

# ROADMAP FOR SUSTAINABLE HEALTHCARE

A sustainable future for  
Europe's health systems?

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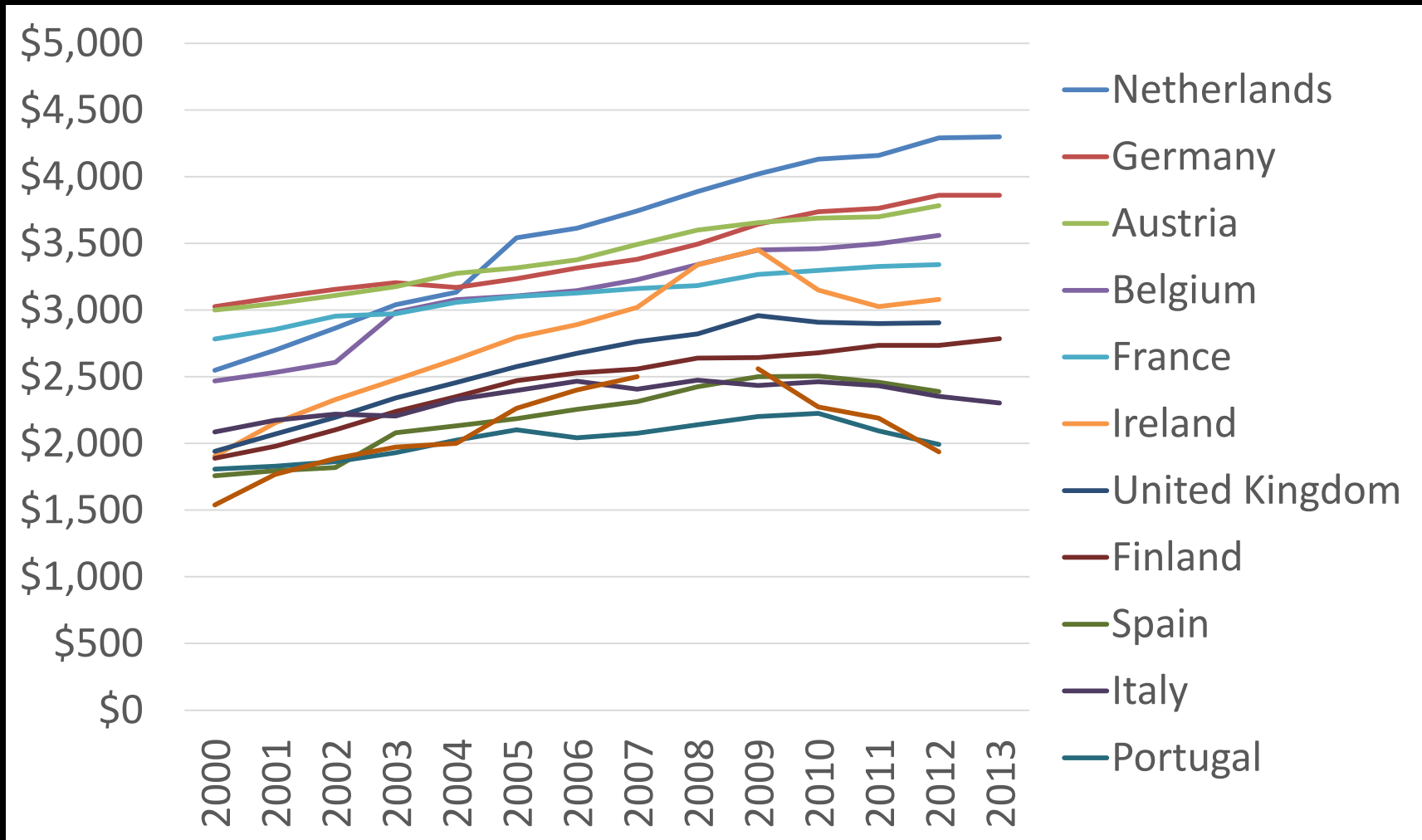
# AN UNAFFORDABLE FUTURE?

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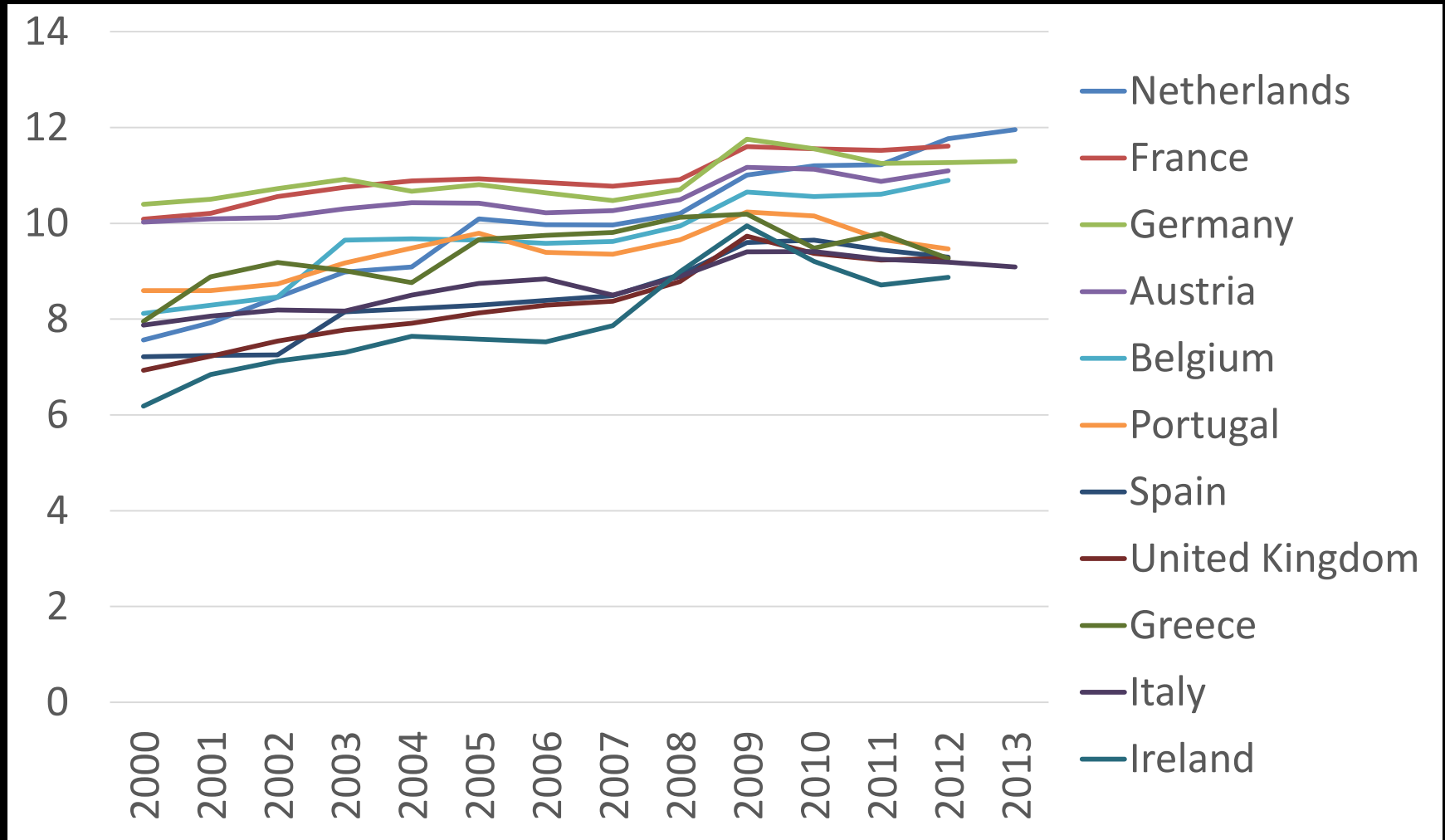
Widespread view that the cost of health care is increasing, and will continue to increase

- Aging populations
- New technology
- Rising expectations

# PER CAPITA HEALTH SPENDING, US\$ SELECTED EUROPEAN COUNTRIES



# HEALTH EXPENDITURE AS PERCENTAGE OF GDP: SELECTED EUROPEAN COUNTRIES



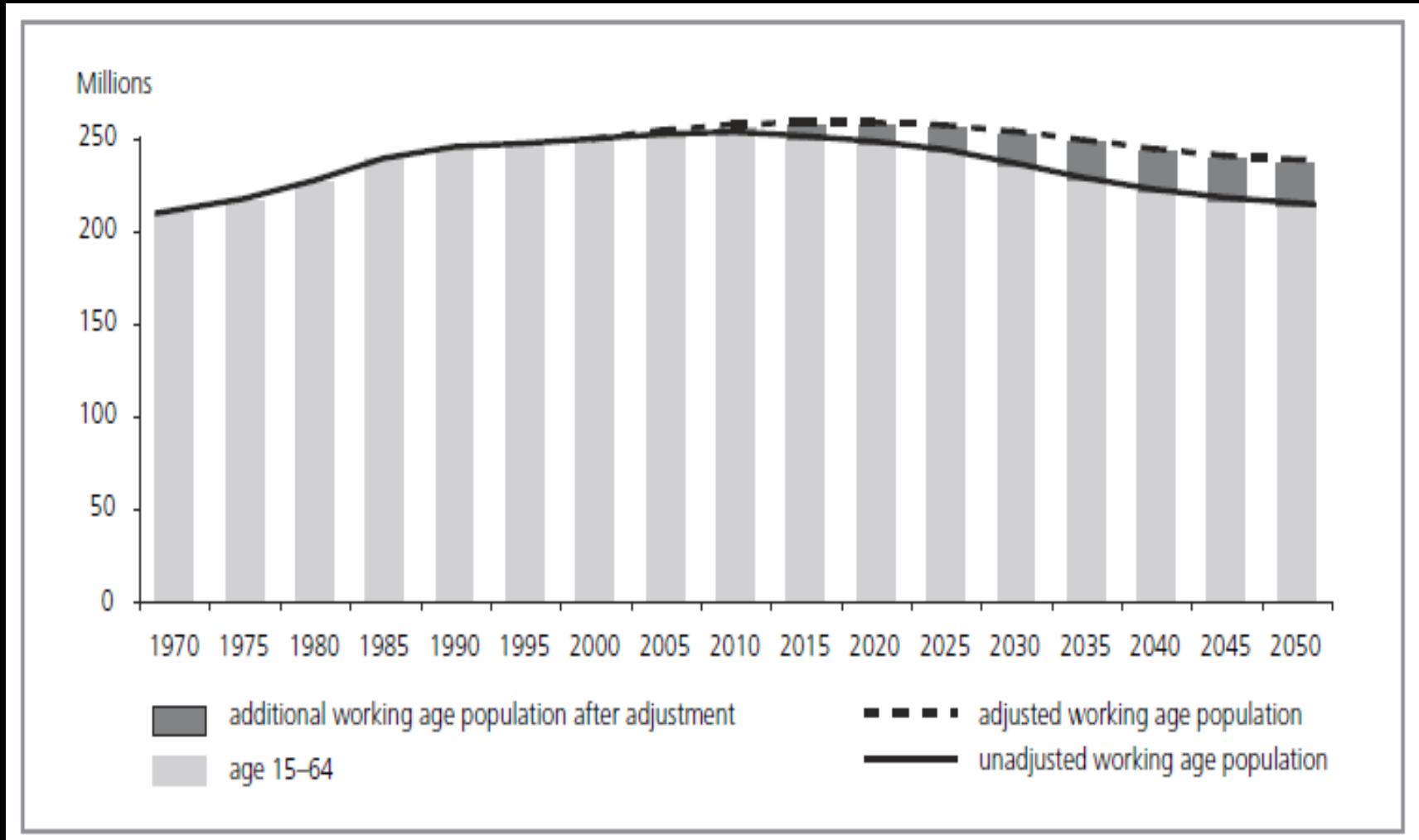
# THE GOOD NEWS (LOTS OF IT)



Older people today are far healthier than their parents at the same age

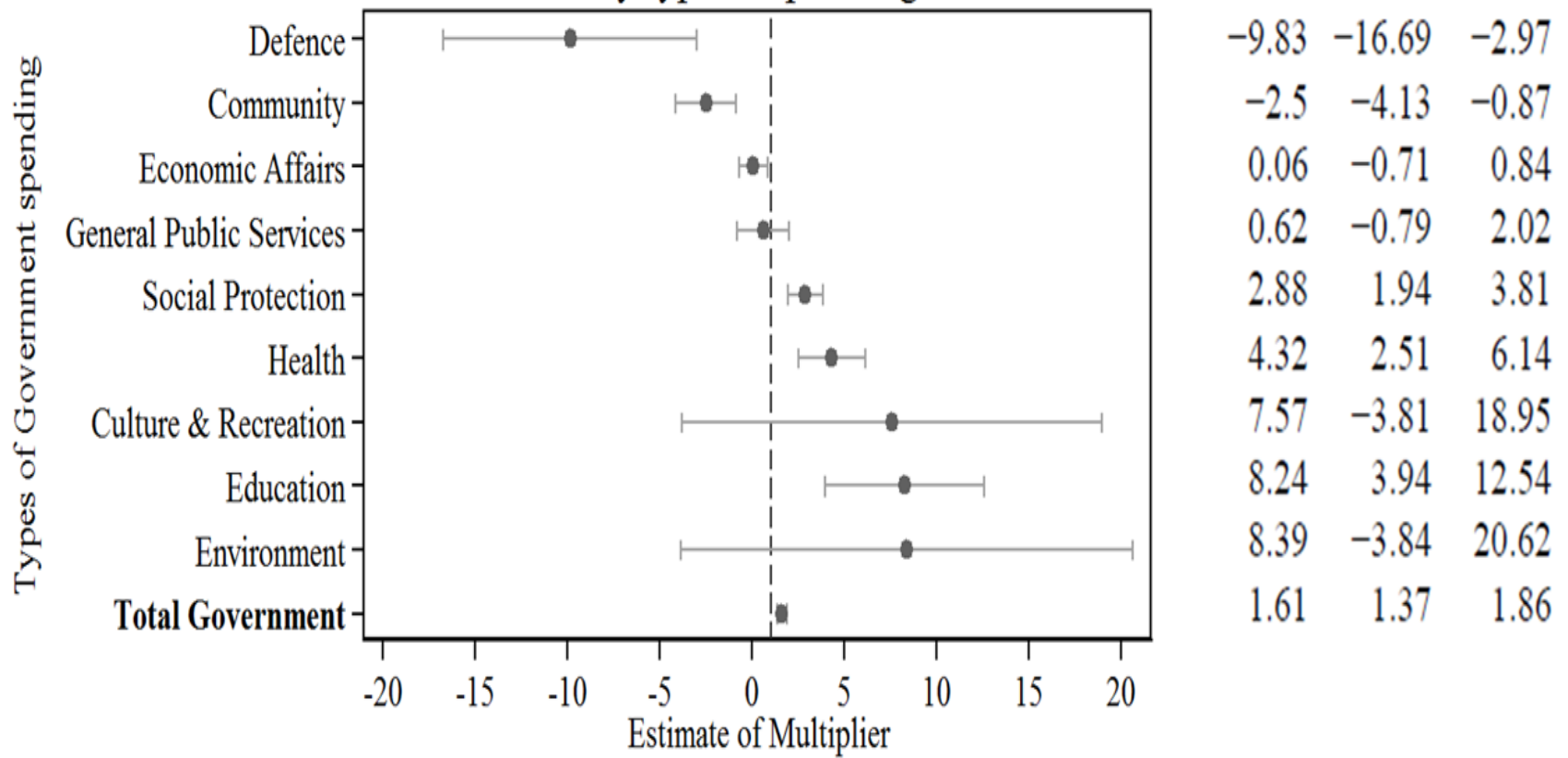
People are working longer

# PREDICTED SIZE OF THE EU15 WORKING-AGE POPULATION WITH AND WITHOUT ADJUSTMENT OF UPPER WORKING-AGE LIMIT



# INVESTING IN HEALTH BOOSTS ECONOMIC GROWTH

Fiscal Multipliers of Government Spending  
by type of spending



# (SOME) GOVERNMENTS ARE TAKING ACTION ON DETERMINANTS OF HEALTH



The big gains are from:

- Fiscal policy
- Legislation
- Regulation

But individual interventions, like early detection, have some role to play

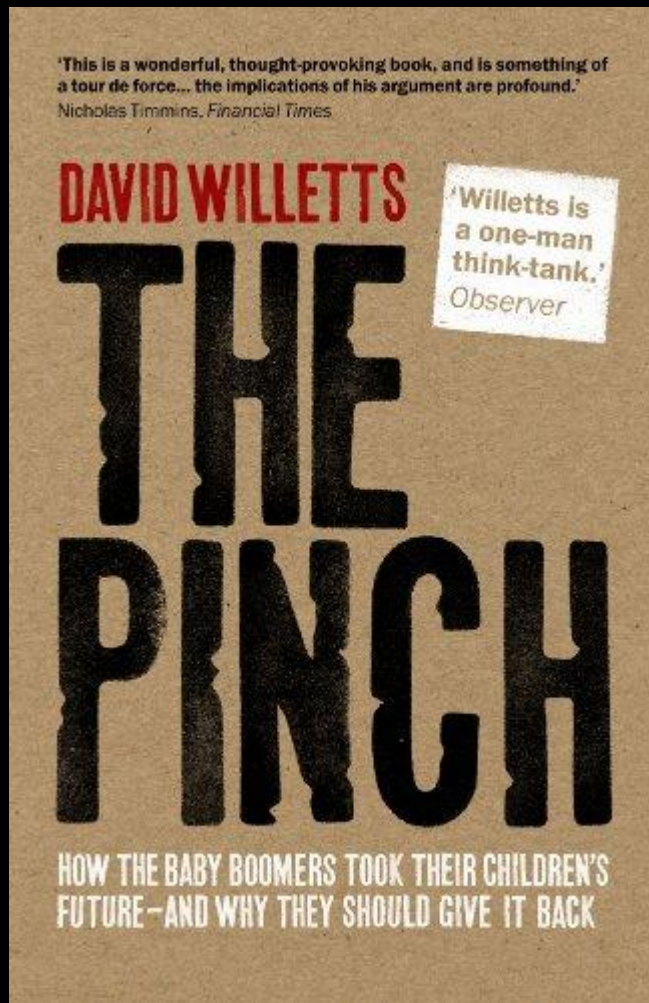
# THE CHALLENGES: THE FUTURE OF SOLIDARITY

The European  
social model is  
based on  
solidarity

Yet too many of  
our politicians  
are actively  
undermining  
solidarity



# THE ATTACK ON THE BABY BOOMERS



Age and Aging 2013; 42: 11–13  
doi: 10.1093/aging/afk168  
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## COMMENTARY

### Older people in the UK: under attack from all directions

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#### Abstract

Britain's aged population has, so far, been spared the worst of the government's austerity policies, which have impacted most on young people and those of working age. However, this has not gone unnoticed by a number of political pundits who are sowing inter-generational divisions, marshalling often highly selective facts to promote the argument that tomorrow's elderly population, the so-called 'baby boomers', have been living on credit that their children will have to repay. These arguments are falling on fertile soil. A combination of actions and failures to act by the government will mean that many older people will be much poorer than they had expected. This has profound implications for health; it is unsurprising that financial disadvantage in old age is associated with poorer health but less well known is the 'disappointment' paradox whereby those who were protected from adversity earlier in life suffer more when it confronts them in old age. While each problem is, individually, recognised, the gravity of their collective consequences does not yet seem to be appreciated by health professionals who will have to care for the future generation of elderly people, and who in time will join their ranks.

**Keywords:** health policy, pensions, social care, older people

Britain's aged population has, so far, been spared the worst of the government's austerity policies, which have impacted most on young people and those of working age. However, this has not gone unnoticed by a number of political pundits who are sowing inter-generational divisions, marshalling often highly selective facts to promote the argument that tomorrow's elderly population, the so-called 'baby boomers', have been living on credit that their children will have to repay [1,2].

These arguments are falling on fertile soil. A combination of actions and failures to act by the government will mean that many older people will be much poorer than they had expected. This has profound implications for health; it is unsurprising that financial disadvantage in old age is associated with poorer health [3] but less well known is the 'disappointment' paradox whereby those who were protected from adversity earlier in life suffer more when it confronts them in old age [4]. While each problem is, individually, recognised, the gravity of their collective consequences does not yet seem to be appreciated by health professionals who will

have to care for the future generation of elderly people, and who in time will join their ranks.

The issue attracting most concern is the crisis in social care. Despite widespread consensus that something must be done, the government has shown no willingness, or even seemingly interest, in tackling it [5]. The Westminster government's response to the Dilnot Report on the future of care and support for older people [6] has been postponed until the 2013 spending review, more than a year later than expected. This delay has been described by the Alzheimer's Society as a 'catastrophic failure of leadership... a betrayal of older people in this country' [7]. The report set out proposals for affordable funding of social care that addressed many of the weaknesses with the existing system and, at least initially, attracted widespread support. However, informed sources suggest that the Treasury is now questioning its fundamental principles. The absence of cross-party agreement on the way forward means that what is rapidly becoming a national scandal is unlikely to be addressed any time soon.

# AND DISABLED PEOPLE

Are you  
really  
disabled?

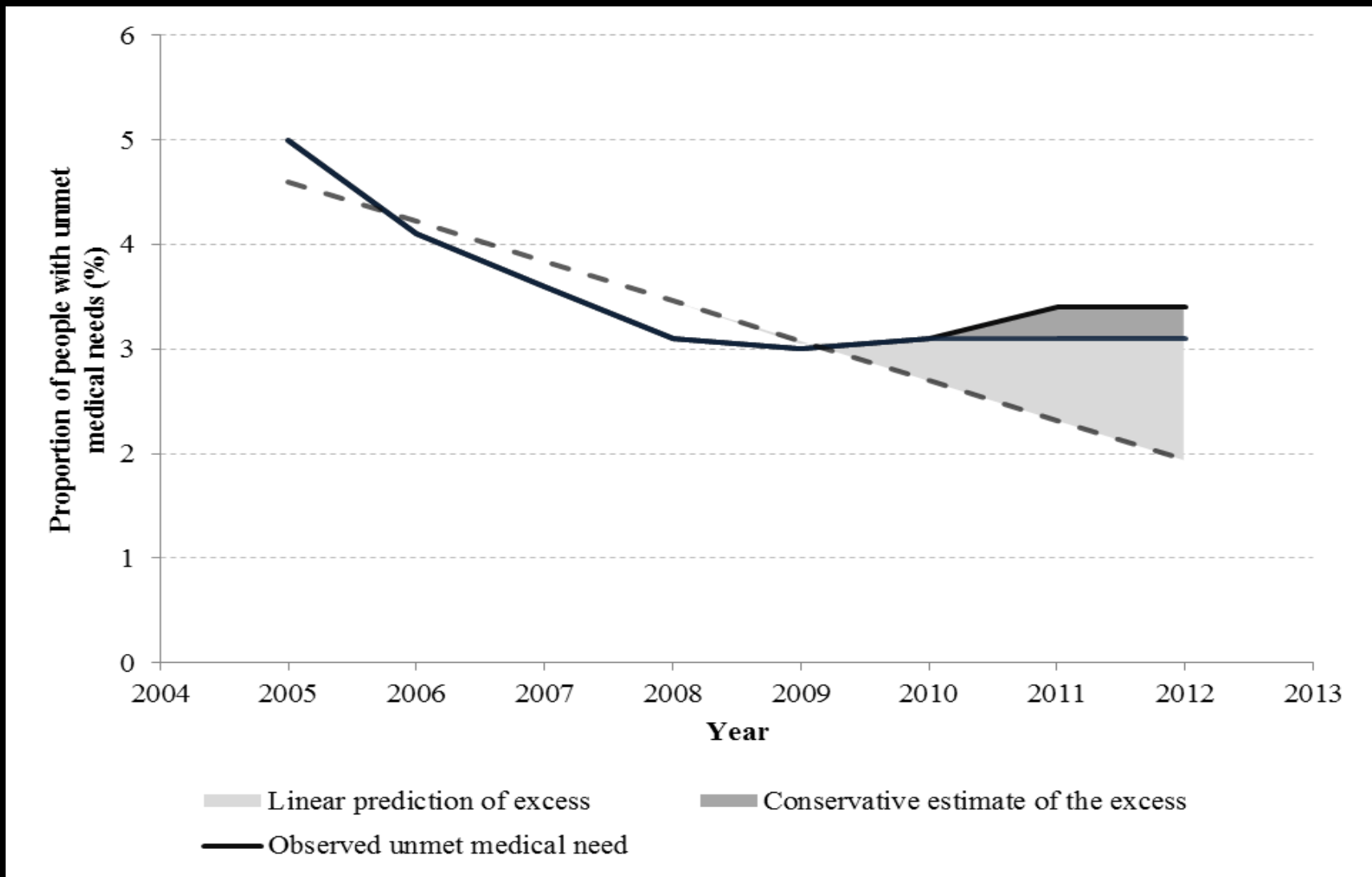
In 2012, two-thirds of disabled people reported experiencing insults or taunts, almost double that in previous year

"Disabled people tell us that increasingly people don't believe that they are disabled and suddenly feel empowered to question their entitlement to support."

--*Chief Executive of Scope*

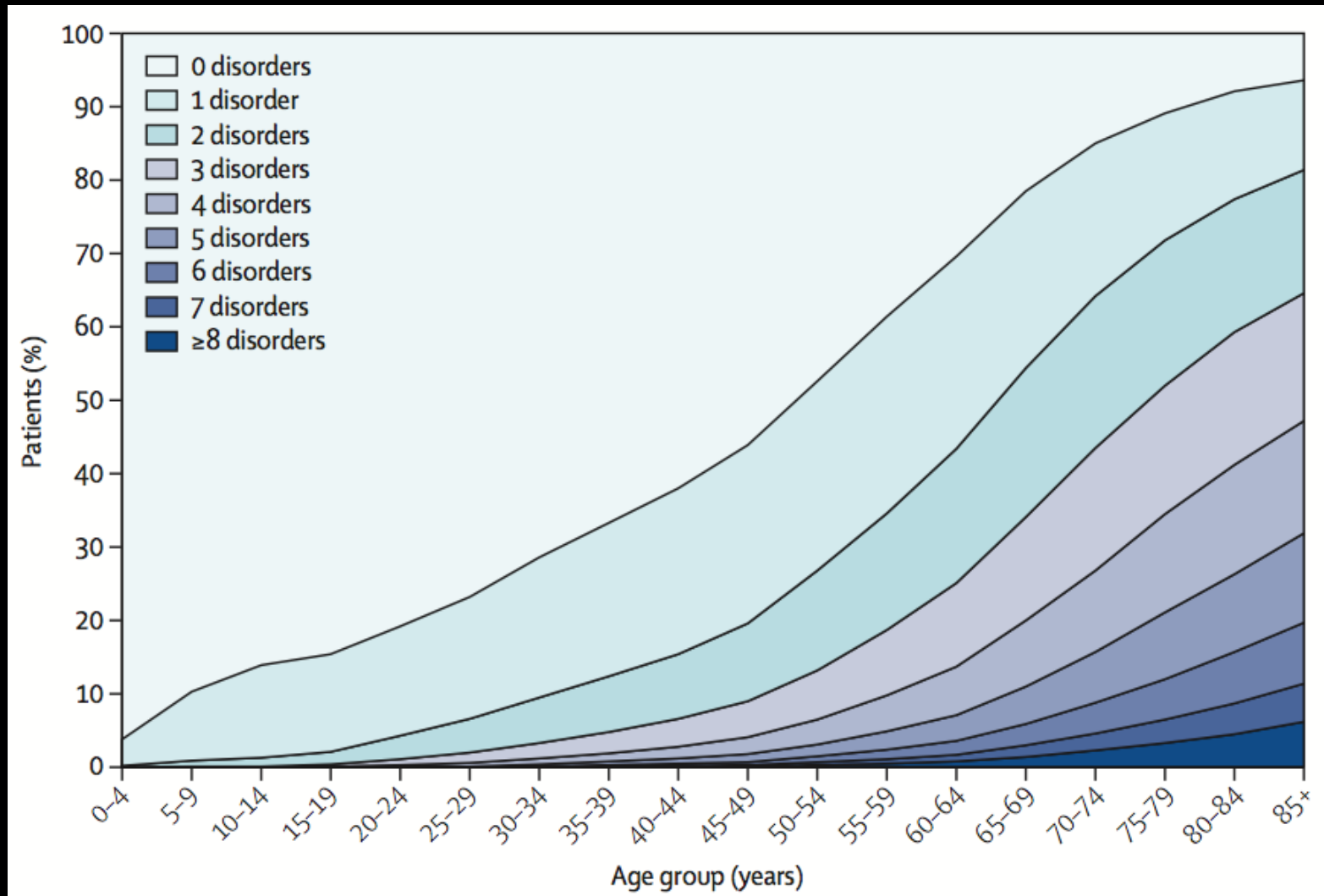


# THE CHALLENGES: RISING UNMET NEED



Source: Reeves, McKee, Stuckler EJPB 2015

# THE CHALLENGES: MULTIMORBIDITY



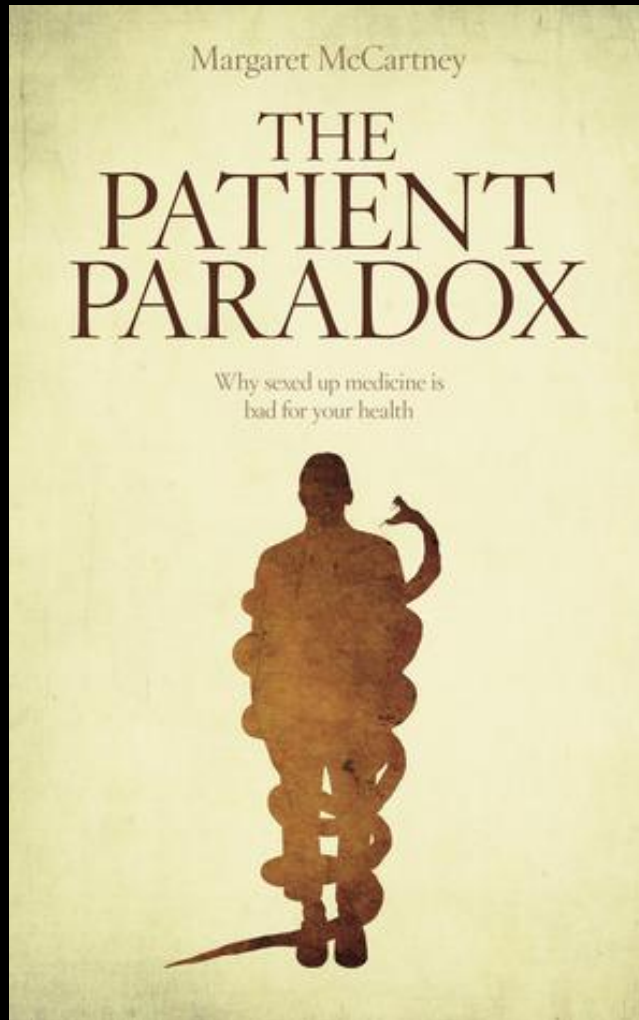
Source: Barnett K et al. (2012) Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 380: 37-43.

# THE REAL CHALLENGE OF MULTIMORBIDITY

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- Patients with multiple problems don't fit into neat silos
- Disease specific “solutions” are not solutions
- “Markets hate uncertainty” and taking on care for people with multimorbidity involves massive uncertainty
- Fragmented market-based responses will simply leave these people behind

# THE PATIENT PARADOX



“Welcome to the world of sexed-up medicine, where patients have been turned into customers, and clinics and waiting rooms are jammed with healthy people, lured in to have their blood pressure taken and cholesterol, smear test, bowel or breast screening done.”

# THE CHALLENGE OF MANUFACTURED EXPECTATIONS

## **BROW LIFT**

Raising the brows gives a fresher, more youthful look

## **EYE BAG REMOVAL**

One of the easiest and most popular procedures for reversing the signs of ageing

## **NOSE RESHAPING**

Straightforward procedure, which can give you new confidence in your appearance

## **FACE/NECK LIFT**

For the removal of visible jowls, deep lines and loose skin

## **EAR RESHAPING**

A straightforward procedure with immediate results

## **CHIN IMPLANTS**

An effective way of dealing with the common problem of a receding chin



# MANUFACTURING NON-TREATMENTS

- Many health systems still pay for treatments totally lacking in any evidence base
- Worse, some health care professionals take money for providing them



A selection of homeopathic non-remedies

# INTERNATIONAL CLASSIFICATION OF NON-DISEASES

Aesthetic discomfort	Current discomfort or dysfunction	Possible future discomfort, dysfunction, or death	
Misattribution or diagnosis	Anxiety about size	Allergy to 21st century; chronic candida infection; false memory syndrome; flat feet; Gulf war syndrome; multiple chemical sensitivities; total allergy syndrome	
Universal	Ageing; skin wrinkles	<b>Ageing</b> ; ignorance; loneliness; menopause; teething; unhappiness; <b>work</b>	Menopause
Usual response	Acne; bags under the eyes; borborygmi; stretch marks	Adjustment reaction; bereavement; boredom; childbirth; jet lag; hangover; pain; pregnancy; whiplash	Whiplash
Ends of spectrum	Big ears; dandruff; gap teeth; <b>grey or white hair</b> ; halitosis; obesity; ugliness	Air rage; alcohol dependency; anorexia; attention deficit disorder; bed wetting; burn out; chronic fatigue syndrome; colic; domestic violence; dyslexia; fibromyalgia; personality disorder; perimenstrual dysphoric disorder; <b>procrastination</b> ; road rage; seasonal affective disorder; <b>stress</b> ; teenage pregnancy	Hypercholesterolaemia
Variant of normal	Baldness; cellulite; freckles; skin tags	Chinese restaurant syndrome; conduct disorders in childhood; ear wax accumulation; food intolerance; infertility; nail chewing; <b>teeth grinding</b> ; <b>tension headaches</b> ; tics	Deviation of nasal septum; smoking

# CONCLUSION

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- European health systems are sustainable (and actually there is no alternative unless we are willing to step over dying people in the street)
- The only questions are:
  - Are we willing to support each other (regardless of race, religion, age, disability)?
  - Are we willing to focus on what works (and stop paying for what does not work)

• How do we deliver care that really meets legitimate expectations?

Mulțumesc  
Teşekkür ederim  
Obrigado  
Хвала  
Faleminderit  
Tak  
Grazie  
Kiitos  
Благодаря  
Спасибо  
Ευχαριστώ  
Danke schön  
Merci  
Dziękuję  
Tack  
Hvala  
Děkuju pěkně  
Diolch  
Ačiū  
Дякую  
Köszönöm  
Go raibh maith agat  
Tänan  
Grazzi  
Paldies  
Dank u  
Gracias