

Nine out of ten doctors worry about a care debt

In a new survey by the Medical Association of its members, nine out of ten respondents express concerns about the health system's ability to service health care debt. Seven out of ten believe this will affect their workload. One in four doctors also said they did not recover during the summer. In addition to the care debt, a large debt collection debt remains to be repaid.

This is a serious situation for Swedish doctors and other health professionals. Employers in both primary care and hospital care must take responsibility for providing doctors with enough rest and recovery so that we can cope with what lies ahead, says Sofia Rydgren Stale, president of the Medical Association.

It is also, to put it mildly, high time for the necessary reforms if we are to manage the healthcare debt. The reform of the national primary care with a permanent physician, a reasonable number of patients for all, and increased state responsibility for health care management and planning must be high on the political agenda. We can see that Sweden's 21 regions function as 21 different countries, even though their population is as large as London, he says.



Already at the beginning of 2020, before the outbreak of the pandemic, over 100,000 Swedes were waiting for the operation. Today that number is much higher. Due to Covid-19, healthcare across the country has been forced to postpone planned surgeries, as well as follow-up and new visits.

In addition to canceled care, it was also observed that many care seekers waited much longer than usual before the pandemic. Serious diseases are therefore not detected and treated in time, and people often get sick and require more care. In addition, additional care needs have emerged, such as the rehabilitation of patients suffering from coronary artery disease and chronic carriers.

All of this is part of the so-called caring debt that employers have to deal with today.

For many doctors, the pandemic meant a huge workload, many hours of on-call time and long working days. As early as 2020, Försäkringskassan warned in the report "Sick leave in psychiatric diagnoses" that specialist doctors had become a high-risk group due to fatigue syndrome and other stress-related mental illnesses.

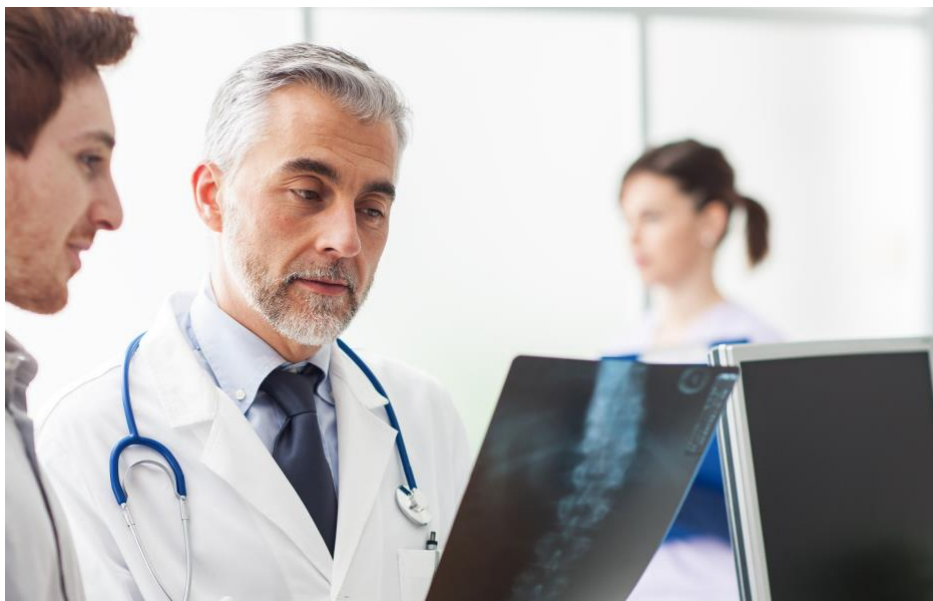
The pandemic has not improved the situation

Patients should be assured that they will receive safe care. Because doctors are required to be able to trust that employers will take responsibility for guaranteeing a reasonable amount of work and the best possible conditions for this, he says.

You, who are a doctor, must, for example, report illnesses, symptoms and conditions such as:

- indicates poor working conditions or the lack of a routine of adaptation to work and rehabilitation
- affects many people in a certain type of work (when the number is greater than expected or greater than normal for that type of work or workplace)
- increase in frequency over time
- may be caused by exposure to carcinogenic or mutagenic substances
- are new, unexpected or rare and could be related to the patient's work.

The clinical autonomy of physicians is based on the belief that the physician acts in a way that combines the good of the patient with the interests of society. **As a physician, it is our responsibility to consider focusing effectively on limited resources.**



Physician autonomy refers to the freedom and responsibility accorded to the medical profession and the individual physician to regulate their own activities. Autonomy therefore

relates to freedom from external regulation, but also to the obligation of self-regulation. Self-regulation takes place at both the professional and individual levels.

Society has granted this autonomy because it trusts physicians and medical professions with a sense of responsibility and the ability to self-regulate for the benefit of patients and for the benefit of society as a whole. The condition of autonomy is therefore the trust and common interest of the surrounding society, but also the ability of the profession to protect it.

At the heart of autonomy is the clinical autonomy of the physician. This relates to the physician's freedom to offer the patient the diagnostic and therapeutic measures that, in his opinion, are best suited for the patient in a variety of situations, including drug treatment. The physician's clinical autonomy enables effective care taking into account individual characteristics in all situations.