

Health Care on a European River Cruise

I Mackay

River cruises along the Danube are popular with aging and often ailing tourists. They board ships clutching EHIC cards, reassured by the thought that, if illness overtakes them reciprocal health arrangements will provide for emergency health care. The majority of countries neighbouring the Danube in its long course from source to Delta are members of the EC and provide EHIC cover, but there are a few exceptions such as Serbia and Croatia.

The standard of available emergency medical care and facilities varies greatly however, with cross border travel. In the west, high quality resources equate with and often better the NHS and are immediately available. In eastern European countries, struggling health care systems may not provide the urgent care the ill traveller anticipates. The immediacy of assistance may also be a problem as the river runs through many rural areas far from main population centres, where ambulances may be unavailable. Private health insurance cover may not also be sufficient to provide optimal care for tourists in emergency. They can only provide what is available from local resources and the patient may still have to augment financial arrangements, with what are known as “informal arrangements” – bribes!

The Delta area of the Danube, a terrain in Romania and Bulgaria, is a magnet for tourists but, riverine visitors in need may be exposed to health care in other Balkan countries en route.

Romania

Romania, is a poor Balkan country and a new member of the European Community. It is shedding a culture of corruption, the product of decades of Communism, when Romanians endured long queues to get basic commodities and required bribes to acquire scarce products and services. The culture of bribery affected every administrative system, including health care.

Doctors are accustomed to receiving bribes in Romania. Patients have to pay more to health professionals “to focus their attention”, which often leaves patients desperately seeking reasonable care. A pitifully low average monthly medical wage of about £ 300 encourages bribe-taking. Previously the Romanian medical profession was denigrated and underpaid under Communist leaders, who made workers in factories the country’s heroes.

A World Bank study conducted for the Romanian Ministry of Health concluded that “informal” payments amounted to £ 200 million annually. When an illness requires hospitalisation, patients typically pay bribes equivalent to three-quarters of a family’s monthly income. Ethical practising doctors observe that the bribery culture is so established that, when they refuse bribes, some patients become distraught and mistakenly believe it a sign that their illnesses are incurable. Bribery follows unwritten rules, with cost dependent on treatment, ranging from £ 75 for a straightforward appendix-removal operation to up to more than £ 4000 for brain surgery. Suggested bribery prices are passed on by word of mouth, on blogs and Web sites. Transparency International, the Berlin based anticorruption watchdog, ranked Romania as the second most corrupt country in the 27-member European Union last year, behind Bulgaria.

Medical care in Romania is generally not up to Western standards, and basic medical supplies are limited, especially outside major cities. Recently, Romania's minister of health, did not dispute the notion that his country's health care system is so underfinanced, that it is facing imminent collapse. Even large university hospitals often lack basic supplies, such as surgical gloves and antibiotics, forcing patients to pay for such amenities. Many buildings are in serious need of repair and sanitisation with limited facilities, medical supplies and medication. Hygiene and equipment standards are low resulting in, rusted surgical instruments, dilapidated examination beds, cracked and damp walls and dirty toilets .

The country has had a mandatory health insurance scheme covering all citizens since 1998, The system is chronically underfunded and notoriously inefficient in allocation of resources. Health system reform introduced free choice of personal physician. The family doctor now has the role of "gate keeper". Patients cannot access a specialist unless they have a referral from their family doctor. Gps. have been slow to adapt to system change. Compounding the health care problem is the medical brain drain occurring in Romania, which now has one of the lowest ratios of physicians per population in Europe. The State has well-established medical schools graduating many doctors, but the Romanian College of Physicians reports that more than 4000 doctors – mostly juniors and 10% of doctors in the country. – have emigrated in the last two years, There is also a shortage of nurses for many also emigrate.

Private medical providers meeting Western quality standards are available in Bucharest and other cities, but can be difficult to locate. Travellers seeking medical treatment should choose their provider carefully. Quality health care is scarce. To get treatment at a well-equipped health centre or hospital, in this region one must travel to a county or capital hospital. They are also likely to have staff who can speak English. It is standard practice for patients, including visiting tourists, to tip medical personnel to guarantee that sufficient attention is given to their medical conditions. Potential health risks within the state system include hepatitis A, polio, typhoid, and rabies – Travellers to Romania should ensure they are up to date on all routine immunisations and hepatitis protection before arrival. Dental treatment, tattoos and injections should be avoided where possible when within the country and its neighbours.

Hungary

Following communist rule and EC entry, Hungary transformed its healthcare system from centralised state control to a decentralised model. Contracts between local governments and providers replaced direct ownership, and privatisation within healthcare has grown, with funding now a mix of tax and social insurance. All citizens are covered, regardless of employment status, with the government paying contributions for groups such as the unemployed and pensioners. Health insurance contributions are collected from employees, who pay 3% of their total income, and employers who pay 15% of the employee's gross salary plus a lump sum tax or 'healthcare contribution'. Patients make co-payments on certain services, including pharmaceuticals, dental care and rehabilitation.¹ These out-of-pocket payments cover 18% of health care financing.²

GPs can be paid by local government, as independent private practitioners, or through the local hospital. The majority (77%) of Gp's opt for 'functional privatisation', a payment scheme in which Gp's contracts with the Hungarian Insurance Fund and are paid a capitation fee based on patient list. As a result, the financial incentive is to refer patients on, resulting in a weak gatekeeping system. The current payment system does not encourage Gp's to serve their patients inclusively.¹ Furthermore, in hospitals, the fee for service payment scheme

discourages treatment as an outpatient and encourages hospitals to treat as an inpatient for financial gain, rather than for the ideal treatment of the patient.² While GPs are meant to be involved in preventative medicine and education, their role continues to be a prescription and referral service.³ A lack of adequate Gp training and financial incentives for physicians to retain patients are mainly to blame.¹ Most pharmacies are privatised, but the overall role of the private sector continues to be minimal.

Hungary's healthcare system has been plagued by overprovision, oversupply of resources (including doctors) and duplication of services. In contrast to the oversupply of doctors, there is an undersupply of nurses. This results in doctors performing the duties of nurses – a misuse of resources.³ Apart from the out-of-pocket payments for pharmaceuticals and dental care, 'gratitude payments' - bribes - by patients, the Communist legacy, continue to play an important role in Hungary. Lower than average salaries in the healthcare sector encourage these 'gratitude payments', to guarantee quality or more speedy access to care. Their existence puts poorer patients at a disadvantage and unaware tourists unprepared for bribes will receive inferior care.⁴

Bulgaria

The Bulgarian healthcare system has suffered from under-funding in past years and its facilities are now slowly catching up with Western European nations. Facilities in most Bulgarian hospitals are adequate and medical care is acceptable, although specialised equipment/treatment may not always be available. There are hospitals, clinics and medical services in all major towns and cities, but in hospitals nursing care can be sparse, and knowledge of English limited. The country is a new entry to the EC. Visitors should purchase comprehensive private travel and medical insurance which should include Medevac to the UK.

The Bulgarian government restored the right of the private sector to practice medicine, permitting establishment of private pharmacies, dentists, and opticians. Bulgaria is in the process of restructuring its health care system from one based on command and control to one founded on pluralism. Medical care has never been well funded, but the shift from a centrally planned to a private enterprise system has left the sector in disarray. Doctors continue to receive low wages and operate inadequate and outdated machinery. Bulgarian citizens have access to a free national health service covered by a specified medical package, paid for by the Insurance fund. The insured pay a percentage of their gross income with contributions divided equally between the employer and the employee (currently 3% from each). An additional percentage of income has to be paid by the individual if dependent family members are to be covered by the insurance. The self-employed are responsible for paying their own insurance contributions, whilst the contributions of those who do not belong to the work force are paid either by the state (eg for pensioners) or by municipalities for the unemployed. Medical staff in Bulgaria are trained to a very high standard, though hospitals and clinics in general may not have all the equipment and facilities expected in Western Europe. There are a growing number of private hospitals and clinics across the country. Most dentists are private and work to a generally high standard. Bulgaria pharmacists offer affordable treatment and medicines, though these are unregulated.

Doctors and hospitals may expect immediate payment in cash for health services. "Informal" and "gratitude" payments are often expected for simple medical and nursing attention. Some private clinics are now highly regarded and Northern Europeans (increasingly choose Bulgaria for 'Hospital Vacations' – receiving treatment at a very reasonable cost compared

to Western Europe, followed by recuperation in one of Bulgaria's famous spas. Exposure to the supposedly healing waters, at Hissar, near Plovdiv and Bankya, (near Sofia), are thought to bring relief to arthritis and rheumatism sufferers. Health care facilities vary across the country and in one recent blog it was noted, "I recently stayed at a hospital in Burgas which was unbelievable, it was totally not up to European standards, with a lack of basic hygiene I couldn't believe! The staff were good but a lack of even the most basic commodities surprised me." The Minister of Health has recently admitted that the medical equipment in all establishments is in poor condition, often more than 20 years old and the health care system is in a critical state.

Serbia

Serbia has weathered years of political and economic turmoil, ethnic strife and civil war, The country is far from recovered and about 20% of Serbians live on less than £ 60 a month. It has a well developed network of primary, secondary, and tertiary care centres, but the system is inefficient and underfunded; equipment and facilities are out of date; and staff underpaid and demoralised. A European Agency study found that only a third of hospitals had functioning sterilisation equipment and 75% of the medical equipment in health facilities was more than 10 years old. The average doctor was paid a salary of £ 100 a month and nurses £ 70, compared with the national average monthly salary of £ 130. Health workers routinely accepted 'on the side informal' payments from patients and supplemented their income with private practices. Patients had to buy their own hospital supplies out-of-pocket, even for items such as bandages and catheters. Conditions have improved since then but vary across the country. Medical care is limited. Many physicians in Serbia are well trained, but hospitals and clinics may lack equipment and supplies. In large parts of rural Serbia, an ambulance service may be unavailable. For an acute emergency, the best options are the Military Medical Academy (Vojno Medicinska Akademija) (Centar Za Dijalizu Crnotravska 17, 11000 Belgrade).

Croatia

Large parts of the country were devastated by recent war and medical facilities vary widely across the region, with better resources along the Dalmatian coast. Here Medical Tourism facilities are well established and often incorporate traditional spa and hydrotherapy. There are attempts to repopulate and redevelop areas in the interior that were devastated or where populations were displaced as a result of the war. Areas along the Danube which were particularly affected are slowly recovering. Primary health care is still organised around several medical specialties but is gradually moving towards a family doctor system. The privatisation of primary health care (except for emergency and public health services) is under way. About one third of primary care doctors are specialists in general medicine, and a smaller proportion in family medicine. Doctors act as primary health care team leaders and about seven out of ten patient contacts are with doctors. General practitioner-led primary health care is central to the newly organised health care system. Patients have a free choice of primary care doctor or dentist, but must obtain a referral for any specialist service. The primary care doctor acts as a gatekeeper to secondary care by a specialist, a polyclinic or a hospital. Over-all facilities are good with free emergency available for the tourist in emergency. Some medications are in short supply in state institutions.⁶

Summary

Medical and nursing care resources and facilities vary greatly in countries bordering the River Danube particularly in its course through the Balkans. The river-based tourist may meet

care as good as, or better than, within the NHS, or be exposed to conditions closer to those met in an undeveloped country of the third world. River cruise ships pass through many rural areas where health care is limited and falls far short of that available in the big cities. Tourists should remember that they cannot wholly escape the use of local health care resources in emergency. Private health insurance can only provide the best that is available locally and repatriation may be tenuous and lengthy. Iain Mackay retired GP, with a special interest in foreign health care systems.

Iain Mackay, retired GP with a special interest in foreign health care systems

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