

# UEMO 2000/107

## FINNISH REPLY TO UEMO QUESTIONNAIRE 2000/030 ON GP's serving deprived populations

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1. Do Gps in your country face problems in access of services or in delivering health care towards certain sub-populations (people in socio-economic poor condition, people in deprived areas, immigrants, asylum seekers, refugees, eg)? Please give a brief general answer and enclose relevant documents.

Usually our local governments arrange the health care systems for people who are living in their area. GP`s are family doctors and they have their own area and all inhabitants in that area are patients.

Some of our counties have taken immigrants and asylum seekers. For example my town has decided, that we take 30 immigrant very year. Our government pays 3 years all expenses of the health care . After first inspection of healthy they are going to see their own GP. We take care of them as the other patients. In some big cities they have own project for immigrants and asylum seekers, but allways GP`s are with it.

2. What is the distribution of these problems in your country. Is it a general problem, does it occur only or mainly in large inner cities or is it a problem that occurs in rural areas ?

- 2.1 Please give a brief description and make a distinction between rural and urban areas

In rural area people have no work and that the big reason for troubles. Of course they have not good education and much alcoholic problems. In rural area there are living older people, and they have much diseases. And they make much work for GP.

In large cities there are narcotic /drugs problems, no good residences, no work, criminal problems. Too many people are living in our cities, health service is good enough. These cities growing too fast . People do not care themselves and the other people so as they do in smaller town.

- 2.2 Is there a system of identifying deprived areas ?  
In case there is, please give a brief description and enclose relevant documents or policy paper.**

**Every local governments take care themselves alone. Some of these counties they have they own projects.**

- 3. It is well known that mortality and morbidity in a population in poor socio-economic status is high compared to the country's average.**

- 3.1 Is there any data or resarch specific to the situation in your country.  
Please give a brief overview and enclose relevant documents**

**We have had “ Pohjois-Karjala” project, which concerned the eastern part of Finland. In that data we saw , that people is dying to cardiovascular diseases much more than western part off Finland.**

- 4 Does the health status of the people living in deprived areas influence the work or the workload of Gps delivering cure and care ?**

**Of course it makes more work Because people have much more sosio-economic problems and GP must work together with social workers. Alcoholic , drugs, obesity and many other problems. Children’s welfare is not good much infections, mothers use drug and alcoholic during the pregnancy. We need help of homenurses.**

- 5 In deprived areas, do Gps experience problems during delivering cure and care :**

- 5.1 Towards knowledge/skills  
Yes . It happens so seldom, that we are doing such things.**

- 5.2 Towards co-operation with other health organisations  
NO**

- 5.3 Towards financing the work of Gps. In other words, does the extra effort or the co-operation with other health organisations lead to extra funding ?**

**NO**

**6. Are these problems reported ?**

**6.1 Please give examples or refer to literature**

**7. Are these problems known by your (local) government or the medical organisation ?**

**8. Are these problems acknowledged by your (local) government or the medical organisation ?**

**Our own government know the problems and of course medical association too, so we can demand more doctor to that kind of areas.**

**9. Is there a special policy to support Gps working in deprived areas or GPs working for deprived populations ? Give details.**

**In deprived areas we need more doctors. Usually doctor have 2000 inhabitants in his/hers area. Right number of inhabitants in these area is 1200-1500. There is more social worker and homenurses and nurses.**

**10. Please give your suggestions for the UEMO policy paper on GPs serving deprived populations.**

- \* We must insist that family doctor has less patients / inhabitants in his area.**
- ?? They must get more many of that work, because it is very exhausted work .**
- ?? CME- must be in good condition**
- ?? GP needs education of different cultures**
- ?? GP need the mental guidance of work.**
- ?? GP`s working environment must be good, they need nurses enough**