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Poland/Health

Selection in the private hospitals

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The scientists at the medical University of Gdansk (GUMed) have published a research report. They show that the private companies carrying out medical services select patients according to the profitability of the cases or age. When the patient suffers from an “unprofitable disease” they are sent back to public care is returned towards the public utility. Because for the private sector, only cash counts...

The GUMed scientists carried out their analyses in the area of Pomerania (Gdansk). The report, entitled “Analysis of the exercise of chosen health care”, was sent to the regional president of the national health fund and to the Prime Minister, Donald Tusk. The conclusions of this report shook public opinion. Under the pressure of two organizations – the Employers of the Republic of Poland and the National Association of Private Hospitals - the Minister for Health, Bartosz Arlukowicz, ensured that this document quickly disappeared from the website of the University.

The editorial board of “Kurier Zwiaskowy” obtained this report thanks to the kindness of a sociology lecturer the University of Warsaw, who has for years been concerned by the problems of the selection of patients according to the estimate of care costs. What emerges from the analysis by GUMed makes the blood run cold. And that confirms what we knew for a long time: the private medical care companies are not worried about patients but profits.

Emergencies don't pay

The private companies are not candidates for the contracts of the hospital emergency units (SOR). These units take patients who should be hospitalized immediately, or are even in danger of death. Their lack of interest in emergencies is prosaic: “the management of an emergency service generates losses”.

As we can read in the report, “(...) whole sectors of care, which (...) produce losses, remain out of the field of interest of these companies. These sectors are, inter alia, the internal medicine, pneumology, neurology, general surgery, pediatry or stationary psychiatric care”.

Eclipse of the cataracts

The non-public care units decide to look after cataracts (ophthalmology) only when they are the simplest cases, without complications. The report indicates that one of these units carried out 933 operations, of which only 10 related to cataracts with complications, whereas two other companies cared for only one cataract with complications. The average percentage of cataracts without complications treated among patients of the non-public hospitals is 83%, whereas in the public hospitals it is 29.6%.

The conclusion of the report is as follows: “This situation leads the patients affected by cataracts with complications to wait longer for access to care financed by public means”.

Loss making fractures

The long hospitalization of patients with pelvic fractures means that “the real profit margin of the hospital is low and in the event of complications, not so rare among such patients, it can be loss making”. As we can guess, the private health centres do not treat these cases, therefore the patient owes must go to the public health centres.

The private hospitals are on the other hand avid for the most profitable operations, like therapeutic arthroscopy under local anaesthesia carried out in one day. That confirms their concentration on the choice of the most profitable processes.

Heartbreak

The news concerning cardiology and the cardiac surgery is no better. Acute coronary syndromes are treated by private hospitals deprived in cases where care involves three days hospitalization at the maximum. After four days the cases must be dealt with by the public sector.

“There is a pre-selection of patients at the stage of the admission in a private care centre: a more serious clinical state of the patient disqualifies them with regard to treatment in such a centre. These data also show that patients with complications are quickly transferred towards the public hospitals. Undoubtedly the two mechanisms coexist”, write the authors of the report. They also indicate the very small number of patients suffering from cardiac insufficiency. In one of the private health centres of health there was one patient in this disease group. By comparison, in one of the public hospitals there were 199 such cases.

The absence of patients suffering from cardiac insufficiency can mean the elimination of such cases at the preliminary stage of clinical examinations, because they are a group of expensive patients who moreover block beds due to a longer hospitalization. The researchers stress that such patients could be qualified as relating to internal medicine. But the problem is that the private medical care centres do not take contracts for this sector of care, and we know why.

On the other hand they are fond of coronarography procedures. For one of the providers of private medical care these represented “up to 60% of care mentioned, with the result that the average is much higher at the private ones than at the public ones”.

An incredible phenomenon was observed with regard to the cardiac surgery. We can speak here about discrimination because of age. In the case of aorto-coronary bridging the average age of the patients differed by almost six years according to the hospitals. The private ones chose patients aged less than 69. “That could confirm the thesis that the patients were selected for admission from the viewpoint of the reduction of the number of potential complications and the shortening of the hospitalizations”, say the authors of the GUMed report.

The final conclusions of the report do not leave any illusion. The private hospitals offer a reduced range of care and often they use more half of their contract with the NFZ for only one procedure. Moreover they choose procedures which guarantee a higher profit margin. They also avoid patients whose hospitalization would be longer. In certain situations (for example in cardiac surgery) a selection of patients according to age could occur.

According to Janusz Morys, the vice-chancellor of GUMed, private companies should by definition offer commercial care services. But when it appears that it is not possible to finance a hospital in this way, they feed off public resources. However, according to the professor, they do not offer a complete service of care and are not interested by patients with serious complications or cases, which are more expensive and where unfortunately over-costs are

not covered by the contracts signed with the national health fund.

Whereas the law on health care activity, modified by the current government, forces local councillors straightforwardly to transform hospitals into commercial companies, the report by of the researchers of Gdansk raises the question: what will become of patients without interest for profit and the calculation of margins when all the Polish hospitals are privatized? Will they have to choose between paying and dying?

Rage of the private sector

The document from Pomerania strongly shook the lobby for the privatization of public health. The Employers of the Republic of Poland and the National Association of Private Hospitals asked the minister of science and higher education to undertake disciplinary proceedings against vice-chancellor Morys.

Why? The answer is simple. The mechanisms described in the report constitute a problem of national scope. They state that by tolerating the fact that the private companies seize what is most advantageous within the sector of health and social protection, the constitutional right of equal access to medical care is not being respected in Poland. The system of health and social protection as a universal public property cannot be at the service of the multiplication of the dividends of the shareholders of the private companies acting in this field. Thanks to the report from GUMed it will be perhaps a little easier to fight for universal access for all to healthcare and for its exemption from payment.

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