
Burying our head in the sand will get us nowhere

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The demand for private health insurance policies is exploding. Could the simple reason be that there is a need for them?



Foto Einar Nilsen

Rune Bjerke is a Labour Party politician, a successful business manager and a close friend of Prime Minister Jens Stoltenberg. Now, however, he may have antagonised the red-green government – or at least parts of it. In his keynote address on Finance Industry Day at the end of March this year he emphasised private health insurance as a growth area for the insurance industry: «We can see that the demand for health insurance is virtually exploding». The number of holders of private health insurance policies has increased tenfold from 2003 – from 34 000 in 2003 to 300 000 at the end of 2011. Ninety per cent of the insurance policies are sold through employers. Bjerke regards the increased sales of health insurance as something of a win-win situation – revenues for the insurance companies, savings for the employers and employees.

Bjerke's statement has made some people see red. Leader of the Socialist Left Party, Audun Lysbakken, stated in the *Klassekampen* daily that he «had expected something better from Rune Bjerke. It is dishonourable to create a market for oneself by scaremongering with regard to Norwegian health care» ⁽¹⁾. He went on to say that the strong growth in private health insurance is a threat to the Norwegian welfare state. The health-policy spokesperson of the Centre Party, Kjersti Toppe, also reacted strongly «to

how Rune Bjerke makes such an announcement. It is preposterous (...) The problem is that this drives a wedge into the public healthcare system ... He ought to consider his social responsibility» [\(1\)](#).

Those who heard Bjerke's address (those of us who did not attend can hear it in its entirety on the Finance Norway website) [\(2\)](#) can see that he has no difficulty in thinking two thoughts at the same time. Bjerke is obviously aware of the potential for political controversy inherent in his statement. At the same time he has a job to do: «As an industry, we should of course be concerned with Norwegian health policy, but we must also be focused on providing products that are in demand, and that can also ensure that Norwegian enterprises reach their goals. And one of the absolutely most important goals for Norwegian enterprises is to have employees present in their workplaces», he said, and pointed out how Moelven Industries claims to have spared its employees a total of 275 years of waiting in health queues, as well as having saved considerable public expenditure by purchasing private health insurance for its 3 200 employees since 2007 [\(2\)](#). Surely, this must be a good thing – for patients, society and business?

Lysbakken, Toppe and Bjerke all have a point. If the proportion of the population desiring private health insurance continues to grow at the same rate as during the last decade this will be a threat to public health services in Norway as we know them today. This has been a widespread concern for a long time, and it has also been debated in editorials in this Journal [\(3, 4\)](#). At the same time, the prime concern of the health services should obviously be to provide help to those who need it – and return them to good health – as soon as possible. Private health insurance could be a threat to public health services that are exclusively funded by way of taxes, but to attack Rune Bjerke is to shoot the pianist. He is only doing his job, which is to sell products that are in demand. Which of us would not want a guarantee similar to the one provided by the insurance company Storebrand Forsikring [\(5\)](#): «Treatment when you need it. Guaranteed within 14 working days. Access to our unique network of medical specialists in the Nordic countries and Europe. Opportunity for 'a second opinion' – new medical assessment of a diagnosed serious disorder. The insurance policy covers everything from a single consultation with a physiotherapist to comprehensive cancer treatment. You pay no cost-sharing charges». To be sure, isn't this what we should expect from our public health services as well?

The question is why there is such a large and growing demand for opportunities and services that we apparently have already. Are these insurance policies being bought by foolish people? Are the insurance companies spreading alarmist propaganda? Or could it be that the Norwegian health services are not quite as good and accessible to all as we like to believe, and that it may thus make sense to acquire additional private insurance for those who have the opportunity? A large number of reports of concern, from patients as well as health workers, could indicate that this is so. Furthermore, when the Deputy Director of the Norwegian Board of Health Supervision, Geir Sverre Braut, in a recent op-ed in the *Aftenposten* daily found reason to voice his concerns about a lack of professionalism as well as inadequate disciplinary management of the provision of health services in Norway [\(6\)](#), and when the same newspaper only a few days ago brought reports of unacceptable waiting periods for required palliative treatment for seriously ill cancer patients [\(7\)](#), the question becomes even more pertinent.

No country possesses a magic formula that can ensure all citizens all the health services they might wish for. The uncomfortable truth is that some form of restrictions or priorities must apply – of the services to be provided or of the people who should receive them. Director of Health Bjørn-Inge Larsen has repeatedly called for more explicit prioritisation and rationing of the health services. He has been lauded for having raised this difficult issue, as was Inge Lønning when, in his role as leader of two public studies in 1987 and 1997 respectively, he laid the foundation for the Norwegian debate on priorities in the health services. However, no one wants to be the one to say «no». The other possibility is to let the public sector provide basic services and allow those who so wish to pay extra for health services, directly or through private health insurance. This will set aside our ideal of equality.

No matter what, we need to make a choice: Either to have a health system that treats everybody equally but cannot provide everything we want, or a two- or multi-tiered health system in which some pay extra and thus receive more than the others. We are already well on our way there. Burying our heads in the sand, pretending that the problem does not exist and that everybody can have it all, will solve nothing.

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