



Recommendation 979 (1984)¹

Future of health structures

Parliamentary Assembly

The Assembly,

1. Concerned by the fact that expenditure on health has reached a level beyond which it would result in a considerable burden for the economy during the period of reduced economic growth which seems to be affecting the countries of Europe, and considering that it is desirable to control this tendency ;
2. Recalling that health can no longer be considered as the absence of illness, as was the case throughout the centuries, but rather as the expression of a state of generalised well-being with all the consequences that entails for the organisation of social and health facilities ;
3. Noting that, apart from this revolution in ways of thinking, there are other causes of a general nature which tend to increase expenditure, such as :
 - a. the ageing population - a situation which will inevitably become more acute with the improvement of living and working conditions, and the arrival of generations accustomed to efficient and modern medicine from the beginning of their working life ;
 - b. accidents and illnesses connected with the way of life in Western society. These are, among others, traffic accidents and accidents due to dangerous work and alienating situations such as prolonged unemployment ;
 - c. progress in medical technology, which not only calls for extremely costly apparatus before the previous equipment has been written off, but also has the indirect consequence of increasing the number and length of cases requiring prolonged treatment for numerous diseases that in the past were rapidly fatal ;
 - d. the tendency to seek medical solutions for numerous social problems, such as drug addiction, alcoholism, sexual difficulties and, above all, solitude of the aged which, owing to the absence of family support, results in hospital care ;
4. Noting also that, aside from these "demand" factors, there are also factors related to the "supply" of care, for example the considerable increase in the number of specialists in the last decade, the replacement of charitable institutions by public hospitals with normally paid staff and, finally, demands which weigh upon hospital directors who try to increase receipts with little regard for the impact of this expenditure at the national level ;
5. Considering that whatever the origin and conception of the various national health services existing in the member countries, they are all becoming organisations of a mixed nature whose object is to protect the poorer sections of the community and wage earners from the adverse effects of market forces in our liberal societies by ensuring them minimum protection. This principle of solidarity, which is at the heart of health care policy, cannot be called into question at political level ;

1. See [Doc. 5167](#), report of the Committee on Social and Health Questions. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 22 March 1984.



6. Considering that all endeavours to achieve a better definition both of the ethical basis of health care and of the principles of structural rationalisation should be based on the following considerations and guidelines :

- a. It is fundamental to the notion of solidarity that measures aimed at stabilising medical costs should not affect the quality of the treatment, in particular in the case of serious diseases and patients suffering from prolonged illness which necessitates elaborate and costly treatment ;
- b. The doctor, who is the main pillar of the health service, must see to it that the patient receives the best possible care. He cannot assume the role of the public authorities by placing interests of society above those of the individual without harming the confidential relationship between doctor and patient ;
- c. The right to medical care also presupposes certain duties. Education, and not reproof and accusations, must awaken the individual's sense of responsibility for the consequences of certain types of behaviour with regard to nutrition, smoking, alcohol, dangerous driving, high-risk sports and many other areas of social life ;
- d. Participation and dialogue must have a place in a health system that is still, generally speaking, centralised. On the other hand, too much decentralisation could lead to inequalities. Outline laws must therefore guarantee the same protection to all patients at the same time that they make the decision-making machinery more understandable by allowing a certain amount of decentralisation ;
- e. The concept of prevention must be broadened and developed, provided that it improves efficiency by aiming at carefully defined goals. It should be directed towards the black spots of modern life such as nutrition, pollution, inadequate housing, stress and nervous depression, more than infectious diseases, which currently are given great attention. The authorities should be mindful that prevention in the short and medium term, despite undeniably beneficial effects, is not an effective means for reducing health spending, which is shifted rather than eliminated ;

7. Convinced that a reduction of expenditure on health would be unrealistic at the current time, and that the aim should be to stabilise or contain the spending, and that it would be wrong to judge the health service with the same cost-efficiency yardstick as is done for instance in industry and agriculture ;

8. Recognising that there is no model system or panacea for containing health expenditure, but rather a set of more or less isolated measures, from which each country must choose the ones most suited to its demographic and social structures ;

9. Taking note of the report of its Committee on Social and Health Questions (*Doc. 5167*), as prepared following the Parliamentary Hearing on Health Economics held on 25 and 26 October 1983, and bearing in mind all the work done by the Council of Europe in the field of health and social security, in particular the provisions of the European Social Charter and the European Code of Social Security,

10. Recommends that the Committee of Ministers :

10.1. invite the governments of member states :

10.1.1. to supply the health professions with information systems and health programmes such as evaluations of medical techniques and efficiency controls, and to introduce quality of health indicators in order to give the patient the necessary care carried out efficiently in accordance with his own needs and in conformity with recent scientific developments, as well as keeping the costs at a reasonable level ;

10.1.2. to develop and improve the efficiency of education, training and information programmes, with health promotion programmes for the population, in order that information on health and hygiene reaches more particularly the poorest and most vulnerable sections of the community, and to develop primary care by increasing citizen participation and bringing the health services closer to the people ;

10.1.3. to establish a necessary balance between promotion, and prevention and between hospital care, home care and rehabilitation, and to develop above all primary health care, that is, by reinforcing the role of the general practitioner (the family doctor), through professional training and through the social security system ;

10.1.4. to plan reforms in the training of health professionals on social and psychological matters, in order to emphasise the dialogue between doctor and patient, so that the patient may one day be considered as having a substantial responsibility for his own health ;

10.1.5. to study possible roles for new solutions, such as "health centres", in particular for outpatient care and self-treatment under medical supervision ;

10.1.6. to set up programmes that encourage the individual to take increased responsibility for his health, and ensure the aged the prospect of living lives of their own outside institutions in an environment of adjusted housing, social and medical services given to them at home, as well as the help of their families ;

10.2. Submit this recommendation to the next Conference of European Ministers responsible for Public Health to be held in April 1985.