



HEALTH CARE IN FINLAND

■ MINISTRY OF SOCIAL AFFAIRS AND HEALTH
Brochures 2eng (2013)



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A close-up photograph of a person's hand resting on a light-colored wooden table. The hand is positioned in the lower-left quadrant of the frame. In the background, a vertical metal pole, likely part of a hospital bed or examination table, is visible. The lighting is soft and natural, suggesting an indoor setting with large windows. The overall tone is calm and clinical.

I. Introduction

The Finnish welfare state is characterised by a universal right to social welfare and health care services. The scope, accessibility and quality of health care services have been developed systematically over the last decades. Preventive, equal primary health care and specialised medical care services as well as environmental health care are essential elements of the social welfare and health care system.

The objective is a socially sustainable society. This requires that everyone is treated fairly, that social inclusion and participation are encouraged, that everyone's health and functional capacity are promoted and that support and services are available.

In order to achieve a socially sustainable society, welfare and health inequalities between citizens must be reduced and the status of the most vulnerable improved. The focus must be shifted to promoting health and functional capacity, preventing social and health-related problems and from treating illnesses to active promotion of well-being. Health aspects relating to the status of the living environment should also be factored into all social decision-making.

Reforming the structure and content of social welfare and health care services is one of society's most important goals in the coming years.

2. Health among Finns

Health among Finns has improved in the 21st century. At the same time, life expectancy has increased continuously. Welfare and health inequalities between population groups, on the other hand, have remained unchanged or even grown slightly. The differences are evident in the mortality, sickness rates, functional capacity and perceived health between socio-economic groups, regions and the sexes.

POPULATION

- Finland's population was approximately 5.4 million in 2012.
- The biggest change in the demographic structure is ageing.
- The over-65s accounted for 13.5 per cent of the population in 1990. The percentage rose to 17.5 in 2010.
- A Finnish woman gives birth to 1.83 children on average, which is above the European average (2011).
- Life expectancy among Finns has increased by approximately 25 years in less than a century. Life expectancy is 76 years for men and 82 years for women.

New kinds of diseases becoming more common

Many diseases that have traditionally been common among Finns have decreased but new kinds of health problems have taken their place. Lifestyle-related diseases are increasing. The percentage of overweight adolescents has tripled in the last 30 years. Only one in three gets enough exercise.

The most common endemic disease among Finns is diabetes with more than half a million sufferers. Type 2 diabetes is also found in children. Type 1 diabetes is considerably more common in Finland than anywhere else in the world.

The most common musculoskeletal diseases are back problems, hip and knee osteoarthritis, rheumatoid arthritis and osteoporosis.

The number of cancer patients has increased slightly, but the prognosis has improved continuously. The most common forms of cancer are prostate cancer among men and breast cancer among women.

Deaths resulting from accident injuries at work and traffic accident injuries have decreased but deaths resulting from home and leisure accident injuries have become more common. Approximately 900,000 accident injuries happen in Finland per year.

Other growing health problems are allergies and dementia. Approximately one in four people aged 75 and over will need care due to dementia in the coming years.

Mental health disorders and substance abuse

Mental disorders are among the most common reasons for disability for work. Approximately one in two people on a disability pension are unable to work due to mental disorders and diseases resulting from substance abuse (2010). The most common reason is depression.

Alcohol consumption has grown since the tax cut in 2004 and the abolishment of import restrictions, which is why alcohol-related problems and deaths have increased. In addition to high total per-capita consumption (10 litres of pure alcohol/resident/year), binge drinking is also a problem. Finland has between 300,000 and 500,000 high-risk alcohol users.

Smoking has decreased slightly among both young people and working-age population, but differences between socioeconomic groups are substantial. Of the total population, just under one in five women and approximately one in four men smoke daily.

Factors affecting health

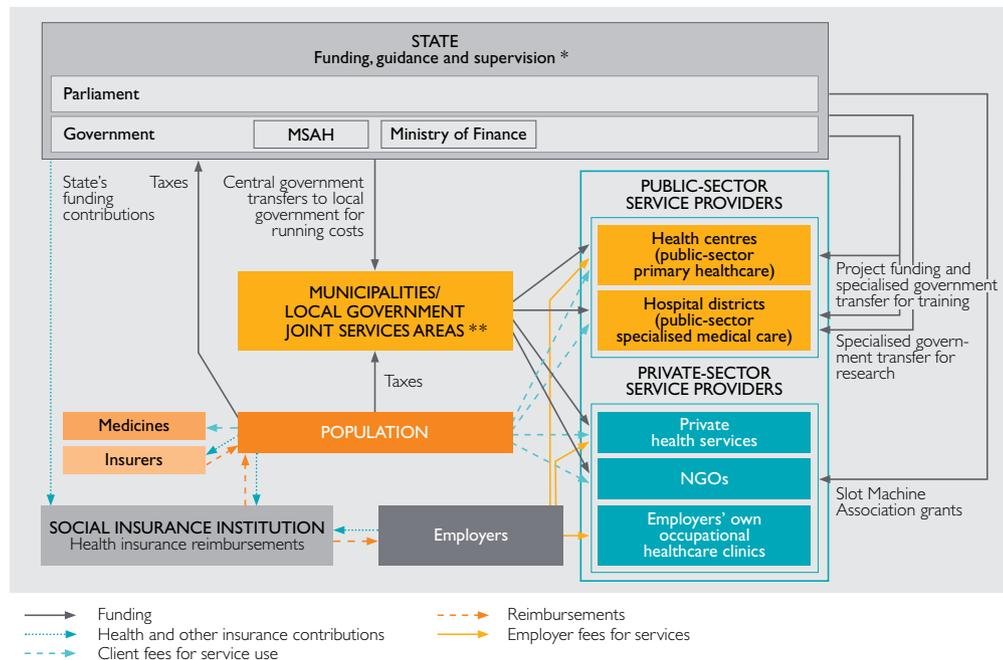
Health care services can improve population health. Many other factors, such as living and working conditions, education, income and lifestyle, living environment and culture, health behaviour and social inclusion, also play a considerable role.

By influencing these factors, population health can be significantly improved and socioeconomic inequalities in health reduced. Legislation, tax policies and the targeting of services are important means.

3. Guidance, provision and funding of health care

According to the Constitution of Finland, public authorities must guarantee for everyone adequate social, medical and health services and promote the health of the population.

Finland's social welfare and health care system is founded on government-subsidised municipal social welfare and health care services. In addition to the public sector, many private enterprises and non-governmental organisations also provide services.



*The Regional State Administrative Agencies, National Supervisory Authority for Welfare and Health (Valvira) and The Finnish Medicines Agency (Fimea) supervise healthcare. The following expert institutes are in charge of information guidance: the National Institute for Health and Welfare (THL), the Finnish Institute of Occupational Health (TTL) and STUK - Radiation and Nuclear Safety Authority, Finland.

** Municipalities are responsible for organising the health services required by the population. Primary healthcare should be arranged in municipalities, or local government joint services areas, with at least around 20,000 inhabitants. In fulfilling its responsibility for organising specialised medical care, each municipality must belong to a hospital district.

Figure 1. Organisation, funding, provision and supervision of health care services

Guidance and development

The social welfare and health care system is regulated, for example, by

- legislation,
- system of central government transfers to local government,
- interactive guidance (recommendations, guidelines), and
- supervision (licences, ex-ante controls, ex-post controls, complaints).

Responsibility for the guidance of social welfare and health care in Finland rests with the Ministry of Social Affairs and Health. The ministry prepares legislation and guides implementation. It also directs and guides the development of social security and social welfare and health care services and the operation of the sector. Moreover, the Ministry of Social Affairs and Health is responsible for formulating social welfare and health care policy, preparing legislative reforms and overseeing implementation. Reform and development are steered by tools such as the National Development Programme for Social Welfare and Health Care. The ministry also liaises with political decision-making bodies.

Government agencies and public bodies within the ministry's administrative branch are responsible for research and development and often also for guidance, supervision and statistics. These government agencies and public bodies include, among others, the National Institute for Health and Welfare, the Finnish Medicines Agency, the Radiation and Nuclear Safety Authority and the Finnish Institute of Occupational Health.

Municipal provision of social welfare and health care services

Local authorities are responsible for organising the provision of social welfare and health care services. They can organise the provision of services independently or form joint municipal authorities with each other. In addition, local authorities can outsource the provision of services to other local authorities, a non-governmental organisation or a private service provider.

The basic social welfare, public health and specialised medical care services that must be available in every municipality are defined by law. Local authorities can decide the scale, scope and model of municipal service provision within the limits of legislation. This is why the services available can vary from one municipality to another. Operations and services are mostly funded by municipal tax revenue.

The State supports municipal service provision by means of central government transfers to local government. The amount paid depends on the municipality's population, population structure and morbidity, among other factors.

Specialised medical care by hospital districts and catchment areas

Municipalities form hospital districts that are responsible for the provision of specialised medical care. Hospital districts plan and develop the provision of specialised medical care to ensure that primary health care and specialised medical care form an effective whole.

Mainland Finland has 20 hospital districts. Health care services on the autonomous Åland Islands are provided based on the Act on the Autonomy of Åland. Every municipality must belong to a hospital district.

Hospital districts provide specialised medical care services that cannot be expediently incorporated into primary health care. They are also responsible for coordination and quality control of municipal laboratory and imaging services, medical rehabilitation and other specialised services, research, development, education and training as well as the harmonisation of municipal health care information systems.

Each hospital district belongs to one of the five university hospital catchment areas. These coordinate the provision of specialised medical care, information systems, medical rehabilitation and procurement.

Private health care services

Private health care services complement public health care service provision. Private service providers, i.e. enterprises, non-governmental organisations and foundations, can sell their services to local authorities, joint municipal authorities or directly to clients.

Private health care providers must be licensed. No licence is required, however, from self-employed service providers or employers who provide statutory occupational health care services themselves.

Enterprises and non-governmental organisations have begun to provide more and more of Finland's health care services in the 21st century. Private-sector service providers account for just over a quarter of all social welfare and health care services.

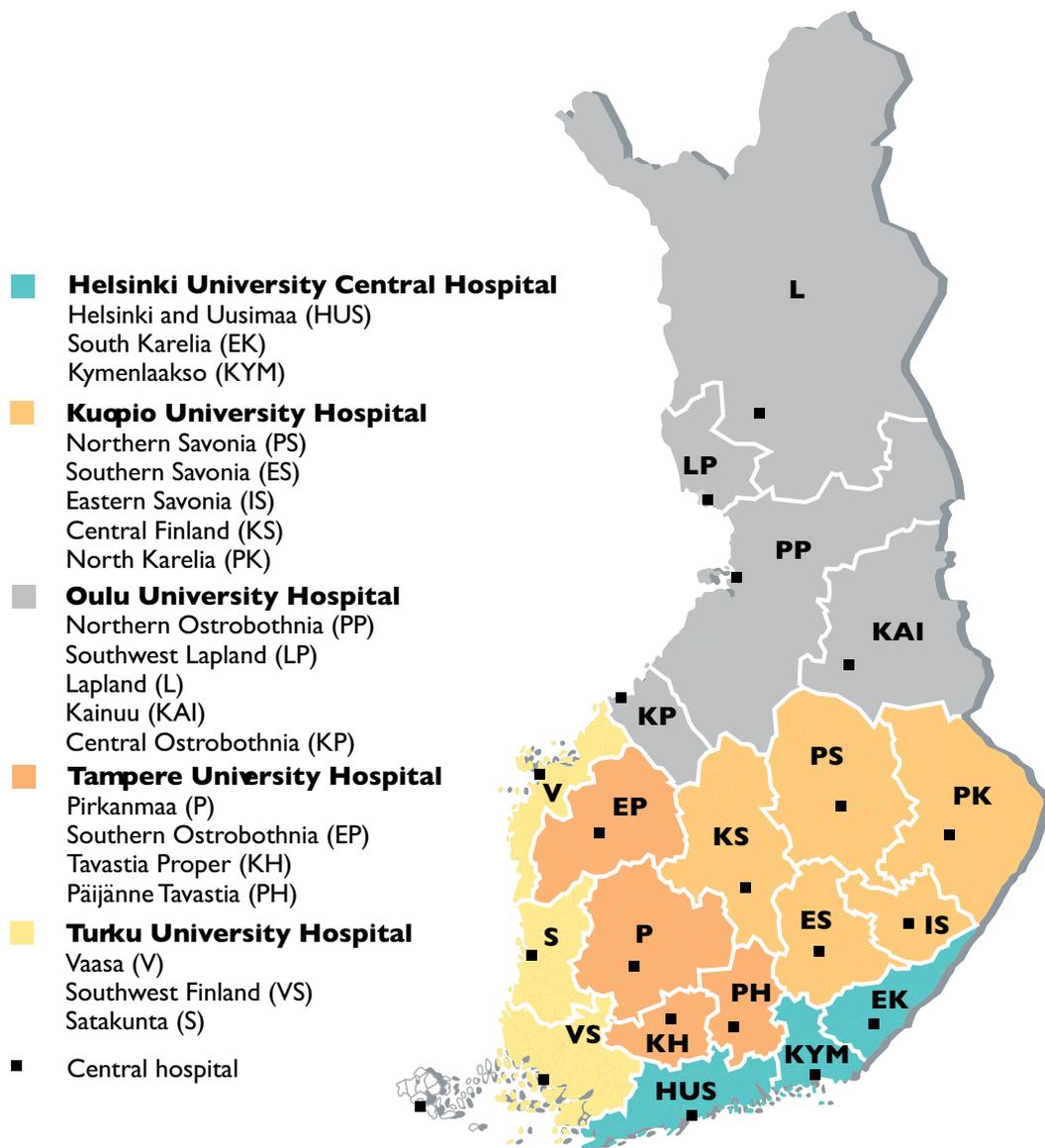


Figure 2. Catchment areas for highly specialised medical care, hospital districts and central hospitals

The most common private services are physiotherapy, doctors' surgeries and dental care as well as occupational health care. A large proportion of private-sector health care service providers operate in southern Finland and in major cities.

When local authorities outsource the provision of health care services to the private sector, clients must pay for the services according to the Finnish Act on Client Fees in Social Welfare and Health Care. Health insurance reimburses patients for some of private doctors' and dentists' charges.

Non-governmental social welfare and health care organisations provide services both for a charge and free of charge. Non-governmental organisations receive a considerable proportion of their funding from public funds and from Finland's Slot Machine Association.

Supervision

The National Supervisory Authority for Welfare and Health (Valvira) oversees the provision of social welfare and health care services nationally. The National Supervisory Authority for Welfare and Health supervises public and private social welfare and health care organisations, such as health centres, private doctors' surgeries, retirement homes and hospitals as well as health care personnel.

The National Supervisory Authority for Welfare and Health authorises health care professionals and grants national licences for private health care service provision. The National Supervisory Authority for Welfare and Health also guides, supervises and grants licences relating to alcohol policy and environmental health care.

Regional State Administrative Agencies are responsible for the oversight of services provided in their respective districts. The division of responsibilities between the National Supervisory Authority for Welfare and Health and Regional State Administrative Agencies is laid down in supervision programmes. Regional State Administrative Agencies coordinate and supervise both municipal and private social welfare and health care service provision. They also grant licences for private social welfare and health care service providers. Moreover, they ensure that the quality of public and private services complies with the law. Regional State Administrative Agencies also process patient complaints.

Responsibility for the supervision of municipal service provision rests with the local health committee or other municipal body. The Ministry of Social Affairs and Health coordinates communications between the ministry, government agencies and public bodies. The ministry

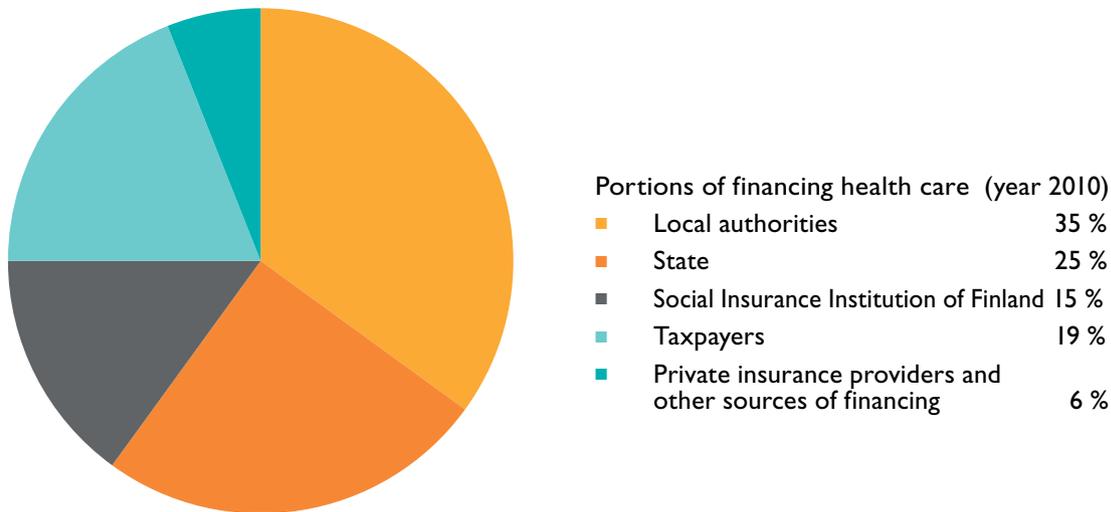


Figure 3. Health care spending and financing

signs four-year performance agreements with government agencies and public bodies such as the National Supervisory Authority for Welfare and Health and Regional State Administrative Agencies.

Health care spending and financing

Health care spending in Finland amounted to EUR 16 billion in 2010. This equated to 8.9 per cent of gross domestic product and approximately EUR 3,000 per capita. Both figures are close to the average of OECD countries.

Specialised medical care and primary health care accounted for just over half of all health care spending. Health care services for which local authorities are responsible account for the majority of health care spending.

The State steers Finland's policy for client charges in social welfare and health care services by legislation. It also subsidises services by means of central government transfers to local government. The objective is for client charges to be reasonable and not too high to prevent people from seeking help.

Health insurance, medical care insurance and earned income insurance

Statutory health insurance which covers the entire population is divided into medical care insurance and earned income insurance. The Social Insurance Institution of Finland coordinates health insurance, which is part of social security.

Medical care insurance reimburses clients for tests and treatments ordered by private doctors and dentists as well as for client charges according to statutory reimbursement rates. Clients pay anything in excess of the statutory reimbursement rate themselves.

Medical care insurance is financed almost solely by the State and policy-holders, each paying half of the costs. Medical care insurance contributions are deducted from the income, pension and benefits of all policy-holders.

Reimbursement for outpatient prescriptions is determined as a percentage of the price or reference price of the medicine. Clients have a fixed deductible for travel expenses. A ceiling has been set on the maximum amount that clients have to pay for prescriptions and travel expenses per calendar year.

Earned income insurance covers sickness allowance, rehabilitation allowance, special care allowance as well as maternity, paternity, parental and special maternity allowance. Earned income insurance also covers some of the costs of occupational health care services provided by employers and entrepreneurs as well as holiday pay accrued during parental leave. Occupational health care services are free of charge for employees.







4. Health and welfare promotion

Promoting the welfare and health of the population is a goal shared by the whole society. The aim is to

- maintain and improve health, the quality of life, work ability and functional capacity,
- prevent illnesses, accident injuries and other health problems,
- reduce social exclusion and other social problems,
- reduce the need for social welfare and health care services and sick leaves, and
- reduce health inequalities between population groups.

In addition to each citizen and their friends and family, local authorities, hospital districts and the government also bear responsibility for promoting different aspects of population health and welfare. Actions are based on information about the welfare and health of residents, the underlying factors and the effectiveness of welfare services. Welfare reports are used as the basis for planning, monitoring and evaluation.

For public health to improve, it is essential that health implications are factored into all decision-making. To promote welfare and health, municipal institutions cooperate with each other in areas such as planning, construction, transport, as well as education, sports and culture.

Universal, preventive and timely services provided by local authorities and hospital districts are crucial for reducing the need for the most intensive and expensive forms of support and care. Each hospital district produces a health care provision plan, which lays down the goals of health and welfare promotion, the division of responsibilities as well as the principles of health care service provision and cooperation between local authorities and other institutions.

The State guides and supports health promotion work by means of legislation, programmes and recommendations as well as health promotion appropriations, for example.

5. Prevention of infectious diseases and environmental health care

Prevention of infectious diseases

Guidance and supervision of the prevention of infectious diseases is the responsibility of Regional State Administrative Agencies regionally and the Ministry of Social Affairs and Health nationally. Hospital districts are the experts in preventing infectious diseases in their respective districts.

Local authorities are responsible for organising the prevention of infectious diseases, maintaining health advice services, coordinating vaccinations according to the national vaccination programme, and providing treatment for their residents. The most important means of preventing infectious diseases include vaccinations, early detection and analysis of epidemics, and public awareness campaigns.

The vaccination programme, which both child health clinics and schools follow, has successfully eradicated measles, polio, mumps and rubella, for example, in Finland. More than 95 per cent of children are vaccinated according to the programme. Vaccinations for high-risk groups include hepatitis vaccinations and flu vaccinations for the over 65s.

The National Institute for Health and Welfare maintains a national register of infectious diseases, which helps in identifying, monitoring and planning actions in the face of epidemics.

Environmental health care

Actions to protect individual citizens, the population and the living environment are called environmental health care. The most common diseases resulting from the environment are water and food poisoning epidemics as well as respiratory disorders caused by impurities in indoor and outdoor air.

Environmental health care covers food quality and hygiene, safety of residential properties and public places, noise abatement, tap water and bathing water quality, environmental health hazard evaluation and waste management. Chemical safety, supervision of genetic engineering and radiation protection also belong to environmental health care.

Local authorities are responsible for the supervision and implementation of environmental health care locally. Municipal health inspectors and veterinary physicians supervise compliance with environmental health laws and regulations and advise citizens in matters relating to environmental health.

Municipal environmental health authorities are responsible for

- food safety supervision,
- health protection,
- tobacco supervision,
- chemicals supervision,
- consumer safety,
- veterinary care,
- general environmental health hazards evaluation, and
- preparing for environmental health risks.



6. Health care services

Health care services are divided into primary health care and specialised medical care.

Local authorities operate health centres, which represent citizens' first point of contact for health care services. Finland has approximately 160 health centres. Almost all health centres consist of several branches.

Preventive health care services

The objective of preventive health care services is to promote health and well-being and to prevent illnesses and to diagnose them as early as possible. Preventive health care services are mostly voluntary and free of charge for clients.

Health advice and health checks

Health advice and health checks are aimed at supporting citizens' work ability and functional capacity, mental health and life skills and at preventing illnesses.

Local authorities offer advice through various channels, such as during appointments with health care personnel, in groups and by means of health information campaigns. Patient and other health organisations also provide advice.

Birth control advice and other sexual health services are provided through family planning clinics, maternity and child health clinics, school and university health care and health centre physicians, for example. Services are also available to young people and working-age population who do not have access to student or occupational health care.

Screening

Local authorities are responsible for screening according to a national programme. Screening services include breast cancer and cervical cancer screening and a general early pregnancy ultrasound as well as screening for foetal chromosomal and structural abnormalities. Local authorities can also offer other screening services.



Child health clinics

Child health clinics are for couples expecting a child and for families with children under school age. Almost all pregnant women and families use the services of child health clinics. Child health clinics aim to identify problems and any need for support in as early a stage as possible. The goal is to promote healthy foetal and child development and well-being and to support parents' well-being and parenthood.

Extensive health checks are provided to find out about parents' well-being and health habits and the family's circumstances. Families are invited to additional appointments and referred to specialists as required. Expectant mothers, children or entire families can be referred to additional tests or treatment.

Services include appointments with nurses, midwives and doctors, home visits by nurses and midwives and family coaching and other group events for parents.

School and student health care

School health care is provided for all primary and secondary school pupils. Student health care is designed for upper secondary school students, students in secondary level vocational education, students of universities of applied sciences and university students. Student health care is free of charge for students under the age of 18. Preventive services are free of charge regardless of the student's age.

Both school and student health care services include health checks and health advice as well as oral health care. Both also cover early identification of any need for special support and tests and the provision of support. School and student health care professionals also monitor health and safety in the school environment and the well-being of the school community. School and student health care are part of school and student welfare services, which also include the services of school welfare officers and psychologists.

School health care includes three extensive health checks, where the parents' well-being and the family's circumstances are also discussed.

Student health care also includes primary health care and medical care services and referrals to further treatment. Sexual health services and the early identification of mental health and substance abuse problems, treatment and referral to further treatment are also part of student health care services.

Services for university students are provided by the Finnish Student Health Service with the local authorities' consent and in a manner approved by the National Supervisory Authority for Welfare and Health. There are plans to extend these services to students of universities of applied sciences.



Advice for older people

Retirement pensioners are offered advice to support their well-being and functional capacity. An additional aim is to promote healthy lifestyles and to prevent accident injuries. Advice services also include identifying health-related problems and early support as well as guidance on nursing and safe medicinal treatment. Local authorities can offer health checks and home visits for older people if necessary.

Medical care and rehabilitation

Medical care

Medical care includes

- tests, diagnosis and treatment,
- preventing and treating illnesses and alleviating pain,
- guidance to promote patients' commitment to treatment and self-care, and
- referral to further treatment.

Medical care is given according to the patient's medical needs and harmonised treatment principles. Care plans are produced as necessary.

Medical care is available from health centres. They operate doctors' surgeries for patients with acute or long-term illnesses. Health centres also often have wards for patients in need of hospital care. Health centre physicians consult with specialists or refer patients to specialists' examinations or treatment as necessary. Health centres also have nurses for treating and monitoring long-term illnesses and advising patients on self-care and also often for assessing the need for treatment and treating small injuries and certain acute illnesses.

Home nursing

Home nursing takes place in patients' homes. The majority of patients receiving home nursing are older people. Most of the services are provided by public health nurses, qualified nurses or practical nurses.

Home hospital care means hospital-level care in patients' homes. Home hospital care is a form of temporary, intensive home nursing.

Home nursing, home hospital care and rehabilitation are aimed at supporting patients living in their own homes. The objective of long-term care is to rehabilitate older people to move them from health centre wards to their own homes or 24-hour service housing.



Medical rehabilitation

Medical rehabilitation is aimed at restoring and maintaining physical functional capacity (in the case of musculoskeletal disorders, for example). Health centres and hospitals provide medical rehabilitation as part of medical care.

Medical rehabilitation includes, for example,

- rehabilitation advice and guidance,
- examinations to establish any need for rehabilitation,
- treatment to improve work ability and functional capacity,
- periods of rehabilitation,
- technical aids services, and
- adaptation training.

In addition to social welfare and health care service providers, rehabilitation is also available from organisations such as the Social Insurance Institution of Finland, authorised pension providers and employment and education administration.

Oral health care

Local authorities are responsible for providing oral health care services. Services include improving and monitoring oral health, health advice and health checks as well as examinations, prevention and treatment of oral diseases.

Private service providers also provide oral health care services. Health insurance reimburses patients for some of the costs of private oral health care.

Centralised services

Specialised medical care

Specialised medical care comprises specialist examinations and treatment. The majority of specialised medical care services are provided in hospitals. The most common specialised medical care services are also available at some health centres.

With the exception of urgent cases, specialised medical care requires a physician's referral.

Specialised medical care is the responsibility of hospital districts. Private hospitals complement public services, for example, by offering day surgery operations.

Emergency medical services and emergency duty

Emergency medical service involves treating acute illnesses or injuries and transporting patients to a care unit if necessary. Hospital districts organise the provision of emergency medical services in their respective regions.

Urgent cases are cases involving an injury, a sudden onset of an illness, an exacerbation of a long-term illness, or a deterioration of general functional capacity where immediate intervention is required and where treatment cannot be postponed without risking the worsening of the condition or further injury. Local authorities and hospital districts must provide a 24-hour emergency medical service for dealing with urgent cases either alone or together with other local authorities.

Hospitals in hospital districts offer specialised medical care on a 24-hour emergency basis. In many municipalities, hospitals also take care of the emergency duties of health centres at night and during weekends.

Mental health and substance abuse services

Local authorities are responsible for building a cohesive system of mental health and substance abuse services provided by the public sector, non-governmental organisations and private service providers. Non-governmental organisations provide many services that complement municipal service provision, such as crisis services. Mental health and substance abuse services are combined in more and more municipalities. The objective is to provide a low-threshold service that addresses several problems simultaneously.

Mental health services

Municipal mental health services are aimed at improving citizens' mental health and at reducing risks to mental health. These services include guidance and advice, psychosocial support for individuals and communities and mental health services.

Mental health services include examinations, treatment and rehabilitation for mental health disorders. Services are available from health centres or, in the case of specialised medical care, psychiatric clinics and psychiatric hospitals. Outpatient services are prioritised. Social welfare authorities provide housing services, home help services and rehabilitative work activities.

Substance abuse services

The objective of substance abuse services is to discourage substance abuse and to promote circumstances and lifestyles that prevent substance abuse problems. Another aim is to reduce or eliminate the effects of substance abuse on health and safety. Substances include alcohol, alcohol substitutes, illegal drugs and prescription drugs.

The tools available are guidance, advice and substance abuse services. Social welfare authorities provide a large proportion of substance abuse services. These include public services in social welfare offices and a large proportion of specialist services. Specialist services include A-clinics, youth centres, detoxification units, rehabilitation units and housing services.

Health care service providers are responsible for examinations, treatment and rehabilitation for illnesses associated with substance abuse. Outpatient services are prioritised.

Occupational health care

Employers have an obligation to provide occupational health care for their employees. Employers can provide the services internally or outsource them to a health centre, a private medical centre or other service provider. Local authorities are responsible for providing occupational health care services to any employers in the municipality who wish to buy them. Entrepreneurs and self-employed people can sign up for occupational health care services if they wish.

Approximately 90 per cent of wage- and salary-earners have access to occupational health care. Occupational health care addresses issues relating to the workplace, the working environment, and the work community and individual employees. Cooperation between employers and employees is an important aspect of occupational health care. The primary aim of occupational health care is to maintain and improve work ability. Almost 90 per cent of clients who have access to occupational health care services have a medical care contract.

Employers can claim reimbursement for the cost of providing occupational health care. The Social Insurance Institution of Finland pays the reimbursement from employers' and employees' earned income insurance contributions. Entrepreneurs and self-employed people can claim reimbursement if they have procured occupational health care services for themselves.

7. Pharmaceutical service

Pharmaceutical service is an important part of health care and medical care. Medicines can generally only be bought from pharmacies.

Pharmacies coordinate the distribution of medicines to outpatients. Pharmacies need to be licensed by the Finnish Medicines Agency (Fimea). Authorised pharmacists can obtain a personal pharmacy licence.

Finland has approximately 800 pharmacies and pharmacy branches. If it is not viable to operate a pharmacy in an area, a pharmacy counter can be set up instead. Pharmacy counters are authorised to sell over-the-counter self-care medication and to fill prescriptions. Pharmacies also sell medicines online.

Hospitals and health centres have their own pharmacies and dispensaries to supply medicines to hospital patients and patients on health centre wards. They are not authorised to sell medicines to patients.

All medicinal products must have a marketing authorisation before they can be sold to patients. The Finnish Medicines Agency evaluates the effectiveness and safety of medicinal products. The safety of medicinal products is also monitored after a marketing authorisation has been granted. Any suspected adverse effects from medicinal products can be reported to the Finnish Medicines Agency.

E-prescriptions

All Finnish pharmacies and many public health care service providers use electronic prescriptions. Electronic prescriptions will be in use in all public health care units by 1 April 2013 and in all private health care units a year later.

Prescriptions written by doctors are stored in a national prescription centre run by the Social Insurance Institution of Finland, where doctors and nurses can, with the patient's consent, access information about all prescription medication taken by a patient. Patients can also access their own e-prescriptions online.



8. Status and rights of patients

Treatment and right of self-determination

Patients have the right to good care and treatment in public and private health care. Their human dignity, convictions and right to privacy must be respected. Patients' mother tongue, their personal needs and culture need to be taken into consideration where possible.

A patient must be cared for in mutual understanding with the patient. In life-threatening situations, a patient must be given any necessary treatment even if the patient's wishes cannot be established due to unconsciousness or otherwise. If the patient has expressed his/her wishes regarding treatment, those wishes must be respected.

Patient information and special circumstances

Information about all tests and treatment administered to patients is kept in patient records. This allows for treatment to be appropriately administered and monitored. Patients have the right to know of any patient records pertaining to them. Patient records are confidential, and health care personnel must not disclose the information to third parties without the patient's consent, except in special circumstances.

Every health care unit, such as health centres, hospitals and private health care facilities must have a patient ombudsman. Patient ombudsmen advise and help patients with any problems and inform patients of their rights. Any patient who is unsatisfied with their care or treatment can notify the director of the health care unit or complain to their Regional State Administrative Agency or the National Supervisory Authority for Welfare and Health.

Access to treatment

Patients have the right to be seen by a public health care professional within a reasonable period of time and in any case within the maximum queuing times specified in the Finnish Health Care Act. First aid and emergency care must be administered immediately regard-

less of the patient's place of residence. If a health centre or a hospital is unable to provide the necessary treatment within the statutory maximum queuing times, it must procure the treatment from elsewhere.

Choice of treatment facility in non-urgent cases

Citizens can choose whichever health centre in their home municipality or local government joint services area to go to for primary health care services. Patients can change from one health centre to another by giving written notice; patients can only change health centres once a year at most. Moreover, patients can only be registered with one health centre at a time. Patients can nevertheless be treated according to their treatment plan in a health centre of a municipality where they are residing on a temporary basis, such as during the summer.

Individuals requiring specialised medical care services can choose a treatment provider within their local catchment area. In some circumstances, treatment can also be given in another catchment area. The treatment provider is chosen together with the referring doctor. Patients also have the right to choose their own doctor or other health care professional where possible.

Patients' rights to choose where they receive treatment will increase as of 2014. This change will give patients the right to choose their health centre or specialised medical care provider from all of Finland's public health centres and hospitals.

Seeking treatment in EU/EEA countries or in Switzerland

All citizens who are entitled to social security in Finland have the right to seek necessary medical care during a stay in another EU/EEA country or in Switzerland. This right can be demonstrated by a European Health Insurance Card, which patients can order from the Social Insurance Institution of Finland free of charge.

If a hospital district is unable to provide specialised medical care within the maximum periods of time specified in Finland, the hospital district must, if requested by the patient, authorise the patient to seek treatment in another country of the European Union or the European Economic Area or in Switzerland at the hospital district's expense.

The European Directive on Patients' Rights reinforces the right of patients to receive treatment in other EU Member States. As from the beginning of 2014 Finnish patients will be reimbursed their costs of health care provided in another EU country according to the same principles as in Finland.

Client charges

Clients can be charged for municipal social welfare and health care services unless otherwise laid down in law. Depending on the service, the client charge can be the same for everyone or based on the client's income and the size of the family. Client charges are laid down by laws and decrees and reviewed every other year.

A ceiling is set on client charges in public health care for each calendar year. Certain services will be offered free of charge or at a discounted rate once the ceiling has been reached.

Local authorities can issue service vouchers for certain health care services. In these cases, patients can use a private service provider authorised by the local authorities. Vouchers can be used to claim social welfare and health care services that local authorities or joint municipal authorities are obligated to provide to their residents. Local authorities or joint municipal authorities can choose independently whether to issue vouchers and for which services.

Patient insurance

All health care or medical care service providers must have patient insurance. The insurance pays for any personal injury caused to patients in the course of health care and medical care. The insurance pays out even if the injury is not caused by a mistake by health care personnel.

Compensation is not paid for minor injuries. Compensation is also not paid in circumstances where a risk of injury existed beforehand. Insurance claims are addressed to the Finnish Patient Insurance Centre, which processes claims and pays compensation accordingly.

9. Health care personnel

The actions of health care professionals are regulated by the Finnish Health Care Professionals Act. Its objective is to promote the safety of patients and to improve the quality of health care services by ensuring that all health care personnel are appropriately trained and competent.

Vocational health care education is the responsibility of the Finnish Ministry of Education and Culture. Responsibility for the oversight of health care personnel rests with the Ministry of Social Affairs and Health. The National Supervisory Authority for Welfare and Health and Regional State Administrative Agencies supervise and coordinate the work of health care professionals. Among other responsibilities, they review any complaints made regarding treatment.

Certain health care professionals are required to have not just appropriate training but also a licence to practise their profession. The National Supervisory Authority for Welfare and Health is responsible for authorising professionals and granting licences. It also maintains a register of health care professionals trained in Finland or abroad who have been licensed to practise a profession that is regulated in Finland and that comes with a protected occupational title.

Not all health care professions require a special licence from the authorities. The principles of patient safety and consumer protection nevertheless stipulate that clients must be able to verify a professional's status and competence. These professional groups are listed in a government decree, and individuals who have obtained a degree in these fields have the right to use a protected occupational title.

Doctors and dentists are required to have university education. Nursing and midwifery education is available at universities of applied sciences. Practical nursing training is offered in secondary level vocational education institutions.

Social welfare and health care professionals have a legal obligation to keep their training up to date. Primary responsibility for ensuring that professionals attend further training and for the associated costs rests with the employer.

Work on a system of nurses' appointments in primary health care and specialised medical care began in the early years of the 21st century. Nurses have been able to prescribe some medication since 2010.

Social welfare and health care services have 2.9 doctors and 11.0 nurses, public health nurses and midwives per 1,000 residents.



TAYS Sydänkeskus
hoitaja

10. Future of health care

Finland's entire health care system will be overhauled in the next few years to meet the health care and social welfare challenges of the 21st century. The reform is aimed at ensuring that municipalities remain sufficiently strong and vital to be able to offer high-quality services to citizens on an equal basis in all parts of the country.

Work is in progress on a local government and service structure reform, which involves revising the local government structure and the Local Government Act, social welfare and health care service structures and financing as well as re-evaluating the statutory duties of local authorities. A new act on the provision of social welfare and health care services is being drafted.

The Finnish Government's aim is to keep local authorities principally in charge of the provision of social welfare and health care services. In order to be able to provide these services, municipalities need a sufficient population base, adequate human resources and competence as well as ability to finance the infrastructure needed for the provision of services.

Larger social welfare and health care regions

The objective is to divide the provision of services between larger regions serving a higher number of citizens. This is the only way to ensure that citizens receive services of equal quality regardless of where they live and that service providers are not overburdened financially by individual, expensive treatment and service decisions. Municipalities that are unable to provide the necessary services alone can form joint social welfare and health care regions.

The aim of the reform is to lower the boundaries between primary health care and specialised medical care. Local authorities will assume much of the responsibility for specialised medical care. Interaction between health care and social welfare will be increased at the same time. Five catchment areas for social welfare and health care will be responsible for, in particular, specialised medical care and certain planning and administrative duties.

Social welfare and health care services alone are not enough to solve the problems associated with people's lifestyles and living environments. Population health is also affected by decisions relating to community structure, exercise and education. Strong municipalities that are in charge of all services can be developed more cohesively.

Ensuring access to community services

Sufficiently strong municipalities will also be able to provide any necessary community services. Larger organisations will be able to ensure service provision even in more remote areas where a small municipality's own resources would be inadequate. Units offering basic services are needed in locations where people generally congregate and that are easily accessible.

Community services can also include home services instead of institutional services, electronic services online or new forms of joint services provided by different providers together that can be offered in service centres or brought to customers on wheels.





II. Legislation

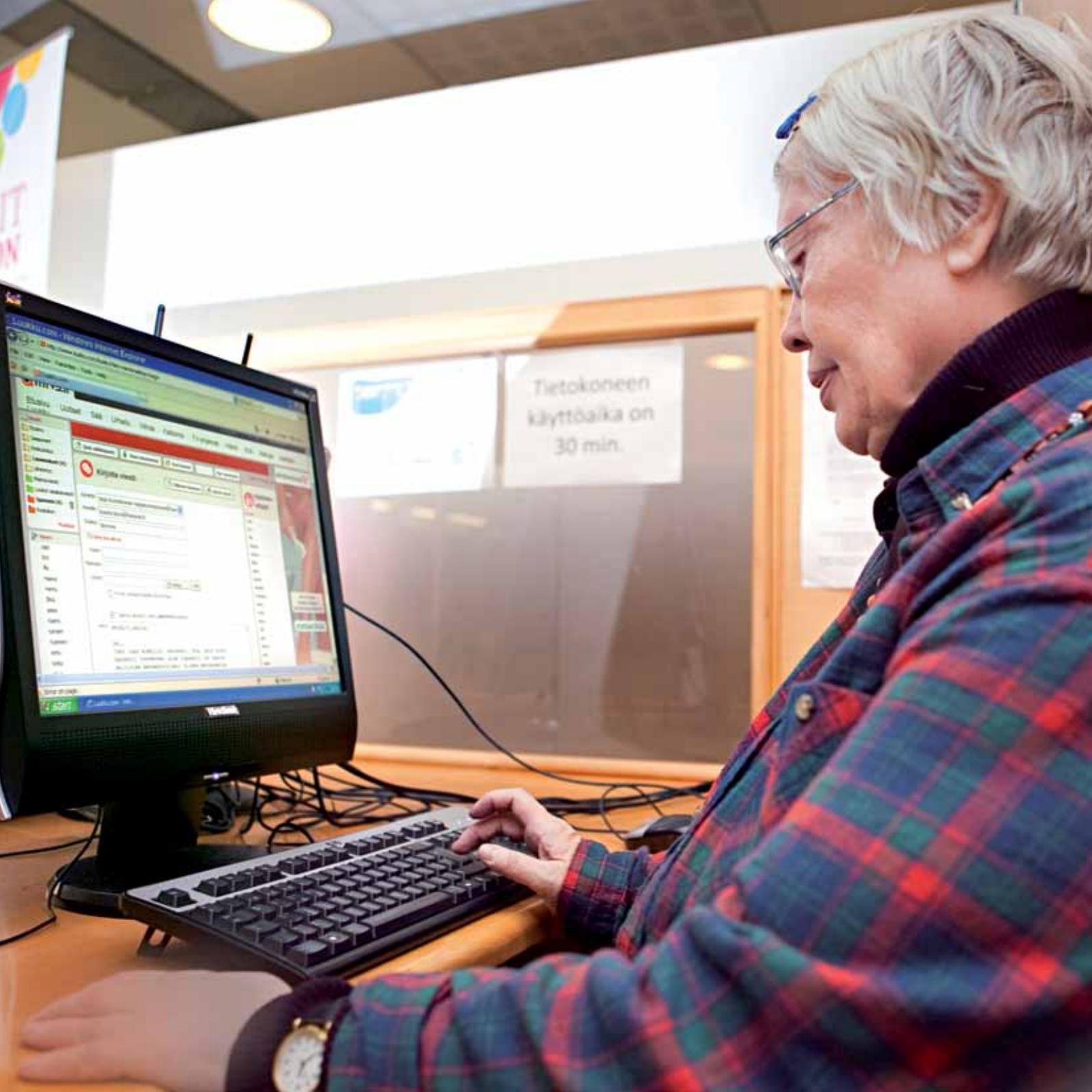
Several acts and decrees regulate health care in Finland. According to the Constitution of Finland, everyone has the right to adequate social welfare and health care services.

- Provisions on health care services are included in the Finnish Health Care Act (1326/2010).
- Provisions on health care structures can be found in the Finnish Primary Health Care Act (66/1972) and the Finnish Act on Specialised Medical Care (1062/1989).
- The statutory obligation of local governments to provide services is also laid down in the Finnish Act on Planning and Government Grants for Social Welfare and Health Care (733/1992). A new act on the provision of services is being drafted.
- The status of health care clients is protected under the Finnish Act on the Status and Rights of Patients (785/1992).
- Provisions on social welfare and health care personnel are included in the Finnish Act on Qualification Requirements for Social Welfare Professionals (272/2005) and the Finnish Health Care Professionals Act (559/1994).

Several other acts also include provisions on health care and health promotion:

- Occupational Health Care Act (1383/2001)
- Mental Health Act (1116/1990)
- Act on Welfare for Substance Abusers (41/1986)
- Communicable Diseases Act (583/1986)
- Health Protection Act (No 763/1994)
- Temperance Work Act (828/1982)
- Tobacco Act (693/1976)
- Alcohol Act (1143/1994)

Legislation (acts and decrees) can be found in the Finnish Government's Finlex data bank at www.finlex.fi.



Tietokoneen
käyttöaika on
30 min.



Figure 4. Future services for citizens

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

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