



ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
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ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
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Swiss national report

After more than 5 years of debate, financing of the Swiss public hospitals is still on the desk of the Parliament. The Senate (States Council) Commission invested a lot of commitments in the matter with the aim of putting up common financial flows for out- and inpatient care. The major problem has to deal with private patients. Like all the others they are tax payers and pay their premiums to the compulsory health insurance. As such they have full rights to public and insurance counterpart corresponding to the basic compulsory insurance. There are between 15% - 20% of private insured patients being looked after in the private wards of the public institutions and the private hospitals. This compulsory new burden on the cantonal governments of about € 650'000 was the worm inside the apple and brought down the whole project. It came down to a partition compromise between cantonal governments and insurers (60%/40%) which is not going to be put into question in front of the National Council and be effective by the 1st of January 1007.

To this compromise belongs also the introduction of DRG's by the 1st of January 2009. A partnership project with representatives of all sides inclusive the Swiss Medical Association is under work. A joint venture with the American firm 3M was rejected to the benefit of a partnership with the German InEK Institute. It is basically a significantly interesting development, but progressing very slowly due to the spirit of procedure and the provocative demands of insurers requiring steadily settlements and new negotiations. But the Swiss Medical Association and the Swiss Hospitals Association are standing fast to participate fully to the elaboration, development, maintenance and management of this project.

We are leaving an extremely deleterious climate because the Government has let the insurers understand they might benefit of the free choice of their medical partner through the revision of the law. They behave as if this new rule had been already adopted and are steadily putting the medical profession under pressure through all kinds of petty treatment controls, additional reports, payment refusal, etc. If ever the Parliament agrees to such a basic change which would bring up the American system in Switzerland, the only difference being that it insurance is compulsory, what is not the case in the US, the Swiss Medical Association would launch a referendum. We are pretty confident as the polls are obviously in our favour.

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