

# Transnational healthcare in Europe

## Challenges for patients

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**Cross-Border Directive** participates in the transnationalisation of healthcare

**The challenge:** transnational healthcare leads to **private-public mixes** in coverage and provision

**Implications for patients**



# What is transnationalism in healthcare?

**Transnationalism:** sustained linkages between people, places & institutions **across borders** (Faist 2010).

**Transnational healthcare:** border crossing policies, provision and patients.



# The Cross-Border Care Directive

Directive's challenge to patients' rights

- From its *implementation* in national contexts
- To its *role* in transnational healthcare

# Transnational healthcare in Europe

Border crossing:

- 1) healthcare policies
- 2) healthcare provision
- 3) patients



# 1) Border crossing healthcare policies



Diffusion of policies of *marketisation* & *commercialisation* of healthcare

EU interventions to embed *fiscal sustainability* in national health policies

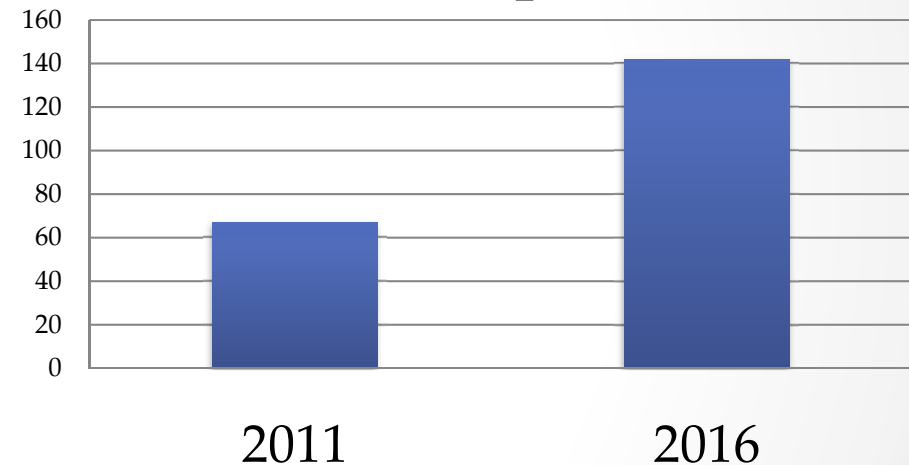
*Challenge: navigating public-private mixes in coverage and provision*

## 2) Border crossing healthcare provision

Healthcare multinationals



International accreditations of EU hospitals



*Challenge: navigating public-private mixes in coverage and provision*

# Patients and mixed healthcare systems

Increased choice & better quality services

Bureaucracy, uncertainty & barriers re:

- quality & continuity of care
- rights of access and coverage





## **The maze**

**Patient X chooses private clinic** (speedy access).

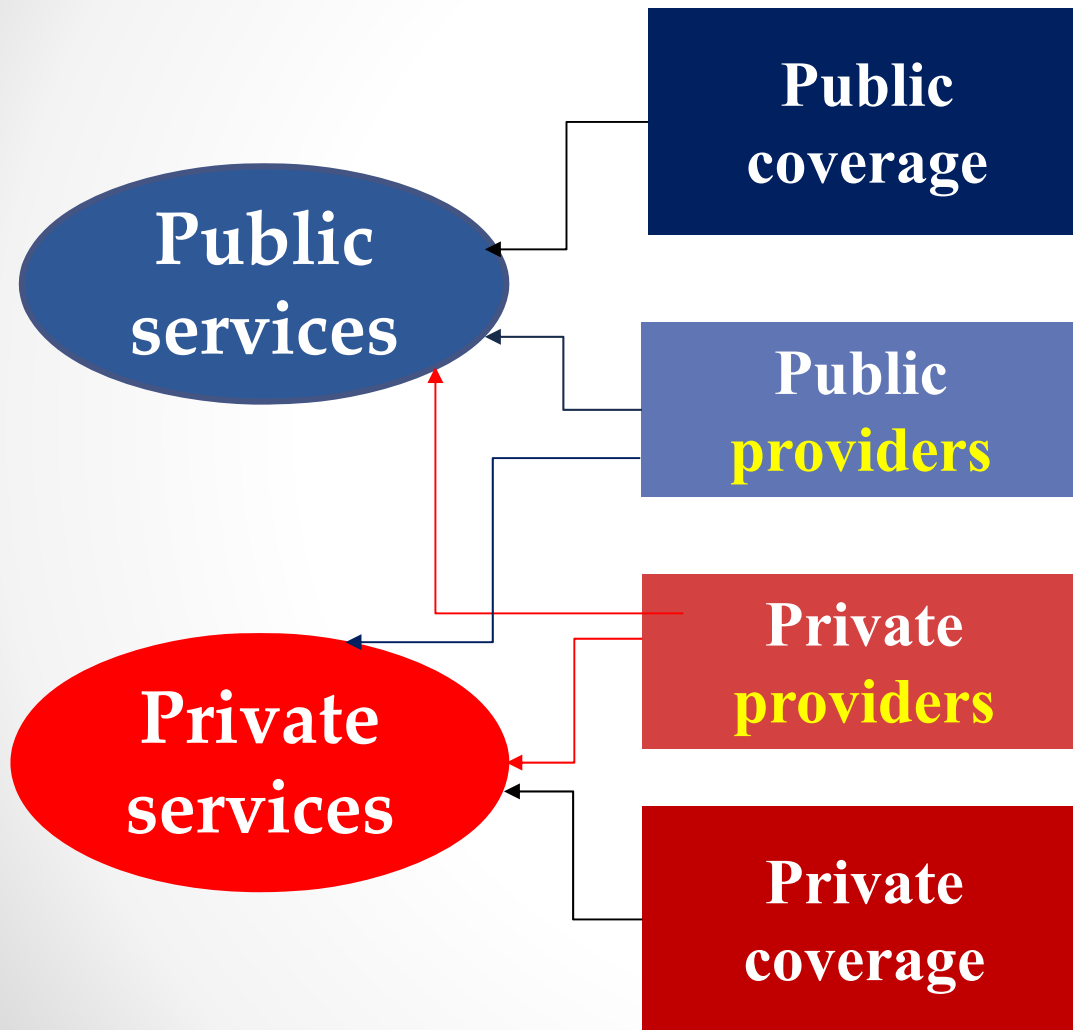
Is treatment covered by public or private funds?

**X is then admitted to public hospital** (sole provider)

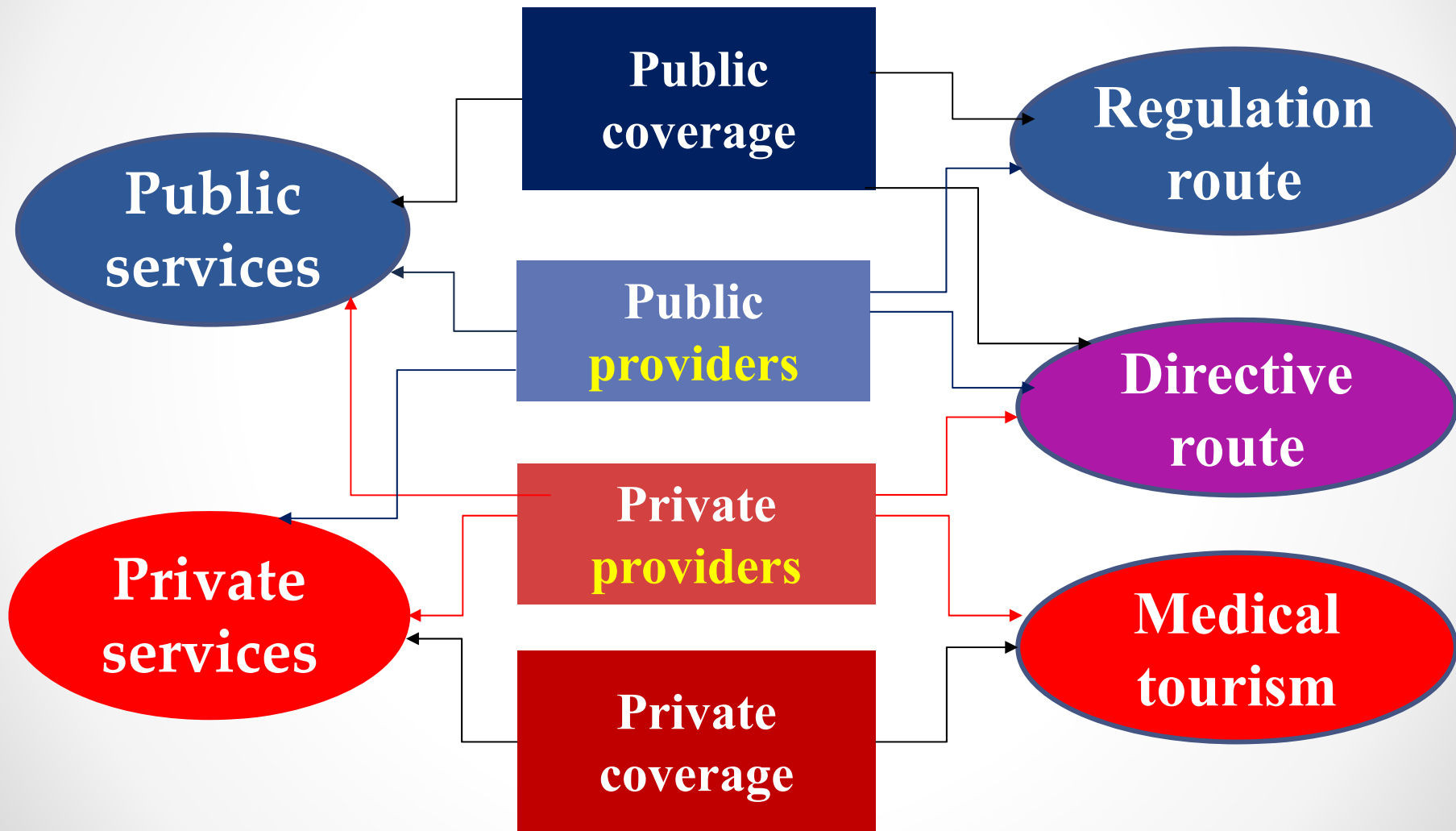
Is her stay covered by public or private funds?

‘Choice’ is enhanced, but not necessarily in the same manner for everyone.

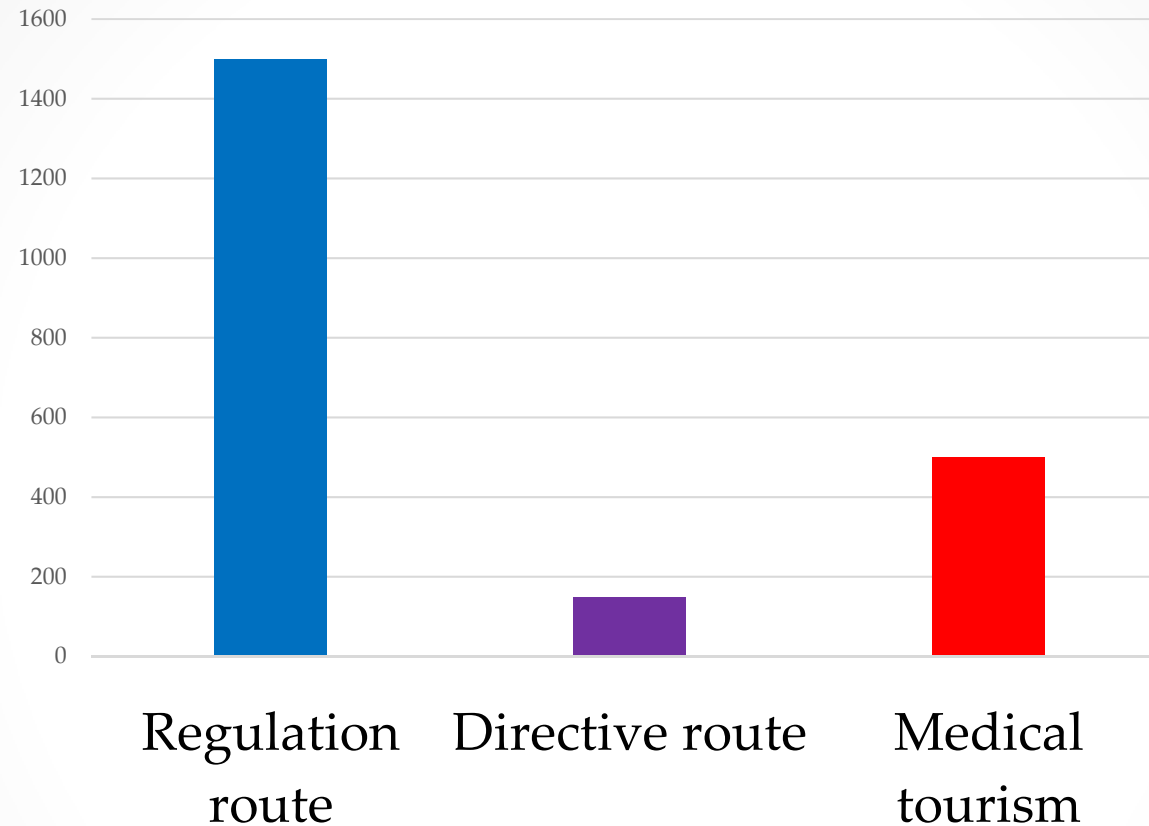
# Patient routes are complex even in national settings...



...but even more so if we add cross-border contexts



### 3) Border crossing patients: three routes



Longer national waiting lists increase demand for Directive route.

Restricted ,baskets of national public services‘ increase demand for Medical tourism.

# Two scenarios for the Directive route in Europe

1. Transnational healthcare growth
2. Transnational healthcare vitality

Source: adapted from Mainil et al 2017

# Scenario 1: Transnational healthcare growth

EU focus: economic growth of transnational care

Cuts to public health expenditure lead to reduced 'baskets of services' & longer access times

The Directive route and other policies are used as a tool to foster EU leadership in the global medical tourism market

Patient access to health services is segmented



## Scenario 2: Transnational healthcare vitality

EU Social Pillar: 'Everyone has the right to timely access to affordable ... health care of good quality'

The Directive becomes a springboard to implement EU social pillar rights by

- adequately funding National Contact Points
- reinforcing national public provision of quality & timely care
- regulating medical tourism industry

• Patient access to health services is inclusive

# References

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# Thank you!

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