

# PANORAMA OF THE LUXEMBOURGISH HEALTH SYSTEM 2009

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## INTRODUCTION

### **About the health care system**

A health care system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health.

Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

Health systems need to ensure a holistic approach to services, involving health promotion, disease prevention and integrated disease management programs, as well as coordination among a variety of providers, institutions and settings, irrespective of whether these are in the public or the private sector, and including primary care, acute and extended care facilities and people's homes, among others.

(Organisation Mondiale de la Santé, extraits de la Charte de Tallin, signée à Tallin (Estonie) le 27 juin 2008)<sup>7</sup>

## **On the Grand-Duchy of Luxembourg**

Luxembourg has a total area of 2.586 km<sup>2</sup>, the number in inhabitants amounts 0,49 Millions (2006)<sup>6</sup> , with a density of population about 175 inhabitants per km<sup>2</sup>. The age structure points out that Luxembourg has a relatively young population: 18,4% are younger than 15 years and 14,1% are older than 65 years (2006)<sup>6</sup> . In 2006, birth rate came to 18,4 per 1000 inhabitants<sup>6</sup> and the infant mortality rate is with 2,5 per 1000 live-birth's one of the lowest of Europe. The life expectancy at birth is estimated at 76,9 for men and 81,9 for women and is therewith slightly lower than in the neighbouring countries<sup>6</sup>.

### **Short outline and characteristics**

The health system of a country is an emulation of his history and the luxembourgish system is no exception in that.

According to the government program, the Ministry of Health has to govern and to coordinate the health system, to implement the set objectives which are based on values like solidarity, universality, sustainable development, equal and unconditional access to health care and treatment a.s.o. and disposes therefore of a multitude of sources. This wasn't always like that.

In deed, besides a short appearance immediately after WW2, this ministry was for the first time created via a State Secretary in 1956. The most important administration of the Ministry of Health, the Direction of Health, was however developed only in the late 20<sup>th</sup> century.

Before and during a long time, the health sector was a kind of patchwork of mainly private initiatives based on the liberal medicine and charity institutions, which developed by the time from welfare center to health provider, thanks to a progressive proliferation of health insurance schemes, based initially on the Bismarck model.

Until the end of the sixties, the role of the Ministry of Health was limited, together with the Medical Association (*Collège Médical*) and later on with the Direction of Health, to survey the public health, to direct the few establishments which the State had, in substitution, created – such as the asylum, the sanatorium for tuberculosis patients a.o., the thermal spa. He also had to control the tasks delegated to other organizations, which though inalienable for the public health , their financing wasn't assured by the health insurance , but had to be guaranteed by the State.

Not until the seventies, the State took over the co-financing of the health structures and the health insurance companies. Simoultaneously the State had conferred to the Direction of Health, via legislation, the role of a supervisory body for the public health domain and, by degrees, created a legislative network, essentially concerning the exercise of health professions, the organization of emergency medicine, the hospital planning, the supervising of the maternity protection, new-born care and later on the school medicine and the occupational health and safety regulations. By

this way, the State has additionally assumed his granted role of governing the health system.

The State as a guarantor of values and of a sustainable financing and development, has step by step thackeld the social security and the health care sector, always with regard to a development whose key features are, at present time, the following:

- overarching coverage of the population by compulsory long term care insurance and health insurance ,
- preponderant liberal medical exercise, with the physician as initiator of all refundable services,
- obligatory conventions with all health service providers who practice a health profession or activity
- free choice of the health service provider by the patient and freedom of medical specialist therapy,
- hospital development as well as accreditation and control of the medicine and pharmaceuticals law,
- equity for all health service providers (incorporate or individual person) irregardless its status.

# The luxembourgish healthsystem 2009

## Summary Panorama

### Schematic Vision

TUTELAGE

CHAMBER OF DEPUTIES

GOVERNMENT

Different Ministries perform indispensable tasks in the health care domain

<b>HEALTH</b>	Concept of the health care system and combat of different diseases; politics, legislation and coordination
<b>SOCIAL SECURITY</b>	Health insurance, long-term care insurance and other domains of the social security
<b>AGRICULTURE</b>	Alimentation, Forestry and environment
<b>ENVIRONMENT</b>	Air, combatting air pollution
<b>NAT. EDUCATION</b>	Health professional education
<b>FAMILY</b>	Social solidarity, Integration, third age
<b>INTERNAL AFFAIRS</b>	Emergency services ; potable water administration
<b>BUDGET</b>	Governmental participation in financing

It is an integrated **health policy** placed under the authority of the Government and whose **role of coordination** belongs to **Ministry of Health**

Figure 1

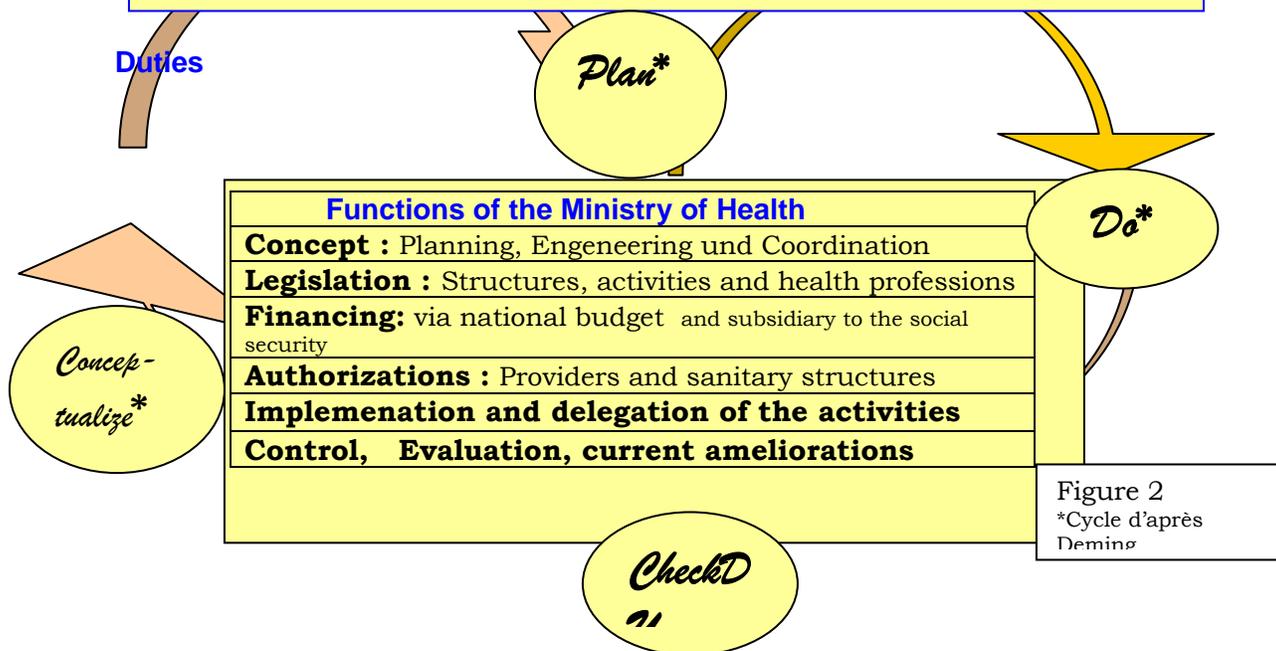


Figure 2  
\*Cycle d'après Deming

Source des figures : Ministère de la Santé, Carte sanitaire 4<sup>ème</sup> édition

## The protagonists of the health system

We distinguish:

- **the natural (physical) persons**, who mainly practise one of the regulated health professions and subsequently are called (qualified) health professionals, without forgetting to mention, however, the contributions of other persons who are getting involved, especially those working in honorary capacities, i.e. ambulance men or persons who propagate the health consciousness or who care for the representation of the interest of sick persons, but also all those agents who work in the health care domain without practising one of the regulated health professions.
- **legal persons**, i.e. organizations which make up the exercise in various forms - public or private - in the direction and responsibility of the health structures and in particular:
  - o agreed hospitals and associations
  - o corporations as the College of Physicians or the Board of Governors Health professionals
  - o the commissions created by law, such as The Standing Committee the health sector (CPH)

To make this clearer synthetic description of the Luxembourg health system will be just below the speech of individuals who pursue a health profession and legal persons who represent the most common health structures

### 1) **on the health professionals** (natural persons) General : permit to exercise a health care profession and practice

Every health professional wishing to exercise any of the legally regulated health professions in the Grand Duchy of Luxembourg (doctors, pharmacists and other health professionals) need this approval of the Minister of Health. Such approval may be granted only on the basis of recognition of their original certificate by the Ministry of Education. The Ministry of Education also issued to the recognition of foreign diplomas. The diplomas that were issued in a country of European Union, subject to the provisions of the European Directive on the recognition of professional qualifications and this is not the case for degrees awarded in a third country.

The Minister of Health granted permission for training in the profession for which the applicant has obtained the recognition of his diploma in Luxembourg to settle upon written request of the applicant and due to the legal dispositions and the implementing regulations by the various health professions. These relate mostly to the honesty of the applicant, on his land and language skills appropriate to the compulsory education.

The practice of health professionals is regulated by law and the respective

implementation provisions governing the exercise of specific spectrum of individual health professions.

The practice of health professionals is regulated by law and the respective implementation provisions governing the exercise of specific spectrum of individual health professions.

The conformity check on the legal orders and the execution rules is health professionals, the incumbent, regardless of any obligations to the employer, the Health Directorate, Department of curative, as far as the doctors and other health professionals, and the department of pharmacy and medicines unless it relates to the pharmacy profession.

The health professionals are also subordinate to the disciplinary authority of their respective professional organization, either the College of Physicians (for doctors and pharmacists) or the Supreme Council of the health professions. The respective corporate agencies edict also rules of medical ethics for the health professions in their respective jurisdiction.

Moreover, the license to practice is automatically bound to a binding agreement with the Federation of Health Insurance (UCM) (health funds?), which means that each healthcare professional is bound to the Convention, respectively between the UCM and the representatives of his profession. This has the effect that no service provider may impose other rates than those who have been negotiated for his profession. Carrier compliance checks on the exercise of health professions in relation to the requirements of the Office for Social Security, the medical inspectorate (Contrôle médical), which reports to the General Inspectorate of the Office for Social Security.

## **- The medical Professions**

### **a) Legislation**

#### **Laws:**

Law of 29 April 1983 concerning the exercise of the physician, the dentist and the veterinarian profession (as amended)

Law of 8 June 1999 relating to the College of Physicians (Collège Médical)

#### **Implementing provisions:**

Grand-ducal regulations of 10 June 1997, which determines the procedure for obtaining permission to practice the profession of medical and dental profession.

Grand-ducal regulations of 10 June 1997 laying down the list of recognized medical departments in Luxembourg and the determination of training requirements in relation to the recognition of these tracks (), as amended.

Grand-ducal regulations of 25 November 1983 concerning the terms and conditions of services of doctor and dentist.

Grand-ducal regulations, 30 May 1996 which determines the modalities of representation in medicine and dentistry, as well), the procedure for obtaining the permission of the agencies involved (in its amended version).

Grand-ducal regulations of 17 June 1993 which determines the list of equipment and appliances that may be purchased exclusively for use in their medical practices of doctors and dentists.

Ministerial regulations, 20 December 1993 which determines the list of laboratory tests, the doctors must make in their practice (), as amended.

Grand-ducal regulations of 10 September 2004 on the designation of contagious or communicable diseases which are subject to mandatory declaration.

Grand-ducal regulations of 17 November 2004, which determines the list of diplomas, certificates and other medical titles, as in the amended Law of 29 April 1983 concerning the exercise of the medical, dental and veterinary profession provided.

Grand-ducal regulations of 17 November 2004, which determines the list of diplomas, certificates and other dental securities, as in the amended Law of 29 April 1983 concerning the exercise of the medical, dental and veterinary profession provided.

Ministerial regulations, 7 July 2005 concerning the recognition of Deontologiekodex (code de déontologie) concerning the medical, dental and veterinary profession, which has been adopted by the College of Physicians (Collège Médical).

#### a) Classification and demography; active physicians 2006

Categories	Women	Men	Total
General practitioners	150	275	425
Specialists*	241	688	929
Dentists	108	254	362
<b>TOTAL 2006</b>	<b>499</b>	<b>1217</b>	<b>1716</b>

*Breakdown by disciplines	Number	* reakdown by disciplines	Number
General Surgery	63	Clinical biology	8
Anesthesia and Intensive Care	83	Pulmonary medicine	15
Anatomy pathology	10	Microbiology	4
Occupational medicine	25	Nephrology	5
Ophthalmology	48	Neurology	26
Biological Hematology	1	Neurosurgery	9
Electronic Radiology	10	Neuropsychiatry	12
Endocrinology, Metabolic diseases	3	Nuclear medicine	10
Functional Rehabilitation	15	Orthopedics	37
Gastro-Enterology	15	Plasticsurgery	10
Vascular Surgery	1	Pulmonology	3
Gynecology and obstetrics	67	Psychiatry	59
Oto-rhino-laryngology	38	Diagnostic radiologie	48
Skin and venereal diseases	28	Radiotherapy	5
Internal medicine	109	Rheumatology	15
Cardiology and angiology	32	Stomatology	6
Cardiovascular surgery	3	Thoracic surgery	1
Pediatric surgery	4	Urology	22
Pediatrics	66	Public health	1
Child psychiatry	6	Oral surgery	5

Source: Ministry of Health, Direction, Statistic Department

## - Other health professionals

### a) Legislation

#### Laws:

Law of 26 March 1992 concerning the exercise and appreciation of different health professionals (in its amended form).

Law of 11 Schools in January 1995 on the reorganization of public and private nursing (spillways) and on the regulation of cooperation between the Ministry of Education

#### Implementing provisions:

Grand-ducal regulations of 11 July 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of nursing service manager (infirmier hospitalier gradué) (in its amended version).

Grand-ducal regulations of 15 July 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the occupation of Sozialhygienearbeiters (assistant d'hygiène social) (as amended).

Grand-ducal regulations of 15 July 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of laboratory (in its amended version).

Grand-ducal regulations of 24 September 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of medical lifeguard (in its amended version).

Grand-ducal regulations of 24 September 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of physical therapists (as amended).

Grand-ducal regulations of 24 September 1969 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of children's nurse (in its amended version).

Grand-ducal regulations of 30 June 1970 on the implementation of Article 1 a.m. to 5 p.m. the Law of 18 November 1967 on the regulation of various paramedical professions, on) the profession of speech therapists (in its amended version).

Grand-ducal regulations of 23 March 1979 on the regulation of studies of psychiatric nurses and definition of area of responsibility and the professional techniques of the psychiatric nurse (in its amended form).

Grand-ducal regulations of 29 August 1979 and the 18th March 1981 on the regulation of studies and the remit of the profession of medical-technical assistant (for laboratory and surgery) (as amended).

Grand-ducal regulations of 11 December 1981 on the studies and the mandate of the profession of midwives (in its amended form).

Grand-ducal regulations of 14 May 1996 on the establishment of a permanent advisory committee which aims to advise the Minister of Education and Health Ministers in all matters relating to education, status and duly exercise of health professions.

Grand-ducal regulations dated 21 January 1998 on the exercise of the nursing profession.

Grand-ducal regulations of 18 April 2000 which establishes the procedure for obtaining the license to practice of health professionals in the Grand Duchy of Luxembourg.

Grand-ducal regulations of 15 February 2002 which regulates the profession of occupational therapists.

Grand-ducal regulations of 25 July 2002 which regulates the profession of nursing assistant.

Grand-ducal regulations of 20 September 2002 which regulates the profession of nursing assistant for the recognition procedures of foreign diplomas.

Grand-ducal regulations of 9 May 2003 on the exercise of the profession of medical radiology technical assistant.

Grand-ducal regulations of 22 August 2003 which regulates the profession of dietician.

Grand-ducal regulations are being drafted for the following professions: psychomotor performance, health educator, psychotherapist and a chiropractor.

Source: Ministry of Health, Health Code; compilation by the Department of Health Professions.

b) Demographics of the rest, active, Health Professions 2006  
b 1) distribution by nationality and gender

Occupation title	Nationality										Total	
	Others		B		D		F		L			
	Gender		Gender		Gender		Gender		Gender			
	F	M	F	M	F	M	F	M	F	M		
<b>Nursing assistant</b>	187	41	27	1	303	39	517	66	829	115	<b>2125</b>	
<b>Nursing assistant for Psych.</b>	1	.	2	.	.	.	.	.	31	18	<b>52</b>	
<b>M. T. A. surgical</b>	7	3	8	3	17	26	22	4	40	19	<b>149</b>	
<b>M. T. Lab assistant</b>	7	1	.	.	17	1	7	1	128	38	<b>200</b>	
<b>M. T. A. of radiology</b>	4	8	.	1	2	1	64	56	63	36	<b>235</b>	
<b>Social hygiene worker</b>	1	.	9	1	1	.	1	.	96	11	<b>120</b>	
<b>Geriatric nurse</b>	1	.	1	.	1	.	.	.	21	2	<b>26</b>	
<b>Social worker</b>	11	3	47	11	5	3	.	.	176	39	<b>295</b>	
<b>Dietitian</b>	2	.	9	.	1	.	6	.	26	3	<b>47</b>	
<b>Occupational therapist</b>	4	.	43	7	30	15	19	6	73	5	<b>202</b>	
<b>Nurse</b>	206	35	567	115	619	213	796	137	1218	165	<b>4071</b>	
<b>Nurse for anesthesia and rea.</b>	13	8	10	10	24	41	23	17	108	95	<b>349</b>	
<b>Pediatric nurse</b>	8	.	17	1	41	.	29	.	127	1	<b>224</b>	
<b>Nursing director</b>	1	.	11	3	2	1	11	3	78	44	<b>154</b>	
<b>Psychiatric nurse</b>	10	6	14	5	2	7	26	7	97	50	<b>224</b>	
<b>Lab assistant</b>	2	.	74	27	.	.	35	7	87	22	<b>254</b>	
<b>Masseur</b>	1	1	.	.	6	23	.	.	3	10	<b>44</b>	
<b>Physiotherapist</b>	15	16	98	90	26	11	16	20	110	87	<b>489</b>	
<b>Speech therapist</b>	4	.	9	.	1	.	.	.	33	2	<b>49</b>	
<b>Orthoptist</b>	.	.	.	.	1	.	3	.	5	1	<b>10</b>	
<b>Remedial teacher</b>	.	.	.	.	.	.	.	.	27	2	<b>29</b>	
<b>Psychometrician</b>	4	.	3	.	.	.	2	1	18	.	<b>28</b>	
<b>Midwife</b>	7	.	38	1	.	.	42	.	71	.	<b>159</b>	
<b>Total</b>	<b>2006</b>	496	122	987	276	1099	381	1619	325	3465	765	<b>9535</b>

## b 2) Distribution by working area and gender

	Activities						Total
	Free-lance		General hospitals		Institutions for intermediate and long-term length of stay		
	Gender		Gender		Gender		
	F	M	F	M	F	M	
<b>Occupational title</b>							
	422	60	490	78	951	124	<b>2125</b>
<b>Nursing assistant</b>							
<b>Nurse assistant for psych.</b>	4	.	25	17	5	1	<b>52</b>
<b>M. T. A. for surgical</b>	.	1	94	53	.	1	<b>149</b>
<b>M. T. Lab. assistant</b>							
<b>M. T. A. for radiology</b>	5	2	128	100	.	.	<b>235</b>
<b>Social hyg. worker</b>	96	11	7	.	5	1	<b>120</b>
<b>Geriatric nurse</b>	3	.	.	.	21	2	<b>26</b>
<b>Social worker</b>	204	50	29	4	6	2	<b>295</b>
<b>Dietitian</b>	24	1	18	2	2	.	<b>47</b>
<b>Occupational therapist</b>	71	12	54	9	44	12	<b>202</b>
<b>Nurse</b>	790	134	2007	396	609	135	<b>4071</b>
<b>Nurse for anesthesia and rea.</b>	4	9	173	160	1	2	<b>349</b>
<b>Pediatric nurse</b>	54	1	161	1	7	.	<b>224</b>
<b>Nursing director</b>	57	21	37	16	9	14	<b>154</b>
<b>Nurse for psych. care</b>	23	12	122	60	4	3	<b>224</b>
<b>Lab assistant</b>	90	20	108	36	.	.	<b>254</b>
<b>Masseur</b>	10	34	.	.	.	.	<b>44</b>
<b>Physiotherapist</b>	178	162	67	42	20	20	<b>489</b>
<b>Speech therapist</b>	38	2	8	.	1	.	<b>49</b>
<b>Orthoptist</b>	9	1	.	.	.	.	<b>10</b>
<b>Remedial therapist</b>	27	2	.	.	.	.	<b>29</b>
<b>Psychomotrician</b>	18	1	9	.	.	.	<b>28</b>
<b>Midwife</b>	5	.	153	1	.	.	<b>159</b>
<b>Total</b>	<b>2006</b>	<b>2205</b>	<b>554</b>	<b>3776</b>	<b>998</b>	<b>1685</b>	<b>9535</b>

Source. Ministry of Health, Direction of Health, Statistic dept.

## 2) the structures of the health care systems

### General Approvals, power and control framework

Just like the nurses need a license to practice a health care profession, the health structures of the Grand Duchy also need a license on the creation, commissioning and / or operation.

These approvals are based on the specific legal requirements which specify the conditions and procedures and determine the activity spectrum of individual institutions. They aspire to a certain number of conditions that make it possible to guarantee high quality services. The respective bills are collected in one code for the health sector (*Code de la Santé*) and are regularly updated, they are not binding and cited below, but are not exhaustive. They can be looked up on the website of the government, and later on the website of the "Projet Santé" respectively under Legilux.

([http://www.legilux.public.lu/leg/textescoordonnes/compilation/code\\_sante/.](http://www.legilux.public.lu/leg/textescoordonnes/compilation/code_sante/) )

The hospitals, pharmacies, supply networks for support and maintenance (network support and maintenance (care and support network??) and especially the medical research laboratories, therefore are subject to authorization and supervision of the Minister of Health, while the control of the obligations imposed on them underlies of the control of the Health Directorate and its various subordinate departments, in particular the Department of curative medicine, the Department of Radiation Protection and the Department of pharmacy .  
The long-term structures are under the Ministry of Family Affairs.

#### - on the hospitals

##### a) Legislation

Act 28 August 1998 relating to the hospitals.

Law of 21 November 1980 on the organization of the health directorate (in its amended form)

Law of 27 February 1986 relating to the medical emergency service (in its amended form)

Act 28 May 1988 concerning the admission of persons with mental impairments in a closed psychiatric institution, or department (in its amended form)

##### b) Characteristics and classification of these structures and activities

See page 15: "2e ligne de soins," the hospital sector ")

#### - on the health convention services

For various reasons, the funding to some services from different branches / divisions of the Office of Social Security and especially the health insurance is not guaranteed, so that the state must bear, often in the absence of other financing options, various health services.  
As it is impossible for the State, due to lack of human resources, to

incorporate all of these tasks and functions, he delegated that to some existing, some of specially established for the purpose associations or organisms. The Ministry of Health and the Health Department, for this purpose, are closing subcontracting agreements (*convention de sous-traitance*). This Health convention service companies take off in an annual report on their activities, which is especially designed for the Chamber of Deputies, but also open to the public.

While the range of activities of these conventioned care service companies is highly diversified, their tasks are often located in the preventive and palliative field of social medicine. Most are engaged in innovative initiatives which, if they have proven themselves, are often integrated in the range of services to be reimbursed by health insurance.

Currently the following services have conventions with the Ministry of Health:

- Services of general provision, such as the "*Patientevertriedung*" (patients interest association).
- Services with a specific destination, such as "*Hëllef fir de Puppelchen*" (help for the infant), the department for early detection and rehabilitation, the department for medical and therapeutic classification and ordination, ALUPSE (abused children), Association of psychosocial and medical care (infant care)
- Initiatives which are in service for different groups of diseased people, such as
  - cancer (Luxembourg Foundation against cancer – Fondation Luxembourgeoise contre le Cancer)
  - cardiovascular disease (heart disease association of sportmen)
  - diabetes (Luxembourg Association of diabetes)
  - behavioral / psychiatric care structures
  - drugs and addiction (structures for drug addicts)

With the development, since 2009, of the Union's health insurance into a national health fund, it is highly likely that a certain number of these service structures are gradually integrated into the ranks of the Office for Social Security-funded structures, such as it was the case in 2007 for the mental health care structures.

## **- on the pharmacies**

### **a) Legislation**

Law of 4 July 1984 concerning the pharmacy sector.

Law of 31 July 1991 which the conditions for the license to practice the profession regulates pharmacists.

### **b) structures, number and spectrum of activity**

Pharmacies sell, with legally regulated exclusivity, most prescription drugs, but also for OTC healthcare products (para-) Pharmaceutic products. We distinguish between hospital pharmacies that have only up to a few statutory exemptions to supply only the hospitalized patients and the

traditional public pharmacies.

As the hospital sector, which corresponds to a particular pharmacy sector plan structure (? Planifié) and guarantees the continuity of the population of their services. The number of public pharmacies, some of which have a state license, is limited to 1 pharmacy per 5000 inhabitants.

## - on medical research laboratories

### a) Legislation

Law of 16 July 1984 concerning the medical examination laboratories.

Grand-ducal regulation of 18 December 1998 which the disciplines of a medical-biological research laboratory setting, and the specialized training of the laboratory director controls

### b) characteristics and classification of these structures and spectrum of activity

These structures are the single ones entitled by law to make , via a medical prescription, the following examinations: biological and chemical, physiological or pathological analysis, investigations of fluids, tissue gauze respectively cells, including their contents as well as others in the human body contained micro-organisms.

Even if in the course of a national classification, we distinguish between the LNS (State testing laboratory), the hospital laboratories and the private research laboratories, one must know that, with the exception of a few specific studies such as anatomo-pathology in the LNS, the activities of all these research laboratories are largely overlapping. However, the funding arrangements vary greatly for the same examinations, although all the analysis will be reimbursed by the Health Insurance Union. In contrast to the hospitals and the pharmacies, whose number is estimated on the basis of need among the population and defined by law, there is no plan structure for the laboratories for the medical examination established and their number, especially in private laboratories, the logic of the market reflects the law. All medical research laboratories are subject to the same quality control.

## - on the prevention in the health sector

This refers to the totality of measures used for public health teaching and monitoring the health risks. These preventive measures, which are under the Health Directorate, aiming particularly at the prevention, detection and intervention in the case of concrete threats to public health.

To this end, a series of legal measures have been created, which regulates the following points:

- international health regulations
- food and drinking water
- pollutants and genetically modified organisms
- radiation
- drug prevention (drug, alcohol, tobacco)
- vaccinations and preventive medicine
- blood transfusion, organ and tissue removal and removal of human cells for administration to humans
- medical devices

The relevant bills are collected in one code for the health sector (*Code de la Santé*) and can be looked up on the website of the government under Legilux. ([http://www.legilux.public.lu/leg/textescoordonnes/compilation/code\\_sante/](http://www.legilux.public.lu/leg/textescoordonnes/compilation/code_sante/)).

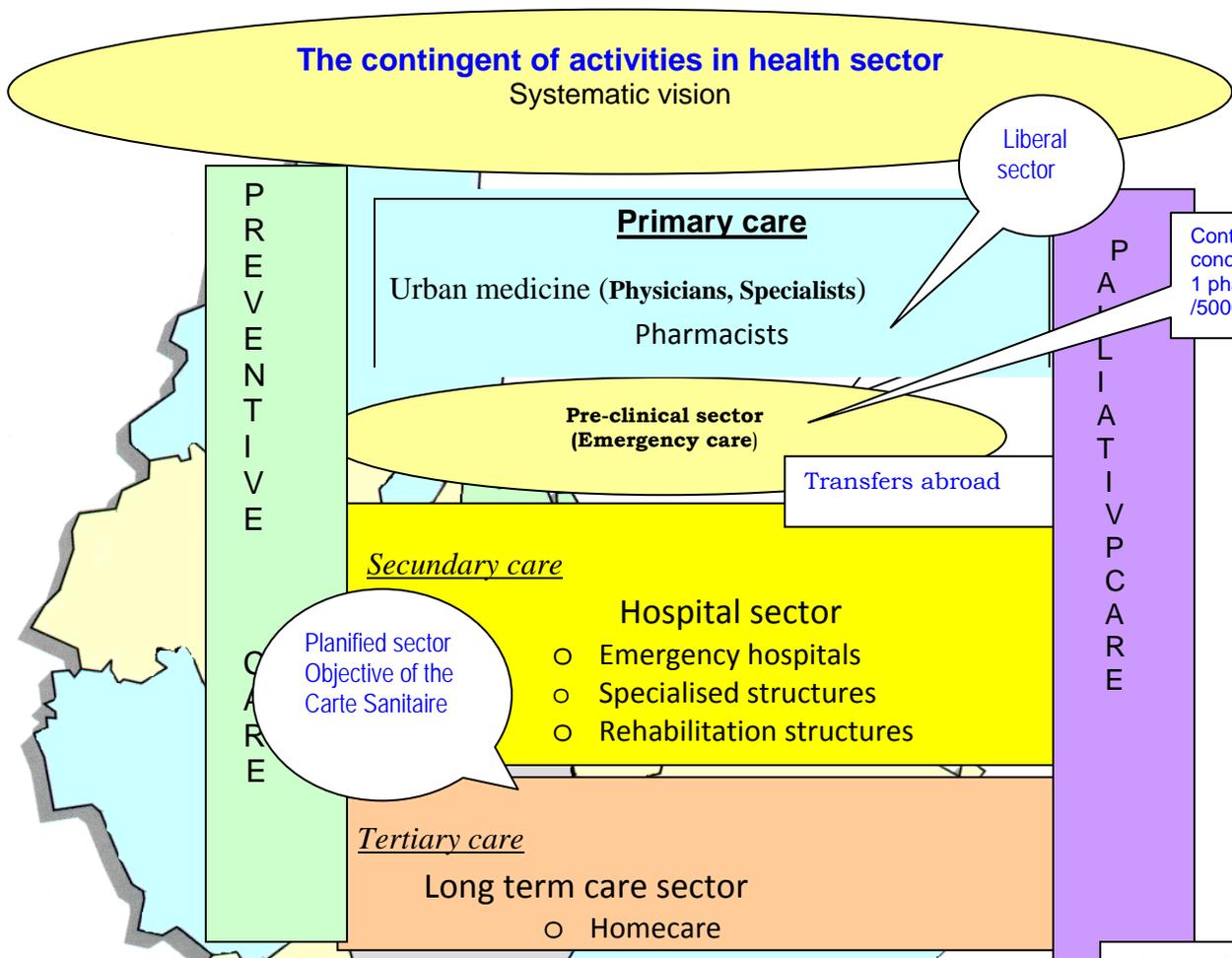


Figure 3

**Short description an characteristics of the system**

	Figures 2004	Basis of exercise	Report of activities / Supervision	Continuity of care Emergencysector
<b>Primary</b> Urban medicine ( freelance Sector)	<b>6300 service providers in ambulatory care</b> whereof : 318 physicians 792 specialists 84 pharmacists	<ul style="list-style-type: none"> <li>○ authorizations to exercise</li> <li>○ Legislation conc. exercise of profess.</li> <li>○ conventions</li> <li>○ deontology</li> <li>○ Limited infrastructure</li> </ul>	No report <b>Supervision by the direction of health (DMC)</b> <i>Contrôle médical</i>	Voluntary alternative service Emergency service and nocturnal alternative service
<b>Secondary</b> Hospital sector (planned sector)	<b>7133 hospital staff members in</b> 2 local hospitals 7 general hospitals 4 national structures 1 specialised structures 1 anastasis structure	<ul style="list-style-type: none"> <li>○ hospital legislation</li> <li>○ legislation conc. emergency service</li> <li>○ hospital plan</li> <li>○ financing legislation</li> <li>○ Budgetisation</li> <li>○ standards</li> </ul>	- Carte sanitaire - IGSS-report <b>Supervision by direction of health (DMC)</b> <i>Contrôle médical</i>	Emergency service of hospitals
<b>Tertiary</b> Social sector and long term care insurance sector ( coming to effect at a determined care level)	<b>4103 staff members</b> 2 Networks for maintenance at home xx Long term care structures x special services of the social medicine	<ul style="list-style-type: none"> <li>○ legislation of the long term care insurance</li> <li>○ legislation ASFT</li> <li>○ authorisation</li> <li>○ conventions</li> </ul>	Report to long term care insurance (report IGSS ) <b>Supervision by Ministry of Family Affairs and by Ministry of Health, Direction of Health</b>	
<b>Preventive care</b>	Health direction and agreed subcontractors	<ul style="list-style-type: none"> <li>○ Specific legislation</li> <li>○ conventions (c.f UCM Mammography-program)</li> </ul>	- Report of the Ministry of Health and the Direction of health	
<b>Palliative care</b>	These care services are provided by primary, secondary and tertiary care providers			

Source figure et tableau : Ministère de la Santé, Carte sanitaire 4<sup>ème</sup> édition

Tableau 1

## Organisation

### - on the management and control

The health system includes services to both individuals and the total population as well as activities that affect the policies and measures in other areas, both jointly against the determinants of eco-social-economic sectors and act to health. Therefore, we must not isolate these different actions, but rather as a complementary means to achieve the desired objectives in the health sector.

To achieve these objectives, we need to run parallel with actions to be coordinated and integrated into a coherent strategy. Since this is not feasible, a spontaneously leadership is required, which should certainly not be authoritarian, but must be negotiable and groundbreaking. This task, which belongs by nature to the Ministry of Health, is conducting the various activities in the health sector and the role of all actors, whether individual or institutionalized, consists in potentiating their respective efforts for the benefit of the service recipient. Responsibility is also to measure progress and to compare the performance, make suggestions and ensure the survival of the system, especially the control of the not inconsiderable costs incurred by all these activities, but being too eager to integrate the health issues into all strategic areas, even if they fall within the jurisdiction of another ministry.

### - on the activities in health sector

In terms of its effects, one can divide the actions in the health sector in preventive, curative and palliative measures.

The **preventive actions**: they take place in all areas of life and staging of the population, whether at home, at school, at work, on the street or in hospitals. There are collective and individual actions, of medical or non-medical nature, which contribute to prevent diseases, reduce their impact or to avoid deterioration. These actions and measures, which also include health promotion, either of a general nature if they relate to the total population, or they are specifically directed to certain risk groups. As part of the preventive care is classically distinguished, although somewhat artificial, but it shows very clearly:

- *Primary prevention*: it aims to prevent the occurrence of disease, the measures are essentially collective and non-medical nature and the environment (air, water, food chain, radiation) on the hygiene of environment, on health education and focused on the influence of life (the fight against obesity, alcohol, tobacco and drug addiction), in contrast to the medical measures where the main

emphasis is placed on vaccinations. In Luxembourg, the non-medical preventive measures fall within the remit of different ministries, all working together with the various departments of the Health Directorate, particularly with the Department of Sanitary Inspection and the Departments of Preventive Medicine, radiation protection, school medicine and occupational medicine.

- Having *secondary prevention* refers to early intervention in individuals or groups at risk in terms of prevention, especially through early detection, disease and catastrophic injury and suffering. In Luxembourg, these measures also fall within the remit of the Health Directorate (Departments of medicine and occupational medicine). A flagship project is the "Mammography Project" which has the early detection and management of breast cancer patients to the goal. Other programs under the early detection of cancer and cardiovascular disease are in the works: the success and usefulness of such programs are dependent on the reliability of test methods, their effectiveness and acceptability as well as opportunities to provide early detection.

- *Tertiary prevention*: this refers to the measures which comprise the preventable complications of an already existing pathology. These measures generally relate to individuals, but can also affect throughout vulnerable groups. Such measures are for example free distribution of syringes to drug addicts, in order to prevent the risk of becoming infected with hepatitis B or C virus or HIV, which in this population is often the case.

The **preventive care** is part of global action on health and often has a greater impact on the performance when linked with the curative and palliative care measures, because the beneficiary and its environment in such a case, more sensitive and receptive.

The goal of the **curative care** is the definitive eradication of the disease, affecting primarily respectively secondary care stakeholders, just like palliative care. The curative care mobilized not only the majority of health professionals, but also the vast number of available resources to diagnostic and therapeutic facilities and equipment, but also the financial resources. All observers agree that Luxembourg is one of the best equipped countries in terms of the aforementioned means. 1.5

If the care is not or is no longer of curative nature, it is replaced by the **palliative care**. This refers to the constant care which allows the best possible health status for chronic diseases to prevent, for example, in diabetes. These also include the end of life care. Parliament recently passed a law which is the right to palliative care to any person with an incurable and life-threatening illness or in the terminal phase of their lives.

The legislation provides the following definition:

"The palliative care consists of coherent and continuous care measures, which are provided by an interdisciplinary care team, in a respectful and dignified place atmosphere. Focus of these care measures is to improve the physical, psychological and spiritual needs of the patient and to support their families. It involves pain relief and reduction of psychological stress. The treatment can take

place both in a hospital or in any other care structure as well as at the home of the patient, in the latter case in close collaboration with a hospital.”

**- on the allocation of resources**

- [The primary care sector: Cities medicine, pharmacy, outpatient and emergency care service.](#)

Apart from emergency medicine, medical primary treatment is not planned and organized by the State, but it takes place on a liberal basis in the doctor's office hours to the marked opening times and to the notified access arrangements (modalités d'accès).

However, in order to guarantee the continuity of such services on the opening times, the Ministry of Health has created, by a convention with the Doctors, a medical replacement and emergency service that works at night and on weekends.

The same applies for access to the pharmacies, while the home care services are guaranteed to a public call time 24/24 hours.

Notwithstanding any other information support, particularly the press, all information concerning the emergency medicine are given on the emergency telephone number 112, which also provides rescue services resp. the continuous network of outpatient civil defense, for the territory of the city of Luxembourg, to the municipal fire brigade.

- [The secondary care sector: the hospital sector](#)

The law of 27 February 1986 on the emergency service and its implementing regulations order that in each of the three hospital regions one hospital guarantees the emergency service and to this end, a mobile emergency medical Antenna (SAMU) has to use the necessary equipment and workforce as well as a polyclinic. This facility is complemented by various departments (cardiac surgery and interventional cardiology, neurosurgery) or certain national disposable devices that are constantly on call.

The law of 28 August 1998 on hospital structures is defining the role of various hospitals and regulates the organization of this predictable sector, including:

- coordination of services and various statutes which, however, are subordinated to the same planning, such as organization and funding rules, are subject of the the remit of the Minister of Health and has a consultative role in the Permanent Commission for the hospital sector (CPH)
- the control is the responsibility of the Health Directorate.

This law, however, develops and plans also the hospital sector of the country, with the help of an iterative hospital plan (*plan hospitalier*) based on the information provided by the *Carte Sanitaire*.

The hospital plan is a tool that seeks to align the supply with the demand in the nursing care by seeking the best possible efficiency of health services at a reasonable expense, particularly where it prevents dispersion of resources and skills and by the configuring the structures such that the safety and optimal continuity of care are always guaranteed.

He therefore specifies the sanitary areas, the establishments, the hospital wards and the number of beds along with their classification and the medico-technical giant appliances.

The provisions of the Hospital Plan aim to ensure the following points:

- ensuring the simplest and most usual care to citizens in hospitals and the departments will be offered for basic services,
- the wider care services and / or specialized care are offered in general hospitals (*Hôpitaux généraux*), and specialized departments,
- the rare but highly specialized nursing services are provided in specialized, national institutions and departments, or, if appropriate, taken abroad to complete.

The hospital plan seeks to ensure the complementary of structures and provides for better cooperation between different links in the chain of hospitals and suggests that under the circumstances, a most rational cooperation.

Although there can be no other hospitals as the ones provided by the hospital plan, they require an operating license which is granted for 5 years and is renewable. The first renewal of operating licenses were issued in 2003. They are valid until 2008 and require the following commitments from the management bodies:

- the activities must be planned and organized in a way that the service is accessible at all times for all patients .
- the internal house rules shall provide that no patient can be cared for if the available resources or the nature of the illness / injury does not fit within the mandate of the said body, respectively is carried, after having provided any first aid, into an institution which has the adequate resources to treat these patients,
- observe the deontological and ethical rules, particularly in relation to the public nature of advertising
- participation, notwithstanding the provisions of art. 3 of the act of 28 August 1998 on hospital structures, in a nationally organized monitoring (operational) on the performance relating to its activities,

- involve the active collaboration with the competent authorities for all problems, especially those regarding public health, which may occur in the establishments,
- the insertion of a system that ensures the continuous quality improvement,
- transmit to the health minister a copy of the general internal rules ("règlement interne") and of its implementing rules and internal determination project ("projet d'établissement" to "institutions, that everyone who is empowered to do so, may inspect it on site,
- give the health minister a detailed department project for every authorized department.

The management of hospitals: the area of organization and management as well as the financing activities are under the control of the management board (*organisme gestionnaire*). This board also defines the policy of the hospital, according to the existing laws, rules and conventions. Under the management of a hospital we understand the institution which is charged, according to juridical statute, with the leadership of the hospital. The Directorate of the hospital is headed by the Director; a department head is attached to any medical, paramedical and administrative department. Doctors are using a service agreement (*contrat d'agrément*) admitted to the hospital, their collective representation is guaranteed by the medical advisory board composed of elected members. The staff is normally employed in accordance with the provisions of the collective agreement, negotiated between the Hospital Alliance (*Entente des Hopitaux*) and the representative trade unions in the health sector. The employee representation is subject to the provisions of the amended law of 6 May 1974 concerning the joint committees in the factories.

Hospital organisation  
Law from 28 August 1998  
Schema

Law from 28 August 1998

The Health Minister coordinates the hospitals

Administration organisms

- general policy
- general decrees
- projects
- representation of direction

Mixed committee  
Medical board

Director

- Manager of administration
- Management for current affaire
- dossiers
- Rights and duties of patients

- commissions
- Art. 23
  - Art. 24

Department chief (Direction board)

Transcription of policy  
Coordination of organisation

- commissions
- Art. 23
  - Art. 24

Voting levels

Transcription of policy

Voting levels

Coordination

Medical activities take place in the medical departments

Administrative & logistic department

Care department

Medical department

Administrative & logistic

Medical

Transversal functions

Administrative & logistic office

- Departments :
- Ambulance
  - medic. technic. dept.
  - stationary dept.
  - pre&post stationary department

Department for basic medical care

Pharmacy Laboratory a.s.o. (cf internal organisation)

Transversal functions

Internal organisation

Administrative & logistic unit

Care unit

Specialised medical units

Administrative & logistic unit

Specialised medical units

## The care recipients

To emphasize that the care recipients, ultimately the main interest factor, and in fact the right to exist of the hospitals, the legislature has, in anticipation of a general law, implicated the provisions concerning the rights and obligations of the enrolled patients in the hospital by the 1998 act. Therefore, Luxembourg is one of the first European countries which has formalized these rights.

They relate particularly to:

- introduce mandatory health records, which may consult the people concerned and their content is regulated by law,
- the access to preventive, curative and palliative care if the patients state of health requests this, in accordance with the requirements of science and ethics,
- the protection of the privacy and confidentiality agreement, dignity and respect for religious and philosophical convictions,
- the free choice of hospitals and doctors when the doctor is allowed to practice in the concerned hospital,
- the right to reliable information, health status and the proposed treatment, in order to consent to any skill,
- the possibility to acquiesce or to reject any diagnostic or therapeutic measure, regardless of the treatments which aim at pain relief or relieving suffering,
- equal access to quality care for all and to any therapeutic possibilities over which the hospital may require notwithstanding the priorities of an emergency
- to relieve pain and alleviate suffering, the maintenance of life and support of patients and their families in case of incurable and terminal illness as well as the prohibition of futile treatment and therapeutic measures
- give competent information about the payment mode and the hospitalization costs charged to the patient,
- knowledge about the identity and qualifications of the service provider with whom the patient comes into contact
- the right to submit suggestions for improvements, complaints and grievances and the right to their processing.

Recently, but in the same appearance and in order to improve the quality of services, the health insurance union agreed to cooperate with the Hospital Alliance (*Entente des Hôpitaux*), to create a legally valid program containing

systematic measures in order to promote patients satisfaction, its goal being specifically the proactive respond to the causes of dissatisfaction and complaints. This measure is included in a number of initiatives which are being developed and which are especially designed to anticipate the risk factors and treating the complaints and grievances. In fact, without affecting the right to claim, it is important to act as a preventive manner and thus prevent an escalation of discontent and disagreement and prevent irreversible damage. This is done through various training sessions for service providers and the other by giving the affected patients the opportunity to express themselves and draw up rules of conduct so that it can resolve itself in due time and in the prescribed sequence, possibly with the assistance of those who are most likely the ranging problem , starting with the affected service providers or, if this is not possible, their supervisor or a mediation body.

An association representing the rights of patients, the "*Patienteverriedung*" was an arrangement which the Ministry of Health has made as its mission to inform, guide and support the mourners at his projects.

At hospital level, the Act provides that the Director is required to deal with and to attend to the proposals , requests and complaints put to him. Actions which contravene the law underlying the hospital or, in general, a defective functioning of a hospital department, are treated by the Director of Health respectively the specially appointed administrator. Actions which are directed against a doctor, are the responsibility of the medical college, those that are directed against a health practitioner, within the jurisdiction of the Supreme Council of Health Professions (CSCPS). These bodies have disciplinary authority over the affected service providers, but they can not have the problems of solution-treated plaintiff respectively to their demands, including financial support to meet. This is the responsibility of the courts to which the applicants can apply directly, although the procedures are lengthy, expensive and often with an uncertain outcome.

For these reasons, the Minister of Health is currently looking , in cooperation with the representatives of all interested parties, for a pro-active strategy to contribute to adverse events, but also to create effective mechanisms, particularly through mediation, which have satisfactory solutions, in terms of and assisted in the development towards a responsible, no-fault system.

### **On the financing of the system**

The financing of the system and of the health services take place from two major sources:

- the state, for everything that relates to the health care system
- the health insurance companies in terms of health care, although the patients have to contribute for the latter a small contribution ( less than 10% of the cost).

The government pays for the cost of supervisory administration, the majority of health care and with a share of 80% of the cost of major investments (infrastructure and medical equipment). The government is also participating in issues related to health services through co-financing is 38% (2006) <sup>4</sup> of the compulsory health insurance, which will be funded by contributions from the insured and the employer contributions. Although the proportion of the expenditure on health care, in relation to GDP (7.3% in 2006 compared to 5.6% in 1995) <sup>6</sup> is situated below the OECD average of 8.9% in 2006) <sup>6</sup>, the development of expenditure on health in Luxembourg is worrying. In fact, the per capita spending on health in Luxembourg, is the highest in the OECD (2006), with 4303 PPP U.S. \$ 2824 compared to an average of) <sup>5</sup>, while the direct insurance contributions are currently the lowest.

In fact, more than 90% of the resulting health care costs are covered by the national health fund, financed by the state and by the contributions of the insured and the employer contributions. These costs result, on one hand, from the hospital economic controls (51% in 2007)<sup>4</sup> and, on the other hand, arise from the cost which, as a result of negotiated agreements with the representative groups of the other providers, including the doctors, pharmacists, other professionals in the health sector and the bandage, and manufacturers of artificial limbs. The health fund also bears the costs approved in advance for services abroad.

### **Preliminary conclusions**

Was the health sector initially focused charity and incomplete, he has transformed over the last few decades into a health care system. The Luxembourg health system regularly ranked among the "top 10" of the world's best systems in relevant comparative studies. Its strengths are in particular its generous solidarity, its universality, its conception of justice, its responsiveness and its glut of available resources and its vulnerability in turn, are certainly the high cost and lack of transparency in terms of measurable results.

Although in recent years, numerous efforts have been made to invest in the modernization, the system remains to perfect: in terms of the concept, its leadership and coordination of its actions. The system would win for sure yet of appreciation, if it were increasingly able to show clearly the results of his many acts.

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