

Editor's Page

The Viability and Performance of the Greek National Health System: A Brief Overview of Some Selected Data

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The Greek national health system, especially since the socialist government came to power in 1981, has had an interesting history, adopting the principle that medical services should be free to all at the point of care. The “Big Bang” in terms of initiatives came during the 1980s, when university hospitals were established, health care centres were developed, and thousands of new jobs were created. All these changes had a fundamental impact on the nature of health care provision at all levels, but especially in provincial areas. The development of five large university hospitals, together with their associated medical schools, was, I believe, one of the last century’s landmark developments in Greek health care.

All this would have been very nice, if it had been firmly based on a relation between costs, good management, and efficiency. Unfortunately, the political leadership over the last 30 years, for various reasons, was not able to explain that the burgeoning consumption was not viable.

I use the word “explain” deliberately, rather than the word “perceive”. Of course, many were aware that the wasteful, wayward, and woefully expensive path of the Greek health care system would inevitably lead to its disintegration and degradation. Human history tells us, however, that the rule of routine cannot be swayed by the lure of logic.

Today, our bankrupt country has been forced to make violent adjustments, of a speed and magnitude that are obvious to all. These adjustments are a one-way street. I do not think there is any alternative proposal that can bring the system back from the brink.

Please, then, allow me the following gloomy thoughts:

- a. How is it possible for our health care system to remain viable when it is populated by 40,000 more doctors than it needs?
- b. How is it possible for our health care system to remain viable when these personnel have been enlisted to staff laboratories for biochemical analyses and imaging techniques that outnumber those in the entire economically robust central Europe?
- c. How can a health care system be viable when its guiding principle is how to slice up an ever-shrinking cake, without any provision for meritocracy, quality, or innovation?

Focusing specifically on cardiovascular medicine, a specialty that is today the victim of its own success, my predictions and assessments are even gloomier.

- The “system”, in its attempts to level out costs, does not recognise the need to support innovation, does not care about the development of research, and is not interested in the future of education.
- The “system”, of course, does not include centres of excellence, the latest drugs, or advances in medical technology among its priorities.
- The “system”, of course, does not have any policies for prospective development.

Unfortunately, there is no-one with the power to explain that the system is not viable, but simply palliative in its present form.

The true path of reason cannot prevail against the force of “habit”.