

Clients participating in health care

In the Netherlands

History

- Emancipation of patients begun with other emancipation movement in society as student en women end sixties
- 1970 first patient council was installed in a psychiatric hospital
- Institutions for old dependent people, people with a handicap, addict, homeless, battered women and hospitals followed.

Why clients participating started?

- It was the ardent wish to have a say in how things were run, because dissatisfaction of patients and workers with hospital and institution conditions
- This emancipation movement in health care clients prompted the government in action, because the inequality between client and provider and the differences between supply and demand caused by the absence of a free market became visible.
- The idea: legislation for all clients in health care and welfare

Results

- It took much time from idea to law but...
- 1996: Law (Wmcz). This is an act that is in fact a frame which gives room for a lot of self-regulation
- In 2010: Fast every illness have a client organisation
- At national level we have the Dutch patients and consumers federation
- LOC : The organisation for client councils in health care which have joined 2200 patients councils

Local authority's and clients participation

- 2007: introduction WMO . This is an law with as main aim promoting selfregulating and social participating for all inhabitants.
- In that act responsibilty from the citizens themselves is an important item
- In that frame patients organisations are an important tool for the local authority's and in de ideal situation they work together in making policy for vulnerable citizens

Pitfalls in the Netherlands

- Over a period of forty years we have builded an tradition in clients participation based on laws
- The structure is in general embedded
- Cliënts emancipation succeeded..... but in the meantime
- Developments in health care towards a more free market started with impact on vulnerable people
- Economic recession has impact on healthcare too
- Discussion is started: Are we doing the good things , is a shift from the scope on the sick person to healthy behaviour a better way in health care

Round table discussion

- Do we reach in this way the participation of vulnerable people indeed, because in general people with a low social economic state and ethnic minorities are seldom member of a patient council ?
- Do we need other efforts to determinate the wishes and needs from vulnerable people?
- We are curious how you tackle in Estonia this questions