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Vulnerable patients forgoing health care for economic reasons: a concern for health professionals
経済的理由から受診をためらう患者たち：医療従事者の懸念

日　時：平成30年10月23日　10：40～12：10
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The Swiss legislation pertaining to health insurance is meant to provide universal coverage. However, insured individuals have to pay part of the care costs. Self-pay represents a considerably higher proportion of disposable income for poorer persons and families. While out-of-pocket costs are intended to discourage unnecessary use of services and therefore to serve as a gatekeeping instrument (cost-containment measures), they may also reduce the use of necessary clinical services and drugs that could prevent the onset and the progression of diseases.

In a rich country like Switzerland, are people facing difficulties receiving required care? If yes, what kind of people? Moreover, how do those people manage these situations?

Problem

While access to health care services for the poorest individuals is guaranteed by social security benefits, persons whose income places them just above benefit levels are not eligible for such guaranteed coverage. This is especially true for people facing a loss of income due to retirement.

Our hypothesis is that a reduction in income forces many retirees to make choices and to prioritize expenses. They may then forgo health care for cost reasons, and thus run the risk of compromising their future state of health. As an example, a young retired person prevented from taking care of his/her teeth may encounter serious health problems: undernutrition, falls, cardiovascular problems etc.

In our study named RENO, we bring to light the influence of financial difficulties on the choices and practices of young retirees with modest means regarding health care access and health self-management.

Method, results

Quantitative-qualitative mixed methods were used in this study. A questionnaire was sent to all recent retirees with modest means in the Canton of Vaud, Switzerland. Canton of Vaud is one of the biggest Swiss cantonal states. It is a half-rural, half-urban region with about eight hundred thousand residents. This canton is situated between Geneva's lake and the Alps, in a wide area (density is 247 inhabitants per square kilometre). In our research, the eligible population was about 2455 people (N=2455). We received answers (n=666) and then 22 comprehensive interviews were conducted with volunteers - an approach rarely used in the previous studies on forgoing health care. 17.6% of

Figure 1. Type of care respondents forego (N=113)

TYPE OF CARE	N	FREQUENCY
DENTAL	83	73%
SPECIALIST PHYSICIANS	15	13%
PHYSIOTHERAPIST, OSTEOPATH, MASSAGE THERAPY	11	10%
EYE CARE	10	9%
GENERAL PRACTITIONERS	7	6%
MASSAGES, THERMAL BATH	7	6%
DRUGS OR HEALTH CARE EQUIPMENT	5	4%
COMPLEMENTARY MEDICINE, ACUPUNCTURE	5	4%
CHIROPODIST	4	4%
HEARING AID/ HEARING DEVICE	2	2%

the questionnaire respondents reported having forgone health care for economic reasons during the past year. This proportion is substantially higher than rates found in other Swiss studies which range between 3.7% to 13.8% (Guessous, Gaspoz, Theler, & Wolff, 2012; Litwin & Sapir, 2009). The most common forgone cares were “Dental care”, followed by “Specialist physician” and eventually other therapists like physiotherapist, professional massager, osteopath, who are not necessarily reimbursed by the compulsory health insurance (cf. Figure 1).

Discussion

Contrary to our primary hypothesis, we discovered through the interviews' analysis that the transition to retirement is not the most explicative factor for healthcare renunciation. Financial difficulties and therefore healthcare forgo are more related with life events than with retirement like chronic disease, divorce or long term unemployment. After analyzing the data through a logistic regression, the results show that the probability of forgoing healthcare is significantly higher for people with bad or fair health status in comparison to people with good or excellent health status; a result we could expect. Less obviously understood is the fact that forgoing healthcare is also higher for people with secondary education level, higher vocational education or university education in comparison to people without any specific education. That result lets us think that our respondents have an agency capacity (Williams, 2003). They do not remain passive in their situation and search for solutions.

During the interviews, we noted that for most of our subjects, health care was not reduced to the compulsory health insurance therapy list. People had a more global vision of health. They look after their health in a variety of ways, not only through a physician visit. For one, a massage could be more important than a treatment. That example should not let us forget that for most of the interviewed people the management of their health is more problematic. This man had no money to visit a dentist and had to extract his decayed tooth by himself. Another woman testified that “the small needles for insulin injection had to be changed every day. However, to save money because I have to pay ten percent, I'm only using a box a year. Because I use the same needle for two or three weeks”. (France, 68 years old).

These people knew they risked problems with these choices, and made the decision to forego health care after weighing up these options. They use their small degree of flexibility between finding a solution to solve a problem and safeguarding their limited financial resources.

Thanks to that research, we are better able to describe and understand how people deal with their difficulties. What we have observed is that people are using compensation strategies and do not simply forego healthcare. For example, some work after retirement time if needed, others request help from their network or decide to leave Switzerland to go to less expensive foreign countries. We can also note the way they attempt to overcome their difficulties in accessing healthcare by requesting special little arrangements with health care practitioners. One negotiates a financial arrangement with his general practitioner, while another one changes practitioner or has an old friend who is a dentist and works free of charge. Most of these arrangements are very creative and useful for short-term solutions to the problems.

Although we are pleased to notice this part of empowerment in the people confronting difficulties in accessing health care, we note that these choices are precarious and often depend on others. The solutions are precarious and not safe on a long term. The old friend dentist will be retired. The dental infection may get worse. Living in a foreign country is not so simple and causes other problems. All these solutions present a potential health risk. Most of them have effects on the health status of the people. As nurse or as other health stakeholders, we must be aware that a difficulty at 65 years old can become a health problem at 70 or 75 years old. For example, a difficulty with mastication might become a problem of undernutrition, and inadequate glasses potentially lead to falls. The old adage: "An ounce of prevention is worth a pound of cure" makes perfect sense here.

As health professionals, we can therefore ask ourselves how to take care of this vulnerable population and how to prevent health care renunciation. Is it possible to manage this issue by systematically identifying patients at risk of forgoing healthcare? Bodenman et al. suggest that a systematic screening of patients with bill difficulties increases the odds of patient forgoing health care by 1.5 times (Bodenmann et al., 2014). An effective and systematic identification of the problem early enough is a way to prevent diseases and complications. But overall, there is very little literature that explicitly informs us on procedures that may help to avoid the stigmatization of patients. This is why we recommend more qualitative studies about that phenomenon: how do patients communicate their needs and find accommodations within the health system rules? How do health professionals deal with patients when they asses a health need but take note that the patient can't afford to pay for it?

Conclusion

Facing increasing health and welfare costs, the general trend in industrialized countries is to restrict public spending on health and social services. Even in a rich country with a universal health system such as Switzerland, we find people confronted with limited access to health providers. This limitation depends clearly on the social and financial situation of the people. Someone with a life course marked by some unexpected difficulties is more vulnerable. Health care renunciation represents a risk of later health state deterioration.

Our results should clearly be of interest to health professionals (physical and occupational therapists, physicians, nurses, etc.). They should be better informed and prepared to identify and work with patients facing financial difficulties that may lead them to forgo care or delay treatments. Sharing this information with politicians and public administrators could be help to decompartmentalize social and health problems (Guinchard, Schmittler, Gally, Amiguet, & Barry, 2015). The patient has needs, regardless of the fragmentation of the Welfare State organization.

These words from the preamble of the Federal Constitution of the Swiss Confederation of 18th April 1999 (=CST; RS 101) are full of meaning: "the strength of a people is measured by the well-being of its weakest members" and must not be forgotten.

Bodenmann, P., Favrat, B., Wolff, H., Guessous, I., Panese, F., Herzig, L., … Vaucher, P. (2014). Screening Primary-Care Patients Forgoing Health Care for Economic Reasons. PLOS ONE, 9(4), e94006. https://doi.org/10.1371/journal.pone.0094006

Guessous, I., Gaspoz, J. M., Theler, J. M., & Wolff, H. (2012). High prevalence of forgoing healthcare for economic reasons in Switzerland: A population-based study in a region with universal health insurance coverage. Preventive Medicine, 55(5), 521-527. https://doi.org/10.1016/j.ypmed.2012.08.005

Guinchard, B., Schmittler, M., Gally, M.-L., Amiguet, M., & Barry, A. (2015). Imperfections du système d'assurances sociales: l'exemple de l'accès aux soins des jeunes retraité·e·s à revenu modeste. Revue suisse de sociologie, 41(3), 359-375.

Litwin, H., & Sapir, E. V. (2009). Forgone health

care due to cost among older adults in European countries and in Israel. European Journal of Ageing, 6(3), 167?176. https://doi.org/10.1007/s10433-009-0126-8

Williams, G. H. (2003). The determinants of health: structure, context and agency. Sociology of Health & Illness, 25(3), 131-154. https://doi.org/10.1111/1467-9566.00344