

Ireland's Health Care System: Writing a Prescription for a Healthier Future

Erin Rebele



Introduction

The health of its citizens is a primary concern for any nation, since it affects everything from the happiness of the people to the work they perform. Ireland's system currently hybridizes a private system, such as that of the United States, and a public system, such as that of the United Kingdom. In Ireland's system, all citizens are eligible for some form of care, regardless of ability to pay for a subscription to private health care.

Ireland's government is not only concerned with maintaining the health of its citizens, but also with improving their general health and decreasing the incidence of such major diseases as cardiovascular disease. Cardiovascular disease, a disease of the heart and blood vessels, has a much higher incidence in Ireland than in the rest of the European Union. (Department of Health and Children, *National Health Promotion Strategy*, p. 35) The Department of Health and Children (hereafter Department of Health), through the action of the Cardiovascular Health Strategy Group (CHSG), has determined the impact of cardiovascular disease on the nation and is developing possible solutions to lower the incidence of the disease. (Department of Health, *Building Healthier Hearts*, pp. 1-2)

In this article, I will first examine the structure of the Irish health care system to provide the reader with background information. Following this overview, I will then examine the specific incidence and impact of cardiovascular disease on Ireland's population and explore the ways the Department of Health is trying to lower the incidence of cardiovascular disease and raise the overall health of the nation.

The Public Health Care System

The public health care system of Ireland groups people into two categories according to the income of the person or family and ability to afford health care. Category I in the current system consists of citizens whose income falls below a yearly determined government specified income-threshold. Category I citizens are eligible for both core and additional medical services. All remaining citizens fall into Category II. Category II patients have access only to core services. Category II patients may also receive a designated amount of outpatient hospital services. In addition, with a note of referral from a doctor, emergency services are covered for Category II patients. ("Irish Health Coverage") Categorizing citizens into health care categories improves and maintains public health by making proper avenues to health care available to those who need it most, while still providing a strong basic system for the rest of the population. (Commission on Health Funding, p. 110)

Major Services Provided by the Public Health Care System

All Irish citizens are eligible for core services. These services include:

- Inpatient hospital care,
- Outpatient hospital clinical services,

- Subsidy for long-term drug expenditure,
- Maternity care and infant welfare services, extending up to six weeks after birth,
- Child health examinations.

Additional services available to only Category I patients include:

- General practitioner service,
- Free prescription drugs,
- Dental, ophthalmic, and aural services. (“Irish Health Coverage”)

The health care system also covers rehabilitation for the physically and mentally handicapped, as well as services for children with long-term disabilities. Patients of long term illnesses who require prescriptions and are not covered in Category I may apply to join the Drug Cost Subsidization Scheme. This plan, begun in July 1999, allows patients to receive free medication once they surpass an expense of thirty-two pounds per month in prescription costs. (Department of Health, *Health Statistics 1999*, p.93)

Funding of Public Health Care

Since 1977 national taxation has provided the funds for the public health care system. Prior to 1977 the individual districts collected taxes for their areas and allocated funds from these taxes to the health services. Each district was governed by a health board which oversaw the operation of services in its area. Due to the unequal distribution of income across districts, health services were not standardized across the country. The cost of providing care heavily burdened the individual districts. For these reasons the Irish government decided to use national taxation in order to ensure that the standard of health care is equal for all areas. In addition, Category II patients who use the public services pay a user charge, which helps fund the system. (Commission on Health

Funding, p. 91) The *Human Development Report* for 2000 indicates that from 1996-98 the public expenditure on health was 4.9 percent of the gross domestic product, a percent that has remained constant since 1990. (p. 214)

Much of the cost of the health care system goes to pay the salaries of the health care workers, drugs, medical supply systems, and supplies of a non-medical nature for hospitals, such as food and bedding. (Commission on Health Funding, pp.51-52) There are many factors involved in the amount of money spent on health care, such as inflation, demographic factors of population size and distribution, and the average utilization of services. Also, as technology advances the cost of diagnostic exams such as the MRI rises, increasing the amount of money needed to properly diagnose a patient.

Barriers to Receiving Proper Health Care

Although all Irish citizens are granted some form of health care, often they do not take advantage of the system due to economic status, social factors, and environmental factors, which will be explored in this section. (Department of Health, *National Health Promotion Strategy*, pp.19-20)

Poverty can severely impact health. People who are impoverished usually receive full health care benefits, but their mental status and living conditions make it difficult to maintain a high standard of health. Often the impoverished person cannot find transportation to the hospital. All of these complications of poverty make it harder for the impoverished person to maintain their health. (Department of Health, *National Health Promotion Strategy*, p. 19)

Education also impacts the health of the people. Health care classes taught at most schools give people the basic tools and information they need to remain healthy.

People with a higher level of education tend to earn higher salaries and can therefore afford private insurance, better living environments, and have access to healthier food and personal care items. Dropping out of school early appears to have a negative impact on health. Students who drop out of school early run a higher risk of developing a wide variety of health problems, including cardiovascular disease. (Department of Health, *National Health Promotion Strategy*, pp. 19-20)

The inferior roads and isolation of some rural areas also leads to poorer health, because occupants of these areas have no reliable means of transportation to the hospital. This problem can especially be seen in areas which remain underdeveloped compared to the rest of the country. (Department of Health, *National Health Promotion Strategy*, p. 20)

The Private Health Care System

The Department of Health's recent *White Paper: Private Health Insurance* put forth the following definition of private health insurance: "a sort of indemnity insurance for the unexpected illness of the recipient." (p. 7) Most Category II patients also pay for some form of private health care. People generally choose private health insurance for common reasons: to skip the waiting lines of public health care, to be accommodated in private or semi-private rooms, and to protect against large medical bills. Timely access to health services is a powerful factor in the Irish people's decision to pay for private health care. Private health insurance also means access to private hospitals and private doctors. (Department of Health, *White Paper: Private Health Insurance*, p.8)

The private health care system as it is now known began in 1957 when the Voluntary Health Insurance board, or VHI, emerged from the Voluntary Health Insurance Act of 1957. The VHI is a not-for-profit board which offers private or semi-private care to its members. (Commission on Health Funding, p. 39) Additionally BUPA, another insurance company, came to Ireland in June 1996, breaking up VHI's monopoly on health coverage. ("Irish Health Coverage") The two companies carry similar policies and plans, but VHI currently has 1.2 million subscribers while BUPA has only around 100,000. This is most likely due to the fact that VHI has serviced the Irish people for a much longer period. Private health insurance for outpatient doctor visits does not consist of a co-pay as with many companies in the United States. Instead, the patient pays out-of-pocket and reclaims expenses at the end of the year once a deductible is surpassed. Also, private insurance does not cover the cost of prescription medication. ("Irish Health Coverage")

Currently some form of private health insurance covers about forty-two percent of the population. (Department of Health, *White Paper...*, p. 17) Skipping the long queues for care is the main advantage of the private system. The other benefit is private hospitalization, both in public hospitals and completely private facilities. When looking at the figures for waiting lists, as outlined below, it is clear why many people elect to receive private health insurance. The statistics compiled in 1997 are nothing short of alarming.

- 30,500 people are on hospital waiting lists for a variety of procedures,
- 1,299 people wait for hip replacements, almost 500 for at least a year,
- 1,600 people wait for cardiac operations.

Percentages of adults waiting more than 12 months for care are also sobering:

- 68 percent wait for cardiac surgery,
- 30 percent wait for general surgery,
- 61 percent wait for vascular surgery,
- 48 percent wait for orthopedic surgery.

Percentages of children on waiting lists for more than six months are equally distressing:

- 62 percent wait for cardiac surgery,
- 45 percent wait for general surgery,
- 84 percent wait for orthopedic surgery. (“Irish Health Coverage”)

In all, over fifty percent of children on waiting lists for any type of surgery in 1997 had been waiting more than six months. Sadly, twenty percent of cardiac patients die while awaiting surgery. (“Irish Health Coverage”)

In September 2000 the Department of Health announced that the waiting lists, standing at that time at 31,851, had decreased by 5,000 patients since January. Significant decreases occurred in many areas including cardiac surgery, a decrease of twenty-eight percent, and general surgery, a decrease of twelve percent. Although the waiting lists are still long, the Department of Health is taking steps for their further reduction. One of these steps is an initiative program, in which funding allocation to hospitals is determined by their performance. The more the hospital utilizes resources to treat patients and decrease the waiting list, the more funding the hospital receives. This provides an incentive to hospitals to work through the waiting list, in order to receive more funding. (Department of Health, “Hospital Waiting Lists...”)

The Focus on Cardiovascular Disease and Its Epidemiology

Brought on by a poor diet, excess alcohol consumption, and poor exercise habits, cardiovascular disease is one of the major causes of death worldwide. Despite the decline in fatalities from cardiovascular disease, the number of patients with the disease is actually rising. This rise is caused by the new cases found every day and the new technology which has saved many people who have already experienced a cardiovascular event. In Ireland, particular attention is being paid to cardiovascular disease in order to target and reduce the number of resulting deaths. This is because cardiovascular disease is the leading killer of men and the second major cause of death for women. Irish coronary heart disease fatality rates have also topped the list of the European Union. (Department of Health, *Building Healthier Hearts*, pp. 3-10) Even within Ireland there is a difference across regions in fatality rates due to cardiovascular disease with both the North Eastern and the Southern health boards experiencing above average mortality rates from coronary heart disease (CHD). (Kiely, pp. 35-36)

Diseases of the cardiovascular system place a huge burden on the health care system, both in hospital costs and prescription costs. In Ireland the number of cardiovascular patients remains somewhat constant throughout the year, with about 435 beds continually occupied. In 1996, 20,013 hospital discharges listed CHD as the primary cause of hospitalization; an additional 22,717 listed it as the secondary cause. In 1997 about seventeen percent of national total expenditure for medicines and appliances (forty four million pounds) was devoted to cardiovascular care. About nineteen percent of all prescriptions issued related directly to management of cardiovascular diseases.

These expenditures place a huge burden on a system such as Ireland's which relies heavily on taxation. (Department of Health, *Building Healthier Hearts*, pp.9-10)

The Department of Health and Children aims to lower the level of heart disease to one below the European Union average. A goal of this magnitude needs not only the support of the government but also the support of the people. The Department of Health will not reach its goal if the Irish people do not commit to a substantial lifestyle change.

(Department of Health, *Building Healthier Hearts*, p.16)

Risk Factors for Cardiovascular Disease

Cardiovascular disease may be attributed to any of three major risk factors: smoking, elevated cholesterol levels, and elevated blood pressure. Other factors also change the risk for cardiovascular disease, including genetic make-up and the presence of other diseases. Some of these factors may be modified, including diet, exercise, and smoking. However, factors such as genetics, age, sex, and personal history cannot be altered. (Department of Health, *Building Healthier Hearts*, p.6)

Cigarette smoking is one of the leading causes of premature death. The average annual cigarette consumption per adult in Ireland for 1993-97 was 2,411. This amounts to the average Irish citizen smoking six cigarettes each day. Each year seven thousand people die from smoking-related diseases. Cigarette consumption is related to thirty percent of cancer deaths, twenty percent of coronary heart disease and stroke fatalities, and eighty percent of cases of chronic obstructive respiratory disease. Most people who smoke recognize their inferior health and cite lack of willpower as their reason for not quitting. More alarming is the number of children and teens who smoke: seven percent of males and three percent of females aged nine through eleven report that they currently

smoke. This number increases in the twelve-to-fourteen age brackets to twenty percent of males and sixteen percent of females. The fifteen-to-seventeen year old group ranks highest with thirty one percent of males and thirty-five percent of females smoking.

(Kiely, pp. 20-21)

Alcohol is another drug of abuse in Irish society, with twenty-seven percent of males and twenty-one percent of females consuming more than recommended weekly limits. Like smoking, the older the child the more likely they are to engage in this behavior. Around fifty percent of both males and females fifteen through seventeen reported consuming alcohol in the last month. (Kiely, pp. 21-22) Eating habits are another problem with thirty-two percent of adults overweight and ten percent obese. The SLAN (Survey of Lifestyle, Attitudes, and Nutrition) showed a large percentage of the population eating four or more fried foods per week. On a more positive note, forty-two percent of adults surveyed reported exercising on some regular basis. (Kiely, pp. 22-23)

Possible Solutions for Cardiovascular Disease

Although cardiovascular disease will never be completely eliminated, the rate of fatality may be significantly lowered through controlling the risk factors. Healthy living and proper health care may delay the onset of cardiac symptoms and increase the quality of life. The goal of Ireland's Department of Health is not to end a disease which affects every nation, but rather to give its citizens the highest quality of life possible. To this end, the Minister for Health and Children, Brian Cowen, developed the Cardiovascular Health Strategy Group in March 1998. The group's task was to put together suggestions for many different areas of life which may help improve the quality of life and decrease the risk and effects of cardiovascular disease in the population. Specific areas in which

the group advised included health initiatives and development of further cardiovascular care facilities. (Department of Health, *Building Healthier Hearts*, pp.1-2)

The group recommended that tobacco taxes be increased to act as a deterrent to new smokers. Additional policy changes were suggested in the areas of food, nutrition, and alcohol. Different strategies will target different groups of citizens both at school and in the workplace. Nicotine replacement therapy was also recommended to be made available to patients of the general medical services. In addition, cardiac care facilities are to be increased, better staffed, and better equipped than in the past. The group also recommended allowing emergency medical technicians to administer cardiac care drugs. These drugs dramatically increase the rate of survival when administered early to patients experiencing a cardiovascular event. Additionally, the group recognized the need for a better information center to be implemented so physicians may access complete patient records. (Department of Health *Building Healthier Hearts*, pp.13-15)

Implementation Strategies

A major goal of the Cardiovascular Health Strategy Group is a thirty percent reduction in premature death rates due to cardiovascular disease over the next ten years. Initially, the DOHC hopes to lower the incidence of cardiovascular disease in Ireland to the average incidence in the European Union. Once that goal is met, the Department of Health hopes to eventually lower the incidence below the European Union average. The major force in achieving this goal will be the Heart Health Task Force, whose main functions are to maintain momentum, review goals, and give reports to the Minister for Health and Children. (Department of Health, *Building Healthier Hearts*, p.16)

Along with this task force, the group suggests that an advisory board be formed by the Minister of Health and Children. This board will explore the best methods of prevention, detection, treatment, and rehabilitation. It will also explore the effectiveness of current care, coordinate research on cardiovascular disease, and advise the Department of Health and Children on policy issues stemming from strategy implementation. (Department of Health, *Building Healthier Hearts*, p.17)

The Future of the Irish Health Care System

The future of the Irish health care system depends largely on the success of initiatives such as the one on cardiovascular disease. People under the age of thirty constitute almost fifty percent of Ireland's population, with the majority of these people between 15-19 years of age. The aging of these young people will eventually place a large burden on the health care system. (Kiely, pp. 11-12) Therefore, the focus of the system must be not only on the maintenance of current health, but also on education in order to lower the incidence of cardiovascular disease. A decrease in cardiovascular disease due to an adoption of healthier living styles will take a great deal of pressure off the health care system in years to come as well as provide citizens with longer, healthier lives.

In addition, lifestyle changes such as the ones proposed here, reduced cigarette and alcohol consumption and increased exercise, will also positively affect other areas of health. Therefore, the incidence of other diseases will also decrease, reducing the amount of health care costs for these diseases as well. By teaching citizens proper health

maintenance techniques, Ireland is hoping to provide its citizens with longer and healthier lives.

References

Commission on Health Funding. *Report of the Commission of Health Funding*. Dublin:

The Stationery Office, 1989.

Department of Health and Children. *National Health Promotion Strategy*. Online.

<http://www.doh.ie/pdfdocs/hpstrat.pdf>.

Department of Health and Children. *Health Statistics 1999*. Online.

http://www.doh.ie/statistics/health_statistics/index.html.

Department of Health and Children. "Hospital Waiting Lists Continue to Fall." Online.

<http://www.doh.ie/pressroom/pr20000905a.html>.

Department of Health and Children. *White Paper: Private Health Insurance*. Dublin: The

Stationary Office, 1999.

Department of Health and Children, Cardiovascular Health Strategy Group. *Building*

Healthier Hearts: Introduction to the Report of the Cardiovascular Health Strategy Group. Online. <http://www.doh.ie/pdfdocs/heart.pdf>.

"Irish Health Coverage." Online. <http://www.movetoireland.com/movepage/health.html>.

Kiely, Jim. *Annual Report of the Chief Medical Officer*. Online.

<http://www.doh.ie/pdfdocs/Cmo.pdf>.

United Nations Development Programme. *Human Development Report 2000*. Oxford

University Press: New York, 2000.

Abstract

The prevalence of cardiovascular disease is largely responsible for Ireland having one of the lowest life expectancies in the European Union. The author examines the role of cardiovascular disease in Irish mortality as well as Ireland's plans to decrease the occurrence of the disease while concurrently increasing life expectancy.

Biography

Erin Catherine Rebele will graduate in June 2002 with a Bachelor of Science in Behavioral Neuroscience and a Bachelor of Arts in English. At Lehigh, she was elected to Phi Beta Kappa and Phi Eta Sigma honor societies and was also a Roy C. Eckardt College Scholar. Erin was a member of the Gryphon Society for two years. After graduation she hopes to attend medical school and pursue a career in medicine as a radiologist.