Nursing care in Europe faces a number of simultaneous crises, EHFG President Günther Leiner told the closing EHFG press conference today. While the demographic pyramid became ever more lopsided, there was a shortage of care staff to look after Europe’s ageing and ailing population. Nor were there enough resources to pay for such care, or – often – any guarantee that standards could be maintained. The proceeds of the transaction tax proposed by the European Commission could be used to fill the gap, he said.

**Bad Hofgastein, October 7, 2011** – Discussions over the last few days had made one thing crystal-clear, EHFG President Prof. Dr. Günther Leiner told the closing press conference today. “Nursing care for the millions of Europeans who need it is unequally distributed, not just between countries, but between the different sectors of the health and social welfare system. On the one hand there are areas of medicine - evidently lucrative - where there is an excess of diagnosis and therapy. And on the other hand we face a number of gaping holes in our health systems. There is absolutely no guarantee of appropriate and dignified treatment of those in need.”

The care crisis was at several different levels, he said. On the one hand there were already palpable, and worsening, staff shortages – 600,000 too few nurses by the end of the decade, according to the European Commission. Nor did that figure include the lack of untrained carers to look after people at home. There were no comparable figures for them, he said. Moreover, in many European countries there was no certainty at all about how to finance future nursing needs, he said. “Only in a very few countries is the public purse adequate to cover these in the long-term, and various fund and insurance-based models are probably not going to be able to provide security either. As for the idea that patients can finance their own care, this is completely unrealistic for most people.”

Poverty in old age had already become a melancholy reality for many, and the problem was destined to become worse. Fully 20% of EU citizens over 65 were in danger of becoming impoverished. In some countries it was more than one in two. Being old increasingly meant you were likely to be poor: 20% or 16m Europeans over 65 were, according to EU statistics on income and living conditions (EU-SILC), in danger of poverty, much more so than the average. Differences within the EU were quite considerable. In Latvia, for example, 51% of pensioners were at great risk of poverty, said Prof Leiner.

The third emergency area, Prof Leiner said, was often inadequate quality of care for old people. Only recently a report by the British Care Quality Commission (CQC) had raised eyebrows by claiming that at least 100,000 elderly people in the UK were living in care homes which did not even reach the minimum standards of quality and security. A current WHO report for region-Europe said that annually at least 4m older people over 60 are victims of maltreatment or abject neglect.
“One possible way out of the nursing care crisis is a clear political decision at the highest level,” Prof Leiner said. “If the European financial transaction tax recently proposed by the European Commission really does come about, then at least part of such a goldmine should go into providing older Europeans with a reasonably comfortable and dignified autumn of their lives. It would allow for training and educating new care professionals, financing more attractive working conditions, ensuring there were enough public funds to cover care, and developing ways of ensuring good quality care throughout Europe. Special distribution mechanisms could also show European-wide solidarity by balancing out the disparity between poorer and not-so-poor countries. We managed, acting together as Europeans, to mobilise huge amounts of money to rescue banks and financial institutions. So it must be at least as doable for just to create a durable solution to the care crisis in Europe.”

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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