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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Annual Report by the Swiss Delegation

The reform of hospital financing in the acute somatic field has been in effect for just over two years now. The SwissDRG charging structure is rapidly evolving, with a new version being rolled out every year. The amount of additional compensation has been significantly increased. The level of imprecision is still too high, however, particularly in terms of data entry, to allow the application of a standardised basic rate across all hospital categories. A distinctive feature of the Swiss system is the need to include infrastructure investment and depreciation costs in DRGs. Considering the inconsistency of provisions in this regard, it is not yet possible to have a clear picture of the scale of these costs. In the meantime, a standard supplement at the basic rate is applied. Since SwissDRG was able to stand its ground without any particular prejudice, contrary to earlier concerns, two complementary charging structures are currently being developed in the field of in-patient care, namely for psychiatrics and rehabilitation. Concerning the latter specialism, there is still a significant need for clarification: what are the different types of rehabilitation? What is early rehabilitation, when does it start and when does it end? Defining these limits and the corresponding criteria is essential in order to put a stop to the current practice of insurers who are systematically delaying the granting of guarantees to cover these treatments.

The influence of potential legal action is becoming increasingly marked in our establishments. Patient associations are being set up and in some cases are initiating systematic legal proceedings against doctors and hospitals. This is giving rise to an increasingly defensive practice, which, if it continues, could jeopardize proper patient care. This is especially the case in public hospitals, which are also victims of political wrangling. Against a backdrop of heightened competition, this is particularly destructive, with a population that views health care providers with growing scepticism.

In the field of interprofessionality, we are witnessing a gradual academisation of nursing professions, particularly in the French-speaking part of the country where the higher education institutions that specialise in nursing training are located. The proliferation of nurses holding a master's degree in their field, or even a doctorate, is whetting the appetite of their professional associations which are keen to supplant a part of the role of doctors. Political initiatives in this area are emerging, with various bills giving a high degree of autonomy to nursing professions and assigning them funding through social insurance. The medical profession naturally opposes such bills, which are liable not only to deprive us of one of our basic prerogatives but which are also detrimental to the quality of care offered to patients, as well as generating additional costs. We accept the principle of a transfer of authority, but not the principle of replacement. Meanwhile, pharmacists are also trying to replace doctors in certain areas through legislation, for example in the field of vaccinations. They are also calling for more drugs to be available over the counter, beyond any kind of medical control. For the time being, our parliamentary lobbies have kept a lid on these trends.

There is still sympathy for basic healthcare provision among the general population, with such treatments being enshrined in the constitution. To apply this principle, a ruling envisages increasing the pay of self-employed primary care physicians at the expense of the technical

fees of some specialised treatments. Hospitals will be doubly penalised by this change, as the numerous basic medical services they provide, particularly in A&E departments, will not be subject to an increase.

In recent months Switzerland has been shocked by a number of crimes committed by repeat sex offenders released from prison after serving their sentences for a previous crime. Public opinion has been heavily affected by these stories, and is calling for tighter procedures. Unfortunately, such procedures increasingly tend to imply doctors taking responsibility, and if they underestimate the risk of criminals reoffending, they risk being charged themselves. In some cantons, administrative intrusion is far-reaching, ignoring medical confidentiality and introducing laws that breach that confidentiality on the pretext of being in society's best interest.

Overall, however, the situation in Swiss hospitals is satisfactory. Now that the growth phase is definitively over, it is no longer possible to allay opposition by increasing the number of treatments offered. On the contrary, cost rationalisation must continue and there is clearly some sound room for manoeuvre in this area. Insurers know this, and are negotiating lower basic rates every year, spurred on by the uncompromising attitude of the industry watchdog, as well as various decisions taken by administrative courts, which have often backed them in dispute procedures.

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