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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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# National report Sweden 2015

## 1. Waiting times for hospital care

Sweden has for many years scored well in international health care comparisons, but has tumbled from 6th place to 12th from 2012 to 2014 in the Euro Health Consumer Index[1]. Long waiting times for appointments with hospital specialists and hospital care is the main reason for the lower scores. The cancer care waits are particularly problematic. Waiting times vary considerably between hospitals. For example, the median waiting time for breast cancer treatment varies between 7 and 40 days in different hospitals.

This year, a four year national effort has been launched for shorter waiting times to cancer treatment, focusing on clinical guidelines with defined time limits specific for the current diagnosis and treatment. The Swedish Association of Senior Hospital Physicians supports the national effort and lobbies for national regulations making the guidelines mandatory.

In Sweden, hospitals are financed by county councils with own taxation rights. There is a large degree of local autonomy concerning decisions about healthcare management and planning. The county councils' local autonomy has led to a situation of inequality in terms of access to expensive drugs and waiting times. A new Patient Act came into force in 2014, granting patients right to seek outpatient care in other county councils. For inpatient care, it is still easier for Swedes to go to another EU country, than to go another county council. Our organisation works for an extension of the law so that it also will include free choice of inpatient care in all Swedish hospitals.

During the past year, the public debate about inequalities in healthcare has reached the political level. Proposals have been raised about merging smaller county councils into larger regions and a stronger role for the state in health politics. These proposals are welcomed by The Swedish Association of Senior Hospital Physicians who has equal access to healthcare as one of the top priorities.

Securing competence is another of our priorities. Long waiting times in healthcare is connected to shortage of hospital staff. Lack of nurses and medical specialists is affecting both hospitals and primary care in many Swedish regions. The shortage of doctors is particularly large for general practitioners and psychiatrists.

## 2. Shortage of hospital beds

The number of hospital beds is reduced every year in Sweden. According to OECD statistics[2], Sweden has the lowest number of hospital beds per 1000 population in the European Union

[1] Health Consumer Powerhouse (2014), Euro Health Consumer Index 2014. Available at http://www.healthpowerhouse.com/files/EHCI_2014/EHCI_2014_report.pdf

[2] OECD (2014), Health at a Glance 2014: OECD Indicators, OECD Publishing.

(approximately 2.6 per 1000 population including psychiatric care beds, the EU average is 5.2). The shortage of hospital beds is getting more extreme each year, leading to bed occupancy rates higher than 100% in many hospitals. In 2014, an investigation in our magazine “The Hospital Physician” showed that a substantial number of patient injuries leading to deaths were caused by shortage of hospital beds, especially in intensive care units. There is a large pressure on doctors to discharge patients from hospitals as early as possible to free beds for those more in need. A recent article in BMJ[3] shows that these early discharges come at price. The article shows an association between length of hospital stay after hip fracture and death within 30 days of discharge. This association increased to 16% more deaths for each day’s reduction in length of stay, if the total length of stay was equal to or shorter than 10 days. Also, the number of beds for medical rehabilitation has been substantially reduced, and there is a need for more rehabilitation e. g. for stroke, neurology and heart patients.

In addition to the ongoing reduction of hospital beds, wards are being closed for increasingly longer periods due to shortage of nurses. Many nurses are leaving the hospitals because of hard working conditions, low salary levels and poor work schedules - to work in primary care or homes for the elderly, or in other countries especially Norway.

## 3. Medical education and Continuing Professional Development

In 2013, a government investigation about the medical education in Sweden was presented. The investigation suggested that the education should be extended to six years, from the present length of 5.5 years. For almost two years, the government has not moved forward on the topic, but in April 2015 it was actualised and the proposal sent out to consultative bodies.

Sweden has no regulations on recertification or Continuing Professional Development for doctors, and statistics from the Swedish Medical Association show that CPD activities are decreasing. The new Directive on Professional Qualifications has created a new opportunity. The Swedish Association of Senior Hospital Physicians and the Swedish Medical Association are putting pressure on the government to make regulations about the employers’ responsibilities for CPD activities.

## 4. Clinical leadership

The Swedish Health and Medical Services Act was amended in 1997 so that medical education was no longer a requirement for clinical leaders. Since then, the number of physicians in leading positions has decreased considerably. In many Swedish hospitals, positions such as head of department are mostly held by nurses, economists, paramedical staff, ex-militaries and other professions. This has had negative consequences such as decreasing focus on medical and professional development. Efforts to increase the number of physician clinical leaders is on the agenda for both The Swedish Association of Senior Hospital Physicians and the Swedish Medical Association.

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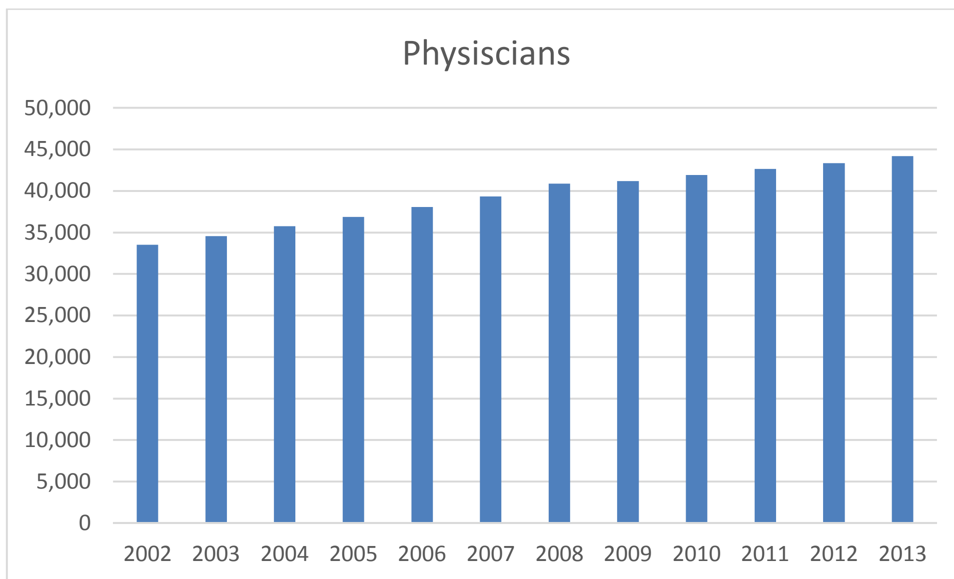
http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf

[3]Nordström, P., Gustafson, Y., Michaëlsson, K., & Nordström, A. (2015),Length of hospital stay after hip fracture and short term risk of death after discharge: a total cohort study in Sweden, *BMJ* 2015;350:h696

## 5. Increasing number of physicians

According to a recent prognosis[4] made by the Swedish Medical Association, the expected number of full-time physicians will increase by 24 percent during the fifteen-year period 2012-2027.

This prognosis is based on a continuously large influx of physicians trained in other countries. During the 2000s, Sweden has had a net migration of approx. 400 physicians per year and the prognosis includes a net addition of approx. 500 physicians from other countries per year.




[4] Parker, T. & Jaktlund, Å., (2013) Vad vet vi om framtidens arbetsmarknad för läkare? : Arbetsmarknadsprognos 2012-2027, Swedish Medical Association, Stockholm.