

# Denmark's social democratic-led government targets health service for cuts

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Last month the Danish parliament passed a Bill drastically altering the terms and working conditions of general practitioners (GPs).

The proposals in the bill were opposed by the same 3,500 doctors, members of the Praktiserende Lægers Organisation (PLO), who waged a campaign threatening to return their licences to practise. The return or withdrawal of a license to practice would mean that the doctor would charge the patient for consultation and treatment.

Over 90 percent of GPs indicated their support for this demand.

On 22 June, however, a conference of the PLO voted by 25 votes to 24 to withdraw the threat. PLO chairman, Henrik Dibbern, who had led the campaign, resigned, as did his deputy. Health care provision both in hospital and with a GP, is free at the point of use. GPs are paid by the state partly on a capitation basis and partly on fee for service. Hitherto, terms and conditions have been agreed centrally by the government. The PLO and doctors have constituted 50 percent of the membership of committees that plan and monitor health care services in the regions, giving them an effective veto over any proposal seen to be against their interests.

The minority Social Democrat-led coalition government, elected in September 2011, demands that general practice become as “efficient” as the hospital service, and to that end requires family doctors to be responsible for some treatment and care currently provided in local hospitals without additional payment.

Dibbern estimated that doctors would, on this basis, be treating an additional 30,000 patients per year. The PLO demanded that GPs, who pay their clinic staff, receive an extra DK108 million (£13 million) per annum to reflect this. The better to drive through

change, the government further proposed the exclusion of doctors from newly constituted “practice committees”. This has been modified so that medical representation is in a minority on such committees.

GPs will also be required to pay more visits to the elderly and frail and, contrary to current practice, to accept patients who live more than 15 kilometres from their clinic. Fees could be capped and vacant practices made available to private practitioners.

The much heralded striving for “modernization” and “rationalization” in the hospital service amounts to a drive to cut costs. The British right-wing educational think-tank Civitas, in its 2002 report, “Health Care Lessons from Denmark”, noted the number of hospitals in Denmark had fallen from 117 in 1980 to 71 in 2000. An April 2013 report by the Organization for Economic Cooperation and Development on health services found that the number of hospital beds has fallen from some 25,000 in the late 1990s to 18,000 in 2009.

In 2000, Civitas reports, there were 3.7 hospital beds per 1,000 people, most hospital wards were two-bedded, and 99 percent of hospital beds were in the public sector.

Even by this time many services provided at hospitals were sub-contracted to private firms and the intensification of work had begun. The OECD report noted, “Hospital rationalisation and increased specialisation of care mean that hospitals are refining the services they provide to more specialist functions, and shorter hospital stays mean that more patients are being discharged earlier. There are more demands on primary care services, particularly on GPs, to play an even more central role in managing the shifting pattern of health care use.”

The report states that GPs, through their independent contractual status, are a block to this.

This argument is reflected by Kjeld Moeller Pedersen, Professor of Health Economics at the University of South Denmark, who states that, “it is now cheaper to send a patient to hospital than to a GP.”

Hospital stays have been reduced drastically—in Odense Hospital the average stay is 2.9 days. The cost of GPs amounts to DK1400 (£16.50) per person per year.

The meaning of this for hospital staff was brought out by the eight-week-long 2008 public sector strike involving 100,000 workers—teachers, kindergarten workers, nurses and health service technical staff. The workers rejected a pay offer of 12.8 percent over three years. Nurses and the other health workers organised in the Sundhedskartell umbrella organisation demanded 15 percent, settling for 13.3 percent.

Nurses, as part of their contract, were required to work “emergency standby”, which had in fact become the normal state of affairs. The tempo of work had increased so far that running from task to task or from one point of duty to the next had become the pattern.

The development of the systemic crisis of capitalism from 2008 has made rationalisation in the health service by the ruling elite still more urgent. An OECD report noted that while expenditure on health services in Denmark had grown from 2000 to 2009 at an average of 3.6 percent per year, in 2010 there was a fall of 0.4 percent.

*Politiken*, a Danish daily, commented in July 2012 that a fall of 0.4 percent in health expenditure might seem small, but represented DK 7 billion (£850 million) and was only matched by the cuts made in Greece, Portugal and Ireland.

The crisis is reflected both in the Ministry of Foreign Affairs proclamation that 16 new hospitals are to be built, of which eight are to be “super hospitals... with state-of-the-art IT structure”, alongside the governments’ limiting of financial growth in health services in the coming year to 0.5 percent, while seeking efficiency savings of two percent.

The ministry’s statement emphasises “fewer, larger and more specialised hospitals” and the need to “reduce public spending.”

When the government comprising the Social Democrats, the Radical Left (RV) and the Green Socialist People’s Party was formed, the right-wing *Berlingske* newspaper, reflecting the position of the

Danish ruling class, opined that it would be short-lived owing to the “contradiction” between the “socialists” and the free market liberalism of the Radicals. Instead the Social Democrats have spearheaded attacks on the welfare rights and pay, terms and conditions of the working class. In the spring the government organised a lockout of 70,000 teachers and eventually forced them to accept longer working hours and the abolition of part-time working arrangement for over-60s.

Since then they have announced a slashing of the state’s subsidy of dental treatment, meaning the cost of follow-up visits for dental check-ups and treatment will be DK204 (£24), an increase of DK129 (£15) for young people aged 18-25 and DK82 (£9.50) for those 26 and over.

The growing hostility to the government is the main reason for the recent growth in support for the Red-Green Alliance (EL). The alliance is the coalition’s “left support” in parliament and, true to its role, voted for the very budget that attacked welfare, despite the decisions of their own Congress, which declared opposition to all cuts.

The trade unions did not lift a finger to defeat the budget and called no action, although it was widely recognised that the government’s action marked the end of the “Danish model” of negotiated settlements based upon class compromise.



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