

Healthcare in the Netherlands

By Tiffany Jarman Jansen

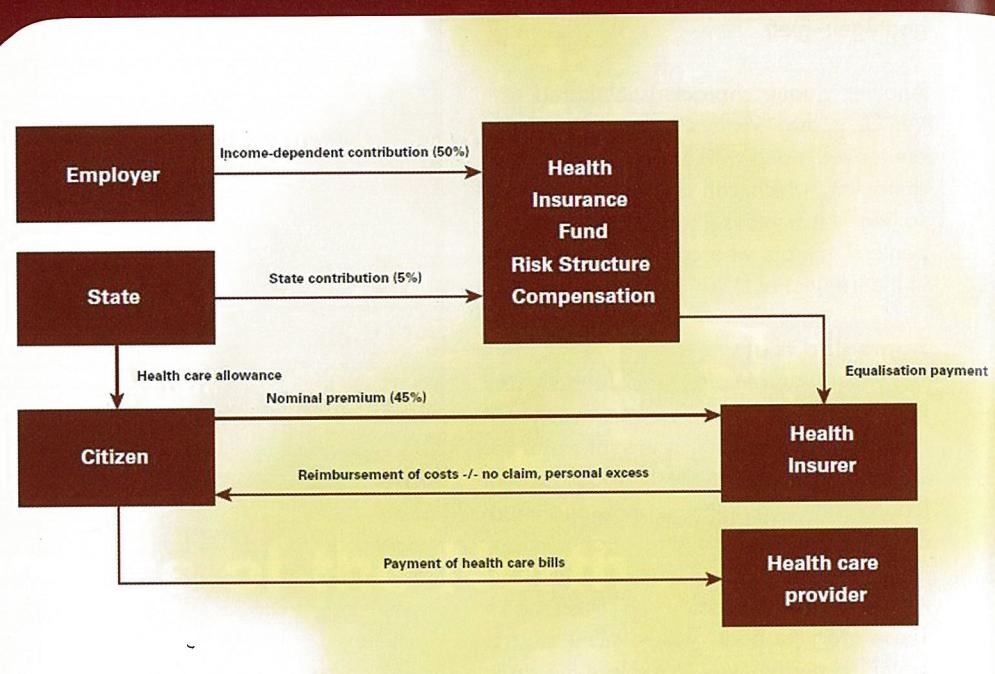
In 2009, the Euro Health Consumer Index (EHCI) highlighted The Netherlands as having the best healthcare system in Europe. This marked the second year in a row that the Netherlands received this honour. Results from an International Health Policy Survey of seven different countries (The Netherlands, Germany, Canada, the United States, Great Britain, New Zealand and Australia) by the Commonwealth Fund in 2007 show that those living in The Netherlands have the most positive views of their health system, are the most confident about the care they receive, and are least likely to avoid medical care due to cost issues.

It seems as though The Netherlands is the place to be for outstanding healthcare. But what is it about this particular system that makes it worthy of such praise?

How does it work?

Anyone working and paying taxes in The Netherlands is obliged to take out an insurance policy and failure to do so results in heavy fines. You are free to choose your insurance company in addition to your healthcare and insurance policies, which can be taken out in-kind or based on restitution. By law, no insurance company can refuse you basic insurance for any reason.

Basic insurance covers care by general practitioners (GPs) and specialists as well as hospital care, medication, maternity care, and IVF. In 2006, the basic insurance was revamped to include full coverage for chil-



Financial flows under the Health Insurance Act

dren up to and including 18 years. Premiums are set at a flat rate that remains the same for everyone, regardless of age or health status. For the inclusion of other medical services beyond those listed above, an additional or more inclusive policy must be taken out. Insurance companies are not obliged to accept individuals for policies beyond or in addition to this basic insurance. Should patients find themselves dissatisfied with their current insurance company, they are free to change insurers at any time.

The Netherlands operates a multiple payer system. The government takes care of roughly 5% of individual healthcare coverage, with employers helping out with up to 50%, depending on your salary. The additional 45% of costs is taken care of by the insured. Children up to and including 18 years are covered free of charge and those with insufficient income are offered an extra government allowance, making sure that everyone is covered.

AWBZ (social insurance) is a national scheme that covers all risks not covered by private health insurance, including: long-term treatments, (semi-) permanent hospitalisation, long-term home care, admittance into a nursing home, and disability costs. Everyone residing and/or working in The Netherlands has a legal right to this coverage, which is funded through taxation.

Whereas in many countries chronically ill patients or those with pre-existing conditions

are frequently turned away by insurance companies due to the risks they present, in The Netherlands insurance companies actually seek them out. In order to ensure that all residents of The Netherlands are insured, the government offers compensation to insurance companies covering high risk individuals.

In Practice

GPs in The Netherlands are referred to as huisartsen and are the health care system's front line of defence. Should you have any physical or psychological health questions, problems, or concerns, the huisarts will be the first person you will see. You are in no way obliged to go to a specific GP or even to the one nearest you. Nor is the GP you approach obliged to take you on as a patient. Should you relocate or find yourself unhappy with your current GP, you are free to find another practice.

Your next step after your GP, should you require further assistance, is to see a specialist. Most specialists are located in hospital and you must have a referral from your GP to be seen by one. You will also need to show a copy of this referral to your insurance company before they will cover the expenses of your visit. Specialists include dermatologists, gynaecologists, physiotherapists, and psychologists. Waiting time to see a specialist can be as long as eight weeks or more. Should the specialist deem your condition serious, they will recommend hospitalisation or refer you to the emergency room.

Helpful Links

www.zn.nl - Health insurance companies (in Dutch)

www.indeperder.nl - Health insurance companies (in Dutch)

www.kiesbeter.nl - Health insurance companies (in Dutch)

www.apotheek.nl - Apotheek search service (in Dutch)

www.huisartsen.nl - Listing of doctors in the Netherlands (in Dutch)

www.ziekenhuis.nl - Information on waiting lists and specialists (in Dutch)

For emergencies requiring immediate attention, head straight for the emergency room (Eerste Hulp). There are many top-notch hospitals in The Netherlands with the latest technology. In general, all hospitals offer the same specialisations so, in principle, each hospital is just as good as any other.

How does The Netherlands compare?

In The Netherlands, healthcare is based solely on private insurers as opposed to a single-payer system (such as in the UK and Canada) or an entirely national system. These private insurers are closely regulated by the government.

According to a study by the Commonwealth Fund in 2009, a total of 54% of chronically ill patients in the United States avoided medical attention in 2008 due to high costs, compared to 7% of patients in The Netherlands. Dutch law also requires all health organisations to treat patients in an emergency regardless of their insurance status.

The Netherlands has a low abortion rate compared to other countries. Abortion is legal in The Netherlands and will be covered by your insurance company in most cases.

However, one will discover rather quickly that general medical check-ups and screenings are not typically done in The Netherlands. In the US and the UK, for example, yearly check-ups such as mammograms, colonoscopies, Pap smears, and blood pressure, cholesterol, and blood-sugar tests are highly encouraged. Furthermore, do not be surprised if your GP is not quick to prescribe antibiotics, as it is believed that the more often you take them, the more ineffective they become.

Expat Concerns

There are some important things for an expat to remember when it comes to medical care in The Netherlands. First of all, things will be done differently here to the way you are used to in your home country simply because this is not your home country. That does not mean that you need to give up the kind of treatment you are used to. Being assertive is of the utmost importance in getting the care you feel you need. Let your healthcare provider know what kind of treatment you are used to in your home country and that it makes you feel more secure. GPs are very flexible as long as they know what you want.

Expats sometimes come in with symptoms Dutch doctors are unfamiliar with - foreign symptoms or ailments that are uncommon or even unheard of in The Netherlands. Each

country has its own unique medical system and background. What is considered sufficient treatment in The Netherlands may not match the standards of your home country.

Dutch doctors operate on the assumption that the patient will ask what he wants to know, so be sure to ask questions and request any information you believe is necessary. However, should you feel that your healthcare provider is not meeting your best interest, move on until you find a practice that does.

From the mouths of professionals

Nazeema Adams was born in South Africa where she studied nursing. After becoming registered in the UK, she spent some time at a hospital in the US. She now lives and works as a nurse in The Netherlands. Adams praises the Dutch healthcare system: "the fact that everyone is covered is invaluable."

Although both were unaware that The Netherlands is reckoned to have one of the top healthcare systems in the world, both cardiologist, Ruud van der Wal and surgeon and FC Utrecht stadium doctor, Leander van den Ham are very confident about their country's healthcare. "A lot of research is being done in The Netherlands," says Van der Wal. "The latest equipment is available and some new treatments can be offered even as part of a study protocol." Van den Ham also notes the short distances patients need to travel in order to get treatment. Most hospitals in The Netherlands house nearly all fields of medicine under one roof. "Healthcare is affordable and accessible for everyone," he says.

Expat Kerryanne O'Reilly can certainly agree to that. Her son was covered as soon as they completed adoption papers in his birth country and her experience of getting his H1N1 vaccination was phenomenal. "It made me sad, though," she continued, "because I have friends [back in the US] who are still not sure if their children will even get the shot... It's another example of how some countries see health coverage as a right and not a privilege."

Fellow expat Brigitte van Pelt saw no comparison between giving birth in The Netherlands and in her home country, going so far as to say: "After giving birth [in The Netherlands], I said if it didn't hurt so much, I would have ten more kids! I had a wonderful experience."

Adams' opinion of the medical practice in The Netherlands is not quite as high as her opinion of the healthcare. Her main concern

is that "GP's wait too long." When a patient comes in with a complaint, the first reaction is to send them home to rest. Although many times this is all that is needed, sometimes these complaints can turn into something more serious. One expat interviewed was told to stay home and rest after coming to the doctor with complaints of a swollen tongue that later proved to be cancerous. Adams points out that many such cases would be prevented if they had been looked into by the GP immediately. Van den Hamm clarifies that, though this does happen for Dutch and non-Dutch patients alike, it does not happen often. The best advice is to be firm and demand the treatment you feel you need. "If you feel that your condition is more serious" Adams advises, "ask for a second opinion."

Van der Wal pinpoints a preoccupation with finances as a factor of the decline in quality of care; another is the increasing influence of insurance companies. One thing Adams asserts very clearly is that "no system is 'better.' Each system in every country has its faults."

Some useful words to know

Accident = Ongeluk
Ambulance = Ambulance
Anesthesia = Anesthesie
Anesthesiologist = Anesthesioloog
Appointment = Afspraak
Blood pressure = Bloeddruk
Blood test = Bloedonderzoek
Dentist = Tandarts
Delivery of a baby = Bevalling
Doctor = Huisarts
Emergency room = Eerste Hulp
First Aid = Eerste Hulp bij Ongelukken
Health = Gezondheid
Healthcare = Gezondheidszorg
Health Insurance = Zorgverzekering
Health Insurer = Zorgverzekeraar
Hospital = Ziekenhuis
Medicine = Medicijn
Midwife = Verloskundige
In kind = Natura
Nurse = Verpleegkundige
Out-Patient Hospital Delivery = Poliklinische bevalling
Patient = Patiënt
Pharmacist = Apotheek
Prescription = Recept
Referral = Verwijzing
Restitution = Restitutie
Sample = Monster
Shot = Injectie
Specialist = Specialist
Telephone appointment = Telefonische spreekuur