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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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1. General situation, national healthcare policy

Sweden holds national and local elections on September 14th 2014, and most large decisions about the healthcare policies are put on hold, awaiting the election results. This includes the processing of several major government investigations concerning the Swedish healthcare system, e.g. a new Health and Medical Services Act.

Two policy changes will most likely pass the parliament before the elections; The new Patient Law and changes to the Patient Data Act. The Patient Law will introduce a new right for Swedish patients to seek specialised outpatient care anywhere in Sweden, i. e. outside of their own county councils. The changes to the Patient Data Act will clarify issues such as who can access patient data and under which circumstances.

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. During the past years, online medical records with patients' access to their own medical data have been implemented in some of the county councils. The Swedish Association of Local Authorities and Regions has tried to implement a national regulatory framework for the online records, however they failed to make a uniform framework. As a result of this, the online medical records will come in 21 more or less unique versions, one for each county council.

The county councils' local autonomy has also lead to a situation of inequality in healthcare. The strongest critics have expressed that "Healthcare in Sweden is a postcode lottery", due to the fact that access to certain medical treatments is granted in some county councils but not in others. The new Patient Law will only partially change this inequality, since it only grants rights to outpatient care in other county councils. It will still be easier for Swedes to go to another EU country for inpatient care, than to go a couple of miles to the next county council.

The number of hospital beds keeps being reduced every year in Sweden. According to OECD statistics¹, Sweden has the lowest number of hospital beds per 1000 inhabitants in the European Union (approximately 2.7 per 1000 including psychiatric care beds, the EU average is 4.8). The lack of hospital beds is getting more extreme each year. A recent media investigation shows that about 10 % of all serious patient injuries, including deaths, are caused by lack of hospital beds. There are large local variations between county councils, from 1.8 beds/1000 in Stockholm to 2.6 in two rural county councils (somatic care hospital beds only)².

On political level, the lack of national coordination in healthcare sector has led to a discussion about stronger state control and governance. The current Social Minister has expressed that he is willing to discuss a new health care reform, aiming at national taxation and control over the healthcare sector, thus making the county councils obsolete.

¹ OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing.
http://dx.doi.org/10.1787/health_glance-2013-en

² Socialstyrelsen (2013). Öppna jämförelser : Jämlik vård 2013. Available at
<http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19303/2013-12-28.pdf> (only in Swedish)

2. New structure for government agencies

There has been a recent restructuring of government agencies in the healthcare sector in Sweden. Last year, the Health and Social Care Inspectorate was created as a new government agency to take over the supervisory activities of the National Board of Health and Welfare. The Public Health Agency was formed January 1st 2014 as a merger of the Swedish National Institute of Public Health and the Swedish Institute for Communicable Disease Control, and the Swedish eHealth Agency was formed on the same date, with the aims to pursue development of a national eHealth infrastructure. In addition to these agencies, the new Swedish Agency for Health and Care Services Analysis was formed in 2011. The division of tasks and roles of the various agencies are somewhat unclear and it remains to be seen if the agency restructuring is beneficial for the healthcare sector.

During the past years, there have been some high-profile court cases in Sweden concerning physician professional liability. Medical issues have traditionally not been subject to legal proceedings in Sweden. Normally, patient complaints are reported to the relevant government agency and investigated there. Sanctions against doctors in these cases have been limited to loss of licence or restrictions of the right to practice medicine. The trend towards more court cases against doctors is a new phenomenon in Sweden, related to general loss of confidence in the healthcare system and in government agencies. It is essential for the new agencies to fulfil their role to investigate medical errors and patient complaints in efficient and competent ways in order to restore confidence for the system.