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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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<b>Author :</b>	<b>Dr Pierre-François Cuénoud, FMH</b>
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## **AEMH 2021 General Assembly, virtual**

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

Bern, 19 April 2021

In terms of general health policy, there are no significant changes to note in the main areas mentioned in our report back in October 2020. In fact, our executive authorities have been completely tied up with managing the COVID-19 pandemic. Meanwhile, parliaments have focused on the many consequences of the pandemic, with the different lobbies systematically raising false alarm depending on the restrictions put in place.

For hospitals, the pandemic has of course heavily impacted our habits and assumptions. While the successive waves have clearly resulted in additional work, particularly in intensive care units, we are relieved to note that our hospitals did not become overwhelmed and our health system did not collapse. At no point did doctors have to triage patients, only treating those with the best chances of survival and leaving others to die.

During the first wave in spring 2020, the Swiss federal government took charge of managing the crisis, as permitted by law. This is why all non-urgent medical procedures were prohibited for six weeks throughout Switzerland, both in hospitals and in medical surgeries. As incidence rates were much lower in the north and east of the country, many infrastructures remained unused during this period. This resulted in significant delays in certain treatments, as well as considerable financial losses.

Drawing on this experience, management of the second wave in autumn 2020 was delegated to the 26 cantons, with the federal government merely setting out the basic measures. This approach – in line with Swiss tradition – gave rise to many complex situations in border regions but afforded greater flexibility to hospitals. Elective procedures thus largely went ahead, and were constantly adapted to hospitals' occupancy levels and COVID-19 caseload. A national coordination unit for intensive care units was set up, allowing rapid transfers from one end of the country to the other. This meant that we never experienced a shortage of beds here in Switzerland.

Since the beginning of 2021, the emergence of virus variants has caused a slow resurgence of cases, but fortunately without massive hospital admissions up to now. Systematic vaccination of high-risk groups – while still too slow – probably explains the much flatter evolution of the third wave, as well as the less dramatic public health implications. Meanwhile, the 'coronasceptics' are making their voices heard and eroding the general public's discipline by exploiting people's restriction fatigue and the plight of certain sectors condemned to inaction.

At the moment, it is difficult to make a precise assessment of this exceptional period for our hospitals. For 2020, the overall additional costs amount to around CHF 2 billion for our healthcare facilities, one half through the loss of revenues from elective procedures and the other through the increase in staff and material costs. As both the federal government and insurers are refusing to provide any sort of financial support, this is left to the goodwill of the cantons as they bear ultimate responsibility for their health systems. The question of compensation for private hospitals is a matter of debate as authorities are mostly unwilling to pay public money to companies that were able to pay dividends to their shareholders.

We have seen great resilience and receptiveness in hospital staff. Mental health units have been set up, which have prevented a significant level of absenteeism. Since the beginning of the pandemic, around 20% of all doctors and healthcare workers have contracted the coronavirus, usually outside of hospital settings. Until now, no healthcare professionals have died of COVID-19 in Switzerland's hospitals. Vaccination is naturally a priority for all healthcare workers with patient contact.

Despite the uncertainty around the development of the pandemic, our hospitals are striving to accomplish their mission in full. Management teams are constantly on the alert, thereby flexibly ensuring the continuation of high-quality healthcare provision to cater in real time to the needs of all patients.

FMH

Dr Pierre-François Cuénoud