

The Swedish model [SE] ^[1]

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EXCERPTS

Sweden has long been a model of progressive public policy.

It has health-care user fees. So Prime Minister Jean Chrétien is now suggesting that Canada should explore the possibility.

"We don't have (user fees), the people are not asking for it, but it's good to look into that," Chrétien said, after meeting Swedish Prime Minister Göran Persson in Stockholm last week. "I will invite Mr. Romanow (head of the commission on the future of health care in Canada) to come and look into that."

But in focusing on user fees, Chrétien was cherry-picking from a health-care system that has many differences from ours.

If the Prime Minister wants Romanow to explore Swedish-style user fees, he should also encourage him to look at all the other policies Sweden uses to promote the health and well-being of its citizens.

Let's look at user fees first:

When adult Swedes visit a doctor, physiotherapist or medical centre, they are required to pay the full cost — up to a cumulative total of about \$126 a year. Then the state takes over.

When they occupy a hospital bed, they must pay roughly \$11.20 a day.

Now let's look at some of the offsetting benefits:

There is a cap on prescription drugs in Sweden — no adult ever has to pay more than \$182 a year.

Dental care is also subsidized by the government in Sweden. And for children, dental care is free, as are prescription drugs and all other elements of Swedish health care.

The Swedes also recognize that the determinants of good health go well beyond doctors, hospitals and access to prescription drugs.

Unlike policymakers in this country, they pay attention to the well-established links between health and a decent family income, adequate housing, early childhood development and a good education.

Where one in five Canadian children live in poverty, the rate in Sweden is 2.6 per cent. It has an array of family benefits — besides a universal child allowance, the country has a special means-tested housing allowance for families with children, and pays child support directly to single parents (which it then recovers from the non-custodial parent).

Child care, with its emphasis on early child development, is also a model in Sweden, where fees are geared to income as well as the number of children in the family.

According to the Ministry of Health and Social Affairs, "More than half the personnel in day-care centres are qualified pre-school teachers or recreation instructors, a minority are child-care attendants."

At the other end of the learning spectrum, higher education in Sweden is free. And not only do students not pay tuition, they are all entitled to non-repayable grants in addition to loans from the state to help them with living expenses while they're in school.

So, by all means, let Romanow study the health user fees in Sweden.

But it would be a shame if he stopped there. He owes it to Canadians to examine the entire Swedish policy mix that deals with all the socio-economic factors that contribute to health and well-being.

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