

“The Pain of Pain Management in Times of Economic Crisis”

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In times of severe budget restraints with the spillover effect on the health sector still not fully quantified, would it be an exaggeration for a physician to feel as if the Hippocratic Oath may be becoming more and more “stretched” nowadays? As we are still trying to put the effects of the European financial crisis into perspective, the short natural history of the health crisis goes back to 2000. It was then when European politicians developed the Lisbon strategy 2000-2010, envisioning that all citizens would benefit from the constant economic growth and associated development. Towards completion of the decade, we soon came to realize the significance of the economic crisis and how it would interplay with the reforms on the agenda. Stately, upon review of the progress, it was made evident that greater demands for innovation, the growing population and the ever increasing health costs, were here to stay and that only few countries would be favorable to face the inequalities that arise.

Previous reports on the impact of economic crisis from Romania highlighted the risk of underestimating greater recession due to reduced contributions to social security and a worsening economy. The usual “more with less” was turned into “the same with less” in the effort for public providers to be able to cover healthcare resources amongst the scarcity of funds.

The “gap” in social security fund due to unemployment

In 2013, it was the turn of the World Health Organization to jump on the impact of the economic crisis in Europe’s health¹. Several considerations are posed in the evaluation of the crisis outcomes, such as suicide levels and the general mental health stagger, infectious disease re-appearance and infant mortality. Apart from these easy to recognize outcomes, WHO emphasizes on the fact that more every day effects may manifest in the longer term.

Respective unemployment figures peaked in September 2013 at 27.9% after a three year shoot from half the figure in September 2010. The same percentage has dropped for the first time by one unit in September 2014. When matched with the public servants’ uncertainty which lead to a wave of retirements in the last two years of the crisis, the economic balance of Social Security Fund tilted towards bankruptcy.

What does all this mean for the Greek patient in pain?

Both acute and chronic pain patients along with their therapies have experienced the effect of the Greek crisis. Increased patient co-pay came not only in the form of prescription contribution and dispensing fees, but also in the form of withdrawn, relatively cheap, pain killers onto the over the counter register. As a result, oral paracetamol can no longer be prescribed as it is not reimbursed by the main Social Security fund covering almost 100% of the insured population. Increased co-pay in chronic pain patients is anticipated to cause severe compliance issues, potentially leading to more hospitalizations

in key therapeutic areas such as rheumatic and neuropathic pain. All of the above present as double-sized obstacles in the uninsured population who not only experience the lack of resources, but have to endure the uncertainty burden, which may be even worse.

The lack of healthcare resources blocks the use of cost-effective services. This is apparent when living in strict budget targets with only the "cost" part of the cost-effectiveness equation to seem important. This short-sighted perspective is best demonstrated in the hospital setting and may lead to prolongation of hospitalization and poorer pain control and quality of life, with worsening inpatient aftertaste.

Few novel drugs have been identified against "algae" over the last decade. On the other hand, it was the formulation changes that drove the pharmaceutical market. The three year delay in new drug introduction, as an irrational measure to battle pharmaceutical expenditure, meant that whilst the German individual in pain could dose himself on these new formulations or compounds, the respective Greek patient had to wait.

Plenty more access barriers with effect on pain management, and other therapeutic areas such as lack of high cost drug availability, constant reforms and legislative changes with the resulting prescribers' feeling of uncertainty, could be touched upon without focusing on specific treatment options. However, as the society craves a small piece of the primary economic surplus, it is up to every decision maker to reflect on the short-sightedness of every day decisions. The last great leap of the crisis and expected change of scenery in health services, requires increased securing of all kind of access mechanisms for the uninsured, the person in need, the chronically ill and every other "pain" that Greek families live through.

Conclusion

Health is the ultimate human right. Scarce resources demand for effective assessment mechanisms for technologies and pharmaceuticals. Short term restrictive measures with only closed budgets in sight need to be followed by stable long-term reforms agreed with all parties involved and more importantly the patient.

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