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Greece Health News

Hospitals Run on Scant Staff

Many state hospitals are operating at below the emergency-staff level due to a chronic absence of personnel, says the leader of the country's hospital workers' union.

Even university hospitals are unable to maintain self-sufficient specialist units as there are too few employees to staff them, according to the president of the Panhellenic Federation of Public Hospital Workers, Stavros Koutsibelis. He cited the example of Larissa's University Hospital, whose cardiac and urology units have been merged due to a lack of staff to maintain them separately.

Koutsibelis said that one in four permanent posts at state hospitals are vacant and stresses that this situation is certain to worsen over the coming years with the next anticipated "wave" of retirements. Recruitment to permanent posts at state hospitals in Greece does not exceed 800 staff per year, while at least 1,200 are retiring on an annual basis – a rate expected to reach 2,500 over the next few years.

In some hospitals, understaffing is obstructing the smooth running of crucial units. The Metaxa Hospital in Piraeus has had to postpone scheduled operations for cancer sufferers - who now have to wait up to two months to be seen. According to the hospital's chief doctor Thanassis Karambelis, 142 of the 441 permanent hospital posts remain vacant. Meanwhile, another 40 nurses are on long-term leave. As a result of the shortages, doctors are often obliged to conduct blood tests - usually the role of nursing staff - which contributes to the backlog, he said.

The immediate recruitment of extra staff to fill these crucial gaps in the state health system is the main demand of hospital staff. Workers are also calling for their profession to be classified as hazardous and a health risk – a category that offers special benefits.

They have threatened to stage a two month strike unless their demands are satisfied.

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Health Costs 'Bankrupt' the Poor

Some 50,000 Greek households go bankrupt every year as they pay way beyond their means for health services, particularly when it comes to serious illnesses.

"The problem with our health system is that the have-nots are paying much more than their incomes allow," said Yiannis Kyriopoulos, an expert on health economics.

In Greece, some 2.4 percent of households face bankruptcy as they pay out more than 40 percent of their total income on health services. These are "catastrophically high expenses" and a significantly higher rate than in Europe, where an average of 0.4 percent of households are bankrupted by excessive medical expenses. In the USA the equivalent rate is 1.2 percent.

The problem is particularly acute when it comes to treating serious illnesses. "Recovery after a heart attack differs for patients from different income levels due to the difference in their access to medical care," according to Kyriakos Souliotis of the University of Peloponnese.

Some 35 percent of the population avoid using health services when they have a medical problem as a way of avoiding excessive costs, Souliotis said.

But a significantly larger proportion - some 65 percent - have a different approach: They prefer to go private and

pay more than endure the time-consuming state system, missing days from work and thus losing out on salaries. www.ekathimerini.com

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Can the Country Afford to Turn to Private Healthcare?

By Lykourgos Liaropoulos It was recently said that Greece's health system is now the most privatized among the Organization for Economic Cooperation and Development's 30 developed countries.

Private spending, either officially permitted or done against the law, is growing to a greater degree than the GDP and now meets over 50 percent of the overall spending on health. On the other hand, public expenditure on health has shifted toward social security funds. But these, as their capacity to meet growing demand is diminishing, produce deficits and are incurring huge debts to health providers.

As the state's ability to fund social services drops, there is less and less state funding to the supply side.

Such underfunding has helped public health infrastructure remain in the same state it was 25 year ago.

Public health sector employees - professionals, medical practitioners and others - feel neglected and are turning for a living to private facilities, which have been enjoying steady inflows of fresh capital.

In 1976, there were around 900 smaller private clinics operating around the country but not even one major private hospital. In 2006, private clinics numbered less than 200, with a number of major private hospitals (owned by three or four big groups), claiming an extensive portion of private health turnover.

In the 32 years since 1976, we have seen dramatic changes in technology and medical science, which have considerably enhanced therapeutic potential. The private sector responded promptly, initially entering the diagnostic segment and later turning to providing treatment services.

Private health services are now expanding into other, neglected areas, such as rehabilitation, primary healthcare and home care. In the period 1995 to 2004, private investment in health rose an incredible 1,400 percent.

The state, on the other hand, simply keeps falling behind. In the past decade, this was primarily the result of the state's long-established sloth and its habitual ineffectiveness in managing all kinds of organised service provision systems.

To date, it seems that the state's backing off is a much more intentional move, though still not acknowledged.

Ceding public duties to private hands is being done gradually, pursuant - sadly, one could say - to the latter's business plans. An increasing number of public-private partnerships, exemplified by a rumored concession of primary healthcare to the private sector, are just some of the signs pointing to the privatization of the National Health System.

A question that still needs to be answered is whether Greek society is willing to consciously turn over its health to private hands.

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