

## Member Report Luxembourg.

Three current concerns of the healthcare system in our country :

1. Shortage of skilled labour in the healthcare system, especially in the hospital teams
2. Deficiencies within the monopolistic key actors in the national health system as the National Institute of Pathology and the National Institute of Genetics
3. Slow progress in communicative digitalization in the hospital and private medical office, between all care providers. This digitalization is aimed to improving the efficiency of the care, producing data for statistical analysis of the medical and care performances, and should not being seen as a supplementary burden in the usual workload

### Luxembourg Report Association des Medecins et Medecins-Dentistes Luxembourg (AMMD)

2023 was marked by national elections which brought up a conservative- liberal government, replacing a liberal- socialist-ecologist coalition. After nearly 50 years of socialist ministers in the Ministry of Health (with only a five years interruption), the new Minister of Health is a member of the Conservative Party, having been employed formally as a mathematician in the Social Security Agency. She's actually still receiving the different stakeholders of the healthcare system in Luxembourg with the goal of a mostly complete analysis of the current state of the healthcare sector and trying to establish an interactive relationship with all the key players.

Her objectives are to improve the primary care, strengthening the preventive medicine, and to build up a more specialised curative care system with reference or excellent centres, dispatched in different hospitals. The important link is a performant digitalized communication systems, improving the exchange between both, focusing on the patient and avoiding unnecessary examinations and costs. In order to enable and promote all these objectives, she also accessed to the head of the Ministry of Social Security.

To understand all the challenges the healthcare system is facing in Luxembourg, it is important to know statistical facts and characteristics of our small country. Our population currently counts 700,000 citizens and increases every year by about 20000 to 25000 new inhabitants. Luxembourg also knew strong waves of immigration of refugees from very different cultures in the last decade. Furthermore, Luxembourg counts around 300,000 transborder workers, who partially or more or less exclusively will be treated in medical offices or hospitals in Luxembourg. This number increases yearly. All these factors are putting the healthcare system under pressure, mostly increasing the stress in the hospitals in emergency care and in secondary care. Because politics of the former decades have not foreseen this demographic evolution, the functional, technical and high tech infrastructures (operating theatres, endoscopic theatres, radiology infrastructures like MRI, even mammography...) have not followed in the necessary pace. All this induces delays in patient care, a lot of physical and psychological stress to the medical and nursing staff, decline in the quality of care and an early drop-out of the system by the nurses and also partially by hospital doctors, leaving hospital care and just concentrating on out-of-hospital medicine.

Because of the former doctrine to centralise and limit all these complex medico technical infrastructure and technology in state controlled hospitals, although most of the doctors are self-employed, no entrepreneurial or liberal medical initiative was permitted to counterbalance this deficiency in all these functional areas. This pressure in the health care

system is even worsened and emphasised by the deficiencies within monopolistic key actors of the National Health system, as the National Institute of Pathology and the National Institute of Genetics, state controlled and following the rhythm of civil servant decision-making.

The other specificity of Luxembourg is the shortage of medical staff and nurses, which was for a long time compensated by high percentage of transborder employees or foreign doctors. Luxembourg is highly dependent on this, counting 70% of foreign nurses and 40 to 50% of foreign doctors. And this situation will worsen. Baby boomers will retire. Part time work of doctors and nurses is increasing. The stress situation in the hospital, the documentation burden, on-duty and on-call obligations, the weight of responsibilities make nurses and doctors resign from the hospitals. A high percentage of self-employed doctors prefer working out-of-hospital.

To counteract this evolution, important steps have been taken the last years. In most of the medical disciplines, a revision of the nomenclature of medical acts was finalised, encouraging the hospital medicine and taking into account the factors time, risk, technicity and intellectual effort.

During the last two years, agreements between the Ministry of Health and the Association des Médecins et Médecins-Dentistes Luxembourg (AMMD) were negotiated for on-call allowances and on stand-by duties, till there completely free, for self-employed doctors and salaried physicians.

The other important initiative to challenge the shortage of nurses and doctors is the development of a Medical School in Luxembourg. The University of Luxembourg developed in the last decade a bachelor programme in Medicine and four different bachelor programmes in nursing. The development of a master programme in Medicine is under analysis. Till now, this master programme is organised for Luxembourgish bachelors in Belgian, French and German universities. Speciality training programmes in Luxembourgish teaching hospitals are offered in neurology and oncology and are under development in psychiatry and geriatric care.

The other important challenge is to speed up the slow progress in communicative digitalization. The aim is to create a functioning network between primary and specialised care provider, including the patient, between in-hospital and out-hospital doctors, between State Institutes, hospitals and medical offices. This network should improve the efficiency and quality of care, decrease the administrative burden, avoid unnecessary examinations and therefore costs. And it should produce data for statistical analysis of public health and medical care performances, aiming the excellence. Actually, the national documentation system is nearly unused. The 4 hospital groups' documentary systems have no interface. The IT documentation systems of the medical offices cannot exchange with the hospital documentation. Furthermore electronic exchange of data or certificates like work leave or prescriptions cannot be shared between doctor, patient, pharmacist or National Health insurance. Quick and efficient development of a communicative digitalization in the national health care sector is a major challenge in the next years. Success in this objective will be the big game changer in National Health and National Social Security.

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