



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
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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
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EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Regarding tariffs, the SwissDRG structure adjusts flexibly with developing inpatient costs. However, outpatient benefits remain discharged by service and based on obsolete tables, affiliated partners' claims block the evolution of the whole system. This promotes interference by political powers as well as the emergence of global budgets, which are harmful to patients.

Elections for reconfiguration of both houses of national parliament will occur next autumn. As a result, all political parties are frantically campaigning to win votes. Recent polls about the population's main concerns place health and climate largely ahead, as a result, a whole series of initiatives intended to change the financial burden of health care for citizens have emerged: some are not realistic, others outline principles without any specific solutions. Once this date has passed, rationalization of strengths and resources may then proceed more calmly.

Among noteworthy events, a ruling by the highest judicial body recently went against an insurer who refused to allow the full payment of a costly hospital treatment under the pretext that the cost-benefit analysis was unfavourable: this ruling confirms that doctors and patients remain in control of their destiny when faced with health problems. In other encouraging news, the Lausanne University Hospital was crowned among the 10 best hospitals in the world: its simple hierarchical structure as a public service explains, in part, its efficiency and its rapid adaptation, much to the annoyance of its competitors and jurisdictional tangles.

With regard to the media, there have been debates on the level of medical fees. 0.1% of our colleagues make more than 1 million Swiss Francs/year, independently of their expenses. This is mixed income, however, of which a significant part stems from private activities which are not paid by social insurance. Employed senior executive physicians are seldom concerned by these excesses, as transparency has become the rule regarding their remuneration. Furthermore, applying premiums for volume of services has come under fire and should be eliminated.

Generally speaking, the profile of hospital medical careers is evolving. In order to better orientate emerging young talent, a support structure has been created by the FMH, senior physicians, assistants and student organisations as well as by the institute for medical training: "Coach my Career" can count on the experience of highly qualified teachers, motivated to produce the next generation of medical professionals. Increasing the number of women in our ranks has not been forgotten, calling

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for more flexibility of services. Rarely seen in Switzerland, the umbrella group of H+ hospitals perfectly reflects this tendency, with a female president, director and a senior manager geriatrician as the representative for physicians.

FMH

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