

The human cost of cuts to Spain's prized health system

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"Either we eat or I take my pills," Maximiliano Diego recalled a patient confessing after stopping treatment because cuts in Spain's public health system forced him to pay for medication from his own pocket.

"There and then, this man started to cry," the Salamanca-based cardiologist said of the married father who had suffered a second, severe heart attack as a consequence.

"He cried with fear at the closeness of death... but above all, he cried with shame at having to lie to his doctor," Diego wrote on the site of an association defending public health, of which he is a member.

This is but one example of the human consequences of Spain's financial crisis and subsequent austerity measures that have gnawed away at what the World Health Organization ranked the world's seventh best healthcare system in 2000—an issue of concern ahead of December 20 elections.

"We have seen an increase in waiting times, a deterioration in the quality of services, and a decimated healthcare workforce reporting exhaustion and burnout," says Helena Legido-Quigley, associate professor at Singapore's Saw Swee Hock School of Public Health, who has researched Spain extensively.

"Austerity measures have particularly affected the most vulnerable by losing access to services and by not being able to afford essential

medications due to increased co-payments."

'Invisible person'

Spending cuts—from 70 billion euros (\$77 billion) in 2009 to around 53 billion euros last year—and a 2012 decree that excluded illegal migrants from the system and ended free medicine for pensioners, prompted mammoth protests and strikes.

The government argues that the cuts were crucial to drag Spain out of the crisis, and says it managed to save 150 billion euros between 2012 and 2014—though how much of this comes from the health sector is unclear.

In the meantime, though, Legido-Quigley estimates around 500,000 non-documented people residing in the country were suddenly excluded following the decree.

That ended the prized universality of healthcare in Spain, which Sagrario Martin, head of the Spanish division of NGO Doctors of the World, argues is a [fundamental human right](#).

"These people buy things and are therefore indirectly paying taxes, so they are contributing to the sustainability of the [health system](#)," she adds.

People like Rosa Milca Sosa Quijano, a 72-year-old Uruguayan woman who has been living in Spain for 13 years with her daughter.

She got urgent heart surgery last year—emergency care is still allowed for those without a health card—but cannot receive the follow-up treatment she needs.

"I'm alone here," she told AFP, crying.

"I'm an invisible person for society."

The end result, health experts argue, is that like Rosa people end up being given last-resort emergency treatment at a far higher cost than if they had been followed by a GP from the start.

Manuel Espinel, an ER doctor in a Madrid hospital, said he had had cases of people coming in with severe illnesses that could have been caught earlier—like a man with tuberculosis.

"He had to be in intensive care for 10 days plus more days in normal wards," he said.

"That multiplied healthcare costs by twenty or thirty."

'Negotiating with patients'

For Legido-Quigley, the most worrying health reform was the "co-payment" system which saw pensioners pay for part of their prescriptions for the first time, and many of those with jobs fork more money out.

In her interviews with doctors, she said some had started "negotiating with the patient over what medication to give or not to give because they cannot afford everything."

"We had the experience of a patient dying because he couldn't afford the medication after his transplant."

But even those who still have access to the public health system and the means to pay have been affected.

"We had patients who were in the emergency room for two, three days

because they couldn't go to the floors above, as they were closed as there was no personnel," says Espinel, who saw staff dwindle at the hospital.

"That's what we call 'corridor patients', they were literally in corridors," adds the doctor, whose own salary was cut 20 percent and working hours increased.

For all the turmoil, though, the impact on [public health](#) was not as devastating as initially feared, with key indicators such as neonatal mortality rates and maternal deaths going down over the period, according to the WHO.

There are also signs that the worst is over, with the government promising to re-include non-documented migrants it had excluded.

And upcoming elections are bringing hopes for further change.

"Never before... had we seen something like this," complained Diego, the cardiologist whose patient stopped treatment.

"He shouldn't be the one crying in shame."

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