
ICU Volume 10 - Issue 1 - Spring 2010 - Interview

Highlights of Health in Switzerland

Migration and Health

Around a third of the Swiss population are people with an immigrant background. This means that they either immigrated to the country or were born here but have at least one parent who immigrated to Switzerland. Although a large proportion of immigrants are well integrated and their health is hardly any different from that of Swiss citizens, studies have shown that they are exposed to specific health risks. For example, infants of African, Sri Lankan or Turkish nationality, as well as those from the former Yugoslavia, have higher mortality at birth than Swiss children.

Mothers from Africa and Sri Lanka are the most likely to give birth to infants with low birth weights; the likelihood of a stillbirth is also particularly high among them. In surveys, people from Turkey assess their own state of health as bad or even as very bad. Consequently, they frequently see a doctor and take painkillers or tranquillisers.

The Older Working Population

Baby boomers in Switzerland are growing old. As a result, the number of over 50-year-olds in the working population is rising steadily. Known in Switzerland as the "older employed", their share rose from 25 to 28 percent of the working population from 1996 to 2007. It is estimated that by the year 2020, one third of the working population will be aged 50 or older.

Consequently, older people are generating a growing share of Switzerland's gross domestic product (GDP). Because their health determines their ability to work, it is also becoming more significant for economic reasons. This trend is likely to pick up steam, particularly because a debate about an extension of working life is currently underway in Switzerland.

Healthy Aging

People in Switzerland currently have one of the world's highest life expectancies at birth. It is therefore not surprising that the number of elderly people, particularly those over 80, is rising markedly. According to estimates by the federal statistical office, approximately 600,000 more people aged over 80 will be alive in 2050 than today.

Resources and Demand for Medical Services

All residents of Switzerland have access to the resources provided by the healthcare system. This is guaranteed by the Health Insurance Act. Nevertheless, some medical services are not equally available everywhere, because resources and demand for these resources are unevenly distributed from one canton and region to another. But existing regional differences are not reflected equally in all medical services.

In Switzerland, the impact of regional differences is mainly seen on three levels: between urban and rural areas, between eastern and western Switzerland, and between border regions and non-border regions. The difference between urban and rural areas makes itself felt first of all in outpatient care. In urban areas, medical services are markedly more comprehensive. These resources are also partly available to patients in non-urban areas, namely when they travel to cities for treatment. But people who live in cities still make use of inpatient services more frequently than people who live in other regions.

Costs, Financing, Efficiency and Solidarity

In 2005, a total of CHF 53 billion, or approximately 11.4 percent of GDP, was spent on health goods and services in the healthcare sector in Switzerland. This put Switzerland in second place in the world, behind the United States. Inpatient care accounted for 46 percent of all healthcare spending and outpatient care for 54 percent.

In 2005, private households paid 66 per cent of all healthcare expenditures. The Confederation, the cantons and the municipalities accounted for 27 percent. A large proportion of these expenditures went to subsidise inpatient care facilities, particularly hospitals. In Switzerland, seven percent of financing requirements – a relatively small share of the total – are covered by private enterprise contributions to accident insurance, old-age and survivors' insurance (aHV) and invalidity (disability) insurance (iV). The situation varies considerably across the country.

There are marked differences from one canton to another, both with respect to the structure of healthcare provision and to costs. In some cantons almost three times as much is spent on health as in others. There has been considerable debate about the causes for these differences. At the forefront of the debate are divergences in the organisation, structure and availability of services – on top of which come sociodemographic and socioeconomic differences. A relatively centralised healthcare structure and a high proportion of medical specialists or specialist hospitals have variously been blamed for above-average costs in some cantons. It is worth noting that health factors play a less significant role.

The Principal Healthcare Challenges

The Swiss healthcare system will face major challenges in the coming years. In all likelihood, the demand for medical services will continue to grow and consequently also the costs. This trend has different causes. Demographic shifts probably play the most important role: as the number of older people is rising, so is the demand for medical and nursing services. Furthermore, it is to be expected that certain chronic diseases such as cardiovascular diseases will be more common in the future. General medico-technical progress is also likely to result in more extensive diagnostic and treatment capabilities.

Lastly, it is well known that the more prosperous a society is, the more use it makes of medical services. Against this background, calls for a more effective control of rising costs and premiums are growing ever louder in Switzerland. Moreover, healthcare services and healthcare professions themselves are also undergoing structural change. It is particularly noteworthy that a growing number of medical personnel are working part-time and that the proportion of women and medical specialists is also growing. On the other hand, the number of medical school graduates is not keeping pace with demand. If these trends continue, a decline in the availability of medical services is to be expected.

Published on : Thu, 15 Aug 2013