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Controversies in geriatric medicine

Too old, too expensive? The impact of health costs on senior citizens in Switzerland

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ABSTRACT

Increased life expectancy, which reflects progress in living conditions, medical knowledge and technology, has given rise to an aging of the population. Thus, the number of older subjects requiring care has increased. As a result, the resources that modern state must devote to healthcare are increasing, directly affecting the cost of health insurance premiums to taxpayers. This has resulted in a certain social stigma surrounding medical costs of older persons, causing them to feel insecure and guilty, sometimes to the point where they forgo care or even envisage assisted suicide, lest they become an economic burden on their loved ones. Explicit rationing of access to care or reimbursement of medical services does not seem to globally reduce healthcare costs (reduction of outpatient costs, but a strong increase in hospital costs). Therefore, an ethical approach established equitably and knowingly through shared decision-making by clinicians and patients could consent to omitting certain diagnostic procedures or onerous and futile care, thereby, contributing, in parallel, to restricting increases in health costs.

1. Introduction

From 1900 to 2011, life expectancy at birth changed dramatically in Switzerland, increasing from less than 50 years to over 80.3 years for men and 84.7 years for women [1]. As in other European countries, the ageing of the Swiss population stems from the combination of a low birth rate with increased life expectancy, largely due to decreased mortality in people aged 80 years of age and over, and a sharp decline in cardiovascular-related deaths [2].

This increased in life expectancy has led to a concomitant growth in healthcare costs, with a 50% increase in spending over an 11-year period (1999–2010), increasing from 41 to 62.5 billion Swiss Francs (CHF) (33.4–50.6 billion EUR; 45.2–68.4 billion USD, conversion rate 1 CHF = 0.834 EUR [3]). After the United States, Switzerland is among the countries that invest the most resources in healthcare spending. Indeed, in 2010, the total healthcare expenditure in Switzerland was 11.4% of GDP; almost double that of 1970 (5.6%) [4,5].

2. Economical and health insurance context

Switzerland does not have a public health system per se, and health insurance is not financed by contributions collected through employment. Health insurance is obligatory for all residents of Switzerland, with free competition between providers in the healthcare market. There is a basic insurance "package" that is the same for all, and all insurers must provide it, and are not allowed to make profit on it. With this package, there is an excess that remains at the insured person's cost, ranging from a minimum of 300 CHF [250 EUR, 342 USD] to a maximum of 2500 CHF [2084 EUR, 2857 USD]. The amount of the excess (also called franchise) is fixed by the insured person and the premium is adjusted accordingly. Insurance premiums are calculated on a per capita basis, independently of age and sex, distinguishing three categories, namely children aged < 18 years of age; young adults (18–25 years old) and adults (age 26 and over). Additionally, each insured person pays 10% of the healthcare costs they incur per year, over and above the excess (or franchise), but this is capped at 700 CHF [583 EUR, 800 USD]. This system allows access for all individuals to all types of ambulatory and in-hospital care throughout the country. The insured person can also subscribe to complementary insurances at their own cost (e.g. categories not included in the basic package, such as dental care, or improved standards, such as private rooms, alternative medicine, etc) [1,6,7]. It should be noted that the amount of the obligatory health contribution is not exactly the same for all individuals, and varies depending on the person's canton of residence (differences exist between the 26 cantons), area of residence (urban versus rural), free choice of physician, etc. Individual cantons provide means-tested subsidies to lower income households that cannot afford the basic healthcare package.

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Increased healthcare costs naturally lead to a corresponding rise in health insurance premiums. From 1996 to 2012, monthly health insurance premiums almost doubled for children, rising from 47 CHF [39 EUR, 53 USD] to 90 CHF [75 EUR, 102 USD] and more than double for young adults (from 114 CHF [95 EUR, 130 USD] to 343 CHF [285 EUR, 392 USD]) and adults (from 173 CHF [144 EUR, 197 USD] to 382 CHF [318 EUR, 436 USD]) [8].

This increase in healthcare premiums has been widely discussed in the media in Switzerland, and hardly a week goes by without mention of the explosion in healthcare costs. The interplay between technological progress, the cost of medications, and the costs associated with older persons (in particular, the cost of long-term care) is thought to be the principal factor responsible for increased healthcare spending. Thus, there is a growing stigma related to this category of patients, which is expanding over time, getting older and costing the younger generation more and more! Accordingly, in the edition published on 18 October 2011, the newspaper "Le Temps" affirmed that "non-subsidised healthcare premiums were a heavy burden on household budgets. For a family with two children, this burden represents almost 10% of the disposable income" [9]. In a publication entitled "The costs of health in an ageing society", *Avenir Suisse*, a think tank for economic and social issues, wrote that "people under 60 years of age pay 4 billion CHF [3.2 billion Euro, 4.4 billion USD] per year of the healthcare costs generated by those aged over 60. This ratio will reach 10 billion CHF [8.1 billion Euro, 11 billion USD] by the year 2030... Reforms are needed to ensure a greater contribution by the older members of society to the costs they generate... We could reduce the catalogue of services available to older citizens...". [10].

On average, older people do generate higher healthcare expenditures than their younger counterparts, because they receive a greater number of standard medications and specialized surgical procedures (e.g. ophthalmic or urological surgery), as well as more home-based care and long-term care facilities beyond the age of 80. However, it is important to maintain perspective when interpreting data related to increased healthcare costs for older persons. In particular, there are two important elements to consider: the costs related to morbidities (associated with a deterioration in health) and the costs of mortality (related to the probability of dying within a year). In the final year of life, an individual's healthcare costs are on average 6 to 10 times higher than for those with a longer life expectancy. Thus, a large proportion of healthcare costs are related to "end-of-life" expenses (fixed cost component), which increase with age rather than with the health status of older patients [11].

Wuillemier et al. showed, in a study conducted from 1997 to 2004, that healthcare expenses in Switzerland had increased more in the 30- to 75-year-old age group (increase from 2.4 to 2.6%) than in the over 75-year age group, due to measures put in place to severely limit the duration of hospital stays (reduction in the coverage of geriatric care, rehabilitation and psycho-geriatric care by insurers) [12]. According to the same authors, aging only contributed to 10–25% of the overall increase in healthcare costs, since we can purport that the life expectancy gained by future older persons would be lived in better health. These projections seem particularly relevant if we are to believe Report 53 from the Swiss Health Observatory (OBSAN) on the evaluation of costs related to compulsory health insurance from 1998 to 2010 [13]. According to this report, obligatory health insurance expenditures had increased by 6.9 billion CHF [5.6 billion Euro, 7.6 billion USD] from 1998–2010, while aging of the population only explained one-fifth of this increase in expenditure. Moreover, the main drivers of cost were found to be medication and outpatient medical treatment.

3. Impact on senior citizens

Media discourse has largely associated increased healthcare expenditures with the aging of the population, but how do older people react to this assertion? In a prospective survey in 2007, we found that in a group of 200 subjects interviewed face-to-face during a stay in a geriatric ward in our hospital (mean age of the study population 78.8 years, with preserved cognitive function), 57% believed that their medical treatment costs were too expensive for the community, which caused 15% of them to be reluctant to consult, with half of them delaying their medical visits by several days [14].

There is also substantial media hype from insurers, advocating the "ideal policy holder", (who takes care of themselves without resorting to healthcare providers), and continually harping on about the heavy contributions of young families with children to the medical costs of seniors [9]. Indeed, health insurance providers themselves often employ less than scrupulous stratagems when dealing with older clients, such as conveniently "forgetting" to reply to requests for insurance from potential subscribers deemed to be too old (thus, inducing potentially higher costs); by refusing to accept requests other than by internet; by proposing only offers in "packages" that preclude free choice of services; and by imposing unnecessary benefits, such as repatriation from abroad for clients too old to travel, dental care coverage for clients with dentures [14,15]... Therefore, the subsidy system, which is based on the principle that the persons in good health pay for those who are sick, and the young for the old, is in danger, meaning that the Swiss health insurance system, which is based on a per capita premium, irrespective of age and sex, is also at risk [6].

We also questioned in a previous work whether this continuous stigmatization and pressure linked to healthcare costs, operated by the media, and driven by insurance lobbying, could lead older people to request assisted suicide [16]. It is noteworthy that for the last 30 years, two organizations in Switzerland (namely Exit in Swiss Romandy and Dignitas in the German-language part of Switzerland) provide assisted suicide within the framework described in article 115 of the Swiss penal code, by virtue of which assisted suicide is not a punishable offence as long as there is no selfish motives. These organizations have approximately 80,000 members, and according to official figures, there is a constant increase in the number of assisted suicides (300 persons resident in Switzerland in 2009, corresponding to a rate of 4.8 per 1000 deaths), of which a large proportion is older (55% are aged $>$ 75 - years) [17]. Several studies have addressed symptoms and suffering as experienced by patients requesting assisted suicide, and underline that one of the main motivations expressed by patients is the fear of being a burden, not only psychologically and socially, but also in economic terms [18,19]. In our report entitled "I am old and sick, therefore I "Exit", we prospectively questioned 170 subjects (mean age 79.9 years, with preserved cognitive function, excluding palliative care patients and those with psychiatric disorders), about the costs generated by their health status, their feelings of guilt (if any), and whether they would be likely to consult or use "Exit", the assisted suicide provider. Overall, 26% of responders believed that resorting to assisted suicide could constitute a manner of decreasing the economic burden on their relatives, and 34% considered the option to represent a more dignified form of death... Furthermore, 10% contemplated resorting to assisted suicide because of the potential healthcare costs they might generate [16]!

These figures are caused for considerable concern, and we must respond by redefining the role of older persons in society. Current societal perspectives based on efficiency, success, youth, and physical aspects have cultivated a feeling of uselessness in older persons. Thus, we need to actively work to free older patients