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The actual situation of the health care with
special regard to the regional features

Ph.D Theses

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I. The Aim and the Structure of the Research

Making a detailed analysis and considering the historical and theoretical background the judgement of health care in many respects departs from the one made by the mass media, which is moving only „on the surface”

I want to make it clear in my introduction because in the printed and electronic media you can hear quite often about some kind of problems of health care. The most often mentioned ones are the deficiency of hospitals as well as the troubles of surgeries and GP's.

Lack of money, low wages, pharmaceuticals supply and obsolescence of technicals are the most general problems.

Today even the idea of strikes has already more frequently come up.

We haven't met such outward forms of the medical trade before. The above mentioned forms have come into the limelight only in the last few years.

In my dissertation I try to find the key to the last few years' problems concentrated in the health care.

One of my most important aim is to prove that the real situation of health care in Hungary is not known for anybody.

Everybody speaks about the lack of money, but there are significant differences about the sum how much would be needed to be enough. The real reason is that exact limits of health care competency is not determined.

Partly this is why this sector cannot have a longterm strategy either. One example for that is that there aren't any statistics to show

the cure costs of those many patients who are outside the influence of the sector. (Diseases caused by the improper life-style, environmental damages, genetic problems.)

Till the profitability predominates the state budget – like distilling industry, tobacco industry, catering trade, investments to prevent environmental damages – health care cannot influence the development of illnesses.

To qualify health care as an unbroken system seems to be of capital importance – as my research also proves – because the situation of this sector and the results (resultant vectors) of different effects (vectors) can be counted only this way.

My intention was to familiarize the facility of guidance with the health institutes how to compare their results of an other institute with the same category to get a wider outlook. During my research I worked out this method and I can offer my best help to the ones who would like to use it.

I would like to present the main line of my thoughts:

1. What characterized the circumstances of Hungarian Health Care before the World War II.
2. What happened after 1945, during the forming of the social state
3. What gave the change of regime by changing over the market economy
4. How can the Hungarian Health Care be characterized?
5. Regional peculiarities and the spa – tourism
6. New trends in health care (guided care, home treatments)

7. Summary and suggestions

8. Used special literature

9. Appendices

II. The Method in Force

The learned connections during the research have made it clear for me that the problems of health care are more complicated than it could be seen by an outsider, who doesn't work in this form the one published by – on the surface moving – media .

In my applied method it turned out that only 12% of the treated patients are under the influence of health care. The outsiders who are 8 times more are practically hardly influenced. This fact showed me that solution of basic problems should probably be found in the circumstances outside the sector. With this consideration in mind I started to examine the theoretical, historical and social – political relationship.

This turn caused a transitional stop in my work, as the special literature hasn't dealt with it so far. Most of the special material used in this theme was in connection with the functional mechanism of the sector and it qualified its way of appearance inland and abroad. They have expounded control economical demands (HBSC, German point, modifications relating to the card system, controlling, quality insurance, introducing the matrix system etc.)

Another group of the special literature pointed out the economical peculiarities, which needed an other judgement in the health care considering the basic factors like (market, demand, offer, achievement, efficiency etc.) than the allowances in kind producer or it can be experted in other branches of the sector.

As I took a long historical outlook to the comparison of the detailed function before and after the change of regime I realized that the biggest divergence is derived from the fact that the produce naturalia wasn't regarded as a value – producing activity by the Marxian economical philosophy. (tertiary branch)

The economical philosophy based on the market mechanism believes the tertiary branch to be the biggest pulling power of the GDP (including the whole human sphere beside the health care) because the value producing function of „grey matter” can be unlimited extended and it is abundant (D. Corten) while the source of naturalia producing branches is getting tighter quickly and the development based on it meets more and more difficulties. (Details, and its mathematical model of the theory are based on 9 West – European countries and the introduction of their 25 year long tendency.)

The outcome of the false theory of the state – social system is that there hasn't been developed an institutional and organizational system its acticity and stimulated the workers to do a more succesful work.

During the research the qualification of the events which came up because of the change of the before mentioned backgroud of the economic philosophy determined the applied method. Its main characteristics are the followings: introduction of theoretical connections and systematize the factors of motivated events, exploration of the interferencial elements and the outline of a measure of value system to qualify the health care processes much better than now.

I tried to fortify my statements with the official home and international statistics and prove the significant view that considering the events not in a coherent system

we can get to a wrong conclusion, which can cause bad decisions and false information.

With my applied method I endeavoured to prove that an overall long-running strategical outlook cannot be made without the exploration of coherent process and counting their interaction. The four – year ajclical policy has not carried out this task on either side. Picking out an event seemed to be real, detached it from the environment effects we can make a wrong conclusion or a decision and at the same time the public opinion can be misled.

III. New Methods Worked out in the Theme

In the course of the research I must stress the importance of the fact that the situation of the branch cannot be qualified by picked out incidents because if we don't analyse the whole system together we can't get a macroeconomically acceptable real opinion. One example for the is the many unfair sentencing which can be heard so often recently in connection with the health sector itself. I show different mathematical steps to meet the demands which can be applied on the other fields of nationeconomy in case of the qualifying wider coherent systems. Ordering the health care system is not a medical, but a governmental task which is beyond the responsibility for this has never been taken by any parties.

During the last decade neither of the ruling government have taken in hands to class health care into the nationeconomy branches and accept the odium of its judgement, because the function hasn't been ideologically cleared. Today these question shouldn't be continued and swept aside by propaganda talks because the many postponements has worsened the situation of Hungarian Health Care internationally so much that with the other human sectors (education, research, environment protection, pesonal service etc.) can bury under the government that is not able to arrange the bad circumstances.

To apply my methods I suggest measuring – and qualificational procedures (comparison of health institutions with the same categories, mathematical methods to judge the activity of the health care staff) which proved to be good in practice.

The trouble is that it can affect many interests of power of finance. That's why we can't say for sure that it will be supported in every respect by the affected ones. The index of dare to subject the touchy topics to the judgement of the public opinion.

IV. Summary

In most of the countries of the world public health usually belongs to one of the problematic national economy branches. It is especially so in the ex-social countries. The roots of the problem can go back to the fact that before the change of regime that material economic philosophy didn't admit the non-measurable and unproductive activity as a value-creator. This way, branches like these fell unworthy into back in the priorities and consequently the public health, too.

Among other things this is the reason why in the before mentioned fields no measuring system – by which their activity could have been measured and classified – has been formed. As a matter of course their organizational system has also been formed due to the above mentioned aims.

For almost half a century public health is worked in this view and no attempt has been made to adjust it to the market economy circumstances during the change of regime because conditions to effectuation haven't been given yet (view, institutional organization, interest etc.) To tell the truth the needed circumstances haven't been opened up to solve the branch problems overall up till now.

The four-year cyclical period in political life is not suitable for it and not even the conditions have been created to represent a kind of political will, which is badly needed in such a basic issue.

It is also proved to be a wrong idea to copy the practice of the most developed countries to make our system work without any problem.

The system, where we got the basic idea from has been being continuously corrected which made the main mistake.

But there is a bigger problem: the system of the developed market economy with decade-long experiences cannot be translated into developed circumstances without any trouble. It's true even if none of the systems are willing to admit the failure.

In our country the state of economy, the cost calculation working in the business relations, the registration as well as the taxation with the financial discipline and the lot of other things are much less developed than in the other countries where the conditions of the market economy have already been created decades ago and the appearance of functional problems is inevitable. Prevention of troubles in function has worked little so far, that's all. (see the different corrections.)

An overall public health situation analysis considering our circumstances, - which could have been accepted by each political party and on which a long-run strategy could have been built – hasn't been constructed yet. Neither the present nor the future government can get away with this task. Without seeing things clearly there is never going to be enough money for the health service system.

To fortify my statement I would like to remind you of the statistics which show that the indexes relating to the basic health conditions, degree of doctor supply, number of beds in hospitals, use of medicines, the professional skill level of the members of hospital staff etc. gives us a more favourable picture than in some more developed countries. At the same time the health state of people and the life expectancy is far below the before mentioned, more developed countries.

I wanted to show you just a part of such and similar contradictions in my essay and make a suggestion how to solve the problems criticized by me.

V. Conclusion

1. The health care practically hardly influences the forming of most of the problems appearing and waiting for treatments. In developing the illnesses the effects outside the health care are 8 times bigger than the direct influence shown by the health care. (life style, environmental effects, genetic bents) In case of the factors determining the health care (life style, environmental effects, genetic bents) – most of the development of illnesses – the health care has got only a follower – role. It hasn't got a facility to interfere the development but solution of troubles is expected. The size of responsibility and scope show a significant divergence.
2. The degree of doctor supply, the number of beds in hospitals and drug consumption are high with the international standard stile the health state can be criticized.
3. Nearly the half of the hospital beds are taken by patinets who actually don't need hospital treatments. (social patients, or patients who don't need a bed) This type of cure is the most expensive and wasteful, but its liquidation can affect financial interests.
4. There are may dufies of hospitals that have nothing to do with the cure itself. Half of the helath staff doesn' t deal with cure. (service, infrastrucutre) The attendants helping the function of hospitals work with low efficiency due to the incompetence.
5. Therre isn't an evident standard to qualify hospital results. Appling HBCS is just one mean of settlement of accounts. There is such a a big divergence based on results of different specific indexes that a general opinion cannot be formed.

6. The real order by comparing the similar hospitals cannot be decided. We can face to several unsolved problems if we say our opinion without approaching it in many ways. The biggest difficulty is that the most important connections cannot be counted using the data of institutions published by GYOGYINFOK.
7. Several organizational inadequacies can be observed. Removing them would result in a serious efficiency growing. (Reduction of many distributors in case of machines and devices increasing the utilization of operating theatres, checking the reason extremely big scattering between the different specific indexes.)
8. Financial situation is ambiguous. Expectations at the health institutions are based on results but their account system contains the elements based on results only partly. Amortization is not known when budgeting.
9. Employees working for results have fixed salaries so they aren't interested in results.
10. There isn't an economical connection between the results and their fees. The paid fee is determined not by the amount of results but the volume of the allocated money from the budget. It causes inevitably the cheatings at results.
11. Neither a theoretical nor a practical explanation cannot be given: Why does the prevailing government punish the articles with VAT and bought by the health care.
12. The facilities offered by the computer system are not best used. Applying them the work efficiency would be remarkably intensified like for the example follow the patient, elimination workphases and several other examples could be mentioned.

13. The changes in the national economy in the last two decades clogged the function of health care (the year of decline and fall the party – state system, the cyclical political trends after the change of regime) and the sector lost its importance (as it could be seen at the human sphere, too) It's an indisputable fact that no long – running strategy hasn't been done. It's high time we did it and a general survey should be made on the real situation of the health care.

VI. The most important duties

1. Correct exploration of the real situation

- Counting the human – and technical capacities
- Introduction of the potentially expectable ability of a hospital
- Comparing the potential capacity and the real ability (drawing up a balance)
- Exploration of disproportion in hospitals (where is surplus or shortage)
- Correcting the most important data about the inhabitants living in the district of the hospital (number of inhabitants, age, health state etc.)

2. The most important duties

- Change of the former view
- Thinking in a connected system and in the total national economy
- Elimination of practice without any effect examinations (in case of development and setbacks)
- Follow the realities consequently
- Making a uniform financial system (taking into consideration the real values of the cost-profit and maximalization of facilities making return capital)
- Account of amortization
- Settlement of VAT

- Fees based on results
- Medical treatment within the shortest time (treatments at home) and with the least burden, motivation of the curing apparatus by financial interest
- The most democratic way of the utilization of insurance money. The mechanism should be built up to ensure the function of the health institute without any trouble in case of insolvency of a patient
- The proportionate location of health institutes should be arranged in the whole country
- Measuring the results of the specialized staff and qualification on the human values should be created
- The efficiency increasing and cost decreasing facilities in a better organized system should be utilized. (increasing the utilization degree of operating theatres, applying matrix hospital formulars, translocation of certain rarely occurred diseases and treatment demanding special devices into county or special hospitals. (oculistics, laryngology and urology)

A. My Lectures and Professional Articles

1. The efficiency of basitherapical drugs (Hungarian Rheumatology, 1988)
2. The therapy and diagnostics of Whipple disease (lecture, summary Hungarian Rheumatology 1989)
3. Applying bisphosphonates in Paget disease (lecture, summary Hungarian Rheumatology 1994)
4. The etiology of fibromyalgy (lecture, 1995)
5. Neuro – and arthropathies in diabetes mellitus (article, summary, Hungarian Rheumatology 1995)
6. The of non – steroid antiphlogistics, their side effects, comparison of original and generical products from economic point of view (lecture, summary, MRE info 1998)
7. Incidence of asthma bronchiale (status asthmaticus) its treatment in emergency cases (lecture 1990)
8. Efficacionsness of Meloxican in infalmed arthritis economic advantages of its application as against other non – steroid antiphlogistics (lecture, summary MRE info 2000)
9. The Hungarian Health Care G.T 2003/2.
10. Clinical application of selective cox – 2 inhibitories or its economic efficiency (lecture, MRE info 2002)
11. Gastrointestinal side – effects of Vioxx (lecture, MRE intinerary congress – Szeged)
12. Osteological Congress, Balatonfüred The title of my lecture: The SPA disease and its shoulder joint manifestations (2004)
13. The soft laser threapy in PHS disease (lecture, Budapest Ectoderma Polyclinics 2004)

B. Taking part at conferences

As audience of a lecture, I have participated in 20 scientific conferences since 1990.