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## National Report Sweden

From Sweden I want to report on 2 issues this year:

The first is our public discussion of prioritizing:

In Sweden the medical possibilities increases everyday as everywhere.

The Swedish people are quickly growing older, the number of Swedish people on sickleave is still record high to a high costs of the taxpayers.

The people in Sweden are eager to keep our present health care system with equal rights of access for all citizens. Most of us also want the health care system to continue to be publicly funded even though with start to worry about how we shall be able to maintain the quality of and the access to the healthcare. So we have publicly introduced the discussion of what our health care system shouldn't provide.

Single health-regions have made lists for so called vertical prioritizing which means that each speciality lists the treatments from the most important at the top to the least important at the bottom. Then the politicians are asked to draw the line between what treatment should be publicly financed and what the patient should have to pay for himself.

This has rendered a couple of diagnosis to be named as not so serious or important as others like for example, old peoples meniscuses or young peoples urine infections. Written out in the newspapers, just like that, it sounds to the Swedish citizens as highly controversial and many doctors use this feeling of discomfort among people to profile themselves and their special medical field or activity.

However most people realize that we have got to have this discussion and soon it is time fore the real challenge. This is when we shall start the horizontal prioritizing between the medical specialities. The arguing over if hip prostheses should be of higher priority than surgery against snoring could be really difficult.

The medical associations view on this is that the work of prioritizing needs to be done but we do not think the work of priority should be done purely to save money but to save economical resources for evidensbased treatments.

Another controversial issue that is discussed in Sweden now is the relation between the doctors and the pharmaceutical industry. Several regions have legislated on their own, against any kind of economical contribution from the industry to any CME/CPD activity of doctors. There isn't to be any contributions to fees, travelexpenses, accommodations or even food.

This has created an acute problem. What shall we do instead?

These new harsh local rules will maybe in some years lead on to a situation where our employers budget funds for every doctors need of CPD but today there are certainly not enough money set aside for this.

The medical association together with the pharmaceutical industry are instead working on an update of the guidelines for an ethical, professional and useful relationship in the future. We are also working on getting all educational activities for doctors accredited in IPULS which is the institute for professional development of the Swedish doctors owned by the Swedish medical associations. It started three years ago and we hope that by the end of 2004 there should be about 300 accredited courses managed by the industry and others. We think this is a far better way to go than to panic and make rules that are not compatible, not internationally nor among the different hospitals in Sweden.

That was all from Sweden for now. Thank you for your attention.