



EUROPEAN UNION OF GENERAL PRACTITIONERS

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ICELANDIC NATIONAL REPORT

According to a recent WHO report, the best health care service is where life expectancy is high, access to the health system fair and where the health system takes people's social and financial circumstances into consideration. The report also claims that health systems financed with taxes and social insurance are better than systems where users are expected to pay directly for the service. It is interesting to note that the Nordic countries, which have until now been considered exemplary in that respect, are no longer on the top of the best health service list. The winners are France, Italy, San Marino and Andorra, but Norway is in 11th place and Iceland in 15th. Many have expressed doubts with the report's findings claiming that it says more about the overall health of these nations rather than their health services. I will not pass judgement on that point, but I will account for the situation in Iceland.

The Ministry of Health and Social Security in Iceland was established in January 1st 1970 in accordance with act no 73/1969. The Ministry has the responsibility for administration and policy making of health and social security issues in Iceland as perscribed by law, regulations and other directives. Among the issues that The Ministry deals with are:

- Public health
- Patient rights
- The running of hospitals, health centres, and other health services
- Promotion of information technology in the health services in Iceland
- Social security

The Ministry of Health and Social Security is responsible for the overall administration of health affairs and matters relating to social security insurance other than unemployment benefits. The health sector is regulated according to the Health Service Act of 1990 by which all inhabitants have right of access to the best possible health service at any given time for the protection of their mental, social and physical health. The main objective of the Act on the Rights of Patients from 1997 is to ensure that there is no discrimination against patients on grounds of gender, religion, beliefs, nationality, race, skin color, financial status, family relation or for other reasons. According to the Act on Social Security of 1993 the social security system comprises insurance such as:

- pension insurance
- occupational injury insurance
- health insurance
- maternity benefits

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The Act on Maternity/Paternity Leave and Parental Leave no 95/2000 came into force on January 1st 2001. Parents, both the mother and the father, have an independent right to maternity/paternity leave of up to three months due to a birth, adoption or the taking of a child into permanent foster care. The father's right however will gradually increase from one month up to three months from January 2001 to January 2003. In addition parents have a joint right to three additional months, which may either be taken entirely by one of the parents or else divided between them. The parents can choose to take the leave at their convenience in an 18 months period following the birth.

Parents who are studying or without attachment to the labour market are also entitled to benefits. The amount of benefit is 80% of gross average salary of the parent taking the leave. While there is a minimum benefit, there is no upper ceiling on payments. Parents who are studying or without attachment to the labour market have a right to a standard rate maternity allowance paid over a 9 months period.

The health service in Iceland is primarily financed by central government. Financing is mainly based on taxes or 85% and 15% is fee for service.

The country is divided into health care regions, each with their own primary health care centres; some of the rural ones are run jointly with the local community hospital. The primary health care centers have the responsibility for general treatment and care, examination, home nursing as well as preventive measures such as family planning, maternity care and child health care and school health care.

Hospitals in Iceland may be ranked as specialized teaching hospitals, general hospitals and community hospitals. Hospitalization is free of charge. The specialized hospitals perform most operations and procedures in all specialist medical fields. Trained and qualified professional groups staff the health service.

Life expectancy in Iceland (1997) is among the highest in the world. Average life expectancy at birth for females is 81,3 years and for males 76,5 years. Infant mortality is among the lowest in the world, 5,5 per 1000 live births.

The situation of General Practice in Iceland this year is influenced primarily by the fact that there is lack of recruits into the profession. Discussions around and discontent with the new wage system and its consequences has also taken much and time. A fixed wage system for General Practitioners which came into effect in 1996 may be suitable where there are enough physicians but if the demand for services increases without a simultaneous increase in the number of GP posts the public may lose faith in the Primary Health Care System. An increased offer of specialist services in private practice results in patient seeking more and more services there. Increasing specialization and technology has led to fragmentation of health care, which is threatening integration and coordination. The result is ineffective and inefficient use of resources because the most appropriate health care provider does not always provide care.

A new minister for Health and Social Security in Iceland, Mr. Jón Kristjánsson, was appointed on April 14th 2001. He has claimed that his policy as Minister will be an emphasis on Primary Care but so far no signs of this have appeared. It may be too early to judge. At the same time that specialists are free to increase the expense of the health care system with their private practice, general practitioners are unable to establish primary care health centres at their own initiative. They do not have a contract with the State Social Security except for out of hour's services.

Primary Health Care Centres in the Reykjavík region (which serve about 60% of the total population of Iceland) and their administrative Centre have in the last year been working on a project where many professionals within Primary Care have collaborated. The aim was to define a common policy statement in Primary Care regarding:

- Management
- Resources
- Services
- Staff policy
- Quality improvement
- Medical informatics and technology
- Marketing of Primary Care
- Research and CME
- Vocational training

The goals have been set high but the work is not completed. General Practitioners are making important comments on some of the points in this preliminary policy statement which they find unrealistic in many regards while there are no true signs from the Government's side to put more manpower (especially GPs) into Primary Care and to finance the demand for new and more services.

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