

# **Patient's rights and professional duties in the different insurance schemes. The Norwegian System**

*Olav Molven,  
Diakonhjemmet University College,  
Norway*

---

This presentation will focus on the Norwegian health care system and the insurance scheme, the financial flow and user fees, patients' rights, rights and duties of the health personnel, and institutional (hospitals) and municipal responsibilities, both related to patients and health personnel. This is a broad topic but I will try to summarize it as best as I can within the allotted frames.

## **Norway**

Norway has 4.5 million inhabitants living mainly along the coast. The country is long, about 2,000 km, and small. We have an extensive coast (three-fourth of our borders) and the neighbor countries we share border with are Sweden, Finland and Russia.

The life expectancy of our population is 82 years for women and 78 years for men. Sixty years ago, life expectancy was 69 years for women and 64 years for men. Infant death rate is 3.4 and sixty years ago it was 40 per thousand. So there have been many important changes the last sixty years.

## **The welfare state**

Since 1945 we have developed our welfare state; a state management that to a high degree has emphasizes to develop and secure the life conditions to the individuals. We started after the World War II rebuilding the country, and then worked in the consolidation of the welfare state.

The state has the responsibility for organizing society on the bases of solidarity. The Norwegian health system is predominantly tax-based and is built on the principle of providing all inhabitants equitable health services, regardless of their ethnicity, social status, income or geographical barriers. The health care system is based on values as need-solidarity and equality. Equality entails equality of opportunities, treatment and outcomes.

Equality of opportunities means that everyone should have the same formal rights. Everyone in Norway is a member of the national insurance system that is one of the components of the equality of opportunities scheme.

Equality of treatment means that people in the same situation have the equal rights to have treatment. The public health care system is a guarantee of this; both the treatment and the pharmaceuticals are mainly free of charge.

Equality of outcomes (standard of living) is a more problematic aspect. Norway has a huge system of financial redistribution. Some industrial countries talk about a 1:8:1 society. This means that one part is rich, eight parts are in the middle, and one part is poor. I think that it is right to say that in Norway both the group that is rich, and the group that is poor is much smaller than in other countries.

The system of this welfare state; the insurance system, the financial redistribution, and the public health care system that cover everyone, is mostly the same in the other Nordic countries; Sweden, Finland and Denmark.

### **The health care system**

At the top of the health care system we have the Ministry of Health, and the National Insurance Administration.

The 431 municipalities in Norway run the primary health care. They have their primary care providers, like home nursing, and nursing homes, emergency wards, and general practitioners. In addition many general practitioners are linked to the municipalities on a contractual basis.

There are five regional health authorities that run 35 health enterprises (institutions), which are comprised of about 60 hospitals. The enterprises are state own and they are state run. The five regional health authorities also have contracts with private specialist providers that on a contractual basis offer out of clinics treatment. We have only a few specialists and a few small hospitals that operates on a commercial basis; they are not important in the Norwegian system

### **The insurance system and the financial flow chart**

Basically, the population pays taxes which go directly to three different areas; to the National Government Budget, to the National Insurance Scheme where everybody is secured, and to the municipalities.

From the National Government Budget (the taxes it collects) there go block grants to the National Insurance Scheme, to the five regional health authorities and to the municipalities.

Prospective payments from the National Insurance Scheme go to the general practitioners and emergency wards, and to the private specialists that works on a contractual basis with the regional health authorities. The general practitioners also receive payment from the Global Budget of the municipalities.

When persons are sick, they receive income compensation from the National Insurance Scheme. The first year the compensation is the same as the wages. The National Insurance Scheme also has the insurance for all other groups that loose their income; the retired, the impaired, the unemployed, etc. So this is one system.

### **Out of pocket expenditure**

A person has to pay about US\$20 per consultation with a general practitioner. If the consultation is with a specialist, the price is US\$35. The maximum out of pocket expenditure for health services is however US\$250 a year for a person included their children. People can go as much as they want to the doctors and use prescribed pharmaceuticals and this is the maximum they have to pay a year for this. Hospital stays and use of pharmaceuticals when in institutions are free of charge.

As it refers to pocket expenditures, average income for a year for a Norwegian is US\$55,000, so the expenses for the individuals on health services are in reality very small. (A nurse earns about US\$50,000 and a physician earns about US\$130,000. Physicians that earn the most are the general practitioners since they have many patients and work longer hours. Hospital physicians earn about US\$80,000-US\$90,000 a year.)

In sum the out of pocket payments answer for about 3, 5 % of the health care budget. (Payment to dentists is not included in this figure). The rest is absorbed by the National Government budget, the National Insurance Scheme and Municipality budgets that, as mentioned, are based on taxation.

### **The health legislation**

The Norwegian health legislation system is mainly a right-duty based system, and it is clearly identified who has the different duties. The following laws are the main ones:

- The Social Security Act that is about the insurance system for patients and in addition for persons that lose their income.

- The Municipal Health Services Act that deals with the municipality system for the primary health care.
- The Specialized Health Services Act that is about the specialized health services which are State run.
- The Health Care Personnel Act that deals with the 27 groups of authorized health personnel and mainly gives the same duties for all these groups of health personnel.
- The Patients' Rights Act that refer to the many rights that patients have in relation to the primary health care, the specialized health services and the health personnel.
- The Working Environment Act that is about the working conditions for health personnel as other employees. This is a general law that applies to all employees both for the health care personnel and for everyone else protecting them as workers.

The relations between these laws are mainly like this: The primary health care (the municipalities) and the specialized health services (institutions and specialists) have duties which are defined, and patients have corresponding rights in the Patients' Rights Law. You then find the responsibilities of health care personnel have in the Health Care Personnel Act, and the corresponding rights are found in the Patients' Rights Law. And in the Health Care Personnel Act and in the Working Environment Act you will find rights for the health care personnel related to the municipalities and to the hospitals.

In addition, we have among others some specific laws on transmissible diseases, research in the health sector, internal control, and economic

compensation in case of adverse events. There is not any specific law on private health services; the regulation of this is the same.

Nurses, physicians and other groups of health personnel have also their codes of ethics, however these have gradually diminished importance as their regulation to a high degree have been taken over by the law.

### **The Law on Patients' Rights and the Law on Health Personnel**

The laws start by stating its objective, scope and giving definitions. The starting point of interpreting of the different provisions in the laws is the objective and the scope.

The first chapter in the law on patients' right is about the right to health care, the next chapter is about the right to participation and information, the following about consent to health care, the next about right to access to medical records, the following about special rights relating to children, the next about complaints, the last about the patients' ombudsmen, and all together the law comprises about 60 sections.

The law relating to health personnel has the same system. First, the objective, the scope and the definitions, and then the requirement to professional conduct for health personnel, requirement for medical of the facilities, specialized truths in connection with authorization, duty of confidentiality and duty of disclosure of different things, notifications requirements, duty relating to the documentation, conditions relating to the grating of authorization, reaction to breach of provision of this Act, and then about Norwegian Board of Health that is about inspections relating to the health personnel.

### **Patients' rights to necessary health care**

First of all, people have the right to have a general practitioner; that is, that people can register with a general practitioner. The municipalities will have to assure them to have such a general practitioner.

People have the right to be treated by a general practitioner, the right to nursing care, the right to nursing in the home place and to all that is required under the “necessary health care”.

Patients have when referred by the general practitioner, the right to be evaluated and treated by specialists when they need necessary health care. Patients have the right to be evaluated within 30 days. In Norway there have been delays for coming to the specialist and the Parliament said that 30 days should be the time limit to be seen by a specialist,.

What is a right? The Norwegian Supreme court had in the beginning of the 1990's a case about the meaning. According to the court it means, basically, that people have this right regardless of their income and of the expenses of the treatment. Therefore, the municipalities and the state have to transfer funds to the health sector so they can provide the necessary health care. Municipalities challenged this system by bringing a case to the Supreme Court about what is necessary health care. It was about a woman with MS that got 22 hours home nursing and home help a week and said that she needed more. The Supreme Court ruled that she was right: it was for her much under what was considered basic for her as necessary health care. The economy has to follow the law that is based on technical standards.

### **The right to participation and the right to information**

The patients have beside the right to be informed about their health and treatment, also the right to participate in decision-making. The law on patients' rights states that

“The patient is entitled to participate in the implementation of his medical treatment. This includes the patient’s right to choose between available and medically sound methods of examination and treatment.”

So, the patient shall be a part of what is going on and he or she shall be involved in what are the different possibilities and have the opportunity to then choose the best course of action.

The form of participation shall be adjusted according to the individual patient’s ability to give and receive information, and some patients are not competent and there may be a problem. In that case, we have their relatives that shall be involved.

In relation to what we talked about earlier today about information, and can tell you what the situation is when the patient has been injured. In the law it is said that

“If injury or serious complication are inflicted upon the patient, the patient shall be informed thereof. The patient shall at the same time be made aware of his right to apply for compensation through The Norwegian System of Compensation for Injuries to Patients.”

This means that the patients shall be informed exactly about injuries. The duty to inform relies upon the hospitals and the health personnel.

### **Sound professional practice**

There is the right for the patients to be treated in accordance with sound professional standards. In the Health Care Personnel Act we have these words underlined:

“Health personnel shall conduct their work in accordance with the requirements to professional responsibility and diligent care that can be expected based on their qualifications, the nature of their work and the situation in general.”

This is for the health care personnel, however, we have the same rules for the institutions, health care services offered or provided under the Municipal Health Services Act and The Specialized Health Services Act shall comply with sound standards.

I shall not go further with what is more precisely meant by sound standards, but this has regularly been on trial by the Supreme Court. The patients who think they not have got the treatment they should have can complain to the Norwegian Board of Health (an inspectorate) that then evaluates the standard of the care that patient has received.

### **Health personnel rights**

Anyone who complies with the requirements determined by the Act has the right to become health care personnel and has the right to be granted an authorization to do so.

Health personnel have rights as employees according to The Working Environment Act I mentioned earlier. So, they are protected from being dismissed from their job. Those that worked on a contractual basis are protected by their contract.

All health care personnel have the right to a salary. This has not been a problem yet in Norway. They all receive the salary that they are entitled to get. Does everyone get the job? Yes. There is a shortage of health personnel in Norway.

## **Temporary appointments**

In Norway temporary appointment is mostly prohibited. It is mentioned in the law principal rule that: "An employee shall be appointed permanently.

Temporary employment may nevertheless be agreed upon: (a) when warranted by the nature of the work and the work differ from that which is ordinarily performed in the undertaking; (b) for work as a temporary replacement for another person or persons; or (c) for work as a trainee." This means for health personnel that it is seldom place for temporary appointments unless there is a temporary replacement.

## **Loosing authorization**

There is a system for revoking authorization. In Norway, about 70 health personnel lose their authorization yearly. In most cases, this is not because they do not follow the sound standard of practice, but mainly because on unethical behavior: sexual abuse, they steal drugs, take money from patients in nursing homes, and things of this nature.

If the violation of the law is not that grave, the health personnel may get feedback on their professional behavior by warnings or be criticized in a more informal way. The institutions and the hospitals in the municipalities also may be criticized, requested to change their practices or even have a fine issued upon them.

## **Dismissal from place of work**

Both in theory and practice health care personnel are well protected by the law from dismissals. According to the Working Environment Act, employees may not be dismissed unless this is justified on the basis of objective circumstances, that are specific criteria related to the undertaking, the employer or the employee.

The same applies if the work is done on contractual basis. The dismissal must be objectively justified. E.g. a general practitioner is losing his or her authorization; there may be a dismissal. But, if he or she gets a warning, this is not enough for dismissal. The practitioner may get another warning and then perhaps the situation will end in a dismissal.

## **Conclusions**

Norwegian health legislation and the system built upon this, is based on some basic values, primarily the need-solidarity and the equality principles. Legislation conveys a set of duties upon the municipalities, the institutions and health personnel, and forces institutions and the municipalities to adequately budget to fulfill their obligations regarding health for the individuals.

The regulation, and then the right to health care, is the same for everyone. There are no important private health care systems that are special for example for those who can pay much or pay little; the public system with the right to necessary health care functions in a uniform way for everyone.

The professional organizations have accepted the legal regulations mentioned above. They have not only accepted them but they have also been active in promoting them. Evaluations show that the institutions and the municipalities also to a high degree comply in practice with their legal duties.

The National Board of Health regularly control compliance with rules. If it is found that the health care providers not act according to the law, they get, as mentioned, criticised and/or are asked or forced to change their practices. This system of control is accepted by the institutions and by the health care personnel. There has not been any big problem getting this control through.

The legislative system was revised in 2000 mainly in the way that more duties were put on the health care providers, however there were no big

problems with these changes. The institutions and the professionals did not challenge the changes, though some physicians say that there now are too many regulations and too much to abide to.

So at the moment, the main elements of the health care system in Norway are not under any principal debate. Both the national insurance system that include everyone, the system with public health services that function for everyone, the system with only small expenses for people when sick, the system with primary health care as a basic system, and the system with the individual right for everyone to have necessary health care, that everything have functioned for many years, seams to be stable systems.