



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA  
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΙΧΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

<b>Document :</b>	<b>AEMH 20-014 EN</b>
<b>Title:</b>	<b>National Report Switzerland</b>
<b>Author :</b>	<b>Dr Pierre-François Cuénoud, FMH</b>
<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations</b>
<b>Date :</b>	<b>19 October 2020</b>

## **AEMH 2020 General Assembly, virtual**

### **Annual report of the Swiss delegation**

Bern, 6 October 2020

Regarding tariffs, the Federal Price Supervisor is taking an increasingly aggressive stance when it comes to the DRG base rates, recommending that only the most efficient 25% of hospitals are granted adequate remuneration. The Federal Council proposes adopting this recommendation, which puts three quarters of our hospitals at risk of bankruptcy, unless the cantons – whose finances are not exactly flourishing – step in to provide temporary rescue aid. Under no circumstances will revenues from outpatient medical services offset these losses: the reform of the outpatient care tariff structure has been outlined by the Swiss Medical Association (FMH) in conjunction with certain insurers but without the participation of hospitals, and includes an increase in tariffs for intellectual services to the detriment of technical procedures, which constitute the main source of revenue of our hospitals.

More broadly, many healthcare cost containment measures have been devised by an expert committee and gradually put out for consultation to the sectors concerned. In particular, the imposition of a global budget and the obligation to consult an ‘accredited’ primary care responder before being able to see a specialist have upset Switzerland’s traditionally liberal mentality. Nevertheless, the success of Green parties in recent federal elections is likely to reverse this trend, in the same way as a rather restrictive piece of legislation on CO<sub>2</sub> emissions, which was suddenly approved by Parliament.

Also on the political front, we welcome the result of the recent popular initiative seeking to limit free movement with the European Union, which was rejected by the Swiss electorate. Many of our hospitals in Switzerland’s border regions employ a large number of cross-border workers, who are essential to their functioning. By way of example, 60% of nurses staff at Geneva University Hospitals live in France.

Besides the need to maintain dialogue and exchange with our neighbours, the recent COVID-19 crisis has reminded us of certain realities regarding solidarity and the importance of preparing for disasters. Through targeted measures to ramp up capacity, our ICUs were able to accept three or even four times more ventilated patients than usual, which allowed them to absorb the wave of severe cases in April 2020, with the western and southern parts of Switzerland particularly affected. All elective procedures were suspended for six weeks following a federal decree, which means that many of our hospitals are experiencing a significant shortfall, with workers in certain areas of activity temporarily laid off. The compensation of these losses is currently the subject of tough negotiations, with the risk of a significant residual deficit.

The partial lockdown in Switzerland was marked by public appreciation of workers on the frontline, expressed every evening by rounds of applause at windows and on balconies. The Swiss Nurses’ Association took advantage of this to make the case for its constitutional initiative, which – under the pretext of promoting healthcare – calls for significant functional and financial autonomy for nurses, separate from other medical professions. Although we are in favour of extensive collaboration between healthcare workers, we do not deem the constitutional framework appropriate to the consolidation of corporate interests and would consider a legislative adaptation better able to adapt to evolving practices.



Finally, our hospital environments continue their relentless transformation, with the necessary concentration of expertise despite the popular backlash at every attempt to close redundant acute care facilities. If senior physicians are in favour of such consolidation, they will ultimately have to face the reality of financial priorities: every citizen seeks to benefit from the best care as quickly as possible for an affordable price, wherever it is delivered.

FMH

Dr Pierre-François Cuénoud