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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Sweden has around 10 million inhabitants. It is an oblong country where the most people live in the southern parts. We have 7 university hospitals with divided steering, partly by the surrounding county for the healthcare and partly from each university for education and research as independent authorities funded nationally. On top of this the 21 counties have around 40 smaller hospitals. The uneven spreading of healthcare access from north to south and the difference in economy and politics in different counties, leads to unequal care which we try to address and prevent as far as possible.

We have a new government, more right winged, and they want to strengthen the national impact and steering and there is a new governmental investigation coming up about how to achieve this. However, the 21 county councils are strong and there have been several attempts to change their power in the last decades, investigations only to be "put in the drawer".

Every year 1500 new doctors graduate in Sweden, we are approximately 60 000 now, and by so we are one of the countries with the highest number of doctors compared to inhabitants. Also the number of educated nurses is very high. Even so, we struggle with lack of staff, especially nurses, in hospitals but also a lot of doctors in many places of different kinds, especially pathologists, psychiatrists, clinical neurophysiologist and primary care doctors. There has also been a survey initiated by the Swedish Medical Association about the job satisfaction for doctors with quite bad results, especially among the younger ones.

In hospitals the lack of available hospital beds is a big issue. Our authority of Health and Social Care Inspectorate made an unannounced inspection in 27 emergency hospitals this year and found large patient risks and work overload in the ERs because of lack of beds. Unfortunately, some counties now spend money and resources to appeal against this, instead of putting their money to staffing and improvements.

Patient's rights must be stronger and Swedish hospital physicians have had several debates and meetings about this. For example, our timeline to care is first whole 90 days to meet a specialist and then another 90 days before operation. And other procedures needed, for example radiology, is not included. And we are far behind even with this very unmedical waiting times with huge waiting lists, even before the pandemic. This has to be changed.

We also have a large debate about the growing administration in healthcare on all levels which costs a lot. The Swedish Hospital Doctors gave our yearly Whistle-blower-prize to a group of colleagues for starting debate about the vast growing administration and meaningless tasks and we shall continue this work. Our yearly Healthy Healthcare-prize we gave to the group of colleagues who runs a surgery quality registers which gives the exact waiting times between decision to do and start of planned surgery. This makes it harder for the counties to deny the true waiting times.

We also have a growing, though now more slowly, private care mostly employer paid for 800 000 persons, meaning around 15 % percent of the working population who is entitled to quick care. This is a result of years of too long waiting-lines to get medical care. On a larger scale but it also raises questions about equity and that it might undermine the willingness to pay tax for healthcare.

There are also problems with shootings in the society, among criminals, and some threats also towards hospital staff and doctors, even though social workers are worse out.

Precision medicine is quite strong, growing, centres of excellence are organized and a debate about both costs and equity has started.

There are big issues also on daily base for hospital doctors because of the growing amount of backordered drugs.

Also, clinical leadership is crucial. Doctors must become managers and leaders to a further extent, but doctors are still losing ground or is unwilling to take these positions. We try to lift good examples and continuously points out the importance of medical knowledge in the lead. We also would like the health minister to be a doctor.