on complete true

⁵ Rusinovic, D., 2006, *Patients' Rights Representing in Croatia*, 17th World Congress on Medical Law Proceedings, Toulouse, France, 1327-1330.
Available at [<http://www.pravapacijenata.hr/pdf/Stradovi/PRRepresentingCroatia.pdf>]

information received in a timely manner. We can not expect patients to be experts, but to be the recipients of services rendered by experts without any conflicts of interest. There is no good way of building a system of patients' rights protection if we do not provide independent experts' opinions. Their independence is disputable if they are paid according to the rules of the market because the market recognises only one interest and that one is not a human being but profit.

Civil society should provide more effective ways of interfering into health care policy by asking for the observance of some elementary human rights such as deciding about your own health on the basis of valid information. We must not forget, however, that our health is directly connected to the health care policy. With such an approach, we can develop not only a better health care system but also much better relations in society in general.

CONCLUSION:

We must make our choices for the future development of the health care system.

By so doing, we shall decide whether Croatian society will protect human rights or experience just another failure. These positive and optimistic expectations will become realistic if we really stick to our human principles. The members of the CAPR are very optimistic people: they are sure that the future is going to be a better place as opposed to "great and brilliant past" or the difficult present. They are determined in their view that the future of the health care system should be based on partnership of all participants.

It is their desire to create a common model of the patients' right protection in order to contribute to the global progress of this century aimed at protecting human rights of all people. A true protection of patients' rights can be achieved by creating a new profession of the patients' rights representatives.