Vader, John-Paul MD, MPH, Lausanne, Switzerland

Professor of Social and Preventive Medicine at the University of Lausanne Medical School (Lausanne, Switzerland); physician-epidemiologist at the Healthcare Evaluation Unit of the Institute of Social and Preventive Medicine, main interest the quality of care
Professor für Sozial- und Präventivmedizin, medizinischen Fakultät der Universität Lausanne, Schweiz; ärztlicher Epidemiologe in der Organisationseinheit für Evaluation der Gesundheitsversorgung des Institutes für Sozial- und Präventivmedizin, Schwerpunkttätigkeit im Bereich Versorgungsqualität

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Politics : is it healthy for you and me ?

Abstract

In der jüngeren Geschichte wurden die Wechselwirkungen zwischen Politik und Gesundheit in der Bevölkerung immer wieder dokumentiert. Es gibt zahlreiche Beispiele, von denen wir hier nur einige wenige nennen: die Folgen der Finanzierung des Gesundheitswesens für die Nutzung benötigter Leistungen, die Verwendung knapper Ressourcen für eine unangemessene Betreuung, die bestenfalls verschwenderisch und schlimmstenfalls schädlich ist, die vorteilhaften gesundheitlichen Auswirkungen staatlicher Eingriffe durch die Besteuerung schädlicher Stoffe, Verkehrsvorschriften, die Fluoridierung von Wasser; die Gefährdung der Gesundheit durch das Pochen auf wohlerworbenen Rechte, einschließlich der Rechte der im Gesundheitswesen Beschäftigten etc.
Dieses Wechselspiel von Politik und Public Health wird das Hauptthema der 14th Annual European Public Health Conference sein, die dieses Jahr vom 15. bis 18. November in Montreux (Schweiz) abgehalten wird.

In November 2006, the 14th annual meeting of the European Public Health Association will be dedicated to the theme of “Politics, Policies and/or the Public’s Health”. Why such a theme and wherefore the title of this article?

In a previous article, Horst Noack referred to the “Modern Public Health” [i] and described the difficulties and unpreparedness of the public health community in responding to public health challenges in the modern era and, in particular, in advising political leaders. He proposed a conceptual framework that can assist public health professionals in this task.

In addition to a clear conceptual framework, public health professionals will require a sound dose of political realism and humility in their avowed objective of maintaining and improving the health status of populations. Political realism, because so many decisions that will seriously affect the health of populations will be taken by political decision makers with perhaps only marginal interest in the health of populations. We must accommodate this reality, and, while remaining vigilant about conflicting interests, find ways and means to exploit those interests and build alliances -- some of which may seem perhaps “unholy” -- in order to foster the public’s health. Humility also, because so many such decisions that have contributed greatly to the public’s

health have already been taken by others outside the public health field. It is a euphemism to write that the politics of legislative decision-making is often the fruit of strong vested interests and that policy decisions – including health policy decisions – at the government level, though often including elements of sound science, do not always follow what public health professionals would consider the logical conclusion of sound science.

Although examples of the intricate interplay of politics and policies on the health of populations are abundant, a few examples will be edifying to underscore the point.

The politics of health professionals endanger the health of their patients.

Those who work in the field of quality of healthcare look back with admiration at the pioneer effort undertaken by the then US AHCPR (Agency for Health Care and Policy and Research) in developing high quality clinical practice guidelines. Unfortunately -- for the agency and the programme -- one of these guidelines dealt with low back pain in adults and, based on firm scientific evidence, suggested that surgery for this condition was rarely necessary. This led to a letter-writing campaign to members of Congress by the North American Spine Society (NASS), accusing the research team of bias and incompetence[ii]. This campaign culminated in the founding of a lobbying organisation called the "Center for Patient Advocacy" [sic] by an orthopaedic surgeon. The avowed purpose of the organisation was the elimination of all funding for the AHCPR. Only after great efforts of lobbying that exposed the reasons for the attacks was it possible to save the AHCPR, though its budget was substantially cut. The end result was that the AHCPR decided to put an end its guideline-development work; it was too political!?

Non-health policies save lives.

In 2005, two important changes in the road traffic policies came into effect in Switzerland, one legislative, the other administrative. The legal limit of blood alcohol content was lowered from 0.8 o/oo to 0.5 as of 1 January 2005. In addition, many parts of the country witnessed stricter application and more widespread control of speed limits. The results of these two policies was a 20% drop in traffic accident mortality throughout the country [iii], down to 409 from 510 in 2004 -- a clear victory for the public's health. One has to go back as far as 1945 to find a toll of traffic deaths as low as 2005 in Switzerland!

Healthcare financing policies threaten health and waste money.

The way much of our healthcare financing is organised has been documented to be unhealthy. Two examples:
A pilot programme of accelerated rehabilitation and convalescence after hip surgery[iv] demonstrated that with more dynamic and active post-operative care, beginning on the day after surgery, patients could leave the hospital earlier, with fewer complications and more frequently return home (rather than to an intermediate care facility). And they were just as satisfied as before the programme. However, because the state insurance reimbursed hospital stays with a flat per day rate, the hospital was actually losing money with the newer (and better) programme. In such a state of health care financing, it is not surprising that the hospital administration decided not to continue the programme after the pilot phase.

It has been known for many years that patients who need care (not just those who want care) tend to receive less necessary care if they are required to share costs in the form of co-payments [v] [vi]. And yet many of our health systems are still requiring co-payments for needed care, especially for preventive services.

Overuse and underuse of care go unnoticed

The forgotten aspect of Swiss healthcare reform is that, by law [vii], treatments that are reimbursed by the state social insurance are supposed to be "appropriate" . All efforts at implementing reform have been directed to the "economic" and to a lesser extent to the "effective" criteria of allowed reimbursement. Implementing appropriate care involves decreasing both "underuse" of care and "overuse" of care. Both have been shown to be present in Switzerland, the most expensive health care system in Europe [viii] [ix]. Not only do politicians seem little worried about this, but no one else does either, including insurers, patients and the healthcare professionals. And while such efforts at rationalisation of the available resources are being ignored, implicit and explicit rationing of healthcare is clearly present [x].

These few examples, among many that could be cited, show the importance of politics and policies on the public's health, on your health and mine.

Just as public health professionals like to remind their medical colleagues that much of the improvement of the health of populations was the result of forces outside of the medical field, so must public health professionals admit that much of what is really affecting the lives of populations is being done outside the daily work of the vast majority of public health professionals.

This interplay between politics, policies and the public's health will be the underpinning theme of this year's annual European public health conference in Montreux (Switzerland), from the 15th to the 18th of November (www.eupha.org).

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