

---

## Ordinary people's health service

---

ARE BREAN

are.brean@tidsskriftet.no

Are Brean, PhD, Editor-in-Chief of the Journal of the Norwegian Medical Association and specialist in neurology.

---

**The Hurdal platform paves the way for strengthening the public health service. However, the promises are numerous and somewhat vague. How well will they stand the test in the daily political grind and when confronted with the parliamentary majority?**



Photo: Einar Nilsen

On 13 October 2021, the Labour Party and the Centre Party presented their government platform, which will form the basis for their policies in key areas for the next four years [\(1\)](#). The Støre government is keen to demonstrate its concern for 'ordinary people'. And ordinary people are concerned with health. It is therefore no surprise that health has taken a prominent place as one of eight main items in the platform.

Already on page 2 (after having mentioned 'ordinary people' six times) it is stated that 'we want to have world-class public health and care services'. It is a fine ambition. However, the previous government left the door wide open. In August 2021, eight years into Erna Solberg's period as prime minister, the Commonwealth Fund ranked the Norwegian healthcare system as the best in the world [\(2\)](#).

Even the world's best healthcare system has its obvious challenges. The Støre government's response to these includes a few quite specific changes of direction, some more vague promises and a substantial number of 'studies'.

As a combined echo of the two parties' programmes, the government platform states that a strong public healthcare system is essential in 'the struggle against social (read: Labour) and geographic (Read: Centre Party) inequalities and a two-tier healthcare system'. Many of the announced changes of direction show that the government takes its own formulation seriously, not least with regard

to the specialist health service. The approval system in the Free Hospital Choice scheme will be repealed. Maintaining this infrequently used scheme has been a flagship policy for the Conservatives, as it has been to repeal it for the Labour Party. Some other changes of course are also made clear in the upcoming healthcare policy: the basic funding for hospitals will be increased, the use of activity-based funding will decrease, the intensive-care capacity in hospitals will be expanded, the scheme for neutral value added tax in the health trusts will be abolished and results- and goals-based management will be diminished. Moreover, the state will gradually take over responsibility for the air ambulance service. As expected, mental health is a clear priority area. A separate escalation plan for both the first and second-line services is announced, with special emphasis on child and adolescent psychiatry and free mental health counselling for everybody up to the age of 25. Post-natal care will finally be the subject of a white paper, but funnily enough without any reference to pregnancy care.

Far from all of the previous government's decisions will be reversed. To the great disappointment of many, the decision to close Ullevål Hospital has not been overturned. The Centre Party has campaigned vigorously to stop the closure. Therefore, Labour Party leader Støre must have offered the Centre Party's Vedum quite a morsel in exchange for this hospital. In Kristiansund, on the other hand, backing has been given to the fight for the local hospital: the maternity ward will be saved, but only 'to the extent that this is clinically and economically feasible'. The clarity regarding location of hospitals does not extend to the far north, though. In Alta, they will only 'follow up the process for further development of specialist health services', with no mention of a new hospital.

*«The healthcare system is not one that should be approached without a modicum of humility in the face of both its complexity and the number of strong professional and interest-group stakeholders»*

Reinforcement of the contract GP scheme featured in the promises made by both parties prior to the election, and this is reflected in their joint platform. The government will establish funding for recruitment of new GPs, curtail the length of the GPs' patient lists and increase the basic grant per inhabitant. Visits to the GP shall be made free of charge until the age of 18. In other respects, the chapter on the primary health service is surprisingly vague. One is to 'consider', 'ensure', 'study' and 'work for' a number of good causes – but considerably fewer than in the case of hospitals.

The more nebulous promises include a new national cancer plan with 'ambitions to decentralise parts of the cancer treatment'. Similarly woolly is the effect of a new 'health personnel commission' which will 'promote measures to train, recruit and retain qualified health personnel throughout the country'. This does not imply an obligation to train *more* health personnel, just to spread the training all over Norway.

And then we have all the issues that are to be 'studied': maximum travel time to A&E clinics; solutions that take the GPs' workload into account; a clearer organisation and management of the rehabilitation services; models for collaboration with non-profit air ambulance operators; the 'zero-plus' alternative for Innlandet Hospital.; and not least, changes to the health trust model. In addition to these, a series of other changes will be 'considered'. All this might sound very vague, but is probably both deliberate and wise. After all, the healthcare system is not one that should be approached without a modicum of humility in the face of both its complexity and the number of strong professional and interest-group stakeholders. These should be made co-responsible for decisions on controversial issues. This can be achieved by co-determination in committees and studies.

The chapter on the Abortion Act must be read in the same light. This issue will also be studied and committees appointed to 'look at' alternatives to the current abortion boards. Interestingly, the platform grants the two parties a free vote on the matter of abortion, leaving them 'free to seek a parliamentary majority for their stance'. This is how a potential government coalition breakdown is prevented.

In the coming weeks and months, the Hurdal platform will have to grapple with a national assembly in which the government does not command the majority, as well as with the financial restrictions of the daily political grind. The platform's section on health provides a good basis for strengthening the public healthcare services. However, it is also replete with promises of more resources and more money for nearly every aspect of health and care, despite the fact that the government has also promised not to increase the overall tax burden. It will be interesting to see how well these health-related promises will stand the test when set against all the other issues that are important to ordinary people.

---

## LITERATURE

1. Hurdalsplattformen for en regjering utgått fra Arbeiderpartiet og Senterpartiet 2021–2025.  
[https://res.cloudinary.com/arbeiderpartiet/image/upload/v1/ievv\\_filestore/43boda86f86a4e4bb1a8619f13de9da9afe348b29bf24fc8a319ed9b02dd284e](https://res.cloudinary.com/arbeiderpartiet/image/upload/v1/ievv_filestore/43boda86f86a4e4bb1a8619f13de9da9afe348b29bf24fc8a319ed9b02dd284e)  
Accessed 13.10.2021.
2. Schneider EC, Shah A, Doty MM et al. Mirror, mirror 2021: Reflecting poorly. Health care in the U.S. compared to other high-income countries. New York, NY: The Commonwealth Fund, 2021.  
<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly> Accessed 13.10.2021.

---

Publisert: 19. October 2021. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.21.0725

© Tidsskrift for Den norske legeforening 2026. Downloaded from tidsskriftet.no 4 July 2026.