Brochures of the Ministry of Social Affairs and Health 2004: 11

Health Care

in Finland

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki, Finland 2004

Contents

Background

Demography

At the end of 2003, the population of Finland stood at 5.3 million. Under-15s accounted for 15.6 per cent of the total, and over-65s for 17.6 per cent. Ageing of the population continues. It is estimated that under-15s will account for 16 per cent of the population in 2020, while over-65s will make up 23 per cent.

Mortality

Finland's infant mortality rate remains among the lowest in the world. At the end of 2001, life expectancy was 74.6 years for men and 81.5 for women. There has been a continuing decline in the age and sex-standardized mortality of the population as a whole, but there remains a clear difference in mortality between men and women. There are also socio-economic and educational differences in both mortality and morbidity rates. Regional variations still exist in mortality from the most common diseases.

The most common cause of death for working-age men (15–64s) is coronary heart disease, followed by alcohol-related deaths, accidents and suicides, while working-age women are most likely to die from breast cancer, alcohol-related deaths, suicides and accidents.

The Population's State of Health

The population's state of health as a whole has mainly improved; two thirds of the adult population consider themselves to be in a good or fairly good state of health. This perception has particularly increased among over-45s.

The proportion of overweight people has clearly risen during the last decade. In 2003, 54 per cent of men and 38 per cent of women were overweight.

Some common diseases, such as cardiovascular diseases, occur less frequently than they used to, but ageing of the population gives rise to an increase in other diseases, such as cancers. As a result, the need for medical care is growing.

Mental health disorders are by far the most common reason for retirement on disability pension, followed by musculoskeletal diseases and cardiovascular diseases.

Communicable diseases do not present a problem in Finland. An immunization programme has reduced the incidence of childhood infectious diseases. Measles, mumps and German measles, for instance, are all rare in Finland. Over 95 per cent of children are vaccinated as recommended under the programme.

Until 1999, fewer than a hundred new cases of HIV were diagnosed each year. Since then, new infections began to rise to epidemic proportions among intravenous drug users, although this situation has now been curbed. In 2003, 132 new infections were diagnosed.

Smoking and Intoxicants

The figures for smoking in Finland are lower than the average for Europe as a whole. 26 per cent of men and 19 per cent of women smoke on a daily basis. Since the 1980s, smoking has become less popular among men, while there has been no change in the case of women. 23 per cent of young men (15–24s) and 20 per cent of young women smoke on a daily basis.

Alcohol is by far the most commonly abused intoxicant in Finland. There is a close link between alcohol consumption and alcohol-related deaths, the annual alcohol-related death rate in Finland being approximately 2,200. The consumption of alcohol has grown continuously; measured in 100 per cent alcohol, 9.4 litres of alcohol per person were consumed in Finland in 2003.

Statistics regarding the use of illicit drugs remained stable for a long period of time but took a turn for the worse in the 1990s. In 1992, 5 per cent of the population had experimented with drugs, the figure rising to 12 per cent by 2002. There are approximately 100 drug-related deaths in Finland each year.

Health Policy

Finnish health policy is aimed at reducing premature deaths, extending people's active and healthy life, ensuring the best possible quality of life for all, and reducing differences in health between different sectors of the population. We seek to highlight the dimension of health in all policies and in all aspects of public decision-making. In addition to a broadly based preventive health policy, we also stress the importance of efficient and accessible health care services available to the entire population.

According to both domestic and international assessments, Finland's health policy has progressed in line with the chosen strategy. The health of the population as a whole has improved, although differences remain between different sectors of the population. This poses a challenge for future health policy, as do the regional differences within the service system itself.

Health Care Organization and the Health Care Service System

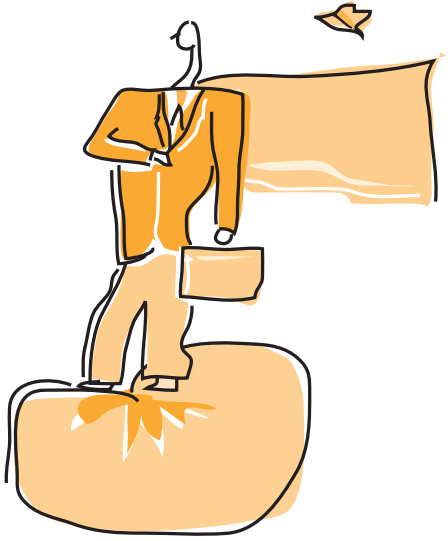
Ministry of Social Affairs and Health

The Ministry of Social Affairs and Health prepares legislation in the area of social welfare and health care and steers and supervises its implementation. The Ministry prepares for approval by the government a Target and Action Plan for Social Welfare and Health Care for each four-year legislative period. The programme includes a decision on the resourcing of social welfare and health care, which is revised annually in connection with the approval of the government budget.

Agencies and Institutions

The social welfare and health care sector contains a number of agencies and institutions which in cooperation with the Ministry of Social Affairs and Health take care of a range of research, development, statistical and supervising functions. These agencies and institutions are:

- National Public Health Institute (KTL)
- National Agency for Medicines (LL)
- Centre for Pharmacotherapy Development (ROHTO)
- National Research and Development Centre for Welfare and Health (Stakes)
- National Product Control Agency for Welfare and Health (STTV)
- National Authority for Medicolegal Affairs (TEO)
- Radiation and Nuclear Safety Authority (STUK)
- Insurance Supervisory Authority (VVV)



State Provincial Offices

For the purposes of central government administration Finland is divided into six provinces. Each of these is headed by a State Provincial Office, which in turn is led by a Governor. The social and health departments of the State Provincial Offices are responsible for guidance and supervision of the social welfare and health care sector in their respective provinces. State Provincial Offices handle complaints regarding health care personnel, for example, and implement various training and development projects.

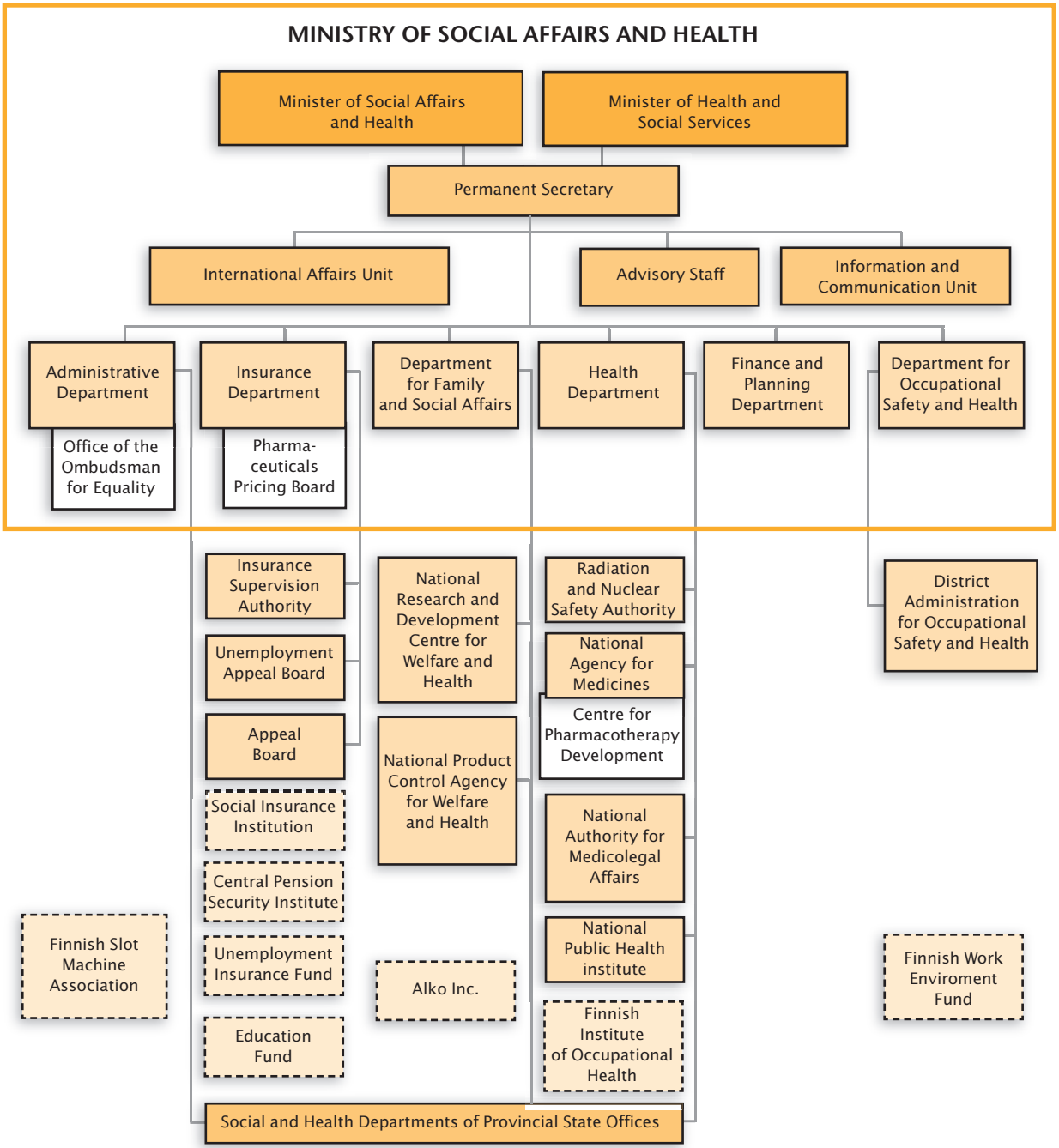
Regional responsibility for health care in the autonomous Province of Åland comes under the Provincial Government, which takes care of the majority of tasks falling under the sphere of State Provincial Offices in the rest of Finland.

Occupational Safety and Health Inspectorates

Finland has eight Occupational Safety and Health Inspectorates. These are supervisory authorities within the state regional administration with responsibility for creating the necessary prerequisites for healthy, safe working conditions that promote working capacity. The Inspectorates report on related development needs to the Department for Occupational Safety and Health within the Ministry of Social Affairs and Health.

Local Authorities

The responsibility for organizing health care in Finland lies with the approximately 440 municipalities across the country. These can either provide health care services independently or join with neighbouring municipalities in joint municipal boards which maintain a joint health centre. A municipality can also buy in health care services from other municipalities, non-governmental organizations or the private sector.


MINISTRY OF SOCIAL AFFAIRS AND HEALTH
Minister of Social Affairs and Health
Minister of Health and Social Services
Permanent Secretary
International Affairs Unit
Advisory Staff
Information and Communication Unit
Administrative Department
Insurance Department
Department for Family and Social Affairs
Health Department
Finance and Planning Department
Department for Occupational Safety and Health
Office of the Ombudsman for Equality
Pharma-ceuticals Pricing Board
Insurance Supervision Authority
Unemployment Appeal Board
Appeal Board
Social Insurance Institution
Central Pension Security Institute
Unemployment Insurance Fund
Education Fund
National Research and Development Centre for Welfare and Health
National Product Control Agency for Welfare and Health
Alko Inc.
Radiation and Nuclear Safety Authority
National Agency for Medicines
Centre for Pharmacotherapy Development
National Authority for Medicolegal Affairs
National Public Health institute
Finnish Institute of Occupational Health
District Administration for Occupational Safety and Health
Finnish Slot Machine Association
Finnish Work Enviroment Fund
Social and Health Departments of Provincial State Offices

Hospital districts formed by municipalities are responsible for arranging specialized medical care. There are 21 hospital districts including Åland, and each municipality must belong to one of these.

Health services are mainly funded by municipalities from tax revenue. 43 per cent of health care is funded from local tax revenue, 17 per cent from central government grants financed by national taxes and 16 per cent from health insurance revenue. The proportion of service users is 20 per cent. The central government contribution to municipal social welfare and health care expenditure is determined by the population, age structure and morbidity in the municipality plus a number of other computational factors.

The law lays down the basic nature and operating framework for the health care services, but does not concern itself with detailed questions of the scope, content or organization of services. There may therefore be differences in health service provision from one municipality to another. Legislation does, nevertheless, prescribe the main primary health care and specialized medical services which all local authorities must provide.

Public health care is supplemented by private health care, especially in the larger municipalities. The national system of health insurance reimburses the client for part of the charges for private health care.

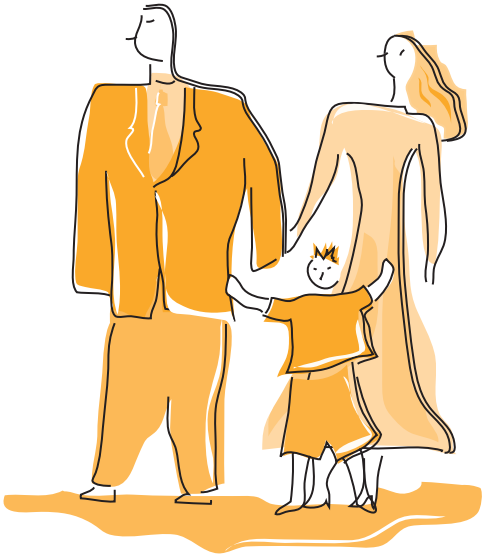
Health Promotion

Health promotion, including the prevention of diseases, has been the main focus of Finnish health care policy for decades. This has resulted in the total disappearance of certain communicable diseases, a decrease in several lifestyle-related diseases and an improvement in the health and functional capacity of the population. The situation in Finland has improved in comparison with other European countries.

The starting point for health promotion is that health must be promoted in everyday situations or else it deteriorates: in the home, in children's day care, in the schools, at work, and during leisure activities. The goal is to pay attention to health issues in all sectors and all policies. This target is based on the Health 2015 public health programme, which has been approved by the government. Key priorities include physical exercise that promotes health; nutrition; addictive substances; mental health; and the prevention of accidents and injuries.

Health promotion is carried out on a national and municipal level. Organizations, too, implement extensive programmes for promoting health. Health promotion is funded primarily through municipal budgeting. In addition, the government budget includes a separate appropriation for the purpose, EUR 7.55 million in 2004, from which contributions are allocated upon application for projects arranged by municipalities, non-governmental organizations and other actors. Organizations are also eligible for financial support from the revenue of the Slot Machine Association, which has exclusive rights in several gaming activities.

Prevention of Communicable Diseases



Vaccinations that are in line with the immunization programme decided on by the Government are offered free of charge to children at child health clinics and as part of school health care, and to adults at health centres. The programme provides protection against tuberculosis, diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella and serious diseases caused by hemophilus bacteria. In addition, flu vaccinations are offered to over-65s and to those belonging to medical risk groups.

Incidences of communicable diseases are monitored by means of an accurate reporting system. Municipalities implement hygiene control and deal with local epidemic cases. The National Public Health Institute is the

national expert institution in the prevention of communicable diseases. The prevention of communicable diseases that spread across borders is implemented in cooperation with the EU.

Reducing the Health Impacts of Smoking

Since the 1970s, Finland has had extensive tobacco legislation, prohibiting tobacco advertising and smoking in public places. In 1995, smoking became prohibited at workplaces, and in 1999, restrictions were imposed on smoking in restaurants. Smoking may be allowed in smaller restaurants that are under 50 m^2 in size, and in designated areas of larger restaurants. It is illegal to sell tobacco products to under-18-year-olds.

Primary Health Care

Public primary health care is the responsibility of health centres. Municipalities can have their own health centre or form joint municipal boards with health centres serving the participating municipalities. In 2003, there were 278 health centres in Finland, 70 of which were run by joint municipal boards and 208 by municipalities themselves. A health centre may comprise a number of units within the municipality or joint municipal board area. Most of the health centres also have a ward for in-patients.

Under the Primary Health Care Act the functions of the health centre are:

- to provide guidance in health matters and to carry out prevention of diseases;
- to organize medical examinations and screenings for local people;
- to run maternity and child health clinics;
- to arrange for school, student and occupational health care services;
- to organize the provision of dental health care;
- to organize the provision of medical treatment for local residents;
- to organize home nursing services;
- to provide rehabilitation services;
- to arrange provision of those mental health services which can appropriately be provided in health centres;
- to provide a local ambulance service

Maternity Clinics

The purpose of maternity clinics is to promote the health and well-being of the parents, foetus and newborn child. The task is to help parents in preparation for parenthood and for the changes brought on by the arrival of a child, as well as to promote a healthy lifestyle. Support is provided for the whole family, paying particular attention to parenthood and the relationship between the parents, with the father's role and responsibility as a parent playing an integral part. Maternity clinics are also responsible for birth preparation, identification of complications relating to the pregnancy and referral of the mother for further treatment, as necessary.

Almost all pregnant women have a check-up at the maternity clinic before the end of the fourth month of their pregnancy. The check-up is a condition for receipt of the maternity grant. According to recommendations, an expectant mother with a normal pregnancy should at-

tend the clinic 11–15 times, including appointments with a public health nurse and a doctor. Parents also participate in family-oriented antenatal classes.

Child Health Clinics

The objective of child health clinics is to promote the health of children and the welfare of families, and to reduce inequality in health among different families. The role of the child health clinics is to monitor and support the physical, psychological and social development of under-school-age children, and to support parents in safe, child-centred upbringing, good child care and the relationship between parents. Focus is increasingly placed on identifying possible problems that families with children have at as early a stage as possible, and on arranging appropriate support.

The recommendation is that child health clinics arrange 16 periodic check-ups, five of which are appointments with a doctor and a public health nurse. Approximately half of the check-ups are for under-one-year-olds, and additional check-ups are recommended as needed. A public health nurse carries out a home visit before and after the birth, and at other times if necessary. Additional support is provided through parent groups. Child health clinics are increasingly involved in multi-professional cooperation with other instances that work among families with children. The clinics also administer the vaccinations provided under the immunization programme.

School Health Care

The goal of school health care is to promote the welfare of the entire school community and the state of health of pupils, and to encourage healthy growth and development. School health care is implemented in cooperation with pupils, other student welfare staff, teachers and par-

ents. Services are mainly available during the school day at the school or in its immediate vicinity. According to the quality recommendations for school health care, comprehensive school pupils should receive at least three complete examinations by a school nurse and a doctor during their school years, on the basis of which a personal welfare and health plan is drawn up. The parents of comprehensive school pupils are invited to attend all the health examinations and meetings arranged with their children. Increasing attention is paid to mental and sexual health, violence, bullying, and weight control.

The welfare of the school community is promoted by participating in the preparation of curricula, ensuring that the school environment promotes health, and drawing up guidelines for special incidences, such as bullying and crisis situations.

Student Health Care

The goal of student health care is to maintain and improve the welfare of students by promoting their state of health and capacity to study, improving the health and safety of the learning environment and arranging health care and medical care services for students. Student health care also seeks to ensure the welfare of the entire student community.

The local authorities are responsible for providing student health care in secondary level vocational training and polytechnics, while the Finnish Student Health Service organizes health care for university students.

Occupational Health Care

Occupational health care covers the primary health care of the working population. The goals are to ensure that employment activities and the working environment are healthy and safe, and to maintain, promote and monitor the state of health and working and functional capacity of employees at various stages of employment.

Employers are obliged to provide their employees with preventive health care, and may if they wish also arrange medical treatment and other health services. The Social Insurance Institution reimburses the employer for 50 per cent of all necessary and reasonable costs incurred in providing occupational health care, while the municipal health centre must be prepared to arrange occupational health care services to those employers who want to acquire them. The employer may also arrange occupational health services independently or purchase them from a private sector provider.

Screening

Local authorities are obliged to provide mammographic breast cancer screening for women aged 50–59 and cervical cancer screening for those aged 30–60. In 2001, 87 per cent of women who received an invitation participated in mammographic screening and 72 per cent in screening for cervical cancer.

Health Care for the Elderly

Community care is the preferred form for providing health care services for the elderly. Home care and other related services enable people to live at home for longer. In 2002, 5 per cent of the over-75s lived in service flats, 5 per cent in old people's homes and just under 3 per cent were being treated as in-patients at a health centre. 12 per cent of the over-75s received regular home care.

Medical Rehabilitation

The health centres and hospitals provide medical rehabilitation. This covers rehabilitation counselling, tests to establish the individual's need for rehabilitation, treatment and course of rehabilitation to improve

functional and working capacity, the provision of various technical aids, adaptation training and rehabilitation guidance.

The provision of rehabilitation requires cooperation between the health care services and such other agencies as the social welfare offices, the employment offices, the schools, the Social Insurance Institution and the insurance companies. Rehabilitation coordination in the municipalities is provided by a special liaison team.

In recent years there has been increased rehabilitation of employed people aged over 45. These have mostly been people suffering from musculoskeletal diseases, although there has also been an increase in rehabilitation of people with mental health problems and disabilities.

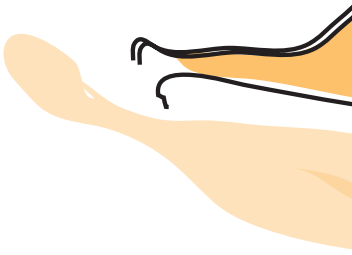
Part of the cost of medically prescribed private rehabilitation services can be reclaimed from the national health insurance system.

Oral Health

The entire population is entitled to municipal dental care or to reimbursement for private dental fees from health insurance. Health insurance covers 60 per cent of the rate confirmed by the Social Insurance Institution for examination and treatment.

The right to dental care at a health centre or reimbursement for private dental services was extended to apply to the whole population from the beginning of December 2002.

Mental Health Services



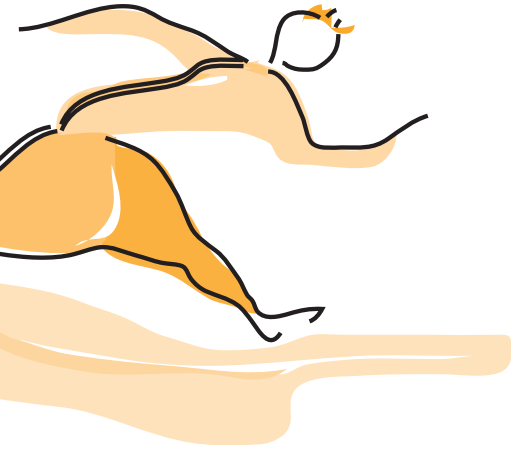
Mental health disorders have become more widespread in recent years, which is also evident in the number of disability pensions granted on the basis of mental health. Mental health problems are also increasingly common among children and young people.

Municipalities are responsible for arranging mental health services for their inhabitants. Outpatient care is the preferred form, the amount of institutional care having been reduced significantly. Outpatient services are provided by health centres, mental health offices connected with them and psychiatric hospital outpatient departments. Institutional care is provided in the psychiatric units of hospitals. Finland has two state-owned psychiatric hospitals, which provide mental examinations and treatment for patients whose care is considered dangerous or particularly complex. There are also services that can be categorized as something in between outpatient and institutional care, such as service accommodation for mental health rehabilitees.

Psychiatric rehabilitation forms part of the care process for mental health patients. The hospital district plans and arranges the rehabilitation, and places patients in order of priority. The starting point is a division of labour between primary health care, specialized medical care and social services. A rehabilitation plan is drawn up together with the rehabilitee, which also takes into account the need for support by close relatives and friends.

The Social Insurance Institution reimburses psychotherapy fees incurred by over-16s who are threatened by incapacity to work or study, or who are unable to return to employment or studies without the support of psychotherapy.

In the case of the under-16s, the Social Insurance Institution places importance on organizing a diversity of family-oriented rehabilitation. The government has decided on a separate appropriation for the psychiatric rehabilitation of children and young people.



Specialized Medical Care

The local authorities are responsible for organizing specialized medical care for residents of the municipality. To this end, the country is divided into 20 hospital districts; in addition, Åland forms its own hospital district. The largest hospital district in terms of population base has over 1.4 million inhabitants, while the smallest has over 65,000. Each municipality must belong to a joint municipal board that maintains a hospital district. The number of members varies from six to 58 depending on the hospital district. Each hospital district has a central hospital and other units. Five of these are university hospitals offering more demanding forms of specialized medical care.

More than a quarter of Finnish people, i.e. almost 1.5 million, use the services of hospital districts in the course of a year, and approximately 380,000 surgical operations are carried out on an annual basis. The largest hospital district has a personnel of more than 17,600 and almost 3,700 hospital beds, while the smallest hospital district has a personnel of almost 860 and 205 hospital beds. In 2003, the operational costs of hospital districts amounted to almost EUR 3,900 million.

Environmental Health Care

Environmental health care refers to the health protection of the individual and his or her environment. The most common diseases affecting humans that are caused by environmental factors include epidemic water and food poisoning, respiratory diseases caused by polluted indoor and outdoor air and allergies caused by e.g. fungus.

Areas of health protection include: the quality and hygiene of foodstuffs, health impacts of housing and public areas, noise abatement, the quality of drinking and bathing water, assessment of adverse environmental health effects and waste management. Control of chemicals and gene technology and protection against radiation are also part of environmental health care.

Local authorities are responsible for the implementation of environmental health care in their respective areas. Municipal health inspectors ensure that environmental health legislation is complied with and provide consultation and guidance in environmental health issues.

The government supervises, integrates and steers environmental health care as a whole. The tasks are divided between several ministries. In environmental matters, the Ministry of Social Affairs and Health is responsible for health issues, the Ministry of the Environment for environmental protection issues, the Ministry of Trade and Industry for market supervision and the Ministry of Agriculture and Forestry for foodstuffs of animal origin. State Provincial Offices direct and supervise environmental health care on a regional level.

Private Health Care

Public health provision is supplemented by private health care services, which have been increasing in recent years. In 2002, private health care costs as a proportion of total health care expenditure was approximately 14 per cent. An average of 153,000 people were employed by the health service sector, 20 per cent of whom were in the private sector. Private health care services were mainly produced in the field of physiotherapy, followed by private doctor's surgeries, occupational health care and laboratories. The services are mainly purchased by households, employers and the Social Insurance Institution, which buys rehabilitation services. They are also bought by municipalities, although to a lesser degree.

In 2003, there were 17,500 working-age doctors in Finland. 1,500 worked full-time as private doctors, and 4,400 held a private surgery outside their regular working hours.

Part of the cost of private health care is reimbursed to clients from health insurance.

Medicines

In Finland, only pharmacies have the right to sell medicines. This provision applies equally to prescription medicines and over-the-counter medicines. Licences to run a pharmacy are issued by the National Agency for Medicines, which operates under the Ministry of Social Affairs and Health. There are about 800 pharmacy branches in Finland.

In 2003, the Social Insurance Institution reimbursed approximately 28 million prescriptions with a total value of EUR 1.4 billion. On average, a reimbursed drug prescription cost EUR 52.

The cost of medicinal products is rising continuously, although the trend has been curbed to some degree by generic substitution, which came into effect in 2003. Generic substitution means that pharmacies are required to offer clients a generic alternative with the lowest or close to the lowest price, which contains the same active substance in the same amount as the prescribed medicinal product. The client is free to choose whether he or she wishes to substitute a cheaper alternative for the medicinal product. Legislation concerning generic substitution entered into force in April 2003, resulting in savings of over EUR 63 million in the course of a year, i.e. just above four per cent of the total cost of reimbursed medicinal products.

The Rights of the Patient

Finland has legislation covering the rights of the patient. The Act on the Status and Rights of Patients applies to every part of the general health care system and also to health care services provided in social welfare institutions. Under the provisions of the Act:

- treatment cannot be given without the consent of the patient;
- the patient's agreement must also be obtained as to the forms of treatment;

- patients must, if they so request, be given information on their state of health, the extent of the proposed treatment, any risk factors, and possible alternative forms of treatment;
- the patients are entitled to see and correct the information entered in their own patient record;
- those on a waiting list for treatment must be told the reason for the delay and its estimated duration;
- patients dissatisfied with their treatment are entitled to lodge a complaint with the establishment concerned;
- establishments providing medical treatment must have a patient ombudsman, whose duty is to inform patients of their rights and assist them, if necessary, in submitting a complaint, appeal or claim for indemnity;
- the opinion of young patients must be taken into account if they have reached a stage of development at which they are able to express an opinion. The stage of development is assessed by a doctor or other health care professional;
- a child's parent or guardian is not entitled to refuse treatment that would avert a health risk or save the life of an underage person.

Time Limits for Accessing Medical Care

Legislation entered into force in 2005 defining the time frame in which a person must be ensured access to necessary medical care. The law refers to the small percentage of all treatments that are considered to be of a non-urgent nature. Working groups of experts representing various fields have defined the grounds for accessing medical care with respect to their specialist areas. In addition to this, doctors comply with Current Care guidelines regarding different diseases while assessing the necessary treatment. All of the guidelines are recommendations; in the final analysis it

is the doctor who decides independently on the necessary treatment for each patient.

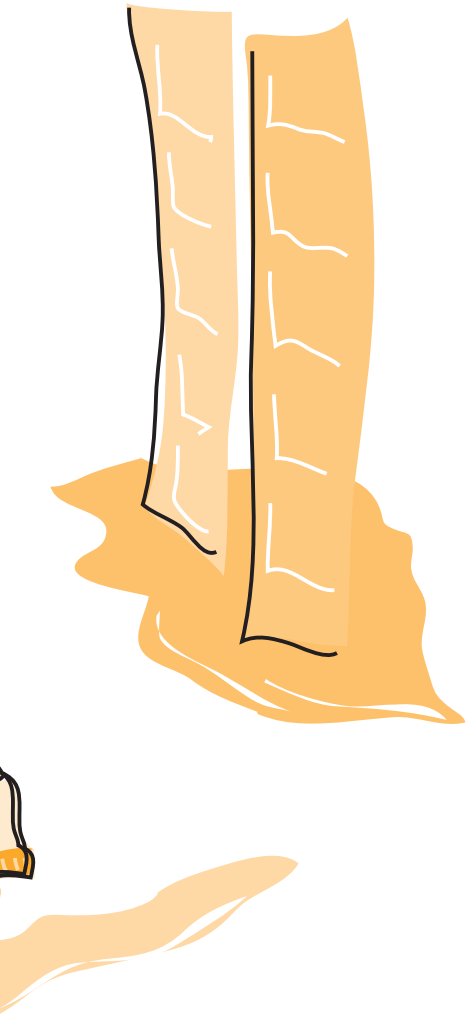
Health centres must provide immediate contact by telephone, and the required treatment must be assessed at the health centre within three working days from the point of contact. An assessment does not necessarily require visiting the health centre in person; it can be provided over the telephone and may also be issued by some other health care professional besides a doctor. In primary health care, the treatment that has been assessed as necessary must be accessible within three months. The prescribed time frame may be exceeded by three months in oral health care and specialized medical care provided under primary health care, if the treatment can be postponed on justifiable grounds without jeopardizing the patient's state of health.

In specialized medical care, an assessment of the required treatment must be arranged within three weeks from the date that the referral has arrived at a health care unit, such as a hospital outpatient department. The necessary hospital treatment must be accessible within six months. If unable to arrange examinations and treatment within the time frame, the local authority or joint municipal board is responsible for arranging for the treatment of the patient at some other hospital without a change to the client fee.

In mental health care services for children and young people, treatment must be arranged within three months, unless related medical or treatment issues require otherwise.

Patient Insurance

Health and medical care establishments and practitioners must be insured against the risk of injury to patients. Patients are covered for bodily injury incurred in the course of health care or medical treatment. Pay-



ment of compensation is not dependent on an error, carelessness or negligence on the part of health care staff. Compensation is not paid for an injury in connection with a procedure known to involve the risk of such an injury, nor is compensation paid for a medically minor injury.

Health Care Professionals

The work of health care staff is regulated by the Act on Health Care Professionals. The purpose of the Act is to promote the safety of patients and the provision of high-quality health care services by ensuring that health care staff receive proper professional training and are generally qualified and competent to perform their duties.

Responsibility for professional training in health care lies with the Ministry of Education, while overall supervision of health care staff comes within the remit of the Ministry of Social Affairs and Health. The National Authority for Medicolegal Affairs and the State Provincial Offices also supervise and monitor the work of health care professionals by, for example, handling complaints regarding health care professionals.

In addition to professional training, certain categories of health care professionals also require official authorization or a license to practice their profession. Authorization and licenses for health care professionals are granted by the National Authority for Medicolegal Affairs.

Although some categories of health care professionals do not require official authorization to practice their profession, in the interests of patient safety and consumer protection it is reasonable that clients should be able to confirm the status and competence of the person treating them. Such professional groups are defined by decree, and their members are entitled to use a legally protected occupational title as conferred by diploma.

Health Insurance

The system of national health insurance administered by the Social Insurance Institution supplements the public health care system by refunding some of the costs incurred by the client in using private health care services and of medicines used in outpatient care. It also reimburses rehabilitation and travel costs. A daily allowance is payable in compensation for sickness that continues for a maximum of twelve months and is causing a loss of income. The level of the daily allowance is determined by the applicant's taxable yearly income.

National health insurance is funded through contributions by employers and insured employees. The government is responsible for ensuring the adequacy of the health insurance funds.

Health Care Economics

Health care in Finland is primarily funded from tax revenue. In 2003, total health care expenditure was almost EUR 11 billion, amounting to 7.6 per cent of GDP, which is still below the average for the OECD countries. In 2002, municipalities funded 43 per cent of total health care expenditure, while the government funded 17 per cent, health insurance 16 per cent, households 20 per cent and other private bodies (such as insurance companies) 4 per cent.

In 2002, the share of client fees in the funding of municipal health care services was approximately 8 per cent, while municipalities paid out 67 per cent and the government 25 per cent. Local authorities receive a government grant for social welfare and health care, the level of which depends on the municipality's population, age distribution, unemployment rate and other related factors.

Client Fees in Public Health Care (in 2005)

Preventive health care, such as the services of maternity and child health clinics, are free of charge. Under-18s do not have to pay for health centre outpatient services, such as an appointment with a doctor or dentist, but may be required to pay a daily charge for up to 7 days for treatment on a ward of a health centre or hospital.

Health Centre Client Fees

Visiting the maternity or child health clinic, appointments with a public nurse, and laboratory and X-ray examinations are free of charge at a health centre.

A health centre may charge a single or annual payment for doctor's appointments. A single payment is EUR 11, which can be charged for a maximum of three appointments, i.e. EUR 33 per calendar year. An annual payment is a maximum of EUR 22 per calendar year.

A fee of EUR 15 can be charged for a visit to the health centre emergency clinic on weekdays between 8 p.m. and 8 a.m., on Saturdays, on Sundays and on bank holidays.

Clients aged 15 and above may be required to pay a penalty charge of EUR 27 for unattended appointments.

The basic fee for dental care is a maximum of EUR 7. On top of this, a fee can be charged for the treatment administered, such as EUR 5–45 for a filling. The applicable fees are listed in a chart of procedures.

Hospital Fees

Hospitals may charge for a visit to an outpatient department, an outpatient surgery procedure, a daily hospital fee, a series of treatment and rehabilitation.

A hospital outpatient department fee is a maximum of EUR 22 per visit, while the fee for an outpatient surgery procedure is a maximum of EUR 72. The daily charge is EUR 26 in a hospital and EUR 12 in a psychiatric hospital, covering examinations, treatment, medicine and meals. A maximum of EUR 12 is charged for day or night care at hospital.

A maximum of 80 per cent of a patient's monthly income is charged for long-term hospital or institutional care, ensuring that at least EUR 80 remains available for the patient's personal use.

With regard to a series of treatments, EUR 6 is charged for each appointment up to 45 appointments a year. A series of treatments may comprise dialysis treatment, radiographic or cytostatic treatment and medical rehabilitation.

A daily fee of EUR 9 can be incurred by an establishment for the rehabilitation of a disabled or mentally handicapped person.

A maximum fee of EUR 27 can be charged for a medical certificate depending on the type of certificate.

Home Nursing Fees

The fees for nursing provided at home depend on whether the care is occasional or continual. A maximum of EUR 11 per visit is charged for occasional treatment by a doctor or a dentist, while EUR 7 is charged for a visit by some other health care professional.

A monthly fee is incurred for continual treatment, which depends on the quality and extent of the service, as well as the patient's monthly income and family size.

Ceiling for Health Care Fees

Within public health care, client fees have an annual ceiling of EUR 590, after which clients principally receive outpatient services free of charge. The daily charge for short-term institutional care is reduced to EUR 12.

The payment ceiling for parents covers the fees of their under-18-year-old children.

The payment ceiling applies to health centre outpatient doctor's appointments, physiotherapy, a series of treatment, hospital outpatient department fees, outpatient surgery fees and fees for short-term institutional care in both social welfare and health care institutions.

Health care service users are responsible for monitoring whether the payment ceiling is met. Clients may be asked to present the original receipts before issuing a certificate to prove that the payment ceiling has been met. A certificate is always issued by a health centre or other public health care establishment.