

Medical care in Sweden

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Sweden is a constitutional monarchy based on democratic and social justice. A traditionally neutral land, it has had a socialist government for the past 40 years. Rich in natural resources with a long history of peace (Sweden was last at war with Denmark in 1814), she is often regarded as a modern Utopia. With a population of about eight million and double the area of Great Britain, Sweden is sparsely populated by European standards, but three quarters of the population reside in the southern quarter of the country, with 1½ million in the immediate vicinity of Stockholm.

Hydro-electric energy, raw materials such as timber and iron, an industrious and inventive people, and good labour relations with a strong centrally-steered trade union provide the economic background for medical and social reforms.

Medical education

Admission to medical school is based exclusively on examination results (A-levels). Six universities train about 1,000 students annually; about one third are women. No degrees are awarded and students may move from university to university for different courses. A diploma is given by the National Board of Health and Welfare after six years of study and completion of a further two years of preregistration appointments, of which medicine, surgery, psychiatry, and general practice are obligatory. The medical students' association is affiliated to the Swedish Medical Association.

There are no specialist degrees, but each university awards a limited number of MDs each year based on accepted theses. Specialist diplomas are given by the National Board of Health and Welfare after completion of an apprentice system of specialist training, postgraduate courses, and examinations.

The medical profession

There are now about 13,000 practising doctors in Sweden of whom about 8,600 are employed by the Swedish Health Service, 1,500 are private practitioners, and the rest are mainly industrial or school medical officers.

All doctors (including junior hospital staff) are employed for a basic 40-hour working week, with between 26 and 40 days annual holiday depending on age and grade. Health Service salaries vary between a gross of 50,000 to 150,000 crowns a year or 35,000–70,000 net. (Ten Swedish crowns equal £1.) Overtime, on-duty or on-call is obligatory for most doctors, but is compensated either by payment or free time.

(1) Health Service employees

The Swedish Health Service is with a few exceptions the responsibility of the county councils, who finance it by taxation and state subsidies mainly via national insurance and fees from patients. Most doctors are employed by the counties in which they work (the exceptions being state employed doctors) and are generally on short-term or long-term contracts for junior and senior staff respectively.

General practitioners in the British sense are non-existent and hospitals provide not only in-patient care but also about 50 per cent of the outpatient care in Sweden as well as an accident service. Patients tend to go directly to the various specialists they themselves consider they require.

Outpatient appointments are generally booked in advance with fairly long waiting lists, but outside office-hours the only way many Swedes can get a doctor is via the hospital accident departments which give the usual 24-hour service. General practitioners are not found in

hospitals, but in health centres placed at various strategic points within the county. However some still work alone in lock-up premises. A combination of a health centre, with various specialists in attendance, and a geriatric nonacute hospital with x-ray, laboratory, physiotherapy, all together seem to be the model for the future.

Outside office hours one doctor is usually on call in each district for home visits, but generally patients need to go to the local hospital for acute care. Schemes are afoot to improve this unsatisfactory situation, but are difficult to implement because of shortage of doctors. Any patient is entitled to visit one of the several general practitioners within his area but is not guaranteed a particular doctor. This means that a patient may see different doctors on each visit. Most general practitioners have a long hospital career and many have specialist qualifications.

There is one chair of general practice in Sweden attached to Lund University, but a rapid development in general-practitioner training is planned. Many health service employees, both hospital doctors of all grades and general practitioners, have a private practice outside their obligatory 40 hours.

(2) *Private practitioners (whole-time)*

A declining and ageing corps of family practitioners often work long and irregular hours. Recent reports indicate that this is the medical service most appreciated by patients, but with an increase in health services their future is uncertain. Partial payment is made directly from the patient to the doctor according to a fixed scale of charges, the remainder being subsidised from national insurance. Patients receive the same concessions for drugs and other services such as x-rays as other health service patients. There are very few private hospitals and clinics in Sweden.

(3) *Industrial medical officers*

All the major industries in Sweden employ whole-time medical officers. They perform the public health requirements of the various factory acts as well as giving medical care and health control. Many smaller industries tend to form groups and share a common medical centre perhaps with more than one doctor. They have a 40-hour week, similar salaries to health service staff, but with freedom from obligatory on-duty or on-call. Extra incentives such as car hire or rented accommodation are sometimes offered free of charge in unattractive areas.

Medical organisations

(1) *National Board of Health and Welfare (Socialstyrelsen)*

This is an ancillary department of the Ministry of Social Services with responsibilities for the control of medical care in Sweden, with subdepartments for registration of medical qualifications, discipline and ethics, drug control, planning and development. It is a non-political department led by a medically-qualified civil servant (Director-General Bror Rexed). It can be compared to the General Medical Council.

(2) *Central Organisation of Swedish Professional Workers (SACO)*

This is a trade union with voluntary membership of about 90 per cent of doctors. This non-political body negotiates salaries and conditions of employment for all doctors.

(3) *Swedish Medical Association (Sveriges läkarförbund)*

The official body of the medical profession in Sweden with a high voluntary membership (90 per cent). It is affiliated to SACO. It is organised in 30 local branches throughout the country, 25 specialist sections and nine professional associations (e.g. hospital consultants' association, private practitioners' association). It aids its members at a more personal level with loans, and legal advice. It also issues the Swedish Medical Journal (*Läkartidningen*) each week and, in co-operation with other Scandinavian countries, *Nordisk Medicin* once a month.

(4) *The Swedish Society of Medical Sciences (Svenska läkarsällskapet)*

This is open to all Swedish doctors who wish to join. From its palatial headquarters in Stockholm, it organises scientific meetings and lectures within the various subgroups representing all the medical specialties. These culminate in a nationwide convention (Riksstämman) held once a year in Stockholm. The Society also has an international section.

(5) Federation of Swedish County Councils (Landstingsförbundet)

This is a political organisation of the amalgamated 25 county councils in Sweden. Its various committees for medical care (Hälsooch sjukvårdsnämnden) are the direct employers of most doctors working under the Swedish health service.

Future medical developments

Rapidly spiralling costs are a problem which Sweden shares with all other European countries. In-patient care in Sweden today can cost as much as 1,000 crowns per day and hospital outpatient care up to 150 crowns a consultation, of which patients are obliged to pay a very small proportion themselves. At present this is 12 crowns for an outpatient visit and 10 crowns per day for in-patients. Efforts must therefore be made to direct the patients away from central hospitals to peripheral health centres which can give comprehensive outpatient care at a much lower cost.

An increased intake of medical students is at present taking place and should in due course help to solve the shortage of doctors. However, some methods will have to be devised to encourage the newly qualified practitioners to move to less popular areas. Because of Sweden's unique geographical and economical circumstances comparisons with British medical practice ought not to be attempted.

BIBLIOGRAPHY

- Andrew, J. (1973). *Journal of the American Medical Association*, **223**, 1369.
 Freedman, D. (1974). *Nordisk Medicin*, **88**, 318-319.
 Janzon, B. (1974). *Health Care in Sweden*. Stockholm: Swedish Medical Association.
 Lindgren, Å. (1970). *Health Services in Sweden*. Stockholm. National Board of Health and Welfare.
 Lindholm, S. (1974). *The Swedish Medical Association*: Swedish Medical Association, Stockholm.
 Nordin, B. E. C. (1974). *British Medical Journal*, **3**, 458-459.
 Rössner, S. (1974). *Nordisk Medicin*, **89**, 209.
 Rössner, S. (1974). *Nordisk Medicin*, **89**, 212.
 Werkö, L. (1971). *New England Journal of Medicine*, **284**, 360-366.

TWO TELEPHONE CONVERSATIONS WITH A HOUSE PHYSICIAN ON THE SAME FIRM AT A LONDON TEACHING HOSPITAL

1954

"Is that Dr X's House Physician?"

"Yes"

I describe the case—an old man with heart failure (and a difficult home situation).

"I will ring you back"—He goes away to discuss the case with his Registrar.

An hour later a secretary rings.

"No, I am sorry we have no bed."

1974

Is that Dr X's House Physician?

"Yes, hello, sir" "I was one of your students at the Centre"

I describe the case—an old man with heart failure (and a difficult home situation).

"One moment" (ten seconds to consult the Registrar)

"Yes, that is fine. Will you send him it?"