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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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**NATIONAL REPORT OF GREECE TO THE A.E.M.H.
PANHELLENIC MEDICAL ASSOCIATION
Stockholm, 30-31 May 2014**

Public Healthcare Section

The Greek governments' policies that have been implemented during the last 4 years in Greece and have been imposed by the Memorandum of the European Commission, European Central Bank and International Monetary Fund, resulted in the GDP reduction, the debt's increase, the unemployment increase by 28% and the entrenching of poverty in the Greek society. The memorandum policies connect the healthcare expenses to the mandatory low percentages of the GDP, which has as a result the financial collapse of the public healthcare structures, the despair of the healthcare professionals to humanitarian crisis.

From 2007 – 2008 to 2012-2013, according to the OECD data, the total expenditure for health and welfare in Greece has been reduced by 18%, whereas in the OECD countries there has been an increase by 14%. Moreover, the healthcare expenses per capita in Greece have been reduced by 11% for the period 2009-2011 whereas the average reduction in the other OECD countries is 5% for the same period.

Different studies (National School of Public Health, Lancet) indicate that there are significant statistical data for the negative impact of the financial crisis on citizens' health, because of their limited access to healthcare.

Due to the inaccessibility of patients in the healthcare (3.000.000 uninsured), there has been an increase in the infectious diseases, especially in HIV patients, deterioration of mental health and perinatal mortality, reduction of vaccinations and difficulty in purchasing medicines, even for insured patients, due to the increase of the co-payment that patients must pay for their prescribed medicines (by 30% compared to 2009).

The government closed 8 hospitals in Athens, cut the hospitals' budget by 30%, no physicians have been hired in the National Health System, despite the government's commitments for physicians' recruitment with permanent labor contracts. Besides, there are shortages in medical staff (6.000 doctors, 12.000 nursing staff), 200 beds in the Intensive Care Units remain closed and there are also shortages in surgical supplies.

On the other hand, the government has increased the physicians' positions under flexible contracts and established a public primary healthcare system,

but without the physicians' consent and this had as a result a great shortage of physicians and inadequate healthcare services for the citizens.

As a result of these policies, the Greek physicians working in hospitals have seen a decrease of their salary to the extent of 40%, during the last 4 years, their on call duties being sometimes paid with a delay from 3 to 12 months, or even not being paid at all, whereas they work in conditions that are reminiscent of a "Third World" country. The unemployment rate among young doctors is so high that forces them to immigrate abroad. Therefore, their hope for reduced working hours is dissipated, their pension is slashed. However, those who train young doctors are struggling to hold high educational standards. Above all, physicians try to provide free access to healthcare to all citizens living in this country including immigrants and they make every effort to ensure that the Greek public healthcare sector will recover and survive from these policies.

Dr Constantinos LIVADAS
PhMA delegate

Private Healthcare Sector

The introduction of the Diagnosis Related Groups enables patients to cover, via their insurance fund, part of their medical expenses for their treatment.

The DRG system as well as the ICD 10 were introduced in Greece. The existing government amounts due to the private hospitals, have gradually begun to be repaid but with a certain delay.

In private hospitals, there is no shortage of consumables, as in public hospitals, although their supply has become more difficult. That is why hospitalization in private hospitals is a solution for patients suffering from diseases whose treatment is amenable to planning (can be scheduled).

There is a significant reduction in the number of medical staff working in private hospitals, while those who still work in private hospitals are obliged to work more hours with reduced salary. The repayment of hospitals' debts to healthcare professionals is made with a long delay, from 3 months to 2 years.

Dr Constantinos Koumakis – Dr Charalambos Koulas
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