

Reference: Derek Wanless, “Securing our Future Health: Taking a Long-Term View”, para 4.35, p53

I read the following paragraph with astonishment.

“There is little scope for expression of individual choice under social insurance models. Some countries allow higher income earners to opt out of social insurance schemes and some allow scope to choose between individual sickness funds, but there is little choice between contribution rates and benefits available within schemes. . . . there appears to be little difference in terms of individual choice between tax and social insurance financing.”

It reads as if “choice” is envisaged as the choice of insurer and different levels of benefits. These are the last things that any actual user of a continental health scheme thinks of when he compares his range of choice with the choice he has in the UK.

The enormous difference is that whereas the UK system is almost entirely top-down, the continental system is driven from the bottom.

In the UK, it is not a huge exaggeration to say that those services which are free at the point of access are virtually devoid of choice. Whether you have a bad toe or a sore head, you see the GP with whom you are registered. He may send you to a consultant that he designates. You may land up on an operating table entirely outside of your choice.

In the continental system of which I had 16 years’ experience, the range of choice for the patient is almost total. If you have an ailment, you look at lists of “specialist-GPs” in the telephone book. You choose any one you fancy for your type of ailment, either locally, or anywhere you feel like travelling to. The person you see is not at consultant level, but he does deal only with patients with certain symptoms, and therefore has great experience in that field. If you are impressed with him, you go again, and recommend him to your acquaintances. If he thinks, or if *you* think, you need to go higher, you pick up the telephone again, this time choosing from a list of specialised hospital consultants, either in your own town or in another. The same goes for the choice of surgeon. Wherever you go, you pay the bill and claim re-imburement (usually 80-85%) from the *caisse de maladie* or *krankenkasse* or whatever.

Needless to say, the patient-doctor relationship is somewhat different if the doctor is selling his service to you on a “piecework” basis, rather than as a civil servant with a more or less fixed salary.

Of course, the system described must involve higher administrative costs, but if you ask me, as one who has experienced both systems, which is better from the patient’s point of view, there is really no contest.

I can imagine, however, that when I say “from the patient’s point of view”, perhaps I should say “from the *non-poor* patient’s point of view”. So, while counteracting what I

think is one grossly wrong statement, I am not necessarily saying that your overall conclusion is wrong.