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Overview of the Healthcare System in Finland

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The aim of Finnish health policy is to lengthen the active and healthy lifespan of citizens, to improve quality of life, and to diminish differences in health between population groups. In 2002 there were more than 19,000 doctors in Finland.Almost 1,000 Finnish doctors of working age live abroad and some 200 foreign doctors practice in Finland under temporary licences. About half of the Finnish medical profession is female.

The child mortality rate in Finland is one of the lowest in the world; the infant mortality rate is below 4%. The life expectancy for women is 81 years, for a man, 73 years. The life expectancy of Finnish men is impaired by cardiovascular disease, excessive consumption of alcohol and accidents. Cardiovascular mortality has declined in response to effective health and nutritional education in recent decades but excessive blood cholesterol levels and obesity remain common in Finland. Smoking and drug abuse are significantly less frequent in Finland than in Europe on average. Prevention receives particular emphasis in primary healthcare.

Primary Healthcare in Finland

Finland is divided into some 450 municipalities. Each municipality is responsible for arranging healthcare for its inhabitants. Primary healthcare is provided by health centres established by a single municipality or jointly by neighbouring municipalities. Municipalities have the right to buy services from other municipalities or from the private sector. Health centre services include medical consultations and provision of dental care, preventive care and environmental healthcare. Health centres run maternity and child health clinics, and arrange school and occupational health services.

Finnish municipalities have switched from a primary healthcare system to a family doctor system. Each family doctor is responsible for about 2,000 patients. The aim is for a patient to be able to contact her or his doctor and have needs for treatment assessed within three working days. This system has proved very successful.

Benefits of long-term treatment relationships include a reduced need for hospital exams and reduced healthcare costs. Outpatient care is also provided by occupational and private healthcare units. Employers are under an obligation to arrange occupational healthcare for employees which can be arranged through municipal health centres or private practitioners. About 4% of Finnish doctors work in occupational healthcare, offering both preventive services and primary healthcare.

Specialist Care

Finland is divided into 20 hospital districts, each providing specialist consultation and care for its population.

Local municipal authorities are responsible for funding specialist treatment for inhabitants of their areas. Each hospital district has a central hospital with departments for main specialties. Finland has five university hospitals. These provide the most advanced medical care, including highly specialised surgery and treatment for rare diseases. The university hospitals are also mainly responsible for the clinical training of medical students, and for medical research. In comparison with the situation in other countries, the number of hospital beds in Finland is fairly high.

There has been a trend towards reducing the number of hospital beds by grading of care, which means that milder cases are treated in outpatient care and health centres and more severe cases in hospitals. Other ways of reducing the number of hospital beds include introducing short-term postoperative treatment and transferring patients, for example those receiving psychiatric treatment, to receive outpatient care. The number of emergency units has also been reduced in an effort to save costs and reduce the workloads of doctors.

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Costs of Public Healthcare

Health services are available to all in Finland, regardless of their financial situation. Public health services are mainly financed from tax revenues; partly municipal, partly state tax. Central government's contribution to municipal healthcare is determined by population numbers, age structures and morbidity statistics. A number of other factors also affect its computation. Finland spends less than 7% of its gross national product on healthcare, one of the lowest among EU member states. The public sector finances 76% of total healthcare expenditure, users of services 20% and others 4%. Other contributors include employers, private insurance and benefit societies.

Private Healthcare

Private medical treatment is provided by municipalities and the state. Particularly in cities, many doctors, dentists, and physiotherapists offer private care. There are also a few small private hospitals. Only about 8% of Finnish doctors earn their living solely as private practitioners. However, about one third of doctors run a private practice in addition to working in a hospital or health centre. Most private practitioners now work in group practices.

Everyone in Finland is covered by obligatory sickness insurance, funded through taxes by the state, municipalities, employers and the insured population. The sickness insurance scheme reimburses fees paid by patients to private doctors, costs of medicines prescribed, and transportation costs arising from treatment of illness. By far the greatest expenditure in relation to health insurance is compensation for sick leave and parental leave. All licensed Finnish doctors are covered by the reimbursement system, which is administered by the social insurance institution

Medical Education in Finland

In Finland, basic medical education is given in five universities (Helsinki, Tampere, Turku, Oulu, and Kuopio).

There is substantial competition for places in medical schools. The number of applicants is four or five times higher than the number admitted. The FMA has tried to persuade the authorities to bring numbers of students into correspondence with numbers of doctors needed. The view of the FMA is that adequate supply of doctors should be ensured by improving remuneration and working conditions of doctors rather than by increasing numbers of students. Studies have traditionally involved an initial two-year preclinical period of mainly theoretical courses in anatomy, biochemistry, pharmacology, etc. However, students now have contact with patients from the beginning of their studies.

A problem-based learning method has been introduced. All medical schools have research programmes for students who wish to undertake scientific work. Inclusion of clinical cases in various courses and preclinical subjects is becoming common. During the clinical period of their courses, students participate in the work of various hospital and health centre departments, learning necessary medical skills. After each clinical course, students have to pass a final examination in the specialty. Basic medical education lasts for some six and a half years and leads to the degree of Licentiate of Medicine.

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